



Coping Stress Strategies to Reducing Work and Home Demands to Job Burnout Woman Nurses

Praptini Yulianti^{1*}, Noorlaily Fitdiarini², Kris Hekayanti³

^{1,2,3} Department of Management, Faculty of Economics and Business, Airlangga University

ABSTRACT: Work and home demand increasing job burnout for woman nurses. The important coping stress strategies are to reduce job burnout. This study aimed to determine the relationship between work and home demand to job burnout, and the role of moderator coping stress strategies. The sample of the study was 157 women nurses recruited through simple random sampling. Data were collected using questionnaires and analyzed with partial least squares. The results indicated that work and home demand was positive and significantly related to job burnout. Coping stress strategies is negatively moderated the relationship between work demand to job burnout, but positive moderated the relationship between home demand to job burnout. The implication that coping stress strategies is successful to weaken job burnout caused by work demand, but strengthening job burnout caused by home demand.

KEYWORDS: Coping Stress Strategies, Home Demands, Job Burnout, Productive Employment, Work Demands.

INTRODUCTION

Nurses, have suffered from anxiety and depression due to high work and home demands [1]. Consequently, nurses have commonly reported experiencing a greater burnout [2], [3]. Nurses must have a practical skill to help cope the stress. The job demand is especially taxing for working woman nurses who are entrusted with not just performing full time on their jobs but also have to play the role of a homemaker. This, in turn, puts immense strain on their time and energy [4]. In addition, women also face conflicts between social and personal requirements besides balancing home and workplace. Therefore, they are more at risk of burnout than men [5].

Woman Nurses must be professional at work. On the other side, they also have responsibility for their family. Extended work hours, work overload, work spillover, and professional demands are some common job demands that lead to conflict between work and family life and have negative consequences such as depression, exhaustion, and burnout [6],[7], and [8]. Further, [9] and [10] states that the increasing work demands for dual role nursing are not only influenced by the role in the workplace, but also the home demands and well-being of the home family.

Work spillover happens when an individual's work-related issues and concerns interfere with her/his ability to unwind and rejuvenate during non-working hours at home. The findings from [2] state that work and home demand is positively and significantly related to burnout. Moreover, [3] and [10] confirms that there are positive and significant relationship between work and home demand. The result global survey in Cina, Korea, Turkey, and Amerika indicates that women nurses have burnout, especially on emotional exhaustion, over fatigue caused by treating patients in the covid-19 pandemic [11] and [12]. [12] found that women reported a high level of burnout as compared to men, because they are more likely to suffer from work-life conflict, primarily as non-work. Burnout is an important phenomenon in various occupations in the fields of human service work and professional health care. Burnout syndrome, a state of emotional exhaustion, is prevalent among nurses working in critical care areas across the world. The individual characteristics that might help workers to prevent burnout [13].

The coping stress strategy is one of the most popular concepts, and researchers have suggested that it plays a crucial role in decreasing an individual's burnout level [14]. Coping stress strategies is the individual's efforts to manage behavior cognitively in the face of stress caused by work and life burdens that exceed the individual's capabilities [15]. [16] explains coping stress is a form of taking over problems and trying to balance incompatibility of job and home demand. Coping stress addresses the strategy of emotion regulation as an individual process in forming emotionally focused coping such as accepting responsibility, self-control, and positive reappraisal [17]. Moreover, the result of the coping stress can be weakened the relationship between work and home demand to burnout [18]. [17] added that the high level of coping stress can address the individual to decrease the level of burnout refer on the negative consequences of depression and work-family conflict.



This study examined the relationship between the job and home demand to burnout of woman nurses. The analysis also examined coping stress strategies as moderators of the relation between job and home demand to burnout.

HYPOTHESES DEVELOPMENT

The influence between work and home demands to burnout

Individuals are always faced with incompatibilities that lead to demanding work and life situations. When work and home demands increase, as well as negative working conditions, this can lead to increased physical and mental fatigue. [19] suggests that excessive work demands are caused by increased work hours, inflexible shifts, time pressure which will affect burnout. In addition, high housing demands such as a mismatch between the individual's environment and family situation and the absence of support make individuals feel meaningless, resulting in burnout [20]. Research findings by [2] and [3] suggest that work and home demands are positively and significantly related to burnout. Based on this explanation, the first and second hypotheses of this research are:

Hypothesis 1: Work demand has a positive and significant effect on Burnout.

Hypothesis 2: Home demand has a positive and significant effect on Burnout.

The moderating role of coping stress strategies on the relationship between work and home demands on burnout

Coping stress is the process of individuals trying to regulate a gap in perception between situations focused on problems that cause emotions [15]. Coping stress as a sign of management strategies that describe different resources when overcoming stressful situations from emotional pressure that is higher than usual [21].

Coping stress strategies refer to part of emotional regulation strategies as an individual process in forming adaptive emotional focused coping [17]. Meanwhile, according to [22] coping with stress is the main criterion that reflects emotion focused coping, namely accepting responsibility, self-control and positive reappraisal. The monotonous work pattern of nurses in the nature of human service actually causes physical fatigue, increased psychological tension, emotional involvement, workload and the burden of life increases, causing role instability which leads to burnout [23]. According to [24], positive stress coping can strengthen the balance of work demands, home demands and burnout by forming cognitive efforts to achieve work-life balance goals in the form of reducing the impact of burnout.

The amount of coping stress can influence a specific process linkage that leads to effective coping outcomes at work and home [18]. The better the application of stress coping to an individual, the greater the individual's ability to form conformity related to withdrawal from the environment that causes stress [25]. Not only that, [22] research suggests that high stress coping is able to identify an individual's sense of self-confidence [26] stated that there is a positive and significant influence between work and home demands on burnout. [27] added that stress coping strategies can have a positive effect on reducing the influence of work and home demands on burnout. [17] added that coping with high levels of stress can help individuals reduce the impact of burnout. The influence of work and home demands on burnout can be reduced through stress coping strategies. Based on the results of previous research, the following hypothesis can be drawn:

Hypothesis 3: Coping stress strategies moderates the relationship between work demands and burnout

Hypothesis 4: Coping stress strategies moderates the relationship between home demands and burnout

RESEARCH METHODS

The sample of this study comprises woman nurses at a private hospital in Surabaya, Indonesia. Before the study began, we were asked to give some presentations on an ethics committee in the hospital. After getting approval, we distributed questionnaires through the hospital mailing system to 198 nurses at the hospital. The simple random sampling technique is applied to recruit participants for the study. The data collection period was about one month, and only 157 nurses gave responses. The response level was about 79 %. To improve the accuracy and minimize the common method bias, before the survey was begun [13] we were given clear instructions, the point scale was labeled correctly and confidential.

To measure job demand, the three-item was adopted by [28] workload, emotional demands, mental work demands. Work demand is measured using 3 items also adopted [28] (quantitative home demands, emotional home demands, dan mental home demands). Coping stress, the three-item were adopted [29] (Problem-focused coping, emotional focused coping, positive reappraisal). Job burnout the three-item were adopted [30] (emotional exhaustion, depersonalization, dan personal accomplishment).

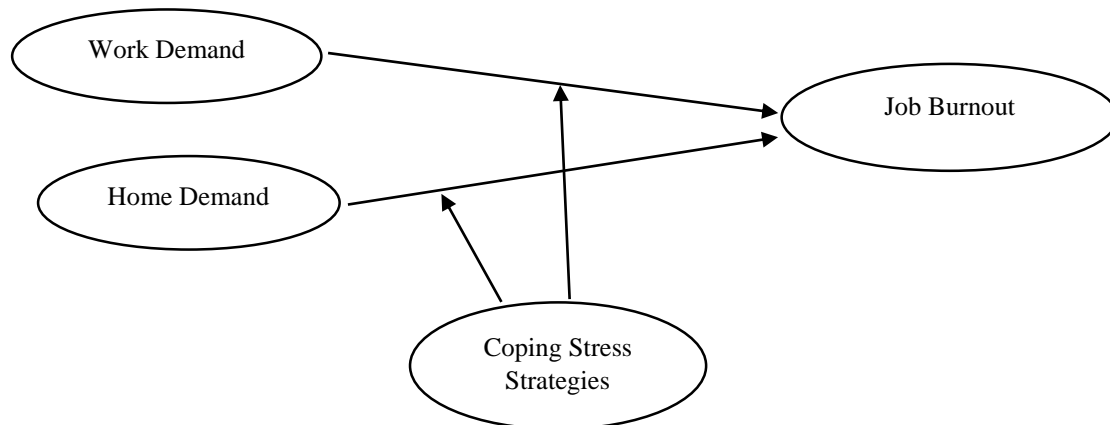


Figure 1: Conceptual Framework

RESULT

The study was participated by 157 women nurses. The duration of working for less than 5 years (n =18), five to ten years (n = 25), ten to fifteen years (n = 55), and more than fifteen years (n = 59). For the test, hypotheses use partial least square structural equation modeling (PLS-SEM). We used a two-step approach [31], the measurement and structural model.

The measurement models

The first sections are the measurement model to test the validity and reliability construct of this study. A validity test includes convergent, construct, and discriminant validity. Convergent validity measures reflective indicators estimated based on the correlation between item score or component score. Loading factor values > 0.5 indicate that indicators are valid. Construct validity indicates how far the test measure constructs theory as a basis for building that test. The average Variance Extracted (AVE) value is above 0.5 indicates a better construct validity. Composite reliability and Cronbach’s alpha > 0.7 [32]. Table 1 indicates descriptive statistics. All indicator values of four constructs meet the standard, outer loading values noted in the range of 0.728 to 0.914. The Cronbach's alpha values fall in the range of 0.923 to 0.978. The composite reliability values fall between 0.935 to 0.980. The AVE values fall in the range of 0.618 to 0.763. Table 2, discriminant validity/ Fornier-Larcker criterion assesses the extent to which a construct does not correlate with other constructs. The AVE's square root values are greater than the correlations between variables, thereby proving good discriminant validity.

Table 1: Factor loadings, composite reliability, and AVE

| Constructs | Indicators | Outer Loading | Cronbach’s Alpha | Composite Reliability | AVE |
|-------------------|------------|---------------|------------------|-----------------------|-------|
| Work Demands (X1) | WD1 | 0.770 | 0.923 | 0.935 | 0.618 |
| | WD2 | 0.746 | | | |
| | WD3 | 0.728 | | | |
| | WD4 | 0.756 | | | |
| | WD5 | 0.849 | | | |
| | WD6 | 0.761 | | | |
| | WD7 | 0.834 | | | |
| | WD8 | 0.792 | | | |
| | WD9 | 0.828 | | | |
| Home Demands (X2) | HD1 | 0.805 | 0.948 | 0.956 | 0.709 |
| | HD2 | 0.861 | | | |
| | HD3 | 0.817 | | | |



| | | | | | |
|-------------------|-------|-------|-------|-------|-------|
| | HD4 | 0.835 | | | |
| | HD5 | 0.859 | | | |
| | HD6 | 0.851 | | | |
| | HD7 | 0.843 | | | |
| | HD8 | 0.841 | | | |
| | HD9 | 0.863 | | | |
| Coping Stress (Z) | CP1 | 0.905 | 0.970 | 0.973 | 0.751 |
| | CP2 | 0.895 | | | |
| | CP3 | 0.874 | | | |
| | CP4 | 0.873 | | | |
| | CP5 | 0.830 | | | |
| | CP6 | 0.867 | | | |
| | CP7 | 0.863 | | | |
| | CP8 | 0.824 | | | |
| | CP9 | 0.832 | | | |
| | CP10 | 0.893 | | | |
| | CP11 | 0.858 | | | |
| | CP12 | 0.880 | | | |
| Burnout (Y) | BRN1 | 0.862 | 0.978 | 0.980 | 0.763 |
| | BRN2 | 0.888 | | | |
| | BRN3 | 0.869 | | | |
| | BRN4 | 0.878 | | | |
| | BRN5 | 0.850 | | | |
| | BRN6 | 0.894 | | | |
| | BRN7 | 0.898 | | | |
| | BRN8 | 0.890 | | | |
| | BRN9 | 0.914 | | | |
| | BRN10 | 0.850 | | | |
| | BRN11 | 0.856 | | | |
| | BRN12 | 0.881 | | | |
| | BRN13 | 0.900 | | | |
| | BRN14 | 0.840 | | | |
| | BRN15 | 0.832 | | | |

Table 2: Discriminant Validity Test

| Constructs | Work Demand | Home Demand | Coping Stress | Burnout |
|---------------|--------------|--------------|---------------|--------------|
| Work Demand | 0.785 | | | |
| Home Demand | 0.737 | 0.842 | | |
| Coping Stress | 0.749 | 0.821 | 0.866 | |
| Burnout | 0.750 | 0.852 | 0.842 | 0.873 |

The structural model

The second section to structural model test, I PLS-SEM suggests evaluating the R2 coefficient, which is also called the coefficient of determination. In the structural equation model, Q2 values larger than zero for a specific reflective endogenous latent variable indicate the path model's predictive relevance for a particular dependent construct. Table 3 indicates the value of R square



is 0.981. This proposes that work demand, home demand define 98,1% of the variance in burnout. The predictive relevance is 99,96%, which indicates that very good.

Table 3: The structural model test

| | Result |
|------------------------------|-----------------|
| Coefficient of determination | 0.981/ R square |
| Predictive Relevance | 0.999 |

Table 4: Path coefficients

| Relationship | Beta | p-value | t-value | Decision |
|--|---------|---------|---------|-----------|
| Work Demand (X1) → Burnout (Y) | 0.110 | 0.043 | 2.024 | supported |
| Home Demand (X2) → Burnout (Y) | 0.289 | 0.001 | 3.443 | supported |
| Work Demand * Coping with Stress → Burnout | 0.153 | 0.003 | 2.939 | supported |
| Home Demand * Coping with Stress → Burnout | - 0.155 | 0.014 | 2.465 | supported |

DISCUSSION

Work and home demand have a direct effect on burnout, but the influence of home demand on burnout is greater than work demand to burnout. The result indicates that woman nurses have worked professionally in caring for the patients during pandemic covid-19. Consistent with the study by [33], a woman with overwork and emotionally demanded will be more easily have burnout. In the covid-19 pandemic, often occurs imbalance between professional demand and fear infected from the patients. Those things affect fostering woman nurse burnout. The result of this study is interesting, caused by the contribution of home demand to burnout is greater than work demand to burnout. The study by [34] examines that woman nurses who have married have a high level of burnout. Moreover, [35] examines that women with work overload will suffer in balancing work demand and family. Another interesting result is coping with stress can impair the relationship work demand to burnout. Coping with stress is a part of emotion regulation strategy as an individual process informing adaptive emotion-focused coping if that does not result in maladaptive [17]. [22] explains that coping stress is the main criteria refer to controlling emotion caused by workload creating physically, mentally, psychological behavior burnout. The result of this study is woman nurses can finish their work better, are easy to adapt when the work demand is high, stay professional in finishing their work. On the other side, coping with stress is strengthen the relationship between home demand and burnout. Women nurses have a problem balancing work and home demands. A consistent study by [17] coping stress strategic in the covid-19 pandemic, can reduce burnout, but it also can bring work-family conflict and negative effects on the family.

The implication of this study is those coping stress strategies are successful to reduce burnout caused by work demand, women nurses are consistent with nursing professionals even sacrificing their families. The hospital had better have a program work-life balance so the nurses can balance work demands and family. The limitations are related to the design. Self-reports may carry risks associated with common method bias and social desirability. Yet, the suggestions of [16] related to methodology (ensuring confidentiality) were carefully followed. To further reduce the possibility of common method bias, future studies should consider gathering data using longitudinal designs.

CONCLUSION

Woman Nurses in this study experienced coping stress strategies. Coping stress strategies can weaken the burnout caused by work demand, but coping stress strategies can strengthen the burnout caused by home demand. A work-life balance policy needs to be implemented to improve mental health among woman nurses.



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