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## Workload and Coping Strategies Correlated with Burnout Syndrome in Operating Room Nurses



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### Abstract

Operating room nurses are at risk of burnout. They face many stressors, such as the workload that must be finished. Using coping strategies that are adaptive to the situation will allow nurses to cope with their stressors. This research aimed to determine the correlation between workload and coping strategies with burnout syndrome in operating room nurses. The method used correlational research with cross-sectional approach. The population in this study was operating room nurses at Karsa Husada Batu Hospital. The number of samples was 26 nurses based on the total sampling technique. The data was collected from the workload questionnaire, ways of coping questionnaire, and Maslach burnout inventory. The data was analyzed using Spearman rank correlation test. The univariate analysis results showed that most of the respondents had a light workload, 16 people (61.5%), the most of respondents used problem-focus coping, 17 people (65.4%), and most respondents experienced low burnout syndrome, 16 people (61.5%). The bivariate analysis showed that workload had a correlation with burnout syndrome ( $p = 0.000$ ) and coping strategies had a correlation with burnout syndrome ( $p = 0.032$ ). A light workload and the use of problem-focused coping will reduce work stress experienced by nurses so that the development of burnout does not occur.

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## INTRODUCTION

Burnout is a psychological syndrome caused by chronic workplace stress (Maslach & Leiter, 2017). Burnout classified into three dimensions: emotional exhaustion, depersonalization, and reduced personal achievement (Nursalam, 2015). Burnout is a common issue among nurses that impacts physical, psychological well-being and quality of care (Teymoori et al., 2022). The research found that 11.23% of nurses globally experience symptoms of burnout. Geography, specialty, and measurement methods can impact burnout rates (Woo et al., 2020). Nurses in the operating room have a high risk of developing burnout, this is due to the stressful nature of surgery (Teymoori et al., 2022).

Operating room nurses are crucial in ensuring patient safety and providing quality care throughout the surgical process, including admission, intervention, and post-operative care (Sillero & Zabalegui, 2018). In addition, the operating room nurse is also in charge and responsible for providing and managing surgical equipment packages, overcoming the anxiety of patients who will be operated on, organizing and supporting equipment during surgery, and documenting all nursing actions during surgery (Rachmawati et al., 2019).

A study in one of the hospitals in Saudi Arabia showed that 5% of operating room nurses experienced full-blown burnout, 87.2% experienced high emotional exhaustion, 56.4% experienced high depersonalization, 15.4% experienced low personal achievement (Almodibeg & Smith, 2021). Burnout syndrome in workers is affected by two main factors, including individual factors and organizational factors. Individual factors such as personality, socio demographics, and coping strategies act as predispositions that could have an impact on the level of burnout syndrome (Edú-valsania et al., 2022). Several organizational factors lead to burnout such as high workload, understaffing, poor teamwork, insufficient pay, and occupational hazards. In addition, lack of organizational support and undesirable supervision at work are also associated with burnout (Almodibeg & Smith, 2021).

The operating room is a department that has a high level of stress and complexity. This is because hospitals do not expect zero fault. Nurses often work night shifts for emergency operations (on call). In addition, operating room nurses also face hazardous objects including chemicals such as disinfectants, radiographic light, sharp objects, blood pathogens, surgical fumes and anesthetic gas waste, sleep deprivation, prolonged standing, and holding instruments and equipment during surgery. This can result in high physical and psychological strain (Teymoori et al., 2022). Work time in perioperative care is unpredictable. Critical thinking and skilled skills must be possessed by nurses in anticipation of the operation going wrong. Nurses do not have much time to rest because there is still the next surgery

scheduled and there are often extended working hours. Additional duties and responsibilities are also often given to nurses. Increased duties and responsibilities result in nurses focusing on themselves and paying less attention to their fellow nurses (Fuada et al., 2017).

High workload and pressure in the operating room can drain nurses' energy and emotions. This increases the risk of burnout in nurses. The high workload will have an impact on physical fatigue which, if it occurs continuously over a long period, will have an impact on psychological fatigue (Sari, 2015). Coping strategies are actions that individuals take in and froth the stressful conditions experienced. Lazarus and Folkman divide coping strategies into 2 types, problem-focused coping strategies and emotion-focused coping strategies (Maryam, 2017).

Individuals who use problem-focused coping strategies will focus on problem-solving activities, while individuals who use emotion-focused coping strategies will control their emotions first before making efforts to resolve the stressors that come so that they are more vulnerable to experiencing burnout syndrome, especially in the dimension of emotional exhaustion (Mazarina Devi et al., 2013). Not all emotion-focused coping strategies increase the development of burnout, as seeking social support, cognitive reappraisal, and religious support have protective effects on burnout. In addition, the effectiveness of problem-focused coping depends on the control individuals can exert over potential stressors in the work environment (Edú-valsania et al., 2022).

The surgical installation service at RSUD Karsa Husada Batu provides both elective (planned) and cito (emergency) surgery services and operates for 24 hours. RSUD Karsa Husada Batu has 7 operating rooms, in the west building there are 5 operating rooms and in the east building, there are 2 operating rooms. The surgical installation itself has several medical personnel, including 18 specialist surgeons, 4 anesthesiologists, 18 perioperative nurses, 7 anesthesia nurses, and 2 pharmacists. The number of surgeries during November 2022 - January 2023 was 613 surgical procedures. There are 2 shift schedules for operating room nurses at the Karsa Husada Hospital Operating Room Installation, the morning shift works on the elective and cytosurgery schedule from 07.30 - 14.00 WIB and on the afternoon shift, there is 1 team working on the cytosurgery schedule from 14.00-07.30 WIB. In the morning shift, each team can work on 2-3 elective surgery, but this can increase if there is cytosurgery. In the afternoon shift, there is only 1 team that has to do all cyto surgeries, but the cyto schedule is unpredictable, often the afternoon shift team has to do surgery at night until the morning because of the large number of cyto patients and varied procedures.

Based on the above background, researchers are interested in conducting research related to the

correlation between workload and coping strategies with burnout syndrome in nurses in the operating room at Karsa Husada Hospital Batu. It is important to analyze the workload felt by nurses during work and the use of which coping strategies are effective for dealing with stressors in the operating room and their correlation with the prevalence of burnout syndrome so that the causes can be known and a strategy can be made to overcome the causative factors.

**METHODS**

This study used correlational research with cross-sectional approach. Cross-sectional research is a type of research that emphasizes the time of measurement/observation of independent and dependent variable data only once at a time. This study will obtain the prevalence or effect of a phenomenon (dependent variable) associated with the cause (independent variable). The sample technique in this study was total sampling. The sample in this study was circular nurses, instruments, and anesthesia who was on duty at the time of surgery in the surgical room at Karsa Husada Batu Hospital in 2023, totaling

26 people. The instruments used demographic data questionnaires, workload nurse questionnaires by Nursalam which contains 13 questions and had been modified according to the conditions at the operating room. This questionnaire had a reliability value of 0.769 (Nursalam, 2015). Ways of coping questionnaire developed by Lazarus and Folkman.

This questionnaire consists of 50 question items, some of which reflect problem focused coping and others reflect emotional coping which consists of 2 categories, namely Problem Focused Coping and Emotion Focused Coping. This questionnaire had a reliability value from 0.71 to 0.94 (Gunawan, 2018). Burnout syndrome questionnaire sheet to determine the level of burnout syndrome in respondents. The instrument used in this research was the Maslach Burnout Inventory (MBI) Self-Test questionnaire which contains 21 questions. The reliability test results show a reliability value of 0.902 (Andarini, 2018). This study had been ethically approved by Komite Etik Penelitian RSUD Karsa Husada Batu under the ethical clearance certificate number of 020/1215/102.13/2023.

**RESULTS**

The distribution of general data from the characteristics of respondents is described in the following:  
 Table 1 Frequency Distribution Based on Characteristics of Respondents at the Regional General Hospital of Karsa Husada Batu Regency, June 2023

Characteristics	<i>f</i>	%
Gender		
Male	20	76.9
Female	6	23.1
Age		
26-35 years	18	69.2
36-45 years	6	23.1
46-55 years	2	7.7
Married Statues		
Married	23	88.5
Unmarried	3	11.5
Education		
Diploma of Nursing	9	34.6
Bachelor of Nursing	17	65.4
Working Period		
< 5 years	16	61.5
5 - 10 years	5	19.2
> 10 years	5	19.2

Based on table 1 shows that almost all nurses in the operating room at Karsa Husada Batu Hospital are male, 20 people (76.9%). Most of the respondents were aged 26-35 years, 18 people (69.2%). Almost all respondents were married, 23 people (88.4%). Most respondents have a D4 / S1 Nursing education, 17 people (69.3%). Most respondents have worked in the operating room for <5 years, 16 people (61.5%).

Table 2 Workload Distribution of Operating Room Nurses at RSUD Karsa Husada Batu in June 2023

Category	<i>f</i>	%
Light	16	61.5
Moderate	8	30.8
Heavy	2	7.7
Total	26	100.0

Based on table 2 regarding the distribution of workload, shows that most of the respondents have a light workload, 16 people (61.5%), almost half of the respondents have a moderate workload, 8 people (30.8%), and very few of the respondents who have a heavy workload, 2 people (7.7%).

Table 3 Distributions of Coping Strategies of Operating Room Nurses at RSUD Karsa Husada Batu in June 2023

Category	<i>f</i>	%
Problem Focused Coping	17	65.4
Emotion Focused Coping	9	34.6
Total	26	100.0

Based on table 3 regarding the distribution of coping strategies, shows that most of the respondents used problem-focused coping, 17 people (65.4%), and a small proportion of the respondents used emotion-focused coping, people 9 (34.6%).

Table 4 Distribution of Burnout Syndrome of Operating Room Nurses at Karsa Husada Batu Hospital in June 2023

Category	<i>f</i>	%
Low	16	61.5
Moderate	10	38.5
Total	26	100.0

Based on table 4 regarding the distribution of burnout syndrome, shows that most of the respondents experienced low burnout syndrome, 16 people (61.5%), and almost half of the respondents experienced moderate burnout syndrome, 10 people (38.5%).

Table 5 Correlation between Workload and Burnout Syndrome in Operating Room Nurses in June 2023

Workload	Burnout Syndrome				Total		Correlation Coefficients	p-value
	Low		Moderate		<i>f</i>	(%)		
	<i>f</i>	%	<i>f</i>	(%)	<i>f</i>	(%)	0.687	0.000
Light	14	87.5	2	12.5	16	100.0		
Moderate	2	25	6	75	10	100.0		
Heavy	0	0.0	2	100.0	2	100.0		
Total	16	61.5	10	38.5	26	100.0		

Based on table 5 above, shows that almost all respondents with light workloads experience low burnout syndrome, 14 people (87.5%), and very few respondents with light workloads experience moderate burnout syndrome, 2 people (12.5%). Most of the respondents who have moderate workload experience moderate burnout syndrome, 6 people (75%), and very few of the respondents who have moderate workload experience low burnout syndrome, 2 people (25%). All of the respondents who have a heavy workload experience severe burnout syndrome 2 people (100%).

The Spearman Rank correlation test results show a p-value of  $0.000 > 0.05$ . This shows that  $H_0$  is rejected and  $H_1$  is accepted, which means that there is a significant correlation between workload and burnout syndrome in operating room nurses. The correlation coefficient shows a value of 0.687, which means that the correlation between workload and burnout syndrome has a strong correlation with a unidirectional correlation direction, the lighter the workload, the lower the burnout syndrome.

Table 6 Correlation of Coping Strategies with Burnout Syndrome in Operating Room Nurses in June 2023

Coping Strategy	Burnout Syndrome				Total		Correlation Coefficients	p-value
	Low		Moderate		f	%		
	f	%	f	%				
Problem Focused Coping	13	76.5	4	23.5	100.0		0.422	0.032
Emotion Focused Coping	3	33.3	6	66.7	100.0			
Sum	16	61.5	10	38.5	26	100.0		

Based on table 6 above, shows that almost all respondents who use problem-focused coping experience low burnout syndrome, 13 people (76.5%), and very few of the respondents who use problem-focused coping experience moderate burnout syndrome, 4 people (23.5%). Most of the respondents who use emotion-focused coping experience moderate burnout syndrome, 6 people (66.7%), and a small proportion of respondents who use emotion-focused coping experience mild burnout syndrome, 3 people (33.3%).

The results of the Spearman rank correlation test show a p-value of 0.032 < 0.05. This proves that H0 is rejected and H1 is accepted, which means that there is a significant correlation between coping strategies and burnout syndrome in operating room nurses. The correlation coefficient shows a value of 0.470 which means that the level of correlation strength or the correlation between coping strategies and burnout syndrome occupies a moderate correlation with unidirectional correlation direction, the more emotion-focused coping strategies are used, the higher the burnout syndrome.

**DISCUSSION**

Based on table 2, shows that most of the respondents have a light workload, 16 people (61.5%). Almost half of the respondents had a moderate workload, 8 people (30.8%) and very few of the respondents had a heavy workload, 2 people (7.7%). This study is in line with the results of previous research conducted by Anggraeni (2021) which shows that most respondents have a light workload. This is because when the office is open for 6 days there are not many patient visits, the handling of patients is also done together so that the time to complete the action that is needed is less (Anggraeni, 2021). The time average of the surgical process will differ depending on the type of surgery performed and other factors such as the surgeon's skill level and the patient's condition. Also, to-surgery has a longer procedure compared to elective surgery (Costa, 2017). The workload of nurses in the operating room installation at RSUD Karsa Husada Batu is mostly light, this is due to the small number of patients working, despite the small number of patients, surgical time is unpredictable because the procedures performed by each team is different, other factors such as consistent organization so that the distribution of procedures is equal and balanced.

Based on table 3, shows that most of the respondents used problem-focused coping, 17 people (65.4%), and a small proportion of the respondents used emotion-focused coping, 9 people (34.6%). The results of this study are in line with the results of research from Sundari et al (2023) which shows that

Problem-focused coping is the type of coping that is often used by emergency room nurses. This is because nurses feel able to control through careful step-by-step planning so that coping can be the most appropriate if the stress factors faced are under control so that they can manage them effectively (Sundari et al., 2023). Problem-focused coping is often used by operating room nurses because the stressor can be controlled and there are adequate coping resources in the workplace.

Based on table 4, shows that most of the respondents experienced low burnout syndrome, 16 people (61.5%), and almost half of the respondents experienced moderate burnout syndrome, 10 people (38.5%). These results are also the same as the results of research from Liana (2020) showing that most respondents experienced low burnout. According to Liana (2020), most respondents experienced a mild level of burnout because nurses were more responsible did not easily give up on their work, and felt happier because they were close to their patients. Even so, some nurses feel tired and exhausted after work, this is a normal thing, therefore most nurses experience mild burnout (Liana, 2020). Most of the respondents who experienced burnout syndrome were low because the abilities possessed by operating room nurses were balanced with the demands of work in the operating room. Most respondents had worked for more than 5 years so they were familiar with the pressure in the operating room.

Based on table 5, shows that almost all respondents with light workloads experience low

burnout syndrome, 14 people (87.5%), and very few respondents with light workloads experience moderate burnout syndrome, 2 people (12.5%). Most of the respondents who have moderate workload experience moderate burnout syndrome, 6 people (75%), and very few of the respondents who have moderate workload experience low burnout syndrome, 2 people (25%). All of the respondents who have a heavy workload experience severe burnout syndrome, 2 people (100%). The Spearman Rank correlation test results show a  $p$ -value of  $0.000 > 0.05$ . This shows that  $H_0$  is rejected and  $H_1$  is accepted, which means that there is a significant correlation between workload and burnout syndrome in operating room nurses. The correlation coefficient shows a value of 0.687, which means that the correlation between workload and burnout syndrome has a strong correlation with a unidirectional correlation direction, the lighter the workload, the lower the burnout syndrome.

The results of this study are in line with the results of research conducted by (Nabela et al., 2020) shows that there is a correlation between workload and burnout syndrome ( $p = 0.000$ ). (Nabela et al., 2020) explained that burnout conditions occur due to the workload of nurses. This is because the ratio of nurses to patients is unbalanced and the number of productive nursing actions carried out by nurses (Nabela et al., 2020). According to Sujannah (2021) if the workload given is too much with an urgent time to complete the work it can lead to improper work (errors) and fatigue, that impact on the psychology of nurses, causing severe stress and experiencing burnout syndrome (Sujannah et al., 2021). Staff shortages have an impact on high staff workload in operating rooms which in turn will cause occupational burnout syndrome (Almodibeg & Smith, 2021).

The results of research from Teymoori (2022) also show that several nurses who participated in the study experienced high stress in the operating room due to unpredictable events in several complex surgical procedures, working in a closed environment, the pressure of night shift work, high workload, and high concentration during surgery, this can make you physically and emotionally tired and trigger burnout syndrome. In this study light workload experienced by operating room nurses in RSUD Karsa Husada Batu is influenced by the number of surgeries and variations of procedures carried out by respondents in one day does not cause physical fatigue and excessive emotionality. Long working periods make respondents able to adapt to the stressors in the operating room so that the respondent's psychology is not stressed and does not

cause the sensation of being emotionally drained due to the many demands of the job.

Based on table 6, shows that almost all respondents who use problem-focused coping experience low burnout syndrome, 13 people (76.5%), and very few of the respondents who use problem-focused coping experience moderate burnout syndrome, 4 people (23.5%). Most of the respondents who use emotion-focused coping experience moderate burnout syndrome, 6 people (66.7%), and a small proportion of respondents who use emotion-focused coping experience mild burnout syndrome, 3 people (33.3%). The results of the Spearman rank correlation test show a  $p$ -value of  $0.032 < 0.05$ . This proves that  $H_0$  is rejected and  $H_1$  is accepted, which means that there is a significant correlation between coping strategies and burnout syndrome in operating room nurses. The correlation coefficient shows a value of 0.470 which means that the level of correlation strength or the correlation between coping strategies and burnout syndrome occupies a moderate correlation with a unidirectional correlation direction.

The results of this study are also in line with the results of research from Akhrina & Febriani (2020) showing the best problem-solving strategy to use is problem-focused coping. Nurses who use higher problem-focused coping can reduce burnout levels, especially in emotional exhaustion and depersonalization because nurses solve problems by developing planned steps (Akhrina & Febriani, 2020). The use of problem-focused coping strategies can maintain burnout syndrome in the low category. This is due to the autonomy and control of work that nurses have in the operating room at Karsa Husada Regional Hospital. With autonomy and control, operating room nurses can plan and determine what methods to use to carry out surgical procedures so that the operation can proceed according to plan. Proper planning can reduce nurse errors on duty so that nurses' emotions are good because the operation runs smoothly and there is no backlog in the surgical schedule because the operation runs according to schedule so that there are no complaints from operators or leaders. Although many surgical procedures are carried out with planned actions, it can prevent nurses from feeling emotional exhaustion during work.

## CONCLUSION

Based on the results of this study, it can be concluded that there is a correlation between workload and coping strategies with burnout syndrome in operating room nurses. The correlation between workload and burnout syndrome is positively correlated with strong correlation strength which means the lighter the workload, the lower the burnout syndrome. The correlation between coping strategies with burnout syndrome shows a positive correlation with a moderate correlation strength. The use of problem-based coping strategies by nurses in the operating room can maintain burnout syndrome in the low category compared to emotion-based coping strategies.

## SUGGESTION

It is suggested that RSUD Karsa Husada can evaluate the workload on operating room nurses so that the workload on nurses can be optimized and it is recommended that nurses in the operating room installation maintain a comfortable work environment and distraction activities when the number of patients is small so that the work fatigue and bored situation can be reduced.

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## CONFLICTS OF INTEREST

The authors declare no conflict of interest. Other funders than the authors had no role in the data collection, data analysis, and also in the writing of the manuscript.

## AUTHOR CONTRIBUTIONS

MA, research concept, research data tabulation, writing a draft manuscript and analysis; TA, wrote and revised the manuscript with support from another author, team coordination. SBP performed the statistical analysis and interpreted the data; TJAY verified the method and design of this study. All the authors agreed to the arrangement of authors in this

study. We have read and approved the final version of the manuscript, we agreed to be accountable for all aspects of the world.

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