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## **Burn-Out On Nurses Who Treat Covid-19 Patients: Literature Review**

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### **ABSTRACT**

The COVID-19 pandemic has increased the workload on health workers. In addition, aspects of personal safety and protection from infection and other risks also have the potential to affect the quality of life, quality of health services and service productivity of health workers, which are aspects of mental health, including the risk of mental fatigue or burnout syndrome. Health workers are very vulnerable to high stress. Symptoms of burnout include physical fatigue, headaches, nausea, emotions, depression, frustration, irritability, feelings of sadness and fatigue. The purpose of the literature review is to examine the incidence of burn out in nurses who treat patients with COVID-19. The review was conducted using the literature review method. Based on the results of the Scopus and Science Direct database searches with the keywords "Burn Out, nurses and Covid 19", 321 articles were obtained. After screening articles based on inclusion and exclusion criteria, a total of 5 articles were included in this review study. In general shows the burn out of nurses who treat patients with COVID-19 cases such as fatigue, emotionality, depersonalization and professional efficacy. The COVID-19 pandemic shows an increase in nurse burn out, so it is important to control it so as not to reduce the quality of performance.

**Keywords:** Burn Out, Nurse, Covid-19 Patient

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**BACKGROUND**

Coronavirus Disease 2019 has now become a serious problem in the world. There is an increase in the number of cases every day. The incident started from the city in the Wuhan area, in China when it was first discovered that the pneumonia outbreak was not clear what caused it (Lu, Stratton, & Tang, 2020). The World Health Organization WHO later on January 30, 2020 determined that this outbreak was a public health emergency worldwide. After receiving reports of deaths and finding new cases outside of China. This disease outbreak was later named as Coronavirus Disease 2019 whose cause was SARS-CoV-2 (World Health Organization, 2020). There are two types of coronavirus identified, namely: Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Data from the Center for Systems Science and Engineering (CSSE) which was updated on October 4, 2021, shows that the total positive cases of COVID-19 in the world reached 219 million people with a total of 4.55 million positive patients died. In Indonesia alone, the number of positive cases reached 4.22 million people with a total of 142 thousand positive patients died (Center for Systems Science and Engineering (CSSE), 2021). Currently, medical personnel around the world are facing more challenges than usual due to the COVID-19 pandemic. The COVID-19 pandemic has caused an increase in the burden on the health care system, including an increase in the burden of health workers. The heaviest risk occurs in the safety aspect of health workers, especially those on the front line, who are very vulnerable to being exposed to COVID-19 so they are very at risk of contracting and threatening their lives and safety. There have been hundreds of health workers who died due to being infected with COVID-19 while on duty in health services. In addition, aspects of personal safety and protection from infection and other risks also have the potential to affect the quality of life, quality of health services and service productivity of health workers, which are aspects of mental health, including the risk of mental fatigue or burnout syndrome. Health workers are very vulnerable to being affected by high stress, however, until now there are no standard rules that provide protection for health workers in terms of mental health (Faculty of Medicine, University of Indonesia, 2020). Symptoms of burnout according to Leatz and Stolar (1993) have four conditions, including: (a) a state of physical fatigue characterized by easy feeling tired, easy to experience headaches, feeling nauseous, changes in eating patterns and sleeping patterns and feeling drained of energy. excessive (b) a state of emotional exhaustion appears in the form of depression, frustration, feeling trapped in work or task, apathy, irritability or irritability, easily feels sad and has no power or no strength (c) a state of mental fatigue or attitude characterized by prejudice negative or negative prejudice and cynicism towards others (d) a feeling of helplessness or inability to achieve something meaningful in life, in the form of dissatisfaction with oneself, at work and in life. Symptoms of burnout will be seen in the form of work stress, can be in the form of disobedience to a regulation or policy of an organization, lacking or incompetent in doing work, not willing to take part in a training, performance is below existing standards, conflicts between coworkers and indifferent to service to patients or clients. Classically, it can be explained in terms of three dimensions of the phenomenon, namely: emotional access and depersonalization as well as reduced access from individuals (Christina Maslach & Jackson, 1981). Some research results show that burnout will have an impact on the quality of life of workers so that it will lead to mental health disorders, feelings of depression, feelings of sluggishness, dissatisfaction at work, turnover all of which will affect work performance.

**METHODS**

The data collection method used in this study is by conducting a literature study or literature review. Search data using the online Scopus database using key words, namely burn-out, nurse, Covid-19. The inclusion criteria in this study were articles published in the last ten years (2011-2021), original research types, accessible full text, and in English. Only 5 articles that match the inclusion criteria. Selected articles are then evaluated.

**RESULTS****Burn Out Check**

Burn Out examination was carried out with several instruments, namely Maslach Burn-out Inventory - General Survey (Jose, Dhandapani, & Cyriac, 2020; Lasalvia et al., 2021), Maslach Burn-out Inventory - Medical Personnel (Firew et al., 2020; Torrente et al., 2021), and the Copenhagen Burnout Inventory (Khasne, Dhakulkar, Mahajan, & Kulkarni, 2020). The instrument has had reasonable validity in examining burn-out in nurses caring for Covid-19 patients.

**Burn-Out Nurse**

The results showed that there was burn-out for nurses who treated Covid-19 patients in the categories of personal burn-out, work burn-out and pandemic burn-out. Burn-out that emerges is emotional exhaustion, depersonalization, and professional efficacy. Nurses showed a fairly high burn-out with emotional exhaustion of 49.2%, depersonalization of 29.7%, and professional efficacy of 46.9 (Lasalvia et al., 2021). Nurses in the emergency department during the pandemic experienced moderate to severe burnout on emotional exhaustion ( $29.13 \pm 10.30$ ) and depersonalization ( $12.90 \pm 4.67$ ) (Jose et al., 2020). The prevalence of burn-out syndrome was 43.4% (95% CI 39.5% to 47.2%), higher among COVID-19 frontline workers (49.6%,  $p < 0.001$ ) than in non-frontline workers. -COVID-19 (34.6%,  $p < 0.001$ ) (Torrente et al., 2021).

**DISCUSSION****Emotional Fatigue**

Emotional exhaustion is related to the individual's experience of stress, which, in turn, is associated with a decrease in emotional and physical resources. The service profession, such as nursing is basically a job that faces demands and emotional involvement. Interaction with patients often triggers stresses and challenges that create emotional tension and can cause stress. When stress at work is unavoidable, several physiological, psychological and behavioral consequences can occur. The consequences of these demanding and stressful working conditions are defined as burn out (Fauzia, Erika, & Irwan, 2019; C. Maslach, Leiter, & Schaeffli, 2009). According to Babakus et al. (1999), theoretically emotional exhaustion is always associated with two underlying roles, namely role conflict and role ambiguity. It is explained that role conflict and ambiguity are influenced by the presence of tired reinforcement and the basic evaluation of the usual behavior of individuals in the organization.

One of the triggers for emotional exhaustion is workload. From the results of previous studies, it can be concluded that the workload has a positive effect on emotional exhaustion in female nurses. In other words, the higher the workload, the emotional fatigue felt will increase and vice versa. This is in accordance with the premise that any workload received must be appropriate and balanced with the physical, cognitive and human limitations that receive the load (Febriani, Zaitul, & Antoni, 2019). The research is in line with Churiyah's research (2011), the findings conclude that teachers and lecturers with high demands for teaching work have an effect on increasing their emotional exhaustion.

### **Depersonalization**

Depersonalization (or cynicism) refers to disengagement from work as a reaction to excessive fatigue and is associated with a loss of enthusiasm and passion for one's work. Depersonalization which is characterized by a cynical attitude, tends to withdraw from the work environment. This dimension is called depersonalization, which is separating oneself from others, showing cold emotions, showing negative reactions to other people's behavior, for example treating patients less well and getting angry easily. When nurses tend to be cold, keep a distance, tend not to want to be involved with their work environment. Depersonalization is also a way to avoid disappointment. Negative behavior like this can have a serious impact on work effectiveness (C. Maslach et al., 2009).

### **Professional Efficacy**

Personal achievement refers to feelings of low professional efficacy and a lack of productivity at work. Self-achievement that has decreased so that it shows negative feelings, not happy and less satisfied with their work (C. Maslach et al., 2009). Decreased self-achievement is also indicated by poor self-evaluation results, low interpersonal relationships, loss of enthusiasm, decreased productivity, and lack of adaptability (Xiaoming, Ma, Chang, & Shieh, 2014). The decrease in self-achievement is also characterized by feelings of helplessness, feeling that all the tasks given are heavy. When nurses feel ineffective, they tend to develop a sense of inadequacy. Every job feels difficult and can not be done, self-confidence decreases. Workers become distrustful and others distrust them (Leiter & Maslach, 2004).

### **CONCLUSION**

The results showed that there were burn-outs in nurses caring for Covid-19 patients, namely emotional exhaustion, depersonalization, and professional efficacy. The Covid-19 pandemic has shown an increase in burn-out for nurses, so it is important to control it so as not to reduce the quality of performance.

### **CONFLICTS OF INTEREST**

The authors have no conflicts interest to disclose.

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