THE INFLUENCE OF RESILIENCE, SOCIAL SUPPORT AND DEMOGRAPHIC FACTORS ON EMPLOYMENT BURNOUT HEALTH IN THE COVID-19 PANDEMIC

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ABSTRACT

This study aims to know the influence between resilience, social support, and demographic factors on burnout in health workers during the COVID-19 pandemic. This study used a quantitative approach with a regression analysis method and was conducted to 250 respondents from health workers between 18 - 60 years old from the JaBoDeTaBek area. The questionnaires used in this study were the MBI-Human Service Survey by Maslach dkk., (2001) to measure burnout in health workers, the Resilience Scale by Wagnild and Young, (1993) to measure resilience, and Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet dkk., (1988) to measure social support. The researcher conducted a validity test on the items of the measuring instrument using a confirmatory factor analysis (CFA) technique using Lisrel 8.7. Then, perform multiple regression analysis to test research hypotheses using the 2016 SPSS program. The results of this study showed that resilience, social support, and demographic factors together significantly influenced burnout in health workers of 14.8%% and the remaining 85, 2%. influenced by other variables. In detail, the significant dimensions that influence burnout are equanimity, significant other support, and age. As for other dimensions such as perseverance, self-reliance, meaningfulness, existential aloneness, family support, friend support, and gender had no significant effect on burnout in health workers during the COVID-19 pandemic.

Keywords: Burnout, Resilience, Social Support, Demographic Factors.

INTRODUCTION

The world is facing a pneumonia disease of unknown cause in Wuhan City, China at the end of December 2019. The cause of the virus was identified as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) on 7 January 2020, then the World Health Organization (WHO) named it Corona Virus Disease 2019 (COVID-19). After the first case of COVID-19 was discovered in China, the disease spread to all parts of the world, including Indonesia. The incident poses a threat to the global community due to its strong transmission rate and can cause death. With the rapid increase in cases, WHO declared COVID-19 a pandemic on 11 March 2020, Sahin et.al., (2020).

During the COVID-19 pandemic, health workers were faced with an increasingly large workload (Shoja et.al., 2020). Workloads are increasing because health workers face a higher risk of infection due to frequent interactions with patients, visitors and health workers. This risk increases because the COVID-19 virus can be transmitted from humans who do not show symptoms. So health workers are required to use personal protective equipment while working. Apart from that, the increase in the number of patients was also accompanied by an increase in confirmed positive cases and a decrease in the number of health workers on duty due to

confirmed COVID-19. On 28 June 2022 (2022 Covid-19 reporting) it was reported that 2,087 health workers had died due to COVID-19. Of this number, 751 people are doctors, 670 nurses, 398 midwives, 48 pharmacists and 51 medical laboratory technologists, as well as other health workers.

The duties of health workers are currently considered very difficult because they have to face burdens and various risks that can threaten them, giving rise to feelings of anxiety. The anxiety in question is the fear of contracting the Covid-19 virus, the fear of infecting the family and the fear of dying from Covid-19.

Health workers who intervened directly as the front guard during this pandemic, facing workload and anxiety, made health workers twice as likely to experience burnout. According to Maslach et.al., (2001) burnout is characterized by individuals who feel physical, emotional and mental exhaustion due to prolonged workload in conditions of emotional stress which has implications for the development of negative attitudes towards work, poor self-concept and loss of interest in work. activities performed. Burnout is a multidimensional syndrome consisting of emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion indicates individuals with stressful conditions, because they feel weak and tired in facing work demands, giving rise to an urge to move away emotionally and cognitively from work in an effort to overcome excessive work. The depersonalization dimension describes a situation where a person does not care or keeps his distance from something that is happening around him and minimizes the quality of his performance to the point of eliminating closeness with other people. The dimension of reducing personal achievement shows the condition of a person who feels that their work efficiency and work ability have decreased.

One individual asset that can be used to reduce burnout is resilience. Research regarding the effect of resilience on burnout has been carried out in previous studies. One of the variables that influences burnout in health workers is resilience (Duarte et.al., 2020). Another study conducted by Cyr et.al., (2021) in line with previous research on health workers in Canada found that 51.8% of health workers experienced burnout and the factor that significantly influenced this was resilience.

The next factor that influences burnout is demographic factors. Previous research presented by Maslach et.al., (2001) concluded that age influences the ability to overcome problems that influence burnout. Apart from age, gender also influences the level of burnout. Research (Duarte et.al., 2020) explains that women are more susceptible to burnout because they often experience hormonal changes, such as menstruation, postpartum and menopause. This is one of the factors that makes women more susceptible to experiencing stress which leads to work fatigue.

There are external factors that influence burnout, namely social support. In research conducted by Bayrami et.al., (2014) it was stated that social support from family and friends had a significant influence on nurse burnout. The results of different research were also carried out by Fradelos et.al., (2014) that the variable emotional exhaustion, burnout, was negatively correlated with significant other support.

So, based on the presentation of the phenomenon and the results of the literature review presented, the author wants to examine in more depth the burnout of health workers during the Covid-19 pandemic in Indonesia, especially the influencing variables such as resilience, social

support and demographic factors with this research. The subjects are health workers who work in the Jabodetabek area.

Burnout

According to Freudenberger (1974) burnout is a condition of fatigue caused by individuals who have busy activities, work hard, and have high commitment, as well as prolonged activities and assess needs and desires as things that must be fulfilled, thus causing increased pressure on oneself. individual. Etzion, D., (1984) describes burnout as a state of exhaustion that is felt physically, emotionally and mentally. Individuals who experience conditions like this are caused by acute stress. Etizon revealed that burnout that occurs in individuals occurs unconsciously, so that the individual immediately feels tired. According to Maslach et.al., (2001) burnout is emotional exhaustion experienced by individuals caused by a heavy workload, resulting in a loss of positive responses to colleagues or superiors and experiencing a decrease in performance such as feeling that the work is pointless. or provide no benefit.

Resilience

According to Wagnild and Young, (1993) resilience is a person's ability to adapt in facing difficult conditions or situations and the suffering that befalls them. According to Neill & Dias, (2001) resilience is described as an individual's ability to follow, recover or improve mental health and be able to adapt to disturbing life events and the individual's capacity to make changes from stressful life stresses. Connor and Davidson, (2003) describe resilience as an individual's capacity to create and overcome difficulties or problems that occur throughout daily life. Strength can also be thought of as the ability to adapt well to pressure.

Social Support

Social support according to Sarason et.al., (1983) is the presence and accessibility of individuals we can rely on, who let them know that they talk about us and love us. Meanwhile, according to Shumaker and Brownell, (1984) social support is a relationship that can take the form of an exchange of resources between two people which is felt by the recipient and sender to create peace. according to (Zimet et.al., 1988) Social support is an individual's relationship with other people to help solve problems that come from family, friends, and someone special.

METHOD
Study Design

In this research, the researcher took samples using a non-probability sampling technique with purposive sampling, namely a sampling technique based on certain considerations and in accordance with the research subject criteria. Then the researcher collected the data in this research by distributing an online questionnaire with Google Form to facilitate the data collection process via social media (Instagram and WhatsApp).

Population & Sample

The population that will be taken in this research are health workers with an age range of 18-60 years. This research involved 250 people with 96 male respondents and 154 female respondents who live in the Jakarta, Bogor, Depok, Tangerang and Bekasi area.

Validity and Hypothesis Testing

Researchers began by coding and scoring the results of the data collection scale that had been filled in by respondents. Next, the researcher carried out confirmatory factor analysis (CFA) techniques to test validity using Lisrel 8.7. In carrying out the CFA test, the researcher made modifications so that RMSEA and P-Value were obtained which exceeded the model fit

requirements. After the researcher obtained appropriate data, the regression analysis method was then carried out using IBM SPSS 16 to analyze the data.

The first thing that will be looked at in the analysis is the size of the R Square (R^2) to find out how big the influence and proportion of variance of the independent variable is on the dependent variable. The second thing is the significance value (Sig.), namely the value that shows whether overall the independent variable influences the dependent variable significantly or not. The third thing is the regression coefficient, namely the value and significance of each independent variable and the direction of its influence on the dependent variable.

Measurement

The measuring instrument that will be used in this research is the result of adaptation and modification of measuring instruments from experts and previous research.

Burnout

Researchers chose a burnout scale measuring instrument consisting of 22 items from Maslach and friends in 2001, which consists of 3 dimensions, namely emotional exhaustion, depersonalization and reduced personal achievement.

Resilience

Researchers chose a resilience scale that measures 25 items owned by Wagnild and Young, 1993 which consist of 5 dimensions, namely inner balance, perseverance, independence, meaningfulness and existential solitude.

Social Support

Researchers chose the 12-item Multidimensional Scale of Perceived Social Support (MSPSS) measuring instrument belonging to Zimet et al in 1988 which consists of 3 dimensions, namely family support, friend support and support from those closest to them.

Statements from this instrument include statements namely: strongly agree (SS), agree (S), disagree (TS), and strongly disagree (STS). The assessment scale in this research is divided into two categories, namely positive and negative statements. For good statements, the strongly agree (SS) category is given a score of 4, agree (S) is given a score of 3, disagree (TS) is given a score of 2, and strongly disagree (STS) is given a score of 1. Meanwhile for unfavorable statements it is given a score of 1. statement uses the opposite value.

Results and Discussion
Results

After analyzing the data and testing the hypothesis, it can be concluded from the multiple regression analysis that 14.8% of the variation in burnout among health workers during the COVID-19 pandemic was influenced by resilience, social support and demographic factors.

Table 1: Model Summary

Model	R	R^2	Adjusted R^2	Std. Error of the Estimated
1	.384ª	.148	.112	9.002305

Furthermore, based on the F test which is a significance test to see whether the influence of the independent variable on the dependent variable is significant or not, the result is p = <0.001

with a p value <0.05. Thus, the null hypothesis is rejected. This means that there is a significant influence of IV on DV.

Table 2: Coefficient

Model		B	Std. Error	Beta	T	Sig.
		Unstandardized Coefficient		*Standardized Coefficient*		
1	(Constant)	40.650	5.428		7.490	,000
	Calm	,186	,094	,147	1.978	,049*
	Persistence	,100	,096	,089	1.039	,300
	Independence	,132	,097	,116	1.355	,177
	Meaningfulness	-,103	,086	-,090	-1.196	,233
	Existential Loneliness	-,012	,098	-,009	-,124	,902
	Family support	,025	,079	,023	,316	,752
	Friend Support	,048	,079	,045	,610	,543
	Support People that matter	-,210	,063	-,212	-3.313	,001*
	Gender	,388	1.191	,020	,326	,745
	Age	3.579	1.437	,157	2.452	,013*

Dependent Variable: Burnout

Then the final result is a regression coefficient which aims to explain whether the influence of each independent variable on dv is significant. Based on the results obtained, 3 significant variables were found, namely inner balance, support from significant others and age. Meanwhile, the other 7 variables are not significant.

Table 3: Model Summary

Model	R	R²	Adjusted R²	Std. Error of the Estimated	R² Change	F Change	Df 1	Df2	Signific ant. F Change
					Change Statistic				
1	,219	,048	,044	9,36172	,048	12.476	1	248	,000*
2	,254	,065	,057	9,29830	,017	4.395	1	247	,037*
3	,255	,065	,053	9,31543	,000	,092	1	246	,762
4	,264	,070	,055	9,31021	,005	1.276	1	245	,260
5	,265	,070	,051	9,32555	,001	,195	1	244	,659
6	,266	,071	,048	9,34312	,000	,083	1	243	,774
7	,266	,071	,044	9,36169	,000	,037	1	242	,848
8	,354	,125	,096	9,10176	,055	15.020	1	241	,000*
9	,354	,126	,093	9,12034	,000	,019	1	240	,890
10	,384	,147	,115	9,00623	,022	6.140	1	240	,000*

Discussion

Based on the results of the hypothesis test described previously, it shows that the researcher's hypothesis is accepted. Overall, the variables have a significant influence of 14.8% on burnout

in health workers. However, from the results of the regression coefficients for each dimension, it was found that only three of the ten variables whose regression coefficient values had a significant effect on burnout, namely resilience (equanimity), social support (significant other support) and age.

The equanimity variable has a significant effect on burnout in a positive direction. These results are in line with research by De Sousa et.al., (2018) which produced an effect of inner balance on burnout in a positive direction on the dimension of reducing personal achievement towards burnout. The results of this study are slightly different from research by Kim et.al., (2018) which obtained a significant influence on the dimension of inner balance with a negative direction between emotional exhaustion. The results of this study explain that dimensions have a significant positive effect on burnout, with these results showing that the equality dimension increases the low level of professional achievement, which is one of the dimensions of burnout, that is, the more health workers see bad conditions flexibly and moderately, the more likely they are to have good results. low professional. For example, if a highly resilient physician engages in work that brings meaning to the job, then this can contribute to greater personal accomplishment.

Meanwhile, support from special people shows a significant and negative influence on health worker burnout during the COVID-19 pandemic. The type of influence in question is the presence of high social support from special people, able to reduce burnout of health workers during the pandemic. Support for special people can come from people around them who have a big influence on health workers, such as superiors, lovers, or others. The results of this research are significant, in line with research conducted by Fradelos et.al., (2014) that support from other people has a significant effect on burnout in a negative direction in the dimensions of emotional exhaustion and the burnout depersonalization variable.

The ages in this study were divided into two groups, namely early adulthood (18-39 years) and middle adulthood (40-60 years). The variable age of health workers has a significant influence on burnout. The results of this study support previous research presented by Maslach et.al., (2001) which concluded that age influences the ability to overcome problems that influence burnout. This research explains that there is a significant difference in the level of burnout between health workers in early adulthood (18 - 39 years) and middle adulthood (40 - 60 years). Among health workers in the Jabodetabek area, the highest level of burnout during the COVID-19 pandemic was experienced by middle-aged health workers. This is influenced by a physical condition that is not yet as strong as at a young age, making them susceptible to burnout, namely emotional exhaustion. Another thing that is caused by workload, a health worker in middle age is more trusted and therefore takes on a lot of work in a relatively short time. Apart from that, many health workers in middle adulthood are in a marital relationship, so their responsibilities increase not only in work but also in family such as wife or husband and children.

Perseverance does not have a significant effect on burnout in health workers. This finding is in line with research by De Sousa et.al., (2018) which did not have a significant influence on the dimensions of emotional exhaustion and depersonalization on burnout. Perseverance is not significant for burnout because if a health worker has perseverance or the ability to face problems no matter how difficult the obstacles during this pandemic, he will persist with this, so that health workers do not experience burnout.

The independence variable has no significant effect in a positive direction on burnout. Different results were found by De Sousa et.al., (2018) who found that the dimension of independence had a significant influence on the dimension of reduced personal achievement and the variable emotional exhaustion burnout. (independence) is the state of not needing help, support, or interaction with others, the ability to depend on oneself. Independence does not have a significant effect on burnout because health workers who know their strengths and abilities will be able to control their conditions and limitations.

The meaningfulness variable does not have a significant negative effect on burnout. These results are different from research by Kim et.al., (2018) which states that meaningfulness has a significant influence in a negative direction on burnout. Meaningfulness does not have a significant effect on burnout because if health workers have meaning in their work and are aware of dealing with COVID-19 as one of the main tasks of a health worker then they will not experience burnout.

Existential loneliness This research does not have a significant negative influence on burnout of health workers during the pandemic. De Sousa et al., (2018) found the same thing, namely that there was no significant effect of existential loneliness on burnout. The existential loneliness variable does not have a significant effect on burnout because health workers have an awareness of the uniqueness of individuals so that they are able to live with their own abilities in overcoming difficult situations, such as during the COVID-19 pandemic. This is what prevents health workers who experience existential loneliness from experiencing burnout.

The results of this study show that the dimensions of family and friend support in the social support variable do not show a significant influence on health worker burnout during the COVID-19 pandemic. Family support does not have a significant effect on burnout because during the pandemic the family was not directly involved in providing assistance with work activities. Friend support does not have a significant effect on burnout because during the pandemic interaction with friends was limited. So friends are less able to understand the conditions experienced by that individual.

The gender of health workers did not have a significant effect on burnout in this study. These results do not support research conducted by Guillermo et.al., (2015) which states that gender has a significant effect on burnout. There is no significant influence of gender on health worker burnout during the COVID-19 pandemic. However, this research is in line with research by Duarte et.al., (2020) conducted on health workers in Portugal which resulted in a higher number of women experiencing burnout than men. The results of this study are not in accordance with El-Menyar et.al., (2020) who conducted research in two large hospitals in Qatar showing that men experienced higher levels of burnout. In this study, women experienced higher burnout because the number of female respondents was greater than male.

Female health workers experience double work because they not only work but also do household work such as looking after children and husbands, and if there is no one to help with household work, they also do the household work. This difference may, among other things, be caused by differences in female and male hormones. Women are more likely to experience hormonal changes such as menstruation, postpartum, and menopause. These factors make women more susceptible to stress which can lead to fatigue at work.

CONCLUSION

Based on the results obtained from analysis of hypothesis testing data, it can be concluded from this research that "there is a significant influence between resilience, social support and demographic factors on burnout in health workers during the COVID-19 pandemic". from the results of the F test which tests all independent variables against the dependent variable with a p value (sig.) < 0.001 which means it is significant, with an R^2 of 0.148 or 14.8% which means high and low 14.8% of burnout in health workers is influenced by independent variable in this research.

Further research is recommended to add other variables that influence burnout. Future research could examine social support, which can be seen in various benefits such as emotional support or rewards.

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