

THE EFFECTIVENESS OF IMPLEMENTING A CARING BUREAUCRACY BY NURSE MANAGERS IN REDUCING BURNOUT LEVELS

Mustaqimah¹, Dewi Hayati¹, Hendra Firmansyah¹, Manggarsari¹, Nur Hayati¹, Mohtar Jamaludin¹, Sihwastuti¹

¹RSUPN Dr. Cipto Mangunkusumo

Email: dewihayati83@gmail.com

ABSTRACT

Background: As the majority in health organizations, nurses can impact the quality of health care as a whole. Nurse burnout are clinical syndrome of physiology and psychology that can manifest as mental, physical, and emotional exhaustion. This syndrome was caused by front line nurse workforce. Nurse managers as a part of the organizational structure had the responsibility to apply bureaucratic empowerment to achieve quality nursing care. Application of bureaucratic caring can lowered nurse's burnout with interpersonal and structural relations to increase nurse's motivation. **Objective:** The purpose of this research is to analyze the effectivity of the bureaucratic caring application of nurse managers toward nurse practitioners in building A RSCM. **Method:** This research used experiment and single blind with 42 respondents. Data gathering process using random sampling. The results of this study found that there was a difference in the average burnout rate in implementing nurses before and after the implementation of caring bureaucracy for nurse managers in the control group. In the intervention group, there was no difference in the average burnout rate among nurses. **Conclusion:** Caring nurse managers can't affect the burnout rate of implementing nurses.

Keywords: bureaucracy caring, burnout, nurse manager, nurse practitioner

Introduction

Nurse burnout can significantly reduce the quality of nursing care. Pghosyan (2011) states that nurse burnout has a negative impact on the quality of nursing care. Quality indicators of nursing care, especially patient fall rates, infection rates, and medication errors, will increase with higher levels of nurse burnout (Bogaert, Clarke, Willems, & Mondelaers, 2012; Apiradee Nantsupawat, Nantsupawat, & Kunaviktikul, 2016). The quality of nursing care will decrease as patient safety declines (Lheureux, Borteyrou, & Truchot, 2017).

The level of nurse burnout is gradually increasing significantly. The increase in burnout rates in Thailand has reached 41% (Nantsupawat, et al, 2011), and six out of nine countries have reached 33% to 60% (Poghosyan, Clarke, Finlayson, & Aiken, 2010), and reached 70% in a survey conducted by Career Builder in May 2017. Meanwhile, the burnout rate among nurses in Indonesia, specifically at Sanglah Hospital, reached 19.8% (Surya & Adiputra, 2017), and at Samarinda Hospital reached 56% (Ramdan & Fadly, 2016).

Caring bureaucracy from nurse managers towards nurses can reduce nurse burnout. Managerial nurse support for ensuring a conducive work environment and interpersonal approaches can increase nurse motivation (Laschinger, Wong, & Grau, 2012). Nurse managers, as part of the organizational structure, have a responsibility to provide bureaucratic support to nurses (Laschinger et al., 2012; Li, Early, Mahrer, Klaristenfeld, & Gold, 2014). Integrating organizational, financial,

ethical, spiritual, and technological factors is one form of strengthening nurse managers (Lalleman, Smid, Lagerwey, & Shortridge-baggett, 2016; Turkel, 2007).

The level of burnout among staff nurses can decrease the quality of healthcare services at RSCM. Burnout manifestations can be seen from nurses leaving (turnover) at RSCM. The turnover rate of nurses reached 8% in a quality control survey conducted in 2017 among staff nurses. This figure needs special attention because it will lead to a decrease in the number of nurses and increase costs due to the addition of new nurses. The quality will decrease due to the presence of new nurses who are not yet familiar with the implementation of nursing care in line with RSCM's vision and mission. Based on the importance of this phenomenon, the researcher aims to implement strategies to address nurse burnout using a caring bureaucracy approach. The aim of this research is to analyze the effectiveness of implementing caring bureaucracy from nurse managers towards staff nurses in the inpatient ward.

Method

This study is an experimental research conducted on staff nurses at RSUPN Cipto Mangunkusumo Hospital in Jakarta. It is an interventional study using a parallel, single-blind design with a control group. All samples were divided into two groups: treatment and control. In the treatment group, an intervention was provided in the form of implementing caring bureaucracy by nurse managers who had attended a 2-day workshop on the implementation of caring bureaucracy by the researcher. The workshop provided guidance to nurse managers on carrying out their roles and functions using a caring approach. The control group received only standard managerial treatment currently used in the ward. Both groups were then compared.

Result

Table 1

Average Distribution of Caring Bureaucracy Implementation in the Control Group					
Variable	Mean	SD	SE	P value	N
Pre	60.53	12.57	2.04	0, 255	38
Post	62.40	11.58	1.88		38

In the table above, it shows that the average implementation of caring bureaucracy by head nurses before training was 60.53 and after training was 62.40. Based on the paired t-test results, it turns out that the p-value (0.255) is greater than 0.05, indicating that there is no difference in the average implementation of caring bureaucracy before and after training in the control group.

Table 2

Average Distribution of Caring Bureaucracy Implementation in the Intervention Group					
Variable	Mean	SD	SE	p-value	n
Pre	59.47	11.84	1.92	0, 048	38
Post	63.37	15.79	2.56		38

In the table above, it shows that the average implementation of caring bureaucracy by head nurses before training was 59.47 and after training was 63.37. Based on the paired t-test results, it turns out that the p-value (0.048) is less than 0.05, indicating that there is a difference in the average implementation of caring bureaucracy before and after training.

Table 3

Average Distribution of Burnout Levels in the Control Group					
Variable	Mean	SD	SE	p-value	n
Pre implication <i>caring</i>	33.79	4.84	.78	0, 05	38
Post implication <i>caring</i>	32.76	4.95	.80		38

In the table above, it shows that the average level of burnout among staff nurses before the implementation of caring bureaucracy in the control group was 33.79 and after the implementation of caring bureaucracy was 32.76. Based on the paired t-test results, it turns out that the p-value (0.05) is equal to 0.05, indicating that there is a difference in the average level of burnout among

staff nurses before and after the implementation of caring bureaucracy by nurse managers in the control group.

Table 4
Average Distribution of Burnout Levels in the Intervention Group

Variable	Mean	SD	SE	P-value	n
Pre implication <i>caring</i>	40.34	2.408	.391	0, 098	38
Post implication <i>caring</i>	39.50	3.319	.538		38

In the table above, it shows that the average level of burnout among staff nurses before the implementation of caring bureaucracy in the intervention group was 40.34 and after the implementation of caring bureaucracy was 39.50. Based on the paired t-test results, it turns out that the p-value (0.098) is greater than 0.05, indicating that there is no difference in the average level of burnout among staff nurses before and after the implementation of caring bureaucracy by nurse managers in the intervention group.

Discussion

Based on the research results, there is a difference in the average level of burnout among staff nurses before and after the implementation of nurse manager caring bureaucracy in the control group. Meanwhile, the intervention group showed that there was no difference in the average level of burnout among staff nurses before and after the implementation of nurse manager caring bureaucracy in the intervention group. These research findings are not consistent with a study by Lestari et al. (2021). This study aims to determine the relationship between the level of burnout and nurses' perception of service in the Emergency Room (ER) located on the 1st floor of RSUP. Research findings conducted by Dr. Hasan Sidikin in Bandung indicate a significant negative correlation ($r = -0.607$, $p < 0.001$) between the amount of burnout experienced by nurses and their sense of caring. This suggests that the higher the level of burnout, the lower the nurses' perception of caring. Based on the research results, there seems to be no significant relationship between the degree of burnout and the manifestation of caring behaviors among nurses working in the inpatient care unit of Building A, RSCM. The research results are consistent with a study by Magista & Arkeman (2020) titled "The Relationship between Burnout and Nurses' Caring Behavior in Hospitals." Out of a total of 130 respondents experiencing mild burnout at 3.8%, moderate burnout at 23.8%, and high burnout at 72.3%, 70% of respondents exhibited poor caring behavior and 30% exhibited good caring behavior with a p-value result of 0.665, indicating no significant relationship between burnout and nurses' caring behavior. There are many factors that can influence nurses' caring behavior, including workload, work environment, knowledge, and training. Therefore, it is important for hospitals to pay attention to nurses' workload to prevent it from becoming excessive. Nurses with lighter workloads will provide friendly treatment, implement appropriate nursing procedures, and provide comfort to patients (Kaunang et al., 2023).

The level of burnout among nurses in Building A, RSCM is categorized as low (92.86%). Nurses experiencing burnout may exhibit detrimental behavior towards colleagues and patients, ultimately leading to substandard nursing care. Therefore, it is important to address fatigue by learning relaxation and meditation techniques, undergoing positive thinking training to foster optimistic thoughts, implementing coping mechanisms to manage stress, and building a conducive work environment to reduce the likelihood of fatigue. The importance of nursing leaders in reducing fatigue and unsatisfactory behavior among nurses in the workplace lies in their ability to detect and address such behaviors, as well as in their efforts to develop future strategies aimed at preventing and eliminating such behaviors. These actions serve to enhance psychological empowerment. Burnout syndrome has an impact on nurses' performance. In fact, burnout has been recognized as a psychological disorder among workers, especially nurses (Canadas et al., 2014), in the form of depersonalization, negative self-achievement, and emotional exhaustion (Lheureux et al., 2017; Wang, Liu, & Wang, 2013). Vargas (2014) stated that a psychological disorder directly related to nurses' performance is negative self-achievement. High levels of depersonalization also decrease

nurses' motivation to report sentinel events and unexpected incidents that occur while working (Canadas et al., 2014).

The causes of nurse burnout consist of external and internal factors. Internal factors include age, level of education (Surya & Adiputra, 2017), and role conflict. External factors include high workload, inappropriate leadership style (Ramdan & Fadly, 2016), non-conducive work environment (Hooper et al., 2010), inappropriate staffing, and long working hours (Ora, Griffiths, Ball, Simon, & Aiken, 2015). Both external and internal factors interact and cause fatigue and burnout in nurses (Bogaert et al., 2012). Burnout is also influenced by years of work experience. Research conducted by Surya (2016) stated that nurses with 11-26 years of work experience had a burnout percentage of 82.4%. However, this contradicts other research indicating that nurses with more than 10 years of experience do not show a relationship with nurse burnout (Maharani, 2012). Experience factors become important elements in addressing nurse burnout. Nurses' ability to handle problems in high workload areas will affect the level of nurse burnout (Ntantana, Matamis, Savvidou, & Giannakou, 2017). This means there are many factors that can influence burnout besides nurse manager caring bureaucracy.

Conclusion

Bivariate analysis results in the control group indicate that the average level of burnout among staff nurses before the implementation of caring bureaucracy in the control group was 33.79 and after the implementation was 32.76 (p-value 0.05), indicating a difference in the average level of burnout among staff nurses before and after the implementation of caring bureaucracy by nurse managers in the control group. Bivariate analysis results in the intervention group indicate that the average level of burnout among staff nurses before the implementation of caring bureaucracy in the intervention group was 40.34 and after the implementation was 39.50 (p-value 0.098), indicating no difference in the average level of burnout among staff nurses before and after the implementation of caring bureaucracy by nurse managers in the intervention group.

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