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THE CORRELATION BETWEEN BURNOUT SYNDROME AND PERFORMANCE AMONG FEMALE NURSES

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Abstract: Burnout syndrome is a psychological condition due to chronic work stress that can have an impact on the decline in the performance of nurses, especially female nurses who often face work demands and domestic roles at the same time. Empirical evidence on the relationship between burnout syndrome and nurse performance still varies, particularly when analyzed before and after interventions. This study aims to analyze the correlation of burnout syndrome to the performance of female nurses at the Regency Hospital in the control group and treatment group in the pretest and posttest phases. Methode: This research method uses a correlational analytical design with a cross-sectional approach**.** The sample number was 66 female nurses who worked in the inpatient room of the Ciamis Regency Hospital and met the research inclusion criteria. The variables studied included burnout syndrome and nurse performance, which were measured using standardized instruments. Data analysis was conducted using a correlation test to determine the relationship between burnout syndrome and the performance of female nurses, with a significance level of $\alpha = 0.05$. Results In the pretest data, the correlation test showed that there was no relationship between burnout syndrome and nurse performance in both the control group and the treatment group ($p>0.05$). In the posttest data, no relationship was found in the control group ($p>0.05$). However, in the treatment group, there was a significant relationship between burnout syndrome and nurse performance ($p=0.049<0.05$). The direction of the relationship is negative, indicating that the higher the burnout syndrome, the lower the performance, and the lower the burnout syndrome, the higher the performance. Conclusions: Burnout syndrome was significantly and negatively related to the performance of female nurses in the treatment group after the intervention. These findings indicate the importance of burnout reduction interventions as a strategy to support the improvement of nurse performance in hospitals.

Keywords: burnout syndrome, performance of nurses, female nurses

1. INTRODUCTION

Nurses are professionals who are at high risk of *experiencing burnout syndrome* due to high workload and work stress which is mostly caused by interaction with patients for a long time[1]. The number of female nurses is more at 79% compared to male nurses which is only 21%. The incidence of (Ministry of Health, 2017)*burnout syndrome* in women is twice as common as in men, due to the influence of biological and environmental factors such as the demands of household chores, tasks at work, and tasks outside of work and others [2]. Female nurses are a relatively more vulnerable group to burnout because they face clinical workloads as well as the demands of dual roles in family and social. This condition increases susceptibility to psychological fatigue which can affect motivation, concentration, and work performance [1]

Burnout syndrome has become a serious psychosocial problem among healthcare workers, especially nurses, due to exposure to chronic work stress, high emotional

demands, and the complexity of modern health services. Burnout is characterized by emotional exhaustion, depersonalization, and decreased personal achievement that have a direct impact on the professional functioning of nurses [3]. In the context of nursing, burnout not only affects individual well-being, but also has the potential to reduce the quality of care, patient safety, and overall hospital service performance

The results of the study showed that the rate *of burnout syndrome* experienced by female nurses was as much as 89% [4]. Research in China as many as 42.9% of nurses experienced emotional exhaustion; 32.1% experienced depersonalization and 52. 5% experienced a decrease in personal achievement [5]and 43.8% had poor performance in providing services While research in Indonesia stated that [6]*burnout syndrome* very high, namely 49 nurses (81.67%), the high category of 6 nurses (10%) and medium 6 nurses (10%) [7]. A total of 42.9% of nurses experienced high emotional fatigue; 32.1% experienced high depersonalization and 52.5% experienced decreased performance[8]. The results of the research related to the performance of nurses in Tegal were obtained that the performance assessment of female nurses was identified (25.4%) as poor. Female nurses who experienced [9]*burnout syndrome* 50.7% tended to behave *poorly caring* [10]

Population-based studies across various health systems also confirm that nurse burnout is significantly associated with decreased quality of care, increased clinical errors, and low patient satisfaction [11]. In developing countries, including Indonesia, limited resources, high nurse-patient ratios, and administrative demands increase the risk of burnout in regional hospital nurses. This condition makes burnout a strategic issue in nursing human resource management, especially in maintaining nurse performance in a sustainable manner. [12]

Theoretically, the relationship between burnout and performance is explained through the Job Demands–Resources (JD-R) Model, which states that high work demands without being balanced by personal and organizational resources will lead to psychological fatigue and decreased work outcomes [13]. Various empirical studies report that burnout is negatively correlated with nurse performance, work productivity, and patient safety behaviors [14]

However, the results of research related to the relationship between burnout syndrome and nurse performance have not been completely consistent. Some studies have found that burnout is not always significantly related to performance in certain conditions, especially when contextual factors or psychosocial interventions play a role [15]. These findings indicate that the relationship between burnout and performance is dynamic and can change after the intervention is given, so it needs to be analyzed temporally (pre-post) and comparatively between groups.

Various interventions have been developed to reduce nurse burnout, such as mindfulness-based interventions, improving the quality of working life, and organizational support [16]. Empirical evidence suggests that such interventions not only reduce burnout, but may also strengthen the link between psychological well-being and nurses' job performance [17]

However, at the regional hospital level, especially the district hospital, research analyzing the correlation of burnout syndrome to the performance of female nurses is still limited. This limitation of local evidence has the potential to hinder data-driven policy-making in the management of women nurses. Therefore, this study aims to analyze the correlation of burnout syndrome to the performance of female nurses at the Regency Hospital in the control group and treatment group, both in the pretest and posttest phases. The results of this study are expected to provide an empirical basis for the development of burnout reduction interventions as a strategy to improve nurse performance in a sustainable manner.

2. METHODS

Research Design

This study uses a correlational analytical design with a cross-sectional approach. This design aims to analyze the relationship between burnout syndrome and female nurse performance at a single measurement time without treatment or group comparison.

Population and Sample

The study population is all female nurses who work in the inpatient room of the Ciamis Regency Hospital as many as 213 people. Sampling was carried out using a consecutive sampling technique, where all female nurses who met the inclusion criteria and did not include the exclusion criteria were recruited sequentially during the data collection period until the sample number was met. The number of samples in this study was 66 female nurses.

The inclusion criteria include: female nurses have worked for at least one year, are married and have children, have a minimum of D3 nursing education, and are willing to become respondents by signing an informed consent. The exclusion criteria are female nurses who are on leave or on study/assignment leave. Respondents who did not complete the instrument filling were declared dropouts.

Research Variables

An independent variable is burnout syndrome, which consists of dimensions of emotional exhaustion, depersonalization, and decreased personal achievement. Dependent variables are nurse performance, which includes quality of work, quantity of work, punctuality, effectiveness, and independence.

Research Instruments

Burnout syndrome was measured using the Maslach Burnout Inventory (MBI) adaptation questionnaire developed by Maslach et al. (2004). Nurse performance was measured using a nurse performance questionnaire modified from instruments that had been used in previous studies and adjusted to the context of hospital nursing services.

Data Analysis

Data were analyzed descriptively and inferentially. Inferential analysis was performed using correlation tests to assess the relationship between burnout syndrome and female nurse performance. The selection of the correlation test type is adjusted to the distribution of data, i.e. Pearson correlation for normally distributed data or Spearman correlation for unnormally distributed data. The level of statistical significance is set at $\alpha = 0.05$.

3. RESULTS AND DISCUSSION

Table 1.Correlation *of Burnout syndrome* to the performance of female nurses at Ciamis Regency Hospital in 2023 (n=66)

Burnout syndrome		Intervention Groups (n=33)		Control Group (n=33)	
		R	Sig	R	Sig
Performance	Pre	-0.077	0.671	0.167	0.353

Burnout syndrome	Intervention Groups (n=33)		Control Group (n=33)	
	R	Sig	R	Sig
Post	-0.321	0.049	0.145	0.429

Table 1 shows the results of the correlation test that there was no relationship between *burnout syndrome* and performance in the pre data, both in the control and intervention groups. Meanwhile, the post data showed that there was no relationship *between burnout syndrome* and performance in the control group, but there was a significant relationship between *burnout syndrome* and performance in the post data in the intervention group ($p=0.049<0.05$). The relationship that occurs is a negative relationship, meaning that the higher *the burnout syndrome*, the lower the performance. And the lower *the burnout syndrome*, the higher the performance

The results of the study showed that there was a significant relationship between *burnout syndrome* and performance. The relationship that occurs is a negative relationship, meaning that the higher *the burnout syndrome*, the lower the performance. And the lower *the burnout syndrome* , the higher the performance.

The findings of this study are in line with research in Poland that shows that burnout syndrome has a significant impact on nurse performance, especially in aspects of emotional fatigue and depersonalization that reduce work capacity and quality of service The study confirms that burnout contributes to a decrease in work engagement and professional effectiveness of nurses.[18]

The results of this study are also consistent with the findings of Dyrbye et al. (2019a) who stated that fatigue is a prevalent condition among nurses and other health workers, and has the potential to affect work performance, patient safety, and overall service quality. Burnout that is left untreated can develop into a chronic condition that interferes with the cognitive and emotional functioning of nurses in carrying out clinical tasks. [6]

Theoretically, the negative relationship between burnout syndrome and performance can be explained through the Job Demands–Resources (JD-R) Model, which states that high job demands without personal and organizational resource support will trigger psychological fatigue and lower work outcomes. In the context of nursing, the demands of high workload, emotional pressure from patients and families, and large administrative responsibilities can drain the physical and mental energy of nurses, thus impacting performance.[13]

Research by Kupcewicz and Jóźwik (2020) explains that nurses who experience burnout syndrome tend to experience prolonged stress, sleep disturbances, and withdrawal from social and work environments. This condition has a direct impact on work performance, decreases productivity, and increases the risk of errors in nursing services. Sleep disorders and chronic fatigue are specifically associated with decreased concentration, decision-making accuracy, and nurse work endurance. [19]

In addition, Zhang et al. (2018) found that burnout leads to decreased work motivation and the emergence of negative attitudes towards work, where work activities are perceived as a burden and a source of discomfort. This decrease in motivation has an impact on low initiative, work engagement, and the quality of nurse-patient interaction. [20]

Based on the findings of this study, hospital management needs to view burnout syndrome as a strategic issue in the management of nursing human resources. Efforts to improve the work environment, manage a more balanced workload, psychosocial support, and strengthen the work welfare of nurses are important steps that can be taken simultaneously to reduce burnout syndrome and improve nurse performance. This approach is in line with the recommendations of various international studies that emphasize the importance of organizational interventions in addressing health worker burnout [17]

In the context of female nurses, the impact of burnout syndrome on performance becomes increasingly complex due to the dual role of professional workers and family members. Female nurses who experience burnout tend to lose energy, work enthusiasm, and confidence, resulting in decreased productivity and quality of service provided to patients. Without energy and active involvement in work, nurses are unable to work optimally, which ultimately decreases work effectiveness and increases doubts about their own professional abilities.

This condition has the potential to create a negative cycle, where decreased performance exacerbates work stress and deepens burnout syndrome. If not intervened, this condition not only has an impact on individual nurses, but also on the quality of hospital services, patient satisfaction, and the image of health care institutions. Thus, the results of this study provide practical implications that improving the performance of female nurses cannot be separated from systematic efforts to reduce burnout syndrome. Interventions that focus on the psychological well-being of nurses have the potential to be an effective strategy in improving the quality of nursing services and the sustainability of hospital performance.

4. CONCLUSION

This study concluded that there was a significant relationship between burnout syndrome and the performance of female nurses in the inpatient room of Ciamis Regency Hospital. The relationship formed was negative**,** which showed that the higher the level of burnout syndrome, the lower the performance of the nurse, and conversely the lower the burnout syndrome, the higher the performance of the nurse.

These findings confirm that burnout syndrome is an important factor related to the work performance of female nurses and has the potential to affect the quality of nursing services. Therefore, systematic efforts to reduce burnout syndrome through improving the work environment, organizational support, and strengthening the welfare of nurses need to be the concern of hospital management as part of the strategy to improve the performance and quality of health services

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