

The effect of emotional intelligence on burnout and the impact on the nurses' service quality

Agustina Hanafi¹

¹ Sriwijaya University, Srijaya Negara Street, Bukit Besar, Palembang, 30139, South Sumatera, Indonesia

ARTICLE INFO

Article history:

Received 26 May 2016

Revised 22 June 2016

Accepted 24 June 2016

JEL Classification:

M19

Key words:

Burnout,
Emotional Intelligence, and
Quality of Nursing Services.

DOI:

10.14414/jebav.v19i1.530

ABSTRACT

This study attempts to analyze the effect of emotional intelligence on emotional exhaustion and this, in turn, on the quality of hospital care nurse. The subjects were nurses and patients RS RK.Charitas Palembang. This sample was taken using Non-Probability Sampling towards the nurses and patients in the patient units of the hospital Joseph 1 & 2, with the total respondents of 200 people. These were selected as sample and the data analyzed through the process using Structural Equation Model (SEM). It shows that emotional intelligence negatively affects the emotional exhaustion. Furthermore, the emotional intelligence has positive effect on the quality of nursing care. Most importantly, there is a greater direct effect of emotional intelligence towards service quality than the indirect effect through the emotional exhaustion. Emotional exhaustion negatively affects the quality of nursing services.

ABSTRAK

Penelitian ini mencoba untuk menganalisis pengaruh kecerdasan emosional pada kelelahan emosional dan kemudian, pada gilirannya, pengaruhnya pada kualitas perawat perawatan di rumah sakit. Subjek penelitian perawat dan pasien RS RK.Charitas Palembang. Sampel ini diambil menggunakan Non Probability Sampling terhadap perawat dan pasien dalam unit pasien rumah sakit Joseph 1 & 2, dengan total responden 200 orang. Responden ini dipilih sebagai sampel dan data dianalisis melalui proses menggunakan Structural Equation Model (SEM). Hasilnya menunjukkan bahwa kecerdasan emosional berpengaruh negatif terhadap kelelahan emosional. Selain itu, kecerdasan emosional berpengaruh positif pada kualitas pelayanan keperawatan. Yang paling penting, ada pengaruh langsung yang lebih besar dari kecerdasan emosional terhadap kualitas pelayanan dan pengaruh tidak langsung melalui kelelahan emosional. Kelelahan emosional berpengaruh negatif pada kualitas pelayanan keperawatan.

1. INTRODUCTION

The hospital is a public health care facility that should be always ready to serve the public during 24 hours a day. However, a good hospital should also provide the best quality service to the patients. For that reason, nurses are the vital factor for this service quality in the hospital. Their performance and productivity can affect the level of service provided by the hospital (Suhartati 2012: 1).

In the case above, the role of nurses in the health care for the patients is vital. They must be able to cope with the stress they experienced in their work, because the nurse could not make mistakes at all. It required special attention in nursing services. Thus, they have hard responsibility and

demands that must be endured by them. In addition, they are prone to experience burnout.

The term burnout was first proposed by Freudenberg, a clinical psychologist in 1974. Burnout is a psychological condition that a person experiences a stress due to failure to achieve the expectations accompanied the relatively long period of time. Burnout commonly is found in the human service professions, namely in the fields directly related to people and social service. Besides that, there is a possibility of burnout which can also occur in non-human service professions (Pangastiti et al. 2011: 3).

One of the phenomena that occur in the Hospital of RS RK Caritas related to nurses experienced burnout was through the story of the colleagues

* Corresponding author, email address: ¹ tinahanafi@ymail.com.

that there was a nurse who worked at the hospital initially experienced a situation where she was bored with her work. He said it was very tedious and too much demanding. Very often, the nurses leave early from their job. Even, they have an idea to resign and switch to another profession. Yet, they are aware of no other qualities that can be supported in addition to their skills as a nurse. Gradually, there were many changes in there. They felt being lazy to work, more emotional, irritable, irritable, and often being rude to patients. It became worse and worse, meaning that such a behavior does not only occur in the work environment but also in their everyday life outside the workplace. Their superordinates often give warning, because their work was not good. They did not understand what was happening to them. So, they were no longer interested in the job.

Based on the existing problem, the researchers argued that initially, the nurses are only experiencing a mediocre stress because they feel bored with their job. Unfortunately, the stress becomes prolonged until the nurses want to switch professions. This problem seems to be a small part of the real problems often faced by nurses in their profession. In addition to other problems, they also show the occurrence of burnout in other fields.

In line with such a case above, the researchers found that RS RK-Charitas should continue to improve the quality of service for their clients. This should be done either through improved facilities or through infrastructure facilities. These should be their attention for improving the performance of health care workers in general, and in particular, the performance of their caring people. However, it has not been proven empirically whether the Charity RS RK success was due to the quality of service of nurses who have given to their patients. For that reason, the researchers attempt to examine further the emotional intelligence, emotional exhaustion and quality of service of nurses. It concerns the effect of EQ (Emotional Intelligence) of the Emotional Exhaustion (Burnout) and the impact on quality of the Nursing Care at the Hospital RK Charitas Palembang.

2. THEORETICAL FRAMEWORK AND HYPOTHESES

The word emotion was derived from Greek, namely *emovere*, meaning moving away. The meaning of this word indicates the tendency to act which is absolute in emotion. Emotional symptoms refer to a typical feeling and thoughts, a state and a series of biological and psychological tendency to act. Most

importantly, emotion is essentially the impulse to act (Goleman 2005: 7). The term Emotional Intelligence recently have been well-known in 1995 with the publication of Daniel Goleman entitled Emotional Intelligence. Goleman explains that emotional intelligence or Emotional Intelligence refers to the ability to recognize one's own feelings and the feelings of others, the ability to motivate oneself, and the ability to manage emotions well with one and another (Goleman 2005: 39).

Furthermore, Luthans (2006: 333) defined emotional intelligence as an ability to show how a person can effectively deal with emotions both from within himself or from others. Another definition by Robbins, emotional intelligence is the ability to detect and manage the clues and emotional information. In this case, emotional intelligence consists of five dimensions (Robbins 2002: 156), namely:

1. Self-Awareness, the ability to be aware of what is perceived.
2. Self-management, the ability to manage their own emotions and stimuli.
3. Self-motivation, ability to survive in the face of setbacks and failures.
4. Empathy, the ability to feel what others feel.
5. Social skills, ability to deal with other people's emotions.

Recently, many researchers have paid attention more and more to a phenomenon called burnout. It is a condition where there are a number of employees, especially those who excel and are independent actors. This condition is due to knowing how to hide their weaknesses well. Burnout is not visible in the early days. However, it is apparent to those around him as soon as circumstances arise. However, there is no commonly accepted definition of this term. In fact, the term burnout can be described as a reduction in vitality, energy, and the source of the person's ability to function on a continuous basis (Elqorni 2010: 1).

Some experts have investigated the burnout of a social-psychological perspective. Their study has succeeded in creating a theory known as the Maslach Burnout Inventory. This inventory has been used extensively to determine the three factors for measuring individual burnout. These factors are emotional exhaustion, personality disorder (depersonalization), and personal accomplishment. In addition, experts believe that the criteria for employment or job description or tasks within an organization. They are the main causes of burnout to come up (Maslach et al. 1986: 15).

The nursing care is assistance with their services to provide for their physical and mental weak-

ness, their limited knowledge and lack of skills toward the ability to carry out daily living activities - activity independently. In essence, any activity done by the nurse is helpful (assistive in nature). They help clients or patients cope with the causes of the problem - the problem of health or sickness (illness health problems) in their daily lives.

The nursing services are within the framework of health care conducted by nurses, together with other health professionals in order to achieve the objectives and health maintenance, disease prevention, early diagnosis, healing and recovery from illness or accident and rehabilitation. The essence is to achieve health for every human being. That is surely nursing services performed by nurses (Tawoto 2006: 2). In a broader sense, the quality of health service can be seen based on the principle of service excellence 3 A (Arsimurti 2013: 2), namely in terms of attitude, attention, and action. The explanation of the aspects of such perception by (Anjaryani 2009: 21) is as the following.

1. Attitude is a reaction or response of someone who is still closed to a stimulus or object, or the views or feelings accompanied by the tendency to act according to the object attitude earlier.
2. Attention can generally be interpreted as a feeling for caring, respect for others, meaning giving more attention to a person, how a person acts, with vigilant monitoring, a feeling of empathy for others and feelings of love or caring.
3. The action in the act of nursing is a process or series of activities to the practice of care is given directly to the clients or patients for health care in different order, starting from the assessment process until the evaluation in improving or maintaining optimal health status.

3. RESEARCH METHOD

This research is a causal research designed to measure the relationships between the variables such as analyzing how a variable affects other variables; what variables influence the emotional intelligence and emotional exhaustion (burnout) and on the quality of nursing care. It uses a judgmental sampling or specific considerations, where only all nurses with their patients seen in patient units in the Hospital of Joseph Yoseph 1 2 and RS RK. Charitas Palembang, totally 100 people respectively selected as sample.

The observation period was about one month. It aims to get an overview of more representatives and reduce the error rate so that the data obtained were valid. The data collection method was by using questionnaires. The questionnaire consists of a

list of statements to be filled by the respondents who would represent each research variable is the variable X1, X2, and Y variables to measure emotional intelligence and emotional exhaustion. In addition, this study used the Likert Scale.

It also used a method of causality or relationships or influences, to test the hypothesis in studies with Structural Equation Model or SEM. In general, SEM can be divided into two main parts: the Measurement Model and Structural Model. Measurement of SEM models is the model that describes the relationship between the latent variables with their indicators. Structural model describes the relationship between latent variables or exogenous variables with latent variables, or variables exogenous and endogenous. This is because SEM models consist of two types of models. The analysis tool is also related to the purpose of the analysis of both types of models, Hair, Anderson, Tatham and Black (1998: 592-614).

Operational Definition of Variables

To avoid differences in defining the variables for analysis, it is necessary to discuss the operational constraints of variables and their operational definitions. Operational variable definition contains the elements of a variable, which allows researchers to collect the relevant data for these variables. In this study, the operational definitions of the variables are as follows:

Variable Emotional Intelligence (X1)

Goleman divides the dimension of emotional intelligence into five dimensions (Goleman 2005: 42), as follows:

1. Self-awareness, i.e. knowing the condition by themselves, preferences, resources, and intuitions. It can be seen from:
 - Awareness of the emotions; recognizing emotions themselves and the effects
 - Self-assessment accurately; knowing their own strengths and limits
 - Confidence: self-esteem and confidence of themselves.
2. Setting their own by managing the condition, impulse, and the resources which can be seen from:
 - Self-control; managing emotions and impulses that damage the trust;
 - Maintaining the norms of honesty and integrity
 - Precautions; it is responsible for the personal performance
 - Adaptability; being receptive and open to

Table 1
Goodness of Fit Index

No.	Goodness of Fit Index	Value	Cut off Value)	Criteria
1.	Chi-Square	18443.94	< α .df	Good Fit
	Significance Probability	0.00	> 0.05	
2.	RMSEA	0.21	≤ 0.08	Good Fit
			0.08 – 0.10	Marginal Fit
3.	NFI	0.23	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit
4.	TLI atau NNFI	0.22	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit
5.	CFI	0.25	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit
6.	IFI	0.25	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit
7.	RMR	0.17	≤ 0.05	Good Fit
			0.05 – 0.10	Marginal Fit
8.	GFI	0.25	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit
9.	AGFI	0.20	≥ 0.90	Good Fit
			0.80 – 0.89	Marginal Fit

Source: Ghozali (2008) and Processed data from research (2013).

- ideas, approaches and new information
- 3. Motivation, which is the tendency to deliver or facilitate the acquisition target, it can be seen from:
 - To encourage the achievement; drive to better or to meet the standards of success
 - Commitment; to conform to the goals of the group or company
 - Initiative: readiness to take advantage of opportunities
 - Optimism; persistence in fighting for goals, despite obstacles and failure
- 4. Empathy, the awareness of the feelings, needs and interests of others, that can be seen from:
 - Understanding others; perceiving the feelings and perspectives of others, and demonstrating an active interest against their interests
 - Orienting the services; anticipating, recognizing, and trying to meet customer needs
 - Developing others; feel the developmental needs of others and trying to grow their skills
 - Addressing diversity; cultivating opportunities through association with a variety of people
- 5. Awareness of the political; Able to read the currents of emotion group and its relationship with the Social power
 - Skills, namely ingenuity in touching the desired response to others, which can be seen from:

- Effect; have tactics for persuasion
- Communication; send a clear and convincing message
- Leadership; inspire and guide groups and others
- Catalyst the change; start and manage the change
- Management of the conflict; negotiating and solving disagreement
- Binder network; cultivate relations as a tool
- Collaboration and cooperation; collaboration with others for a common goal
- The ability of the team; creating synergies in the group fighting for a common goal
- Binder network; cultivating relations as a tool
- Collaboration and cooperation; collaborating with others for a common goal
- The ability of the team; creating synergies in the group fighting for a common goal.

Variable of Emotional Exhaust (Burnout) (X₂)

Maslach et al. (1986) studied about 'burnout' from a social-psychological perspective. They succeeded in creating a theory known as the Maslach Burnout Inventory. Researchers have used it extensively to determine three factors in measuring the 'burnout' to individuals. These factors are as follows:

- Emotion exhaustion,
- Depersonalization,
- Personal accomplishment.

Table 2
Goodness of Fit Index

No.	Goodness Of Fit Index	Value	Cut off Value	Criteria	Description
1.	Chi-Square	3733.50	< α .df	Good Fit	Good Fit
	Probability	0.05	> 0.05		
2.	RMSEA	0.09	≤ 0.08	Good Fit	Marginal Fit
			0.08 – 0.10	Marginal Fit	
3.	NFI	0.91	≥ 0.90	Good Fit	Good Fit
			0.80 – 0.89	Marginal Fit	
4.	TLI atau NNFI	0.89	≥ 0.90	Good Fit	Marginal Fit
			0.80 – 0.89	Marginal Fit	
5.	CFI	0.93	≥ 0.90	Good Fit	Good Fit
			0.80 – 0.89	Marginal Fit	
6.	IFI	0.93	≥ 0.90	Good Fit	Good Fit
			0.80 – 0.89	Marginal Fit	
7.	RMR	0.03	≤ 0.05	Good Fit	Good Fit
			0.05 – 0.10	Marginal Fit	
8.	GFI	0.88	≥ 0.90	Good Fit	Marginal Fit
			0.80 – 0.89	Marginal Fit	
9.	AGFI	0.81	≥ 0.90	Good Fit	Marginal Fit
			0.80 – 0.89	Marginal Fit	

Source: Ghozali (2008) and processed data (2013).

3. Variable of Service Quality of the Nurses (Y)

In general, the quality of service of health workers is based on the principle of excellent service, namely in terms of attitude, attention, and in terms of action displayed by medical personnel while serving the patients. The aspects perceived by Robbins (2002: 46), namely:

1. Attitude that is a reaction or response of someone who is still closed to a stimulus or object, or the views or feelings that accompanied the tendency to act according to the object attitude earlier.
2. Attention, that can generally be interpreted as a feeling to care, respect and respect for others, meaning to give more attention to others, how a person acts, with vigilant monitoring, a feeling of empathy for others and feelings of love or caring.
3. The action of nursing is a process or series of activities to the practice of care. This is given directly to the client or patient health care in different order, starting from the assessment process until the evaluation in improving or maintaining optimal health status.

As described above, all variables should be compiled into a questionnaire. The questionnaire is a collection of modified behavior by using indicators and variables to be analyzed.

4. DATA ANALYSIS AND DISCUSSION

Descriptive Analysis

1. The nurses' responses to emotional intelligence indicate that most respondents answered very

often. This means that most nurses have a good emotional intelligence.

2. Some nurse's experienced emotional fatigue as seen from respondents who answered very often in the statement number 1, 8, 9, and 12. Nurses often feel drained emotionally because of the work; the nurse felt others blamed them on some issues. At the end, they felt physical fatigue and nurses find work too hard.
3. Nurses felt of providing quality and service excellence, both in terms of attitude, attention, and action on patients. This is shown by the majority of the nurses responded very well.
4. The patient's response regarding emotional intelligence that patients perceive that nurses haste when providing service to patients.
5. The patient's response regarding the statement of emotional exhaustion dimension was that most patients perceived that nurses were sometimes psychologically and physically exhausted at the time of serving the patients.
6. The patient's response about the attitude of nurses in providing nursing care is that the majority of patients said that their attitude was a good nurse.

SEM Analysis

To test the overall model fitness (FUL case mod), the researchers did it by taking into account the results of the calculation for the Goodness of Fit with LISREL 8.5 Software. The researchers found in the attachment and testing referred to the model fit the criteria in the Goodness of Fit Index as in

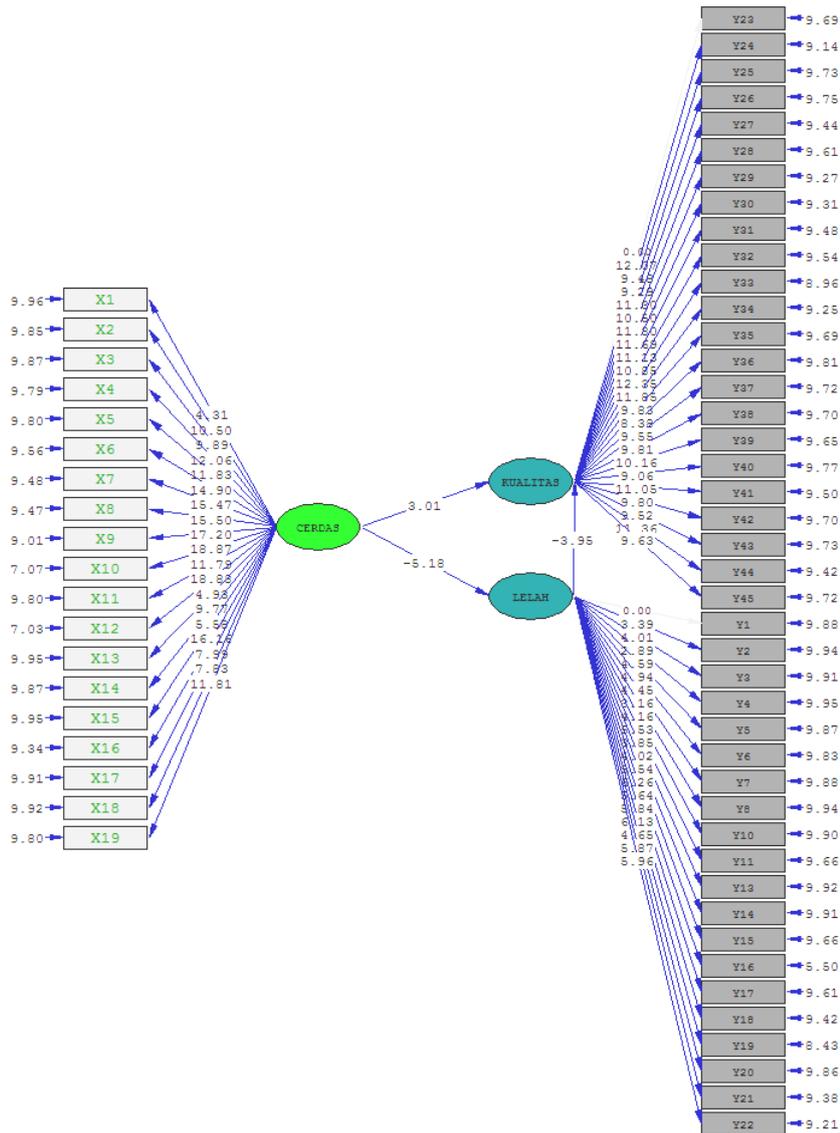


Figure 1
Full Model 1 Based on T-value

Table 1.

The LISREL analysis indicates that the overall model (Model FUL) no one has the enough goodness of fit, which means the entire structural model generated a model that does not fit. However, the analysis can be done by modifying the model. Modification of the model can be done if the resulting models do not fit or do not fit. Modification was done by giving the relationship between the two error indicators that have the highest residue and dispose indicator has a standard loading of less than 0.5.

The result of Goodness of Fit Index with the model modification is presented in Table 2.

The LISREL analysis indicates that the overall model (Model FUL) has a enough goodness of fit, which means the entire structural model generated

has reached Fit models. The subsequent analysis is the SEM that is a full model (without involving the invalid indicators). The results of estimation for the full model SEM analysis were on the first full model (model before fit). This can be seen Figure 1 and Figure 2.

Based on the standard loading in Figure 2, the structural equation model does not fit because of as follows.

1. The sub-structural equation model 1 (not fit):
Emotional Exhaustion = -0.59 * *Emotional Intelligence*.

Thus, based on the model of sub structural model, it does not fit and it can be explained that there is negative effect on the emotional intelligence on emotional exhaustion, meaning that the higher the emotional intelligence emotional fatigue will decrease by 0.59.

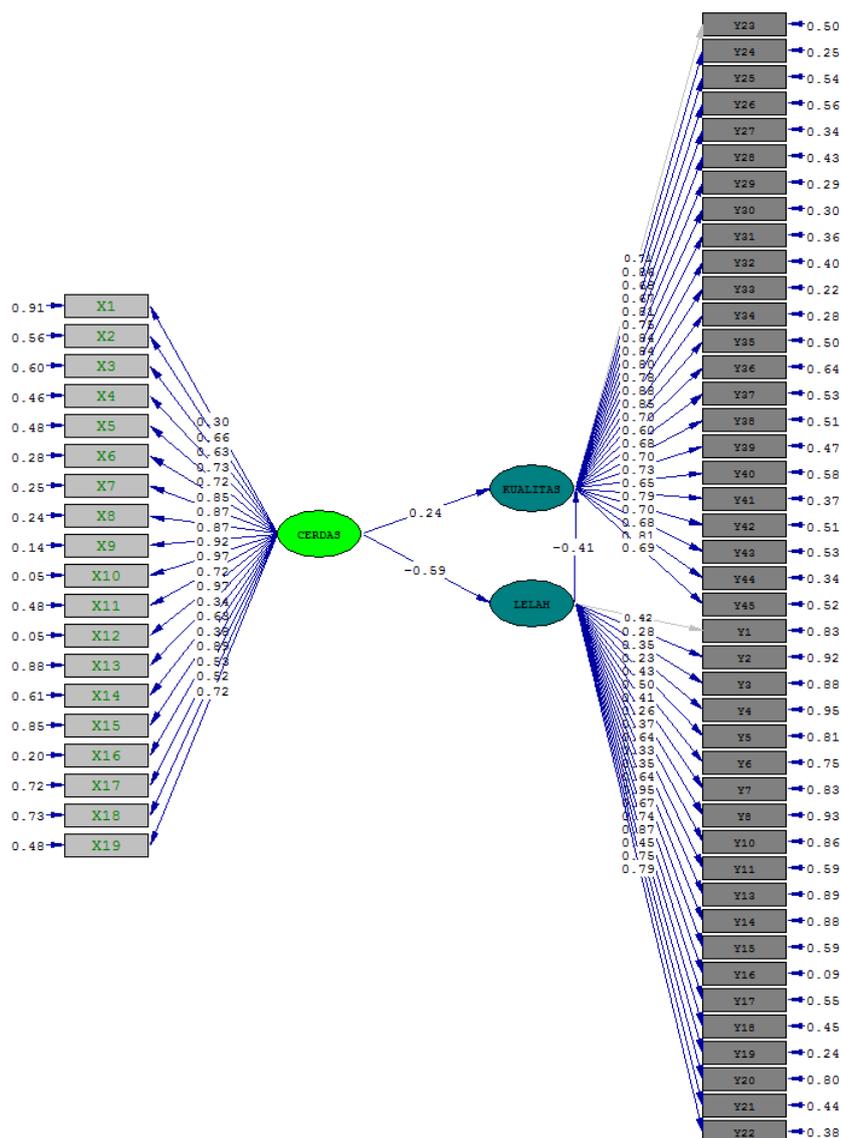


Figure 2
Full Model 1 Based on Standard Loading

2. The structural equation model 1 (not fit):
*Service Quality EQ = 0.24 * - 0.41 * Emotional Exhaustion.*

Based on that evidence, the model does not fit and it can be explained that there is a positive effect of the intelligence on nurses quality service at the RS.RK, Charitas Palembang, and emotional fatigue negatively affect the quality of nursing services RS RK Charitas Palembang. This shows that the better the emotional intelligence of the nurses, the better the nurse Services Quality at RS RK Charitas Palembang. It can either increase or decrease the emotional exhaustion of nurses RS RK Charitas Palembang. The degree of the effect of emotional intelligence on the Quality of nurses care at RS RK Charitas Palembang is at 0.24 and the effect of emotional exhaustion on the Quality

of nurses care at RS RK Charitas, Palembang is - 0.41.

Thus, all show that the emotional exhaustion has a greater effect on the Quality of nurses' care at RS RK Charitas Palembang than the emotional intelligence on the nurses' care service quality. The results of estimation for the full model SEM analysis on the full model (model fit) is n Figure 3 and 4.

Based on Figure 4, all the parameters in the Full Model 2 are entirely significant at the 5% level (*t-computed* value greater than 1.96). In that figure, it appears that the first indicator on the endogenous variables made is fixed, it is not necessary for testing. In accordance with the Maslach burnout inventory theory, it argues that the research can use it extensively to determine the three factors in mea-

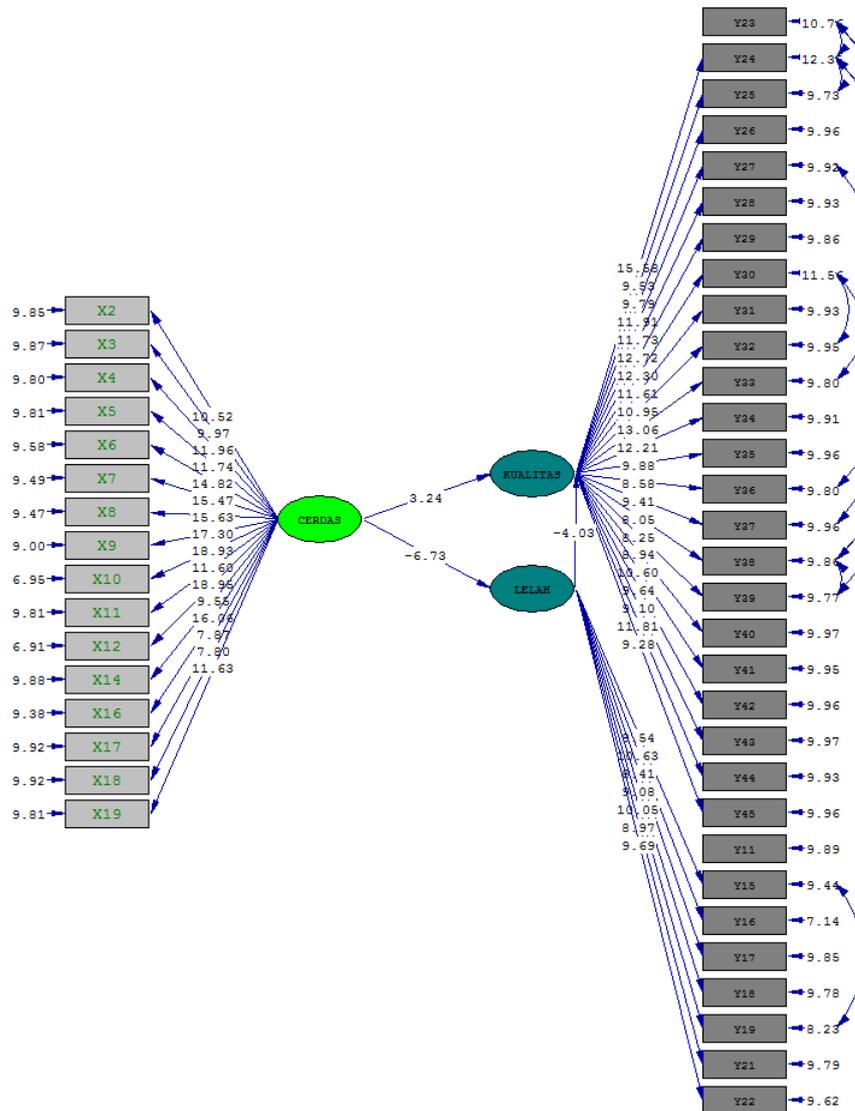


Figure 3
Full Models 2 Based on T-Value

asuring burnout for the individual. These factors are in terms of emotional exhaustion and its own personality disorder (depersonalization), and personal achievement (personal accomplishment). In addition, experts believe that the criteria for employment or job description or tasks within an organization are the main causes of burnout (Maslach and Pines 1986: 15)

Based on the standard loading in Figure 4, the structural equation model 2 is as follows.

1. Sub-Structural equation in model 2 (Model Fit):
Emotional Exhaustion = - 0.56 * *Emotional Intelligence*.

Based on the model of sub structural model fit the above can be explained that the negative effect on the Emotional Intelligence Emotional Exhaustion, meaning that the higher the emotional intelligence emotional fatigue will decrease by 0.56.

2. Structural equation in model 2 (Model Fit):

Service Quality EQ = 0.25 * - 0.34 * *Emotional Exhaustion*.

Based on the structural model in the model fit the above, this study can explain that there is a positive effect of the Intelligence on the service quality at the hospital of RS RK Charitas Palembang, and emotional fatigue negatively affects the quality of nursing services RS RK Charitas Palembang. This shows that the better the emotional intelligence the better the service quality of the hospital of RS RK Charitas Palembang. It can increase and decrease the emotional exhaustion of nurses at the hospital of RS RK Charitas Palembang towards the quality Services, too.

The degree of the effect of emotional intelligence on the service quality of the nurses at the hospital of RS RK Charitas Palembang, on the model fit, is 0.25. The effect of emotional exhaus-

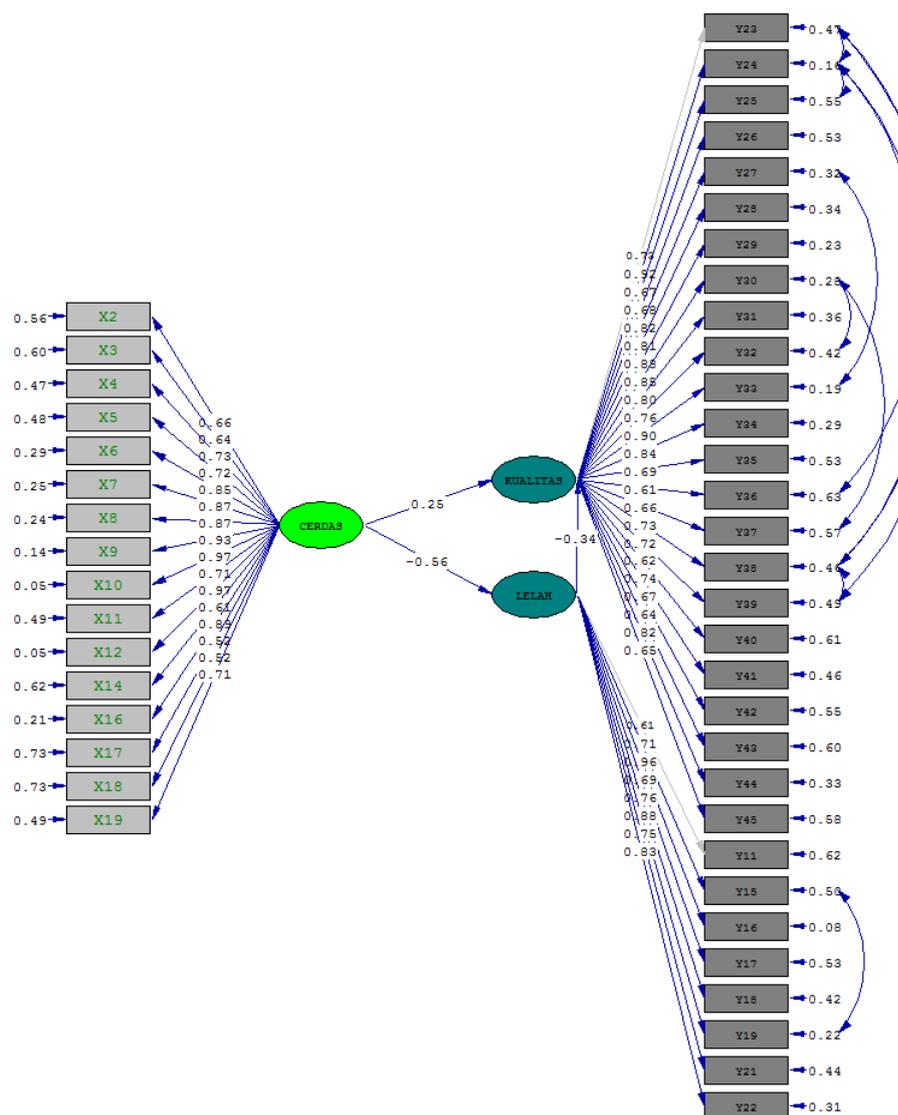


Figure 4
Full Model 2 Based on Standard Loading

tion on the Quality of the nurses in the hospital of RS RK Charitas is 0.34. This shows that the emotional exhaustion has a greater effect on the service quality by the nurses at the hospital of RS RK Charitas Palembang than the emotional intelligence.

Results of SEM Analysis

1. Emotional intelligence negatively affects the emotional exhaustion of -0.56.
2. Emotional intelligence has a positive effect on the quality of nursing services at 0.25.
3. Emotional fatigue negatively affects the quality of nursing services at -0.34.
4. The indirect effect of emotional intelligence to the service quality through emotional exhaustion 0.19.

5. CONCLUSION, IMPLICATION, SUGGESTION, AND LIMITATIONS

It can be generalized that emotional intelligence has a negative effect on emotional exhaustion. It has a positive effect on the quality of service. However, there is a greater direct effect of emotional intelligence on the quality of service rather than the indirect effect through the emotional exhaustion.

The next is that the emotional fatigue negatively affects the quality of service and this emotional exhaustion has a greater effect than the emotional intelligence towards the quality of nursing care.

As generalized above, the researchers suggest that, in the future, the hospital should improve the quality of nursing care by increasing the intelligence of the nurses through training. Besides that, they should set back schedules and shift work for

nurses so that the nurses do not feel bored with their job and thus can reduce the occurrence of burnout.

Finally, for further research, the researchers should use this research to investigate other variables that may affect the quality of nursing service.

REFERENCES

- Anjaryani, WD 2009, 'Kepuasan Pasien Rawat Inap Terhadap Pelayanan Perawat di RSUD Tugurejo Semarang', Thesis, Program Studi Magister Promosi Kesehatan Universitas Diponegoro Semarang.
- Arsimurti, 2013, 'Pelayanan Prima dalam Konteks Pelayanan Publik, <<http://arsimurti.blog.ugm.ac.id>>, viewed 20 February 2013.
- Freudenberger, HJ & Richelson, G 1980, *Burnout the high cost & high achievement*, New York, Anchor Press.
- Goleman, Daniel, 2005, *Kecerdasan Emosi untuk Mencapai Puncak Kinerja*, PT Gramedia Pustaka Utama, Jakarta.
- Hair, FJ Jr., Black, WC, Babin, BJ, Anderson, RE, Tatham, RL 2006, *Multivariate Data Analysis*, Sixth Edition, Pearson Prentice Hall.
- <<http://elqorni.wordpress.com/2010/09/02/fenomena-burnout-dalam-organisasi/>>
- Maslach, C & Jackson, S 1986, *Maslach Burnout Inventory Manual*, Palo Alto, CA: Consulting Psychological Press, Inc.
- Meyer, H 2007, *Manajemen dan Kecerdasan Emosional*, Nuansa, Bandung.
- Pangastiti, Nuferulla, K & Raharjo, M 2011, 'Analisis pengaruh Dukungan Sosial Keluarga terhadap Burnout pada Perawat Kesehatan Rumah Sakit Jiwa (Studi Pada RSJ Prof. dr. Soerjo Magelang)', Thesis, Universitas Diponegoro.
- Robbins, Stephen, P 2002, *Prinsip-prinsip Perilaku Organisasi*, Penerbit Erlangga, Jakarta.
- Suhartati, 2012, 'Workshop Nasional Keperawatan Penyusunan Strategi Perawat Indonesia Menuju Rumah Sakit Kelas Dunia'.
- Tarwoto, Wartonah, 2006, *Kebutuhan Dasar Manusia dan Proses Keperawatan*, Salemba Medika, Jakarta.
- www.rscharitas.com.