

Understanding Factors That Create And Cause Burn-Out In Health Workers During The Covid-19 Pandemic In Indonesia For Future Legal Policies

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Article Info	Abstract
<p>Article History</p> <p>Received: September 10, 2021</p> <p>Accepted: April 11, 2022</p> <hr/> <p>Keywords : Causes Of Burnout, Medical Personnel, Covid-19 Pandemic, Health Studies</p> <p>DOI: 10.5281/zenodo.6450313</p>	<p><i>This study raises the factors of burnout in health workers during the covid pandemic in Indonesia. The latest data from the University of Indonesia medical school released that approximately 83% of medical personnel experienced moderate and severe out syndrome during their duties during the Covid pandemic crisis. To discuss this issue, we have conducted a series of online data searches and then an in-depth analysis process involving a coding system and sharp criticism to obtain highly valid findings. This health study entirely relies on secondary data from many health publications in book journals and other websites. After analyzing the data, we designed the report in the form of descriptive qualitative data by following several studies and the findings of previous studies. These findings include that medical employees are prone to burnout because they experienced high pressure in serving patients during the pandemic and added to the volume of work and the demands of the profession are so heavy because they have to help patients even though they are in danger of being exposed to the Coronavirus. It is hoped that these findings will contribute new ideas to further protect the healthcare workers from such a cause in the future, through anticipated legal policies.</i></p>

Introduction

The issue of burnout in the medical community is not new, especially when the issue of reconciliation becomes the talk of the medical community, coupled with the impact of the emergence of a conflict that hit human health for the first time so that the first impact felt was the occurrence of a brain out that was felt by paramedics who worked as a guard line (Broadhead, 2017). The forefront of responding to and helping patients exposed to COVID-19 in East Java. When viewed from the occurrence of body-outs, this is a response that describes how the emotional condition of a medical member in carrying out humanitarian aid missions is related to a conflict or critical condition (Andrulis et al., 2010). So, suppose this burnout continues, of course. In that case, it will have an impact on the work performance of paramedics which, as we can see, the occurrence of stress is so heavy that it causes fatigue and depression so that various professional conflicts occur, all of which make medical personnel less productive in providing services as a humanitarian profession (Korff et al., 2015).

Study after study has been carried out related to burnout issues that are felt by medical personnel to seem to be things that require the attention of the public, how according to a value study by the Indonesian University of Medicine, the Faculty of Medicine stated that approximately 80% of medical personnel in the country feel depression or the effects of depression (Sirait & Simarmata, 2021). After they were involved in a mission to help victims exposed to covid, both those who died and those who were successfully helped, another survey conducted by the British medical association around 2020 also found that approximately 50% of the medical staff there experienced fatigue bans and other mental health conditions linked to job losses during the pandemic (Pramestutie et al., 2021). The factors that influence or make Bond outs include the type of work, then the result of having met directly with a covid patient, increasing it later, such as the length of work in the government relief department, then also the inadequacy of medical equipment for self-help and protection, coupled with such medical policies. Often it changes all of that statistically has caused quite a deep out (Murtani et al., 2020).

The issue of burnout in the medical community is not new, especially when the issue of reconciliation becomes the talk of the medical community, coupled with the impact of the emergence of a conflict that hit human health for the first time so that the first impact felt was the occurrence of a brain out that was felt by paramedics who worked as a guard line (Senturk & Melnitchouk, 2019). The forefront of responding to and helping patients exposed to burnout that occurs in the health profession is not a new thing, whether it is told by word of mouth, social media, or reported by the publication of scientific health studies recently (Sotto-Santiago et al., 2020). This phenomenon is often found in responding to hidden crises and in every conflict and humanitarian issue requiring paramedic help. However, because the issue of burnout has something to do with

the emergence of the Corona outbreak, which today continues to be an international concern, it has caused many complaints from medical professionals, even some of them are so exhausted that some people are killed. In dealing with issues related to out, it is essential to start with high-ranking actors and the center for health studies (Rosa et al., 2020).

Fatigue, a risk factor, is widespread among medical professionals, and they gradually overcome it so that this phenomenon does not become more severe and can hinder the medical staff in carrying out their duties and responsibilities (Morgantini et al., 2020). According to Duarte et., (2020), this problem out is a health professional risk that has been recognized to be used in the setting of the health profession, which includes fatigue, negative feelings, feelings that cannot be separated, and feelings that interfere with competence in achieving this task that he suffers when in a work atmosphere that is high compared.

Often doctors feel pretty likely symptoms, and they sometimes do not care about taking it as a common etiologic factor (Babore et al., 2020). However, because this out is a syndrome of work-related disorders and leads to a paramedic mental disorder, this is medically accepted and should get help for the weather as compensation for the workplace because this burnout is something that causes paramedics to be under severe stress triggered by such a scary workload (Roslan et al., 2021). As a consequence of the demands of work, as far as possible, there must be a solution so that medical professionals can immediately maximize their work. It would be nice if these could be understood as symptoms and consequences and indications so that to overcome them, it can be identified which ones in this category are true and which ones say everyday work problems. As for the characteristics of this truth, every health staff of course, also feels very tired of work, especially when it is related to humanitarian work, but what is happening during this pandemic is indeed different from what is usual because someone who experiences it tends to feel and show unusual features (Shiu et al., 2021).

Burnout is usually characterized by a loss of enthusiasm for work and total fatigue. So the characteristics of this loss of enthusiasm can cause work to be delayed, even if it continues to increase, stress because, without enthusiasm, the work will not be easy (Smith & Rayburn, 2021). So this feeling of hatred happens hinders work rather than medical, which cannot be postponed. It is related to humanitarian issues helping sick people. What else. Another indication of both out, for example, is that work performance continues to decline; this is triggered by a loss of interest and enthusiasm to work in an atmosphere (El Haj et al., 2020). Another syndrome, for example, is seen when paramedics are irritable and tend to be unfriendly, especially during times of emergency, work performance decreases, and the job-hunting continues to pile up and continues to trigger stress, adding stress and uncontrollable emotions. Everything becomes very sensitive (Orejarena et al., 2021).

Another phenomenon, for example, is when paramedics indicate that paramedics are less enthusiastic about work, and this is also a result of ballooning out so that paramedics are often alone and do not like to socialize with other friends. When the bill is at a high level, we often encounter paramedics who quickly become sick and prone to flu, for example, colds, headaches, and dizziness (Orejarena et al., 2020). So when it happens with all the phenomena above, of course, seniors do not find a way to overcome how the brain the problem in the medical community can be found a solution and minimize the impact felt even though it is eliminated. How to deal with the ban out of the medical community, they still have work priority schools, so they do not pile up on work done to prolonged stress. Another solution might be to seek support and enlightenment from the superiors directly to share how they feel and what happened and all this because the boss is also part of the cause of stress, so the reason must be the first person to get a solution so that the work is light (Reynolds et al., 2021).

The research was conducted on about 1,400 health workers throughout Indonesia online around August 2020 (El-Rashidy et al., 2021). The level of mental fatigue of health workers is very likely to increase, considering that Covid-19 cases in the last few months have continued to increase significantly in Indonesia, even breaking the record for active cases several times. One of the most dangers of the emergence of burnout syndrome in health workers is the decrease in self-confidence and ability to make decisions. "This high risk of burnout syndrome can have long-term effects on the quality of medical services because these health workers can feel depressed, extreme fatigue, and even feel less competent in carrying out their duties, and this certainly harms our efforts to combat Covid-19 (Costill, 2021).

Health research related to medical outpatients during the pandemic is one of the efforts to gain a more comprehensive understanding of the various reviews and studies of evidence from the field that have been published (Rapisarda et al., 2020). By understanding through field findings so that later it will get things that are not yet known and fill the gaps in knowledge and knowledge so that they can change the pattern of health workers to be more professional. Another goal of this study is to diagnose the causes and effects of Ambon which is experienced by the medical community, primarily when they work in very critical conditions. Thus enabling paramedics to reject and ward off any false news and find the truth that comes from professional, measurable, and more complete studies that will later affect performance and explore the understanding of burnout (Eijkelenboom et al., 2021).

Method and Material

This study was carried out in the context of gaining an understanding of the factors that led to medical discharge during the pandemic (Maxwell, 2012). Our data is collected from various research evidence published in the form of book journals and also websites that discuss the issues of the factors that cause medical outpatients. Because this study relies on publicly available field-finding data, we do not need settings and participants to complete the collection (Bradshaw & Stratford, 2010). Outcomes in the form of explanations of the findings of previous studies can answer questions and issues related to medical circles in Indonesia. Our data was found by searching electronically on several publications, and then we studied it to get a high understanding to answer the problem (Lewis, 2015). The study we mean is data analysis which involves an evaluation and coding system of data and concluding so that the data are valid.

In designing the report, we followed the guidelines carried out by several previous studies oriented toward the health literature review and solutions in the form of review studies (Creswell & Creswell, 2019). We report this study entirely in a qualitative descriptive design format as it follows the models that have been done previously. Our search process is made by keyboard directly on Google search for several books published by well-known publications such as Elsevier Medpub, Taylor & Francis Don Google books. Based on data exposure supported by hidden evidence from previous researchers, we believe this answer has met the requirements of health study questions, especially the factors that cause brain out in the medical community during the pandemic response in Indonesia (Creswell & Creswell, 2017).

Result and Discussion

More than half (80%) of nurses in Indonesia experienced burnout during the Covid-19 outbreak caused by the pandemic in performing the tasks and responsibilities (Setiawati et al., 2021). Gender, employment status, workload, family support, and leadership are associated with burnout, while age is not. The family support variable has the most significant influence on burnout among nurses in the medical community, followed by leadership and workload factors (Mahendradhata et al., 2021). *Frontiers in public health*, 9, 887. To prevent the occurrence of more severe burnout, it is recommended that hospitals make efforts to improve the work system to reduce workloads, maintain or improve family social support, and improve leadership effectiveness in the room to make a positive contribution to burnout prevention in mental health nurses (Sitanggang et al., 2021).

Another factor that causes out is the result of a hefty work volume and describing that approximately 50% of medical personnel experience out emotionally at a severe level. Meanwhile, 30% experienced a decrease in empathy, and 50% experienced a decrease (Savitsky et al., 2020). Nurses experienced this, and even doctors themselves, including specialists and midwives, and the staff who handle nitrates in hospitals, all experienced weighty emotions, and lost pharmacy compared to when they did not treat victims exposed to covid (Delmastro & Zamariola, 2020). This phenomenon is felt in many non-medical circles, but since then, this excellent Van Damme has tended to afflict medical professionals who have experienced more than before the era. So this burnout fatigue takes the drop of mental fatigue, which is a condition where paramedics feel very tired even though there are not so many daily activities, but due to responding to an outbreak of peacemaker for the sake of working on the humanitarian side so that it becomes a work table and also a typical job that is so overwhelming and Kiku (Vahedian-Azimi et al., 2020).

Another factor that causes more and more health workers to be affected by outing problems is the increasing use of technology; in other words, technology has overwhelmed the entire staff (Grange et al., 2020). We know that most of the ways of responding to this pandemic are full of technology from which information can process information and evaluate it so that when staff who care about responding to technology it feels like being left behind with technology, especially to understand the technology they are working on in a very sophisticated and modern hospital (Sharifi et al., 2021). That frustration can go away if they know how to handle rotation due to job burnout and the inability to use technology to respond to every demanding job task.

When technology is very advanced and sophisticated along with increasingly demanding work demands, innovation must also be carried out by adapting to new technology, but because of its meager ability, many staff feels very slow, this will also cause stress (Javaid & Haleem, 2020). So the focus on this versatile and sophisticated tool certainly attracts attention and also the ability to read and evaluate any information related to the understanding and actions of the application so that the mentality of the staff will continue to be expected to be able to adapt by being thicker and not trapped by all kinds of problems—technological sophistication. For example, when technology becomes more sophisticated, the ability to work is quite temporary compared, and the volume of work is getting higher, causing staff to be unable to adapt to the atmosphere and become a factor (Manero et al., 2020). Make sure the tasks and workload are following the initial contract.

According to several subsequent findings, the next factor can be fatigue when health workers are overworked and lack rest (Hofmeyer et al., 2020). The data show a very close relationship between too many hours of work and fatigue caused by digital work that causes lack of sleep and automatically experiences fatigue and lack of professional personnel who can cope with work quickly (Restauri & Sheridan, 2020). The challenge

model for workers is to rely on work to make work take longer to complete, either because of the inability to apply technology or other ways of dealing with Covid, and many things that make the time a time and rest time between doing the work being done—and also feeling tired resulting in outdoor activities so that this requires a recommendation or support from the Health Office to improve health, especially mental health and also provide alternatives to prevent fatigue from getting tired. It has experienced a significant change in work style and out there (Sasangohar et al., 2020).

Reports on the other side of the cause of bans from the medical community in helping victims increase are the problems with too much work and a lack of crisis management (Amol Soin & Laxmaiah Manchikanti, 2020). So here is a management issue, how to organize days that can reduce stress out, so here it is better for hospitals to need experts to provide essential inputs and also how to provide tips and solutions to deal with when work is prolonged that follows and also requires an input of risks to increase satisfaction than the proportion of work in hospitals in assisting victims of covid (Afulani et al., 2021). Many staff lack the insight to handle work methods to reduce fatigue; then the heavy workflow is also one of the inability to control themselves, so they must be able to work professionally. Although many nursing and medical associations have developed many mindsets and work management, it is also known that they still find around 60% of hospital workers experience severe stress because they have to deal with families exposed to increased levels of stress. At the same time, 35-38 percent reported experiencing high levels of anxiety. Extremely heavy (Schuster et al., 2020). While the other 50% suffer from workload fatigue in dealing with it at work in hospitals especially going through hectic and heavy times. This burnout is a lack of insight and management to work in times of crisis and the lack of training given considering this crisis problem occurred suddenly where the outbreak came without confirmation (Hossain & Clatty, 2021). Everything is in a state of not having proper governance and management to overcome the problems faced by staff when helping and assisting the victims; this is a factor that causes high levels of stress and is also experienced by many medical circles during the pandemic in Indonesia.

The next factor is where frontline medical service workers face a hefty level of stress compared to medical staff who are behind this based on data obtained between medical services, and ordinary staff experience different stress levels as the leading cause (Albott et al., 2020). here because paramedics are often there in terms of when patients experience complaints then the control system rather than nursing staff in serving patients is also weak then due to understanding technology and also the balance between work volumes all of which have an impact on stress out all of which produces problems that are not easy to treat (Cabarkapa et al., 2020). Another reason could be that there is minimal experience in handling victims exposed to COVID, then the previous work background is not so compared to the typical co-fit work then, or another is the low education and training received by medical staff last is the weak system or quality. leadership skills possessed by each job (Kontoangelos et al., 2020). It turns out that the skills possessed by the superiors of these workers have a direct impact on the stress and discharge rates experienced by hospital workers. In other words, if the hospital has staff who are more senior and able to provide good leadership, the staff below It is estimated that there will be a slight stress disorder and make the job not good, really here is the emotion that occurs, the emotion of being tired, then analyzing it and also the low fulfillment of medical workers (Pollock et al., 2020).

Conclusion

In the end, it can be concluded that the purpose of this study is to understand and identify the factors that led to the discharge that afflicted medical staff during the peak of the Corona outbreak in the world, especially in Indonesia. We have visited several databases to obtain data related to the issue of factors causing stress on staff, which we have obtained through a free internet search. We continue with a comprehensive data analysis involving technical coding and in-depth data evaluation under the phenomenological approach system, an approach that tries to explore as much relevant data as possible to answer this question.

According to the exposure data and discussions that we have carried out so far, we believe that the data we spread can answer valid and reliable questions and updates because the data we display is the latest, which starts on average between 2018 and 21. We have shown that the causes of medical discharge at Indonesian universities are generally experienced. The causes are very diverse, and there are due to the inability to operate digital technology tools for diagnosis and to read this very scientific-technical language so that it makes work long and takes a long time and results in a lack of rest periods and results in severe stress.

Another cause that emerged, for example, was the lack of experience of hospital workers in responding to the problem of the mic sign crisis, which was so compared to where the waqf arrived suddenly so that many staff was not ready with the service and professionalism to serve their duties and obligations in the humanitarian field. Another reason is that patients constantly come to them whom they have to treat and provide assistance while also working under pressure. The fear of being infected with the Coronavirus both for hospital staff and their own families has led to a high percentage of outpatients in the medical community in Indonesia. Indonesia. The following reason is that the flow is so high, the ease of use of technology, the ease of working hours, is quite heavy, while the lack of sleep is then added that the control system and training and education that they get there slightly resulted in a high number of outs.

Among other things, it is also caused by complicated or complaints from patients and also complicated how to treat so that it becomes stressful coupled with the like of control and also the ability of the staff to read the most memorable chord home sale days and all of that has made the workers with little training and experience increase their risk of becoming more vulnerable with the outs they experience. Thus the presentation of these findings in the hope that from all the advantages and disadvantages of this data requires more constructive support and criticism, hopefully, future studies will improve both in terms of material and exposure to results and study and discussion. Hopefully, these results can add to the scientific treasures of paramedics, that may be used to develop legal policies to protect the healthcare workers from having the stress caused by burn-out situations while performing their duty and tasks.

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