



The Effect of Exhaustion, Depersonalization, and Personal Achievement Variables Towards Job Performance

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ABSTRACT

This study aims to see the effect of exhaustion, depersonalization and personal achievement variables towards job performance among nurses at the Condong Catur Hospital in Sleman, Yogyakarta. The survey method used in this research is by distributing questionnaires. The research subject in this study is a total of 58 nurses at the Condong Catur Hospital. Data analysis was carried out using the PLS-SEM approach through the SmartPLS program. The results obtained indicate that there is a negative effect of exhaustion on nurse performance and the hypothesis is supported. There is a negative effect of depersonalization on nurse performance and the hypothesis is supported. There is a negative effect of personal achievement on nurse performance and the hypothesis is not supported.

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1. Introduction

The health workers who are on the front line in handling covid-19, needed to adapt and face the high workloads, time pressure and work stress, this caused them to be vulnerable to exhaustion (burnout). [1] Burnout is a syndrome marked by a feel of exhaustion, depersonalization and decrease of personal achievement, which is generally caused by prolonged work stress. Previous research showed that burnout cause the patients treatment quality to be suboptimal, patient satisfaction became lower, the increase in infection number in treatment, to the increase in patient mortality ratio. These results show that there is a correlation between burnout and nurse performance. [2]

The inconsistent of working in shifts and sleeping hours became one of the stress risks on nurses. [3] Prolonged stress of nurse work results in exhaustion both emotionally and physically, which commonly marked by the presence of physical symptoms such as headache, fatigue, indigestion and also psychological symptoms such as anxiety and also depression.

Prolonged exhaustion is then followed by depersonalization, which is believed to act as a protective mechanism to fight against exhaustion and disappointment. Depersonalization is described having an indifferent attitude towards work, where it usually manifests as negative and cynical behavior. The end result of exhaustion and depersonalization is decreased in personal achievement. Employees with poor personal achievement have a tendency to feel insufficient and have a low esteem of their own work. [1]

Various researches have proved that a decrease in the performance in certain period of time can indicate burnout. Performance is one of the most important aspects for a company or institution, because the employee performance reflects the image and reputation of the institution. [4]

According to the research conducted in 2021, showed 47% of health workers experienced high emotional exhaustion that is caused by increased workload during this pandemic. [5] Whereas a research done in 2014 towards 511 health workers, resulted 15% of them have high depersonalization level meanwhile 49% of the respondents have medium level of depersonalization. In which depersonalization is said to decrease empathy and work performance. [6] The research conducted by Dyrbye et al (2019) on 812 nurses in America showed that 35.3% have experienced burnout syndrome, 30.7% have experienced depression symptoms and 43.8% have bad performances. Dyrbye concluded that factors that have a significant direct effect on bad performance are burnout and exhaustion. [2]

The research conducted by Lou et al (2021) compared the stress and burnout level of clinicians and nurses towards performance and desire to quit in covid-19 pandemic era. The results obtained from the research is that higher level of stress is found in nurses profession compared to clinicians profession, the level of and burnout is higher in the covid-19 pandemic era compared to before pandemic on both professions and stress and burnout have a negative effect on performance. [7] According to the research by Brady and Sheldrick (2020) towards 6682 clinicians showed that the occurrence of emotional exhaustion and the decrease in personal achievement for more than once a week whereas depersonalization is less common. [8]

Condong Catur Hospital (RSCC) is located in Sleman Regency, Yogyakarta. The total visit of patients each day is approximately 400 patients. The data obtained from RSCC, as of April 2021 this hospital has 58 nurses. From the interviews conducted on head nurse and several unit heads namely head of outpatient, inpatient and emergency room, stated that this pandemic bring a lot of changes on their works as nurses. Started from the use of uncomfortable personal protective equipment (PPE), helped in carrying out swab, screening, patient referral process, vaccination and became the nurses in the isolation room. With no additional health workers, nurses sometimes felt overwhelmed and exhausted. There is no change in the working hours in pandemic period; the ER and inpatient nurses of RSCC are divided into three shifts whereas the polyclinic nurses are divided into two shifts. The results of this interview showed that there is a new stressor during pandemic, which can contribute to the level of burnout on RSCC nurses.

2. Methods

The approach used in this research is quantitative approach by using path analysis method. In this research there are



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two types of variables namely independent and dependent variables. The independent variables in this research are exhaustion, depersonalization and personal achievement, whereas the dependent variable in this research is nurse performance. The data collection technique is conducted by distributing questionnaire. The sampling technique in this research used census or saturated sample technique, because the total of nurses in RSCC is only limited to 58 nurses.

This research is conducted at the Condong Catur Hospital, Sleman Regency, in Special Region of Yogyakarta. The research time is conducted from the beginning of February 2021 until the beginning of June 2021. The data collection in this research is conducted in RSCC by using primary and secondary data. The primary data is collected through questionnaire whereas the secondary data is obtained from journals and books, which supported this research.

The instrument to assess the exhaustion, depersonalization and personal achievement variables in nurses used the Maslach Burnout Inventory questionnaire; meanwhile the performance is assessed with performance questionnaire adapted from Manurung. In this research the face validity test is conducted for the questionnaire, which will be distributed. In this research the data analysis method used is descriptive statistics and inferential statistics by using SmartPLS.

3. Results and Analysis

This research results are divided into respondent characteristics, descriptive analysis and model analysis by using PLS. The respondent characteristics can be seen from several aspects namely gender, age, last education, marital status, current position, length of work experience, total of expenses, other source of income and domicile distance.

TABLE 1
RESPONDENTS GENDER PROFILE

No	Gender	Frequency	Percentage %
1.	Male	13	78%
2.	Female	45	22%

TABLE 2
RESPONDENTS AGE PROFILE

No.	Age	Frequency	Percentage %
1.	< 25 years	2	3%
2.	25-34 years	40	69%
3.	35-44 years	16	28%
4.	45-50 years	0	0%

TABLE 3
RESPONDENTS LAST EDUCATION PROFILE

No.	Last Education	Frequency	Percentage %
1.	Senior High School/Vocational School	0	0%
2.	Diploma	45	78%
3.	Bachelor (S1/S2/S3)	13	22%

TABLE 4
RESPONDENTS MARITAL STATUS PROFILE

No.	Marital Status	Frequency	Percentage %
1.	Married	40	76%
2.	Single	14	24%

TABLE 5
RESPONDENTS POSITION PROFILE

No.	Position	Frequency	Percentage %
1.	Unit Head	12	21.4%
2.	Nurse	44	78.6%

TABLE 6
RESPONDENTS LENGTH OF WORK PROFILE

No.	Length of Work	Frequency	Percentage %
1.	<1 year	5	9%
2.	1-3 years	19	33%
3.	3-5 years	14	24%
4.	> 5 years	20	34%

TABLE 7
RESPONDENTS TOTAL OF EXPENSES PROFILE

No.	Total of Expenses	Frequency	Percentage %
1.	≤ 5 million Rupiah	43	74%
2.	>5-10 million Rupiah	11	19%
3.	> 10 million Rupiah	4	7%



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TABLE 8
RESPONDENTS OTHER SOURCE OF INCOME PROFILE

No.	Other Source of Income	Frequency	Percentage %
1.	None	28	48%
2.	≤ 5 million Rupiah	25	43%
3.	>5 million Rupiah	5	9%

TABLE 9
RESPONDENTS DOMICILE DISTANCE PROFILE

No.	Domicile Distance	Frequency	Percentage %
1.	≤ 0 – 5 km	15	26%
2.	> 5 – 15 km	24	41%
3.	> 15 – 25 km	12	21%
4.	> 25 km	7	12%

In the distributed questionnaire, there are two open questions to add insight about the nurse performance. The first open question is "What things can improve your performance?" According to 52% of RSCC nurses the things which can increase the performance is salary increases and incentives in accordance with the workload and performance of nurses. Moreover, some nurses proposed the suitable medical services for nurses for nursing action to increase motivation to work and skills. A total of 31% of the RSCC nurses stated that family and co-workers support became one of the factors in increasing performance. Whereas the other 17% answered that self-evaluation from superiors, competition between workers and skill improvement training can affect and increase performance

The second question is "What things can maintain your performance?" The most responses (48%) stated that the things, which can maintain performance, are comfort when working. Comfort is obtained from the comfort work environment and sense of family among workers. Moreover the adequate facilities of the hospital for the nurses are also one of the factors, which can support the comfort in working. 28% of the nurses said that satisfaction in working is felt by seeing patient recovery and thank-you note from the patient and the patient's family. This satisfaction became one of the factors in maintaining performance. A total of 24% of other respondents stated that the things, which can maintain performance, are feedback from the manager, incentive and wages in accordance with the work, self-motivation and sense of responsibility.

The average assessment is calculated from the respondent's answers on the statements in questionnaire with Likert scale. The Likert scale used on a scale of 1-7. The category with the lowest score is "Strongly Disagree" statement with score of 1, whereas the highest is score of 7 with "Strongly Agree" statement.

TABLE 10
THE CLASSIFICATIONS OF ASSESSMENT ATTITUDE OF EXHAUSTION, DEPERSONALIZATION, PERSONAL ACHIEVEMENT

Average Answer Score	Attitude Classification
>6.14 s/d 7	Everyday
>5.28 s/d 6.14	Several Times a Week
>4.42 s/d 5.28	Once a Week
>3.56 s/d 4.42	Several Times a Month
> 2.7 s/d 3.56	Once a Month
>1.84 s/d 2.7	Several Times a Year
>1.00 s/d 1,84	Never

TABLE 11
THE CLASSIFICATIONS OF WORK ASSESSMENT ATTITUDE

Average Answer Score	Attitude Classification
>6.14 s/d 7	Strongly Agree
>5.28 s/d 6.14	Agree
>4.42 s/d 5.28	Slightly Agree
>3.56 s/d 4.42	Neutral
> 2.7 s/d 3.56	Slightly Disagree
>1.84 s/d 2.7	Disagree
>1 s/d 1,84	Strongly Disagree

In the Exhaustion assessment there are 7 statements in the questionnaire and are answered by using Likert scale. The average score obtained for the B01 variable item is included in the Once a Month category with the score range of 2.7-3.56. According to Maslach (2016) this Exhaustion Variable assessment aims to assess the Exhaustion level of respondents, where generally marked by prolonged exhaustion feeling to several physical symptoms related with work. [9]

This showed that the RSCC nurses currently have low level of exhaustion in Exhaustion Variable of RSCC Nurses in average do not feel frustrated and crushed by their works. The heavy feeling in working so it requires more effort and stress when working and meeting other people in average are also not experienced by RSCC nurses.

TABLE 12
THE DESCRIPTIVE ANALYSIS OF EXHAUSTION VARIABLE

Item	Statement	Mean	Attitude Classification
BO1	I feel emotionally drained in my work	3.10	Once a Month
BO2	Working with many people requires more effort	1.50	Never
BO3	I feel like my job is destroying me	1.38	Never
BO4	I feel frustrated with my work	1.72	Never



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Item	Statement	Mean	Attitude Classification
B05	I feel I work too hard at my job	2.59	Several Times a Year
B06	I feel very stressed at work when I meet people in person	1.62	Never
B07	I feel I've been limited in my ability to survive in this job	2.12	Several Times a Year
Mean Total		2.00	Several Times a Year

The descriptive analysis results on depersonalization variable can be seen on TABLE 13. The average score of B09, B010 and B011 variable item are included in the Once a Year category with the score range of 1.84 - 2.7.

The depersonalization in question is the loss of empathy feeling when interacted with co-workers and patients. Generally depersonalization is marked by cynicism, bad behavior, and withdrawal from social contact. The average total score of this variable is 1.73 and is included in the Never category. This proved that most of the RSCC nurses are currently have a pretty low level of depersonalization variable.

TABLE 13
THE DESCRIPTIVE ANALYSIS OF DEPERSONALIZATION VARIABLE

Item	Statement	Mean	Attitude Classification
B08	I don't see the patients I treat as humans, they're just objects	1.36	Never
B09	I feel tired when I wake up in the morning because I have to work	2.62	Several Times a Year
B010	I feel as if I have to take responsibility for my patient's problems	2.00	Several Times a Year
B011	I feel like I'm at the end of my patience when I finish work	1.9	Several Times a Year
B012	I don't really care about what happens to my patients	1.38	Never
B013	Since I've been working, I've become less sensitive to those around me	1.50	Never
B014	I'm afraid this job will make me a careless person	1.36	Never
Mean Total		1.73	Never

In Table 14 the results of the descriptive statistics analysis for the Personal Achievement variable can be seen. In this Personal Achievement variable the higher the score of Likert scale, the higher the level of Personal Achievement variable.

The most frequent attitude classification in the Personal Achievement variable is Once a Week namely in the B016, B018, B020, B021 and B022 variable item with the average score range of 5.70-6.09.

This proved that in average the RSCC nurses are comfortable and enthusiast in working when interacting with co-workers and patients. Most of the nurses felt they bring positive impact in work, can handle problems and can create a good atmosphere therefore the personal achievement level on RSCC nurses is high.

TABLE 14
THE DESCRIPTIVE ANALYSIS OF PERSONAL ACHIEVEMENT VARIABLE

Item	Statement	Mean	Attitude Classification
B015	I achieved valuable things in this work	4.90	Once a Week
B016	I'm full of enthusiasm	5.70	Several Times a Week
B017	I easily understand my patient's feelings	5.09	Once a Week
B018	I help deal with my patient's problems effectively	5.41	Several Times a Week
B019	In my job, I handle emotional problems easily	4.76	Once a Week
B020	Through my work, I feel I am a good influence on the people around me	5.81	Several Times a Week
B021	I can create a comfortable atmosphere with my patients easily	6.00	Several Times a Week
B022	I feel comfortable being with my co-workers at my job	6.09	Several Times a Week
Mean Total		5.47	Several Times a Week

In Table 15 the results of the descriptive statistics analysis for the Performance variable can be seen. The results showed that in average the RSCC nurses conducted a good assessment on patients, which includes writing patient biodata, history taking, and physical examination.

TABLE 15
THE DESCRIPTIVE ANALYSIS OF PERFORMANCE VARIABLE ASSESSMENT INDICATOR

Item	Statement	Mean	Attitude Classification
K1	I collect the patient's bio-psycho-social-spiritual data	5.66	Agree
K2	I reviewed the data according to the guidelines for assessing patient data	6.45	Strongly Agree
K3	I did anamnesis, patient biodata, main complaints and confirmed to the head of the nursing team as the person in charge of the patient	6.43	Strongly Agree
K4	I did anamnesis, patient biodata, chief complaint with observations, interviews, and physical examination of patient data	6.20	Strongly Agree
Mean Total		6.18	Strongly Agree

In Table 16 showed the descriptive statistics analysis of performance variable diagnosis indicator. In this indicator there are 4 statements. The results showed that the RSCC nurses performance in terms of diagnosis is already good. The nurses conducted analysis, data interpretation, and problems identification and determine the patient's diagnosis according to the nursing diagnosis.



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TABLE 16
THE DESCRIPTIVE ANALYSIS OF PERFORMANCE VARIABLE DIAGNOSIS INDICATOR

Item	Statement	Mean	Attitude Classification
K5	I perform analysis, interpretation of data, identification of patient problems that I treat for all patients	5.93	Agree
K6	I do analysis, interpretation of data, identification of patient problems based on problems that have been formulated for each patient	6.24	Strongly Agree
K7	I formulate existing problems referring to the grouping of nursing diagnoses for each patient	6.47	Strongly Agree
K8	I make nursing diagnoses based on the priority of the dominant symptoms for the patient	6.43	Strongly Agree
Mean Total		6.27	Strongly Agree

In Table 17 the results of the descriptive analysis of performance variable in action plan indicator can be seen, where there are 4 variable items. These results proved that currently the performance of RSCC nurses especially when making action plan is already quite good. Nurses are able to plan the treatment action on patients according to the diagnosis and can involve family and co-workers in planning.

TABLE 17
THE DESCRIPTIVE ANALYSIS OF PERFORMANCE VARIABLE ACTION PLAN INDICATOR

Item	Statement	Mean	Attitude Classification
K9	I plan nursing actions with specific goals based on cognitive, behavioral and affective aspects to the patient	6.09	Agree
K10	I make nursing problem solving based on the diagnosis that has been assigned to the patient	6.48	Strongly Agree
K11	I involve the patient's family in the nursing action plan for the patient	6.31	Strongly Agree
K12	Collaborate with other healthcare teams in developing an action plan for the patient	6.29	Strongly Agree
Mean Total		6.29	Strongly Agree

In Table 18 the descriptive statistics analysis results for the performance variable in the action implementation indicator can be seen. The results showed that currently the performance of nurses in the action implementation is already good. Most of the nurses can train patients in order to be able to carry out daily activities independently, can take medicine properly and carry out-group activity therapy.

TABLE 18
THE DESCRIPTIVE ANALYSIS OF PERFORMANCE VARIABLE ACTION IMPLEMENTATION INDICATOR

Item	Statement	Mean	Attitude Classification
K13	Training on self-care methods of self-hygiene, eating, dressing (in women) who lack self-care for all patients	5.91	Agree
K14	Provide health education about ways to care for patients to patients' families	6.17	Strongly Agree
K15	Teach patients about the benefits of medicines, when to take medicine and how to take medicine	6.45	Strongly Agree
K16	Participate in carrying out group activity therapy for patients	5.93	Agree
Mean Total		6.12	Agree

In Table 19 the results of descriptive statistics analysis for the performance variable in action evaluation indicator can be seen. This result proved that the performance of RSCC nurses when evaluating is very good. The nurses can evaluate according to the patient's and the patient's family ability and can conduct follow-up plans and motivate patients in a positive direction.

TABLE 19
THE DESCRIPTIVE ANALYSIS OF PERFORMANCE VARIABLE ACTION EVALUATION INDICATOR

Item	Statement	Mean	Attitude Classification
K17	I evaluate the ability of all patients after being given nursing care	6.36	Strongly Agree
K18	I evaluate the ability of the patient's family to care for the patient	6.31	Strongly Agree
K19	I make a follow-up plan if the results of nursing care actions are not satisfactory	6.29	Strongly Agree
K20	I give reinforcement (reinforcement) to patients so that they experience positive changes	6.24	Strongly Agree
Mean Total		6.30	Strongly Agree

The model assessment evaluation in this research used the PLS method, where the validity and reliability test is conducted for the reflective indicator model. The convergent validity testing is viewed from the total of loading factor score, if the loading factor score $\geq 0,7$ then it can be said high. In the reliability testing, the viewed score is Composite Reliability (CR). The total of CR score $\geq 0,7$ indicated that the research instrument is reliable. The other score, which have to be viewed, is the Average Variance Extracted (AVE) score; the ideal AVE score is $\geq 0,5$.



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TABLE 20

OUTER LOADING, CR AND AVE SCORES OF BURNOUT VARIABLE (RUNNING 1)

Variable	Item	Outer Loading	Composite Reliability	Average Variance Extracted (AVE)
Exhaustion	B01	0.687	0.898	0.563
	B02	0.783		
	B03	0.866		
	B04	0.889		
	B05	0.600		
	B06	0.780		
	B07	0.588		
	B08	0.700		
	B09	0.543		
Depersonalization	B010	0.587	0.883	0.502
	B011	0.734		
	B012	0.860		
	B013	0.864		
	B014	0.867		
	B015	0.330		
	B016	0.871		
Personal Achievement	B017	0.796	0.910	0.595
	B018	0.859		
	B019	0.637		
	B020	0.656		
	B021	0.837		
	B022	0.705		
Performance	K1	0.352	0.981	0.565
	K2	0.729		
	K3	0.848		
	K4	0.840		
	K5	0.615		
	K6	0.868		
	K7	0.838		
	K8	0.814		
	K9	0.683		
	K10	0.869		
	K11	0.722		
	K12	0.912		
	K13	0.507		
	K14	0.422		
K15	0.891			
K16	0.540			
K17	0.894			
K18	0.790			
K19	0.814			
K20	0.844			

The Outer Loading score from some indicators are still lower than 0.7 therefore the exclusions are made for those items. The Composite Reliability (CR) score on all indicator items in the burnout variable is higher than 0.7, therefore it can be stated that the measurement model is good. Moreover, the AVE score on all indicator items is higher than 0.5, therefore qualified to be analyzed further.

TABLE 21

OUTER LOADING, CR AND AVE SCORES OF BURNOUT VARIABLE (RUNNING 2)

Variable	Item	Outer Loading	Composite Reliability	Average Variance Extracted (AVE)
Exhaustion	B02	0.829	0.905	0.705
	B03	0.910		
	B04	0.872		
	B06	0.739		
	B08	0.706		
Depersonalization	B011	0.713	0.908	0.666
	B012	0.886		
	B013	0.871		
	B014	0.884		
	B016	0.902		
Personal Achievement	B017	0.798	0.916	0.686
	B018	0.847		
	B021	0.850		
	B022	0.736		
	K2	0.745	0.916	0.689



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Variable	Item	Outer Loading	Composite Reliability	Average Variance Extracted (AVE)
Performance	K3	0.870	0.889	0.689
	K4	0.844		
	K6	0.858		
	K7	0.843		
	K8	0.810		
	K10	0.880		
	K11	0.717		
	K12	0.817		
	K15	0.896		
	K17	0.887		
	K18	0.782		
K19	0.808			
K20	0.844			

There is an increase in the CR and AVE score of all variables. The Outer Loading, CR and AVE score of all indicators in the Exhaustion, Depersonalization, Personal Achievement and Performance are valid to be used and have met the criteria to be analyzed.

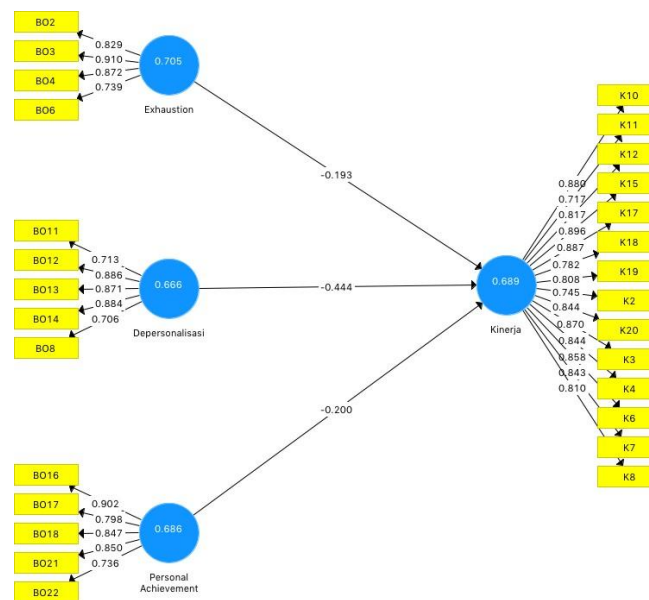


Fig 1 Path Diagram

Table 22 describes the discriminant validity test results using cross loading score. An indicator can be said to meet discriminant validity if the cross loading score is greater than the other variables.

TABLE 22
CROSS LOADING SCORE

Item Variable	Exhaustion	Depersonalization	Personal Achievement	Performance
B02	0.829	0.626	0.412	-0.562
B03	0.910	0.849	0.544	-0.719
B04	0.872	0.722	0.399	-0.508
B06	0.739	0.532	0.363	-0.354
B08	0.510	0.706	0.349	-0.467
B011	0.577	0.713	0.283	-0.457
B012	0.708	0.886	0.522	-0.694
B013	0.791	0.871	0.529	-0.631
B014	0.769	0.884	0.531	-0.625
B016	0.496	0.453	0.902	-0.483
B017	0.245	0.453	0.798	-0.418
B018	0.303	0.352	0.847	-0.847
B021	0.568	0.568	0.850	-0.488
B022	0.544	0.508	0.736	-0.406
K2	-0.668	-0.605	-0.480	0.844
K3	-0.653	-0.758	-0.602	0.870
K4	-0.605	-0.662	-0.473	0.844
K6	-0.487	-0.487	-0.437	0.858
K7	-0.527	-0.567	-0.470	0.843



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Item Variable	Exhaustion	Depersonalization	Personal Achievement	Performance
K8	-0.525	-0.564	-0.419	0.810
K10	-0.588	-0.672	-0.532	0.880
K11	-0.479	-0.430	-0.272	0.717
K12	-0.582	-0.610	-0.417	0.817
K15	-0.564	-0.625	-0.461	0.896
K17	-0.576	-0.668	-0.427	0.887
K18	-0.473	-0.496	-0.383	0.782
K19	-0.417	-0.488	-0.420	0.808
K20	-0.511	-0.547	-0.480	0.844

Each of the variable indicators has a cross loading score higher than the other variables. Therefore, it can be stated that all variable items used in this research have good discriminant validity. Hence, evaluating the structural model can continue this research. In the structural model evaluation, the collinearity, coefficient determination (R-Square) and hypothesis testing are conducted.

Collinearity test is conducted to assess whether the indicator has multicollinearity. This test looked at the Variance Inflation Factor (VIF) number. The ideal results of the multicollinearity test are under 3 and results between 5- 10 said to have multicollinearity.

TABLE 23
COLLINEARITY SCORE

Predictor	VIF
Construct	Performance
Exhaustion	3.472

According to Table 23 showed that the model is free from collinearity, proved by there is no score >5. R-square score is ranged from 0-1 and the closer the value is to 1, the better the results.

TABLE 24
R-SQUARE SCORE

Indicator	R-square
Performance	0.556

According to Table 24 it is known that the R-square score for performance is 0.556. This showed that the performance variable could be explained by burnout by 55.6% whereas 44.4% is explained by other variables, which are not used in this research.

The direction of standardized path coefficient between independent and dependent variables must be in accordance with the hypothesis.

TABLE 25
SIZE AND SIGNIFICANCE OF PATH COEFFICIENT

Hypothesis	Standardized Path Coefficient	Decision
H1: Exhaustion has a negative effect towards performance	-0.193	Supported
H2: Depersonalization has a negative effect towards performance	-0.444	Supported
H3: Personal Achievement has a positive effect towards performance	-0.200	Not Supported

The hypothesis testing results from TABLE 25 showed that the Exhaustion variable has a negative effect towards performance. This concluded that every one unit increase in Exhaustion level of nurses in the Condong Catur hospital then will affect the decrease of performance level by 0.193 and vice versa.

For the Depersonalization variable has a negative effect towards performance where showed that every one unit increase in Depersonalization in RSCC, will decrease the performance by 0.444 and vice versa.

The third variable is Personal Achievement which showed that there is a negative effect towards performance where every one unit increase in Personal Achievement will decrease the performance by 0.200 and vice versa.

4. Conclusion

The conclusion that can be obtained from this research is that there is a negative effect of exhaustion towards nurse performance and hypothesis is supported. Increased workload and worried about the spread of the Covid virus when working in pandemic became one of the factors of exhaustion which made the RSCC nurses felt emotionally drained. When the exhaustion is occurred in work, will cause the decrease in performance.

There is a negative effect of depersonalization towards nurse performance and hypothesis is supported. The use of uncomfortable PPE and high workloads caused the nurses to become more sensitive and more easily angered towards co-workers. This can cause lack of communication so there are often misunderstandings and will cause the decrease in performance.

There is a negative effect of personal achievement towards nurse performance and hypothesis is not supported. The enthusiasm and good sense of personal achievement are felt by RSCC nurses, especially because the comfort in the work environment. However, this turned out to be one of the factors for the decrease in performance.



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