



ISSN 2354-7642 (Print), ISSN 2503-1856 (Online)
 Jurnal Ners dan Kebidanan Indonesia
 Tersedia *online* pada:
<http://ejournal.almaata.ac.id/index.php/JNKI>

INDONESIAN JOURNAL OF NURSING AND MIDWIFERY

Implementation of Caring Leadership Model Had an Effect on Nurse's Burnout

Ni Made Nopita Wati^{1,2}, Luky Dwiantoro³, Hasib Ardani³

¹Universitas Diponegoro

Jalan Prof. H. Soedarto, SH, Tembalang, Semarang 50275, Indonesia

²STIKes Wira Medika PPNI Bali

Jl Kecak No. 9A Gatot Subroto Timur, Denpasar, Bali, 80239, Indonesia

³Departemen Keperawatan, Fakultas Kedokteran, Universitas Diponegoro

Jalan Prof. H. Soedarto, SH, Tembalang, Semarang 50275, Indonesia

Email: made.nopita@gmail.com

Abstract

The high demanding role and function of a nurse can potentially lead to burnout. Burnout is a prolonged stress response consisting of three dimensions of emotional fatigue, depersonalization and personal achievement. The impact of burnout can unlitmatley have drastic effects such as patients having secondary infections that are not caused by the disease, decrease in patient satisfaction and quality of care and even mortality. Efforts that can be made to reduce the nurse's burnout is through the application of an effective leadership style. Caring leadership as a leadership style can facilitate the needs of nurses so that it will improve performance. This study aims to determine the effect of caring leadership from leaders/supervisors of a space on the burnout of nurses. The method used is quasi experiment pre and post design with control group. A total of 46 nurses were taken as samples through purposive sampling from 426 nurses. Data was analyzed using paired t-test. The results showed that there was difference of average burnout value before and after applied caring leadership with p-value=0.000, which means there is influence of supervisors' caring leadership against nurse's burnout. Implementation of caring leadership should be done consistently for all nursing activities in the hospital, given the caring leadership can reduce the burnout of nurses that will ultimately have an impact on the quality of nursing services.

Keywords: burnout, caring leadership, nurse

Article info:

Article submitted on May 31, 2017

Article revised on August 28, 2017

Articles received on 01 November 2017

DOI: [http://dx.doi.org/10.21927/jnki.2017.5\(3\).165-173](http://dx.doi.org/10.21927/jnki.2017.5(3).165-173)

INTRODUCTION

Hospitals have the duty to provide personal health services in a plenary (1). Plenary health services provided by the hospital can not be separated from the role of human resources that exist there such as nurses.

The role of nurses in providing health services becomes one of the determinants of

health institution's image in the eyes of the public. The nurse is said to be the front runner profession, closest to the patient and his family and is the largest group of supporting staff in a hospital. (2). Nurses have an important role as the spearhead of health services and the duty to face health problems patients continuously, 24/7, especially those nurses in inpatient services.

Nurses, in providing quality service, are consistently faced with various demands and challenges while performing their everyday duties. Nurses are also required to focus, have the competence and abundant knowledge, be able to provide care quickly, precisely and accurately in order to prevent the occurrence of disability and death that should be avoided. The various demands that nurses must handle can cause stress. Nurses who experience prolonged and continuous stress will eventually burnout, (3) according to Maslach and Jackson. (in Guillermo et al states that burnout is a prolonged stress response consisting of three dimensions of emotional fatigue, depersonalization and personal achievement) (4).

If nurse is experiencing burnout it will affect how they treat their patients. A nurse's burnout can significantly lead to problems such as a secondary infection that is not due to illness such as urinary tract infection and infection in the area of operation (5). Burnout can also reduce patient satisfaction with nursing services and ultimately increases chance of mortality.

The prevalence of burnout occurring in nurses has significantly increased over the past few years. Nurses in the emergency room at the hospital are at high risk of burnout, as much as 54.1% (6). The results of Jourdain & Chenevert's research in Canada showed that during 2003-2007 there were 6.7% registered nurses who had burnout and 2.2% out of their workplace (7). Research in Brazil also showed as many as 19.2% nurses experiencing burnout (8). The high number of burnout incidents with nurses showed that an effort to reduce burnout was needed. One possible effort to reduce burnout is to improve staff relationships with leaders (9). The result of research at Pekalongan Hospital shows that there is a high percentage of burnout cases with nurses, equalling 65.9% (10).

Leadership is the ability to guide or influence others to achieve desired goals (11).

Leaders who are aware of their strengths and weaknesses and how their staff behaves will affect their relationships. The results of a study by Laschinger et al stated that emotional fatigue that is considered a core component of burnout, and is influenced by leadership (12). Similar results are also revealed by Pinchover et al, where the more the leader relates to staff and the higher level of confidence the leader has in their staff, the lower the burnout levels (9). Therefore, a proper leadership style is needed in order to reduce nurse burnout.

Caring leadership is a leadership style whereby a leader can lead with compassion, wisdom, increase motivation, protect and create a conducive working environment (13). Caring leadership has many benefits that are able to improve recording, reporting and achievement of nutrition and MCH programs in Indonesia (14). This study aims to describe nurse burnout before and after applied caring leadership both in intervention group and control group and to know difference of nurse burnout before and after applied caring leader in control group and intervention.

MATERIALS AND METHODS

This study was conducted as a quasi-experiment study with pre and post test design with a control group and a sample group. The sampling technique in this study was nonprobability sampling (purposive sampling) which is done by selecting a sample among a population according to criterion desired by researcher (15). The sample size in this study was 46 respondents divided into two groups, each group consisting of 23 nurses. The inclusion criteria in this study are: nurse executor in inpatient wards of hospitalization, minimum education D III nursing, minimum 1 year working period. Exclusion criteria in this study are: uncooperative nurses, nurses who are sick / permit / leave more than one week.

The study was conducted in two hospitals owned by the provincial government of Bali, the RSUD Wangaya Denpasar as the place of intervention and RSUD Sanjiwani Gianyar as a place of control. The independent variable in this study is caring leadership from supervisors while the dependent variable is the burnout rate of nurses. Research has been through an ethical clearance test in Health Research Ethics Committee (KEPK) Faculty of Medicine, University of Diponegoro and Dr. Kariadi Semarang.

To measure nurse burnout, Maslach Burnout Inventory theory was used. This consists of 22 items of statement covering three dimensions of fatigue, depersonalization and work performance. The burnout questionnaire was then developed by the researcher according to the condition and the place of study into 24 closed statement items where each item contained four answer choices namely 1 (never), 2 (rare), 3 (often) and 4 (always). The questionnaire has tested its validity and reliability to 30 respondents. The validity test consists of content validity and construct validity (16). Content validity is ensured by requesting opinions to two experts in the field of nursing management, then proceeding with construct validity test. The construct validity result indicates one item is invalid because it has a value below 0.361 and the invalid item is discarded. Based on the calculation of alpha cronbach's formula obtained reliability coefficient 0.937, so the burnout questionnaire used consisted of 23 statement items. This burnout questionnaire was given during the pre-test and post-test to the nurses in both the control group and the intervention group.

Caring leadership activities in the intervention group were provided through supervisor room mentoring. Mentoring of caring leadership is implemented for 6 days. Materials, modules and observation sheet of caring leadership are

developed from Dwiantoro's dissertation (14).

This study lasted for 6 weeks (March to April) with the division in the first week of measuring the nurse burnout rate and caring leadership of the supervisors in both groups. The second week was followed by a six-day mentoring caring leadership in the intervention group. The third week was accompanied by caring leadership for five days in the intervention group. Fourth and fifth weeks (for 12 days) the supervisor in the intervention group was given the opportunity to carry out caring leadership independently. In the sixth week, the burnout of nurses and caring leadership of the supervisors in the intervention and control group were remeasured.

The Shapiro-Wilk test shows normal distributed data, with a significance or probability value of each group greater than 0.05. Nurse burnout data was described by looking at the mean nurse burnout values before and after in the control and intervention groups. The paired t-test test was performed to see the difference of nurse burnout before and after the caring leadership was applied in the control and intervention group. The function of the control group is as a comparison of a treatment or observation group.

RESULTS AND DISCUSSION

The results of this data processing are presented in table form consisting of description about average nurse burnout and difference before and after applied caring leadership in control group and intervention.

Burnout Nurses Before and After at Intervention Group

Tables 1, 2 and 3 show the nurse burnout rate before and after the caring leadership was applied to the intervention group at Wangaya Denpasar Hospital.

Based on **Table 1**, it is evident that there was a decrease in the mean score of nurse

Table 1. Average Distribution of Nursing Burnout Before and After Applied Caring Leadership to Intervention Group at Wangaya Denpasar Hospital 2017

Caring Leadership Implementation	Mean	SD	Min-Max	95% CI (Upper-Lower)
Before	67.61	3.367	63-73	69.06 – 66.15
After	66.17	3.284	61-71	67.59 – 64.75

Table 2. Nurse Burnout Picture Before and After Caring Leadership Applied to Intervention Group at Wangaya Denpasar Hospital 2017

Caring Leadership Implementation	n	%	Burnout Category
Before	12	52.2	High burnout
After	11	47.8	High burnout

burnout before and after the caring leadership was applied.

Based on **Table 2**, it is shown that the burnout rate of nurses before applying caring leadership was high, with as many as 12 respondents (52.2%) experiencing burnout, but after applying caring leadership the rate decreased to 11 respondents (47.8%).

This is in line with Laschinger and Fida research, which says that positive leadership has proven to be the most important source of organization in reducing burnout (17). Greco's research also shows that leaders who have the ability to empower their staff's capabilities will indirectly will reduce the level of emotional fatigue from their staff (18). Empowerment undertaken by the leader to his subordinate will lead to several useful consequences: higher initiative, higher job satisfaction, innovation, optimism,

persistence in facing obstacles and a decreased turnover rate (19).

Based on **Table 3**, it is shown that there are several statement items regarding nurse burnout that have decreased when comparing the rates before and after applying caring leadership in intervention group. Burnout nurse rate in the intervention group before applying caring leadership shows that in response to item number nine, all respondents stated "often feeling not in spirit to work" as many as 23 respondents (100%), but after applying caring leadership the number decreased to only 17 respondents (73.9%). This is in accordance with Ramdan and Fadly's research which states that effective leadership is associated with nurse burnout (20). Leadership is an important factor related to work morale and employee performance. Leadership style will affect work motivation, morale, performance, frustration level and fatigue level of nurses executing work (21).

The result of the research in the intervention group showed that in response to statement 10, before the caring leadership was applied, 22 respondents (95.7%) often felt stress with their job, but after applying caring leadership there was decrease and only 14 respondents (60.9%) who stated they often feel stressed with their job. This is consistent with Gill et al's research indicating that the increased level of leadership that managers use can reduce work stress (22). Leaders who are able to create a dialogical communication environment will be able to reduce the stress experienced by subordinates.

Table 3. Description of Burnout Distribution of Implementing Nurses Before and After Caring Leadership was applied to Intervention Group at Wangaya Denpasar Hospital

Item Question	Nurse Burnout Condition					
	Before applied <i>Caring Leadership</i>			After applied <i>Caring Leadership</i>		
	Frequency & Percent (%)			Frequency & Percent (%)		
	JR	SR	SL	JR	SR	SL
Not eager to work		23 (100)	-	6 (26.1)	17 (73.9)	-
Stress with my work	1 (4.3)	22 (95.7)	-	9 (39.1)	14 (60.9)	-

Burnout Nurses Before and After in the Control Group

Tables 4, 5 and 6 show a nurse's burnout before the group at RSUD Sanjiwani Gianyar.

Based on Table 4 there is an increase in the average score of nurse burnout before and after applying caring leadership.

Table 4. Average Distribution of Nursing Burnout Before and After Applied Caring Leadership to Intervention Group at RSUD Wangaya Denpasar Year 2017

Caring Leadership Implementation	Mean	SD	Min-Max	95% CI (Upper-Lower)
Before	67.39	2.607	62-71	68.52 – 66.26
After	67.87	2.564	63-72	68.98 – 66.76

Table 5. Description of Nurse Burnout Before and After Applied Caring Leadership to Intervention Group at Wangaya Denpasar Hospital 2017

Caring Leadership Implementation	n	%	Burnout Category
Before	12	52.2	High Burnout
After	13	56.5	High Burnout

Based on Table 5, the burnout rate of caretaker nurses before the implementation of caring leadership was considered high with 12 respondents (52.2%) and after applying caring leadership increasing to 13 respondents (56.5%).

The results of this study are consistent with the Papathanasiou et al study, showing that stressful working conditions should be changed to reduce nurse burnout and leadership is an important factor affecting burnout (23). Whitehead et al also stated that leadership is one of the factors that can affect burnout (24).

Table 6 shows that there is an increase in the 20th item burnout questionnaire where previously there were 8 respondents (34%) that often felt the supervisor did not treat them fairly, and after 12 respondents (52.2%) felt that way. Justice will manifest where decisions in work are perceived to meet personal values, mutual respect between people and sharing feelings in the work environment (25). Leaders must be able to create justice among subordinates. Subordinate perception that they are each treated fairly will make them motivated to show their best performance.

The results of the control group study also showed that there was an increase of the 21st statement item where previously there were 6 respondents (21.6%) that often felt the supervisor was always looking for faults and this number increased to 9 respondents (39.1%). According to Yulk, one of the roles of a leader is problem solving, where the leader must be able to identify problems related to the work, perform systematic problem analysis, and identify causes and find solutions (26).

Effect of Caring Leadership on Nursing Burnout on Intervention and Control Groups

Table 7 shows there are differences in nurse burnout before and after in the intervention and control group.

Based on Table 7 it is indicated that in the intervention group there is a difference in nurse burnout equal to 1.435 with p-value 0.000 which

Table 6. Description of Burnout Distribution of Implementing Nurses Before and After Caring Leadership was applied to Intervention Group in RSUD Sanjiwani Gianyar

Item Question	Nurse Burnout Condition					
	Before Applied Caring Leadership			After Applied Caring Leadership		
	Frequency & Percent (%)			Frequency & Percent (%)		
	JR	SR	SL	JR	SR	SL
The chief of the room never treated me fairly	10 (43.5)	8 (34.8)	5 (21.7)	10 (43.5)	12 (52.2)	1 (4.3)
The head of the room is always looking for my mistake	14 (60.9)	6 (26.1)	3 (13.0)	14 (60.9)	9 (39.1)	-

Table 7. Effects of Caring Leadership on Nursing Burnout in Intervention Group at RSUD Wangaya Denpasar and Control Group at RSUD Sanjiwani Gianyar Year 2017

Group	Caring Leadership Implementation	Mean	Difference	p-value
Intervention	Before	67.61	1.435	0.000
	After	66.17		
Control	Before	67.39	-0.478	0.086
	After	67.87		

means there is an influence of caring leadership on nurse burnout, while in control group there is difference of nurse burnout equal to 0.478 with p-value 0.086 which means there is an influence before and after applying caring leadership.

The result of this study showed that the average value representing burnout rate of nurses in the intervention group before and after applying caring leadership decreased to equal to 1.435 with p-value 0.000. This means there is difference of mean value before and after applying caring leadership. In other words, caring leadership application has an influence against nurse burnout. Differences in mean burnout values before and after applying caring leadership can be caused by interventions given through mentoring leadership to the supervisors. Madathil's research results suggest that leadership styles can be changed through training or intervention, through which intervention is expected to provide skills to the head of the household to reduce the effects of nurse burnout (27).

The results also show that there are differences before and after mentoring caring leadership. Based on the results of observations before the mentoring caring leadership researchers was provided, there were some things that were not done by the chief of space, especially handover activities. But after being given mentoring in caring leadership, all activities that had never been done by the supervisor before were done. Changes that occur in the supervisor is the effect of mentoring caring leadership activities. Mentoring is one of the

approach techniques to develop leadership competence (26).

Caring leadership serves as the best base of growth and development that a leader possesses. Caring leadership is a process of influencing group activities that are set to achieve common goals by applying caring behavior from leaders to their staff. Caring leadership always wants the best of everything for its employees. Caring leadership treats staff with respect and dignity, seeks to motivate and foster morale, lead without pressure and always create a supportive work environment (28).

The result of control group study which did not apply caring leadership showed that the average value of burnout of nurses before and after had increased by 0.478 with p-value=0.086 which means there is no mean difference between burnout before and after in the control group which was not given caring leadership.

Young et al's research results show, nurses who experience burnout will reduce the concentration and observance of the nurse in performing the procedure (29). According to Lewis and Cunningham, nurses who experience burnout will affect patient safety (30).

Wade et al's research found that nurse managers should be able to apply caring leadership to create an environment that supports professional nursing practice (31). The results of Eldor & Shoshani's study showed that caring leadership of principals to teachers' staff at a school was significant (32). The good relationship that exists between the principal and the teacher will have a positive impact on the

students because the teacher will experience job satisfaction, have high organizational commitment and emotional spirit. The results of this study indicate that caring leadership of significant supervisors can decrease the burnout of nurse. Caring leadership from the supervisors can decrease the nurse's burnout through the five phases of caring leadership, that is, the knowing phase, the phase of being with, the doing phase, the enabling phase and the maintaining belief phase where the five phases will be able to create a conducive working relationship between the supervisor and the executing nurse thus lowering the nurse's burnout.

CONCLUSIONS AND SUGGESTIONS

There was influence of caring leadership implementation on the burnout of nurses, then there was difference in burnout of nurse before and after caring leadership implementation, while in the control group there was no significant mean difference between burnout before and after.

Implementation of caring leadership should be done consistently in all nursing activities in the hospital, given that caring leadership can reduce the burnout of nurses that will ultimately have an impact on the quality of nursing services.

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