Relationship between Family Support and the Incidence of Burnout among Healthcare Workers during the COVID-19 Pandemic

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ABSTRACT
Burnout can occur in every healthcare worker who works in hospitals and Community Health Centers (CHC), both consciously or unconsciously. Healthcare workers at CHCs are required to make many reports and sometimes there is a possibility to do it at home. Burnout can be experienced by any healthcare worker. There are several factors that may influence the incidence of burnout, namely: ambiguity, multiple role conflicts, work stress, workload and lack of social support. One source of social support comes from family. Family is a place to share stories and share complaints when individuals experience problems. This study aims to determine the relationship between family support and the incidence of burnout among healthcare workers during the COVID-19 pandemic. This was a quantitative study with a Cross Sectional approach. The populations involved were all healthcare workers at Jati Tujuh Community Health Center Unit as many as 61 people. The samples were selected using total sampling technique. Data were analyzed through univariate analysis using frequency distribution and bivariate analysis using Chi square test. The study results showed that less than half of healthcare workers experienced burnout. Less than half of healthcare workers did not have family support. Furthermore, there was a significant relationship between family support and the incidence of burnout among healthcare workers. Recommendation is proposed for healthcare workers to increase their knowledge about burnout through seminar activities, consultations with experts and families so as to obtain understanding regarding the importance of family support for healthcare workers who are dealing with COVID-19 patients. Furthermore, CHC Unit should provide training for healthcare workers, especially regarding burnout coping mechanisms to overcome burnout among healthcare workers.

INTRODUCTION
The Covid-19 pandemic (Coronavirus Disease-2019) in 2020 has become a dangerous virus outbreak and has spread almost throughout the world for the past 6 months, namely since January 2020. It has also changed many
things in the lives of people around the world. The transmission and spread of the virus that started from the city of Wuhan, Hubei Province, People's Republic of China are very fast. Based on information submitted by the WHO (World Health Organization, 2020), there were 7,145,539 people worldwide until September 11, 2020 who were confirmed positive for Covid-19. The danger of this virus has become a concern for everyone worldwide and demands world health organizations as well as governments to design policies and take a number of steps to deal with the spread of this virus (MoH RI, 2020).

According to WHO (2021) regarding the number of Covid-19 cases on March 22, 2021, the total number of confirmed Covid-19 cases in worldwide was 123,838,618 (123 million) cases. Of these, 99,731,646 patients had recovered and 2,727,152 people died. So far, there had been 21,379,820 active cases, wherein 21,289,597 patients had mild symptoms and 90,223 had serious symptoms. Indonesian government always updates data regarding the number of Covid-19 patients. There were additional cases every day, which continued to increase. According to the Covid-19 Management Task Force on April 19, 2021, nationally the number of patients who were confirmed positive for Covid-19 was 1,604,348 people, as many as 1,455,065 patients recovered and 43,424 patients died (Covid-19 Management Task Force, 2021). In West Java Province, 266,887 patients were confirmed positive for Covid-19, 234,403 patients recovered, and 3,497 patients died (Pikobar, 2021). According to the Majalengka District Health Office (2021) as of April 19, 2021, 2,878 patients were confirmed positive for Covid-19, 2,414 patients recovered, and 234 patients died. Jati Tujuh is a sub-district in the Majalengka District area which had the covid-19, 101 patients had recovered, 15 patients died, and there were 50 suspected patients. The World Health Organization (WHO) in the Indonesian Covid-19 Situational Report as of September 23 highlighted the death rate of doctors, which as of September 12, 2020, had reached more than 100 people. The Indonesian Doctors Association (IDI) Mitigation team further announced the update of data on medical personnel who died due to Covid-19. As of Wednesday, April 17, 2021, IDI reported that 647 medical and healthcare workers had died due to Covid-19. From March to mid-January 2021, there were a total of 647 medical and healthcare workers who died as a result of being infected with Covid-19 virus, which consisted of 289 doctors, 27 dentists, 221 nurses, 84 midwives, 11 pharmacists, and 15 medical lab staffs. The doctors who died consisted of 161 general practitioners (4 professors), and 123 specialist doctors (12 professors), and 5 residents. All of them came from 26 regional or provincial IDs, and 116 City/Regency branch IDs.

WHO also mentioned the number of healthcare workers who experienced fatigue or burnout during the Covid-19 pandemic. Doctors who treat Covid-19 patients, both general practitioners and specialists, were twice as likely to experience emotional exhaustion and loss of empathy as those who did not treat Covid-19 patients (WHO, 2021). A study conducted by the University of Indonesia in September-October 2020 in hospitals showed that around 83 percent or more than 1,400 healthcare workers across the country experienced moderate to severe fatigue. Burnout is a psychological syndrome due to a chronic response to a conflict. Symptoms of burnout include emotional exhaustion, depersonalization (loss of empathy), and reduced personal accomplishment (decreased self-confidence). Burnout can also cause mental disorders, so it is very important to know the mental condition of healthcare workers during a pandemic. Burnout may occur in every healthcare worker, whether consciously or unconsciously. Dessler (2015) found that burnout was influenced by internal factors such as gender, self-esteem, and individual characteristics as well as external factors such as education level, lack of opportunity for promotion, job demands, social support, lack of salary, monotonicity and repetitive work. According to Lee and Asforth (in Indarjati, 2017) there were several factors that influenced burnout, namely ambiguity, multiple role conflicts, work stress, workload and lack of social support. Sometimes, some people cannot cope with the problems caused by the pressure they bear. They are unable to take the "fight or flight" action to relieve the stress. As a result, the tension experienced can interfere with emotional conditions, thought processes and the physical condition of individuals who are under stress. One source of social support is family. Family is a place to tell stories and issue complaints when individuals experience problems. Family is the most comfortable place for a person to face all life's problems, share happiness and grow hopes for a better life (Irwanto, 2016). Currently, social support is highly needed for the general public, patients and medical personnel during the Covid-19 pandemic situation. Social support can be in the forms of: (1) appraisal support, by solving problems or describing stressors (2) tangible support, as a real assistance in solving problems (3) self-esteem support, namely support for a good self-view and (4) belonging support, in the form of acceptance in certain part or group. Social support from the closest people such as family, friends, relatives and co-workers is certainly needed for mental well-being in the face of the Covid-19 pandemic (Dian & Rendi S, 2021). Based on the results of a preliminary study conducted at Jati Tujuh CHC Unit, Jati Tujuh Sub-District, Majalengka District, there were 61 healthcare workers which consisted of 2 general practitioners, 1 dentist, 24 midwives, 24 nurses, 1 pharmacist, 1 environmental health officer, 2 laboratory 2 staff and 6 medical administration staffs. There were 20 people involved in the TGC team that managed Covid-19. In addition, Jati Tujuh CHC also served inpatients, rapid antigen test, confirmed positive patients tracing and made patient referrals.
to the Hospitals that managed Covid-19 patients. Based on the background described above, the authors are interested to conduct a study entitled "Relationship between Family Support and the Incidence of Burnout among Healthcare Workers during the Covid-19 Pandemic". The general objective of this study is to determine the relationship between family support and the incidence of burnout among healthcare workers during the Covid-19 pandemic. The specific objective of this study is to describe the family support provided towards healthcare workers, the incidence of burnout among healthcare workers during the Covid-19 pandemic, and the relationship between family support and the incidence of burnout among healthcare workers during the Covid-19 pandemic.

METHODS

This study aims to determine the relationship between family support and the incidence of burnout among healthcare workers during the COVID-19 pandemic by using quantitative research method with a Cross Sectional approach. The populations involved were all healthcare workers at Jati Tujuh Community Health Center Unit as many as 61 people. The current study was conducted in September 2021 with the study site of Jati Tujuh CHC since it is a work area with the highest percentage of deaths due to Covid-19 in Majalengka District in 2021. The questionnaire used in this study adopted the Maslach Burnout Inventory Human Service Survey (MBI-HSS) questionnaire which had been tested for validity and reliability. Data processing steps involved Editing, Coding Sheet, Data Entry and data cleaning. Data were analyzed through univariate analysis using frequency distribution and bivariate analysis using Chi square test.

RESULTS AND DISCUSSIONS

Table 1. Distribution of Burnout Frequency among Healthcare Workers during the Covid-19 Pandemic

<table>
<thead>
<tr>
<th>Burnout</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>No Burnout</td>
<td>31</td>
<td>50.8</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on table 1, it can be seen that 30 respondents (49.2%) experienced burnout and 31 respondents (50.8%) did not experience burnout. Such finding indicated that less than half of healthcare workers experienced burnout. The data were obtained based on the results of the questionnaire. Burnout was stated to occur if the score of the answer to the questionnaire was < the median and it was stated that there was no burnout if the score of the answer to the questionnaire was ≥ the median.

Table 2. Distribution Frequency of Family Support

<table>
<thead>
<tr>
<th>Family Support</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Supportive</td>
<td>29</td>
<td>47.5</td>
</tr>
<tr>
<td>Supportive</td>
<td>32</td>
<td>52.5</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Based on table 2, it can be seen that 29 respondents (47.5%) lacked of family support and 32 respondents (52.5%) had sufficient family support. Such finding indicated that less than half of healthcare workers lacked of family support. The data were obtained based on the results of the questionnaire. Family was stated to be less supportive if the score of the answer to the questionnaire was < the median and family was stated to be supportive if the score of the answer to the questionnaire was ≥ the median.

Table 3. Relationship between Family Support and the Incidence of Burnout among healthcare workers

<table>
<thead>
<tr>
<th>Family Support</th>
<th>Burnout</th>
<th>No Burnout</th>
<th>Total</th>
<th>value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
<td>%</td>
</tr>
<tr>
<td>Less Supportive</td>
<td>22</td>
<td>75.9</td>
<td>7</td>
<td>24.1</td>
</tr>
<tr>
<td>Supportive</td>
<td>8</td>
<td>25.0</td>
<td>24</td>
<td>75.0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>49.2</td>
<td>31</td>
<td>50.8</td>
</tr>
</tbody>
</table>

0.000
Based on table 3, it can be seen that 75.9% of healthcare workers who lacked of family support and experienced burnout and 25.0% of healthcare workers had sufficient family support and experienced burnout are. Such finding indicated that the proportion of healthcare workers who experienced burnout was higher among those who lacked of family support or the families were less supportive compared to those with supportive families.

Such difference in proportion showed a significant implication as presented by the chi square test result with a p value = 0.000 (<0.05). Therefore, the null hypothesis was rejected or there was a significant relationship between family support and the incidence of burnout among healthcare workers.

**Discussion**

WHO pointed the number of healthcare workers who experienced fatigue or burnout during the COVID-19 pandemic. Doctors who treat Covid-19 patients, both general practitioners and specialists, were twice as likely to experience emotional exhaustion and loss of empathy as those who did not treat Covid-19 patients (WHO, 2021). Dessler (2015) found that burnout was influenced by internal factors such as gender, self-esteem, and individual characteristics as well as external factors such as education level, lack of opportunity for promotion, job demands, social support, lack of salary, monotonous and repetitive work. Burnout is often found in the human service profession, namely among people who work in fields that are directly related to many people and provide services to the general public, such as teachers, nurses, police, counselors, doctors and social workers. However, burnout can also occur in non-human service professions. According to Lee and Asforth (in Indarjati, 2017) there were several factors that influenced burnout, namely ambiguity, multiple role conflicts, work stress, workload and lack of social support. Sometimes, some people cannot cope with the problems caused by the pressure they bear. They are unable to take the "fight or flight" action to relieve the stress. As a result, the tension experienced can interfere with emotional conditions, thought processes and the physical condition of individuals who are under stress. According to Gibson, et al. in Pangastiti (2016), it was found that burnout among nurses occurred as a result of protracted stress and the many negative things experienced repeatedly. Healthcare workers often lack of family support. Their families do not listen attentively to their complaints, do not understand the situation they are experiencing, do not provide additional information about the Covid-19 disease, and seem to be waiting for a response from healthcare workers to share and express their feelings. Someone who is in a supportive social environment especially family, generally has a better condition than those who do not get support. The closest social environment for a person is the family environment. Thus, family support for a healthcare worker is very necessary.

Family is a place to tell stories and issue complaints when individuals experience problems. Family is the most comfortable place for a person to face all life's problems, share happiness and grow hopes for a better life (Irwan, 2016). According to Iwan M (2016), family social support works as a protector against changes in stressful life events. Through family social support, psychological well-being will increase because care and understanding will lead to feelings of belonging, increase self-esteem and clarity of self-identity and positive feelings about oneself. Family social support and care of others can make people resistant to pressures that cause burnout. Currently, social support is highly needed for the general public, patients and medical personnel during the Covid-19 pandemic situation. Social support can be in the forms of: (1) appraisal support, by solving problems or describing stressors (2) tangible support, as a real assistance in solving problems (3) self-esteem support, namely support for a good self-view and (4) belonging support, in the form of acceptance in certain part or group. According to Stuart and Sundent (1998) in Nursalam (2018), a person's low level of family support will cause that person to easily experience burnout. Furthermore, a person's level of family support will affect thinking skills, wherein the higher a person's level of thinking skills, the easier to think rationally and capture new information including in describing new problems. Family support can affect burnout due to lack of information either from the closest people in family, or from various media such as magazines, books and so on. Family support can also serve as a prevention strategy to reduce negative stress. This family support system of task-oriented help is often provided by extended family, friends, and neighbors. Assistance from extended families may also be provided in the form of direct assistance, including continuous and intermittent financial assistance, shopping, caring for children, physical care for the elderly, performing household tasks, and practical assistance during times of crisis (Irwan, 2016).

During the current Covid-19 pandemic, healthcare workers hold a very high responsibility and they are required to carry out their roles. Healthcare workers at the CHCs have certain important roles, not only in providing health services but also management tasks in the form of reporting demands. Due to limited time at work, they must provide many services and it is possible for management tasks to be carried out at home. So, psychologically, it is natural for a healthcare worker to expect understanding and support from his or her closest social environment, namely family. Social support provided by the family is expected to have a positive influence on healthcare workers at CHCs. It can create a sense of worth, meaning, easy to adjust, inner peace, encourage and a sense of self-
confidence so that healthcare workers can carry out their duties in the workplace well. Therefore, Family support is very helpful for healthcare workers at the CHCs in dealing with burnout.

The results of this study are in line with a study conducted by Nuuferulla (2019) on the analysis of the effect of family social support on burnout among nurses at the Mental Hospital. Family support which had 4 indicators (emotional support, appreciation support, instrumental support, and informative support) had an effect the incidence of burnout by 77%, while the remaining 23% was influenced by other variables. Although there were differences in the characteristics of duties and also the specifications of the types of healthcare workers between hospitals and CHCs, the results obtained showed no difference that family social support had a significant effects on the incidence of burnout among healthcare workers.

A study conducted by the University of Indonesia in September-August 2020 in hospitals showed that around 83 percent or more than 1,400 healthcare workers across the country experienced moderate to severe fatigue. Burnout is a psychological syndrome due to a chronic response to a conflict. Symptoms of burnout include emotional exhaustion, depersonalization (loss of empathy), and reduced personal accomplishment (decreased self-confidence). The results of this study showed an increase in the incidence of burnout among healthcare workers during the Covid-19 pandemic. Burnout can also cause mental disorders, so it is very important to know the mental condition of healthcare workers during a pandemic. Burnout may occur in every health worker, whether consciously or unconsciously. The results of this study are in line with a study conducted by Pangastiti (2016) among nurses in Mental Hospitals which found that 37.9% of healthcare workers lacked of family support. In addition, a study conducted by Suhendar (2017) among healthcare workers at Slipi Health Center in Jakarta showed that less than half (47.5%) of healthcare workers did not receive family support. These studies revealed the similar burnout incidence rates with the results of the current study wherein 49.2% of healthcare workers experienced burnout. There were contradiction with the results of previous study due to the analytical methods used. For example a study conducted by Agustinus in 2020 entitled “Relationship Between Social Support and the Incidence of Burnout among Nurses at Hospital X” which concluded that individuals could overcome burnout when they were able to feel satisfaction with the social support received, and there was not relationship with the amount of social support received. Such study applied Spearman correlation analysis. In light of Augustine’s study, it can be stated that social support for healthcare workers cannot be assessed only from the amount, but is more meaningful by considering the quality of the support. One of the efforts of healthcare workers to avoid burnout events is to improve the ability to carry out stress coping management by adding insight regarding the management of burnout or proposing a coping management training program for healthcare workers. The management board of CHCs should provide policies that support the performance of healthcare workers, pay attention to the psychological conditions of healthcare workers, evaluate the work of healthcare workers, especially during a pandemic situation, as well as carry out quick management towards healthcare workers who experience burnout. Here, the family of the healthcare workers can be occasionally involved in social activities. In addition, healthcare workers should make an effort to communicate persuasively with their families or colleagues, regarding their psychological condition or problems being experienced.

CONCLUSIONS

Based on the results and discussions conducted by researchers, it can be concluded that family support could decline the incidence of burnout among healthcare workers.

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