

Analysis of the Effect of Perceived Risk and Work Stress on Burnout with Work Motivation as Intervening Variables on Health Workers during Covid-19 Pandemic

Yoan Immanuella, Mohamad Reza Hilmy, and Erry Yudhya Mulyani

ABSTRACT

Background: The effect of perceived risk and work stress on burnout in health workers. Hoax news about the development of the Covid virus affects the perceived risk of health workers. The rapid transmission of covid virus, the increasing number of hospitalizations in all hospitals, full beds, health workers feel work stress and even burnout. Hectic working hours, excessive workload, plus exposed health workers are contributing factors. The purpose of this study is to analyze the effect of perceived risk and work stress on burnout with work motivation as an intervening variable for health workers during the Covid-19 pandemic.

Research Methods: The research method is a quantitative associative cross-sectional design. The type of data used is quantitative data. The population in this study used 50 health workers.

Results: It was found that high perceived risk decreased burnout, high work stress increased burnout. High perceived risk increases work motivation, high work stress reduces work motivation.

Implications: It needs support from hospital management and the government to be able to provide valid information about the development of the covid virus, setting work hours and workloads, providing volunteers if needed, providing schedules incentives, and fulfilling the completeness of infrastructure for personal protective equipment and space inpatient isolation.

Keywords: Burnout, Perceived Risk, Work Motivation, Work Stress.

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Y. Immanuella*

Esa Unggul University, Indoneisa.

M. Reza Hilmy

Esa Unggul University, Indoneisa.

E. Yudhya Mulyani

Esa Unggul University, Indoneisa.

*Corresponding Author

I. INTRODUCTION

The coronavirus disease discovered in 2019 (Covid-19) is a member of the same group of viruses that cause severe acute respiratory syndrome (SARS) and camel flu (Middle East respiratory syndrome or MERS-CoV). First appeared in Wuhan, the capital of Hubei province, China in December 2019 and later became known as SARS-CoV (Huang C *et al.*, 2020).

The Covid-19 pandemic has had a tremendous impact on health workers, not only increasing the workload, but also being afraid of being exposed to the disease itself so it can transmit it to the family, working with health protocols that are continuously updated, limited personal protective equipment, treating patients with seriously ill and also exposed peers (Albott CS *et al.*, 2020).

The term burnout was coined in the 1970s by Herbert Freudenberger, an American psychologist. This term is used to describe the consequences triggered by severe stress and the high demands of a serving profession. Health workers are one example, they sacrifice themselves to help others, so they often end up with burnout, feeling tired, lethargic and unable

to cope (M. Kaur *et al.*, 2021) Other professions are social workers, teachers, lawyers, service representatives' consumers and police officers (Chirico, 2016).

In a study conducted at a hospital in Wuhan, 1257 health workers reported 50% depression, 45% anxiety, 34% insomnia (Lai Jianbo *et al.*, 2020). In a survey followed by 2008 participants, it was found that gender, parental status, marital status, and salary reduction were significant factors for burnout. Health problems and direct contact with infected patients are also associated with personal problems and work-related burnout. The position of medical personnel on the front line experienced these three things. (Ivon Duarte *et al.*, 2020).

In Malaysia, almost half of the health workers studied reported experiencing the effects of burnout. The health workers provide an overview of their excessive workload, the uncertainty that occurs related to the pandemic, the challenges of work-life balance (Roslan *et al.*, 2021). The impact of high burnout is not only experienced by nursing staff but also the health industry and for health workers. The performance of the nursing staff needs to be improved, and one option is to achieve higher work performance by

empowering the nursing staff. According to Kleiber and Ensmann (Prestiana and Purbandini, 2012) in Europe, 43% of burnout cases were found in social workers such as nurses, 32% experienced by teachers, 9% faced by administrative workers, 4% experienced by workers in the field of law and the police, and 2 % experienced by other workers. The nursing profession ranks highest in burnout cases.

Perceived risk is a factor that can mediate a person's knowledge or awareness in later carrying out preventive behavior (Brug *et al.*, 2004). Anxiety has a close relationship with perceived risk because worry occurs when individuals feel they will be faced with situations that are considered dangerous where what is meant by risk refers more to the probability that a threat will occur (Denney, 2005). The spread of the Covid-19 virus causes dramatic conditions, health workers face a high risk of being exposed to diseases where many colleagues have died from it (Hassanian-Moghaddam *et al.*, 2020). The risk of increasing mental health disorders such as anxiety, depression, insomnia, work-related stress and also PTSD (Post Trauma Stress Disorder) (Lai Jianbo *et al.*, 2020).

The most effective way to prevent the spread of the virus is to take preventive measures despite the many obstacles encountered such as the level of knowledge and level of awareness of a person about the disease and whether the knowledge possessed will be applied in preventing (Hassan *et al.*, 2017).

Health workers experience many undesirable things, especially various stress reactions, especially those in their work who have close contact with Covid-19 patients so that health workers have a greater risk of developing psychological problems such as anxiety, panic or stress disorders. These complaints can come from various sources such as excessive workload, lack of personal protective equipment, negative news about Covid-19 circulating and not yet supported by trained mental health personnel (Yildirim *et al.*, 2020).

Health workers feel anxious for the safety of their families, especially when they find out that the Covid-19 patient who was treated later died. On the other hand, the existence of a strict infection control protocol, supported by adequate personal protective equipment and equipment and appreciation from hospitals and the government for the participation of health workers in providing health services to Covid-19 patients is considered very important to improve their psychological condition (Cai *et al.*, 2020).

In addition to establishing public health measures to combat disease pandemic outbreaks, we are also fighting social media panic pandemics. We need to quickly research and respond to rumours, perceptions, attitudes and public behavior around Covid-19 and control measures (Depoux, 2020).

During the pandemic, health workers are trying to face the war with the Covid-19 disease with the utmost dedication and effort, even though there is a risk of being infected with the virus. Hospitals also play a role in controlling the outbreak, by establishing a special pandemic division consisting of several volunteer medical staff (Chen *et al.*, 2020). The Covid-19 pandemic has forced healthcare professionals around the world into an unprecedented situation, they have been forced to make difficult decisions and work under

extreme pressure. They are struggling with the challenges of the Covid-19 pandemic, with increased risks and mental health problems to deal with (Greenberg *et al.*, 2020). Medical personnel, especially nurses, are required to work professionally to treat patients even though they are worried about being exposed and the impacts that the families of medical personnel also experience, namely the risk of exposure, the risk of transmitting it to other family members, the existence of a bad stigma against medical personnel (Hope *et al.*, 2011). All of these impacts will reduce the performance of medical personnel so that motivation is needed to again improve the performance of these medical personnel (Alhakami & Baker, 2018). In addition, to relieve boredom and avoid mental stress, they need to spend time doing fun things out of the ordinary (Chen *et al.*, 2020). Health workers must have quality time to increase work motivation and individual performance.

In Indonesia, in dealing with the Covid-19 pandemic, the Government through the Ministry of Health has prepared a number of government hospitals and private hospitals to become Covid-19 referral hospitals, including public facilities such as the Athlete's House which is used as an emergency hospital. The government also assists in the provision of Personal Protective Equipment for referral hospital health workers (Ferina, 2021).

Symptoms of Covid-19 in general are fever (temperature > 38 °C), cough accompanied by respiratory tract disorders. Other symptoms include shortness of breath, sore throat, chills, body aches, headaches, diarrhea, abdominal pain, coughing up blood, nasal congestion and decreased sense of smell (anosmia). The stages of Covid-19 sufferers start with mild, moderate to severe complaints. Half of Covid-19 patients experience shortness of breath within one week. In severe cases, there is a risk that the condition will become severe in a short time (PDPI, 2020).

The spread of the Covid-19 virus in Indonesia began on March 2 when the Government officially announced the first Covid-19 case (Nursofwa *et al.*, 2020). Ten days later WHO raised the status of Covid-19 to be a pandemic. The Indonesian Doctors Association (IDI) mitigation team recorded that 647 health workers died due to exposure to Covid-19. The death rate is the highest in Asia and the third largest in the world, and even during December 2020 to mid-January 2021, 53 medical personnel died (Dinilhaq, 2020). Agung Hospital is a type C general hospital located in the south of Jakarta. This hospital has a total of 110 beds. At the beginning of the covid pandemic, it turned into a covid referral hospital with the distribution of 32 beds used for Covid-19 isolation beds with a total of 52 nurses. There are 20 doctors and specialists, 6 radiology stylists, 10 laboratory analysts, 18 emergency room nurses. For 1 day divided into 3 shifts, morning shift starts at 07:00–14:00, afternoon shift starts at 14:00–20:00, night shift starts at 20:00–07:00.

Based on observations in the field at that time, nurses or non-medical personnel were being cared for, from ER nurses, general practitioners, poly nurses, finance departments, HR departments and were affected by Covid-19 until the emergency room services were closed for 2 weeks because there were no health workers available. Many also asked to move to the non-isolation section. With reduced patient visits to hospitals, doctors who are aged or have

comorbidities request to reduce hours of practice, the hospital's income is reduced so that a Work from Home (WFH) work system strategy emerges alternately for medical and non-medical personnel except general practitioners. With this strategy, it is expected to be able to reduce the number of disease transmissions and reduce the payment of salaries for health workers and non-health workers. This is where work stress begins to occur, followed by discrimination in treatment from local residents against medical and non-medical workers who are exposed to COVID-19, there are also concerns that they will infect their families, not to mention the decrease in income which is the beginning of the decline in motivation of workers, especially health workers who work or in contact with Covid-19 patients.

Along with the increase in patients in mid-May, there were additional beds with 52 beds in the red zone, 32 beds in the yellow zone. 8 ICU health workers are assigned to the isolation room. In 1 shift, there are 8 people on the morning shift, 6 people on the afternoon shift, and 6 people on the night shift. The number of workers exposed to COVID-19 continues to exist, even added to their family members or relatives.

Thus, this pandemic condition allows many things that affect work stress, workload and employee motivation in hospitals. Therefore, this study aims to determine the effect of the three variables, namely risk perception, work stress, work motivation on burnout in health workers during the Covid-19 pandemic.

A. Design

This research is a quantitative associative cross-sectional design. The associative method is a method that intends to explain the causal relationship and influence between variables through hypothesis testing. The research method used is a cross-sectional research method, where this research was conducted to study the dynamics of the correlation between risk factors and effects, by approach, observational, or data collection. The type of data used in this research is quantitative data.

This study was conducted to explain the relationship between two variables, namely exogenous variables which include Perceived Risk (X1), Job Stress (X2), with endogenous variables namely Burnout in Health Workers (Y), and the intervening variable, namely Motivation (Z). associative quantitative is used, because the researcher wants to know whether there is a relationship between the variables through the hypothesis testing that has been formulated.

B. Sample

This research will involve a population of 50 health workers in the Covid-19 isolation room consisting of isolation room nurses, emergency room nurses, laboratory analysts, radiology officers, general practitioners and internal medicine specialists.

Based on the inclusion criteria in this sampling process, they have a minimum working period of 6 months, and the exclusion criteria are health workers who are not willing to be the subject of this research.

C. Research Instrument

Primary data collection using a questionnaire filled out by each respondent, using a Google Form and conducted by researchers.

Demographic data questionnaire was used to see the characteristics of respondents. This instrument consists of age, gender, marital status, years of service and education.

With regard to the measurement scale in the preparation of the questionnaire, the researcher used a modified Likert scale with an interval scale of 1 to 4, 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree.

Based on the results of the validity test on 50 respondents, a total of 7 statements about burnout, 6 statements about perceived risk, 8 statements about work stress and 7 questions about work motivation were obtained. Meanwhile, the reliability test results obtained that the alpha value of all variables was greater than 0.60. Therefore, it can be concluded that all questionnaires in this study are reliable or consistent, in measuring each variable, so that they can be used as research instruments.

D. Research Hypothesis

- 1) H1: Perceived risk has a direct positive effect on burnout of health workers during the Covid-19 pandemic.
- 2) H2: Work stress has a direct negative effect on burnout of health workers during the Covid-19 pandemic.
- 3) H3: Work motivation has a direct positive effect on burnout of health workers during the Covid-19 pandemic.
- 4) H4: Work motivation has a direct positive effect on burnout of health workers during the Covid-19 pandemic.
- 5) H5: Work stress has a direct negative effect on the work motivation of health workers during the Covid-19 pandemic.
- 6) H6: There is an influence between perceived risk, work stress and work motivation simultaneously on burnout of health workers during the Covid-19 pandemic.

II. RESULT

The characteristics of this study indicate that of the 50 respondents studied, the number of distribution and characteristics of respondents who are female are 38 respondents (76%) and male are 12 respondents (24%). While the characteristics of respondents aged 20–30 years as many as 30 respondents (60%), 31–40 years as many as 12 respondents (24%), and ages 41–50 years as many as 8 respondents (16%). The characteristics of respondents who are still single are 20 respondents (40%) and those who are married are 30 respondents (60%), who have no single parent status (0%).

Characteristics of respondents with the latest education level D3 as many as 34 respondents (68%), undergraduate education levels as many as 4 respondents (8%), medical education level as many as 12 respondents (24%), and no specialist doctors (0). And the characteristics of respondents who have a working period of less than 5 years are 26 respondents (52%) and those who have a service period of 5–10 years are 7 respondents (14%), who have a working period of more than 10 years are 17 respondents (34%).

In this study, to measure the validity of a statement, r-table and r-count values are needed. Measurement of r-table with a sample of 50, the value of df (n-2) is 118. Furthermore, by using the formula $t/\sqrt{118+t^2}$ in the SPSS 26.0 program, it

is found that the r-table value is 0.279 so that the statement item valid is a statement item that has a corrected item total correlation value greater than 0.279.

It is known that the results of calculating the validity coefficient of all research questionnaire items do not have a questionnaire which is not valid from 28 questionnaires whose r count is smaller than r table (0.279) then all of the questionnaires are declared valid. And the questionnaire with valid results means that research statements can be used as a data collection tool to measure the variables.

Based on the answers of 50 respondents to Perceived Risk (X1), Work Stress (X2), Burnout (Y) and Work Motivation (Z) are presented in the table below:

A. Burnout

In Table I, it can be seen the results of testing the validity of the 7 statements for the Burnout variable. Questions Y.1, Y.2, Y.3, Y.4, Y.5, Y.6 and Y.7 are greater than the value of r table, then they are declared valid.

TABLE I: VALIDITY TEST

Statement	Value of r-count	Info	Value of r-table
Y.1	0.828	Valid	0.279
Y.2	0.720	Valid	
Y.3	0.727	Valid	
Y.4	0.871	Valid	
Y.5	0.888	Valid	
Y.6	0.811	Valid	
Y.7	0.821	Valid	

B. Perceived Risk

In Table II, it can be seen the results of the validity testing of the 6 statements for the Perceived Risk variable. Questions X1.1, X1.2, X1.3, X1.4, X1.5, and X1.6 are greater than the value of r table then declared valid.

TABLE II: VALIDITY TEST

Statement	Value of r-count	Info	Value of r-table
X1.1	0.928	Valid	0.279
X1.2	0.928	Valid	
X1.3	0.970	Valid	
X1.4	0.814	Valid	
X1.5	0.957	Valid	
X1.6	0.928	Valid	

C. Work Stress

In Table III, it can be seen the results of testing the validity of the 6 statements for the variable work stress. Questions X2.1, X2.2, X2.3, X2.4, X2.5, X2.6, X2.7 and X2.8 are greater than the value of r table then declared valid.

TABLE III: VALIDITY TEST

Statement	Value of r-count	Info	Value of r-table
X2.1	0.651	Valid	0.279
X2.2	0.742	Valid	
X2.3	0.701	Valid	
X2.4	0.615	Valid	
X2.5	0.576	Valid	
X2.6	0.672	Valid	
X2.7	0.624	Valid	
X2.8	0.568	Valid	

D. Work Motivation

In Table IV, it can be seen the results of testing the validity of the 7 statements for the work motivation variable. Questions Z.1, Z.2, Z.3, Z.4, Z.5, Z.6 and Z.7 are greater than the value of r table, then they are declared valid.

TABLE IV: VALIDITY TEST

Statement	Value of r-count	Info.	Value of r-table
Z.1	0.774	Valid	0.279
Z.2	0.792	Valid	
Z.3	0.793	Valid	
Z.4	0.585	Valid	
Z.5	0.822	Valid	
Z.6	0.563	Valid	
Z.7	0.497	Valid	

Furthermore, the reliability test was carried out using Cronbach Alpha. Reliability is a tool to measure a questionnaire which is an indicator of a variable. A questionnaire is said to be reliable or reliable if the respondent's answer to the statement is consistent or stable from time to time.

Testing with criteria if r count < 0.60 means it is not reliable and if r count > 0.60 means reliable, it is presented in the following table:

TABLE V: RELIABILITY TEST

Variable	Cronbach's Alpha	Description
X1 (Perceived Risk)	0.966	Reliable
X2 (Work Stress)	0.796	Reliable
Y (Burnout)	0.912	Reliable
Z (Work Motivation)	0.804	Reliable

TABLE VI: RESPONDENT'S RESPONSE MATRIX

No.	Variable	Respondent's Response			Behaviour
		Position			
		Low	Medium	High	
1.	Burnout (Y)		√		Health workers feel excessive fatigue during the pandemic
2.	Perceived Risk (X1)			√	Employees can comply with health protocol
3.	Work Stress (X2)		√		Employees feel stress at work during the pandemic
4.	Work Motivation (Z)			√	Employees have passion in doing service even during the pandemic

After that, hypothesis testing is based on path analysis calculations, where the variable path is divided into two, namely Sub-Structure1 and Sub-Structure 2, while the intervening test is carried out by analyzing the indirect effect and the total effect between variables.

The test results for sub-structure 1 in this study can be described as follows:

A. Sub-Structure 1

TABLE VII: TEST RESULT ON SUB-STRUCTURE 1

Influence between Variable	Coeff. Track	Sig Value	Test Result	Coeff. Other Variables
X1 towards Z	0.434	0.000	Ho rejected	
X2 towards Z	0.516	0.000	Ho rejected	0.531

B. Sub-Structure 2

TABLE VIII: TEST RESULT ON SUB-STRUCTURE 2

Influence between Variable	Coeff. Track	Sig Value	Test Result	Coeff. Other Variables
X1 towards Y	0.290	0.000	Ho rejected	
X2 towards Y	0.281	0.000	Ho rejected	0.586
Z towards Y	0.332	0.000	Ho rejected	

Based on Table VII above, the hypothesis testing for calculating Sub-Structure 1 can be described as follows:

The basis for decision making is that $Sig > Alpha$, H_0 is accepted, H_a is rejected, and $Sig < Alpha$, H_0 is rejected, H_a is accepted, with the statement that $Sig = 0.000$ and $Alpha = 0.05$, while $Sig < Alpha$, H_0 is rejected, H_a is accepted.

The following are the results of the Sub-Structure 1 hypothesis test in Table VII:

- 1) H_0 : Perceived Risk (X1) does not have a significant effect on Work Motivation (Z).

H_a : Perceived Risk (X1) has a significant effect on Work Motivation (Z).

Through the significance test above, it can be concluded that the Perceived Risk (X1) variable has a significant influence on Work Motivation (Z) where the resulting effect is 0.434.

- 2) H_0 : Work Stress (X2) does not have a significant effect on Work Motivation (Z).

- 3) H_a : Work Stress (X2) has a significant effect on Work Motivation (Z).

Through the significance test above, it can be concluded that the work stress variable (X2) has a significant effect on work motivation (Z) where the resulting effect is 0.516.

While in Table VIII, hypothesis testing for the calculation of Sub-Structure 2 can be described as follows:

- 1) H_0 : Perceived Risk (X1) does not have a significant effect on Burnout (Y).

H_a : Perceived Risk (X1) has a significant effect on Burnout (Y).

Through the significance test above, it can be concluded that the Perceived Risk (X1) variable has a significant effect on Burnout (Y) where the resulting effect is 0.290.

- 2) H_0 : Work Stress (X2) does not have a significant effect on Burnout (Y).

H_a : Work Stress (X2) has a significant effect on Burnout (Y).

Through the significance test above, it can be concluded that the Job Stress variable (X2) has a significant effect on Burnout (Y) where the resulting effect is 0.281.

- 3) H_0 : Work Motivation (Z) does not have a significant effect on Burnout (Y).

H_a : Work Motivation (Z) has a significant effect on Burnout (Y).

Through the significance test above, it can be concluded that the Work Motivation variable (Z) has a significant effect on Burnout (Y) where the resulting effect is 0.332.

The results of the hypothesis based on the description above, are poured into the following table:

TABLE IX: HYPOTHESIS RESULT

No.	Hypothesis	Result
1.	The effect of perceived risk on burnout	Accepted
2.	The effect of work stress on burnout	Accepted
3.	The effect of work motivation on burnout.	Accepted
4.	The effect of perceived risk on work motivation	Accepted
5.	The effect of work stress on work motivation	Accepted
6.	The effect of perceived risk and work stress on burnout with work motivation as an intervening variable	Accepted

The following is a discussion of the results of the research that has been carried out:

Perceived Risk (X1), Work Stress (X2) and Work Motivation (Z) on Burnout (Y):

TABLE X: PATH ANALYSIS RESULTS DISCUSSION

Variable Hypothesis	Total Influence (Direct + Indirect)	Influence	
		Direct	Indirect
X ₁ towards Z	0.434	0.434	-
X ₁ towards Y	0.434	0.290	Z $0.434 \times 0.332 = 0.144$
X ₂ towards Z	0.516	0.516	-
X ₂ towards Y	0.452	0.281	Z $0.516 \times 0.332 = 0.171$
Z towards Y	0.332	0.332	-
ϵ_1	0.531	0.531	-
ϵ_2	0.586	0.586	-

From the results of data processing that has been done, it can be discussed the following things:

- 1) Work motivation has a significant effect on burnout where the resulting effect is 0.332.
- 2) Perceived risk has a significant effect on burnout where the total effect generated is 0.434, and the direct effect is 0.290.
- 3) Work stress has a significant effect on work motivation where the total effect generated is 0.452, and the direct effect is 0.281.
- 4) Perceived risk has a significant influence on work motivation where the resulting effect is 0.434.
- 5) Work stress has a significant effect on work motivation where the resulting effect is 0.516.
- 6) There are still factors that also influence work motivation of 0.531, and factors that also affect Y outside of this study are 0.586, where examples of these other factors are the factor of late payment of incentives and the factor of completeness of hospital facilities and infrastructure which is still lacking.

III. CONCLUSIONS, IMPLICATIONS AND SUGGESTIONS

A. Conclusions

Through the results of research on the analysis of the effect of perceived risk and work stress on burnout with work motivation as an intervening variable for health workers during the Covid-19 pandemic, the following conclusions were obtained:

- 1) The results of the partial influence test between perceived risk on burnout of health workers have a positive and significant effect. This means that a good perceived risk can reduce burnout of health workers. An understanding of the development of the Covid-19 virus and followed by behavior according to health protocols will affect the confidence of occupational health workers which has an impact on reducing fear and anxiety, thereby reducing burnout for health workers in providing services in the Covid-19 isolation room.
- 2) The results of the partial influence test between work stress on burnout of health workers have a positive and significant effect. This means that many health workers feel pressure at work, to overcome this, health workers can manage stress conditions into positive energy, so they can minimize stress so that health workers no longer experience burnout.
- 3) The results of the partial influence test between work motivation on burnout experienced by health workers have a positive and significant effect. This means that good work motivation will affect the morale of health workers to achieve or produce something better and can reduce burnout of health workers.
- 4) The results of the partial influence test between perceived risk on the work motivation of health workers have a positive and significant effect. This means that a good perceived risk indicates that there is understanding and is supported by knowledge of the development of the Covid-19 virus which then increases the work motivation of health workers in the Covid-19 isolation room.
- 5) The results of the partial effect test between work stress on the work motivation of health workers have a negative and significant effect. This means that work stress experienced by health workers has a contribution to reduce work motivation, health workers feel too tired so they do not provide optimal health services.
- 6) The results of the simultaneous influence test between perceived risk, work stress and work motivation simultaneously have an effect on burnout of health workers. This means that with good perceived risk, managed work stress and increased work motivation in health workers will reduce burnout so that they can produce quality health services.

B. Managerial Implications

Based on the research results that have been obtained, the efforts that can be made by the hospital leadership include:

- 1) This research helps hospital management to develop programs to support health workers in the form of providing reliable and up-to-date medical information to increase perceived risk so that health workers have the capital of knowledge, understanding and confidence in treating Covid-19 patients.

- 2) This study helps hospital management to improve understanding in recognizing signs of work stress experienced by health workers so that they can provide support by regulating working hours, analyzing workloads and providing rest/leave time.
- 3) This research can support management to be able to minimize the burnout experienced by health workers by one way of opening volunteer vacancies with a contract system so as to reduce the workload in the isolation room.
- 4) This research can help hospital management to be able to increase managerial support or moral support to be able to maintain relationships with health workers and help increase work motivation of health workers.

C. Suggestions

For Agung Hospital: through increasing perceived risk and work motivation and decreasing work stress levels, it is expected to reduce burnout for health workers at Agung Hospital, suggestions that can be developed in hospital management are:

- 1) Hospital management provides information media facilities with valid and reliable sources that can be easily accessed by health workers. Don't forget to filter every news presented to prevent the circulation of rumors, so that an increased understanding of perceived risk will improve the services of health workers in the Covid-19 isolation room.
- 2) Hospital management provides training and presentations on health protocols or how to spread the Covid-19 virus to be able to become the capital of confidence for health workers so that they become more confident when providing health services.
- 3) Hospital management applies the stress risk management system listed in WHO (2004), namely by following the following cycle: stress risk assessment (identifying, analyzing facts according to the dimensions that affect stress and conducting discussions with related units), formulating an action plan (action planning). plan), implementing and providing information, as well as monitoring and evaluating, reviewing the evaluation results, then looking for solutions and the cycle will be repeated again.
- 4) Hospital management arranges work schedules that are adjusted to the workload analysis of health workers, so that health workers still have free time to be able to recover themselves (healing time).
- 5) Hospital management arranges the schedule for providing incentives so that incentive payments can be received on time.

As for further researchers: based on the results of this study, perceived risk, work stress and work motivation are not the only factors that affect burnout, so that further assessment can be made of other factors that can affect perceived risk, work stress, and work motivation. in order to provide optimal health services. In addition, some literature states about the reciprocal relationship between perceived risk, work stress and work motivation on burnout. This study only analyzes the one-way relationship of perceived risk, work stress and work motivation to burnout. It is hoped that further analysis of this relationship can be carried out in the future. In connection

with this research being conducted for thesis writing, the assessment tool used can be said to be sufficient and effective for measurements at the Agung Hospital on a small scale, so it would be better if a deeper evaluation was carried out if you would use this measurement method for a larger scale.

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