



The Effect of Work Climate, Self Efficacy, and Spirituality at Workplace on Burnout of Regional Government Hospital Nurses in Mataram

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Abstract

In doing their jobs, all nurses are able to carry out their duties and functions properly. However, they often experience mental and emotional exhaustion because they are required to always be alert in providing maximum services for others. The research objectives to be achieved were: 1) to test and analyze the effect of work climate on nurses' burnout in hospitals, 2) to test and analyze the effect of self-efficacy on nurses' burnout in hospitals, 3) test and analyze the effect of spirituality in the workplace on nurses' burnout in the Government Hospital and Regional Hospital in Mataram City. The design of the research was associative causal research. The method used to determine the number of samples employed the Slovin formula. It involved 218 people at the Government Hospital and 180 people at the Regional Hospital. The number of each sample in each section was determined through proportionate stratified random sampling. The results found that the coefficient of determination above 0.409 or in other words the work climate, spirituality at work, and self-efficacy variables have effect on burnout by 40.9% while the remaining 59.1% is affected by other variables that are not the focus of this research.

Keywords: Work Climate; Self-Efficacy; Spirituality; Burnout; Nurse

Introduction

One of professions or occupations that can provide many benefits for others is the profession as a nurse. Nursing occupation has several characteristics that make high work demands, such as routine work, tight work schedules, responsibility for the safety and self health and others, and are required to be able to work in team. The complexity of the work demands and the responsibilities of nurses make the nursing profession tend to have burnout (Lailani, 2012).

The nurse is one of the health workers in the hospital who plays a very important role in terms of service to patients. When working, nurses have a number of demands of work to be done. The quality of hospital services will be at stake for nurses, when nurses feel the workload that demands to always focus and be responsible for the health condition of patients which is not uncommon is a matter of life and death. Coupled with a tight work schedule, and nurses must be prepared to work at all times making nurses very vulnerable to work stress (Gunarsa, 2008).

In fact, not all nurses are able to carry out their duties and functions properly. They often experience mental and emotional burnout due to their duties which must always be ready to provide maximum service for others. This, if not immediately overcome by the hospital, it will drain the nurses' stamina and emotion, as well as causing pressure that makes nurses experience burnout. Another phenomenon is that many nurses have not been able to develop themselves to be more professional due to the low appreciation, income, opportunities to get education or training, and have not received a sense of security (Safari, 2017).

The research conducted by Pandeia et al (2018) concerning the relation between organizational climate and work period with nurse burnout at GMIM Bethesda Tomohon Public Hospital showed that organizational climate did not have a significant relation with burnout. While the research conducted by Yulianti (2004) regarding organizational climate and burnout of hospital nurses in East Java showed that organizational climate had a positive effect on nurse burnout but had a very weak relation. Pratiwi and Nurtjahjanti (2018) conducted a study to find out and analyze the relation between work spirituality and burnout in nurses in Sultan Agung Hospital, Semarang City. The results showed there was a significant negative relation between work spirituality and burnout.

From the initial observation and the interview process related to burnout that occur at regional government hospital in the city of Mataram, it also shows nurses' duties at the two government hospitals. On average, in addition to performing independent duties for nurses, they also performed delegation tasks from doctors. From the problems that occur, it can be seen the inconsistency of the burnout phenomenon that occurs with the previous research conducted by Sahrah (2017) at Salatiga Central Java Hospital on organizational climate resulting in burnout obtained significant negative results; this study is supported by research conducted by Pandean et al. (2018) at GMIM Bethesda Tomohon Public Hospital which also shows significant negative results. On the contrary, the research conducted by Yulianti (2004) at the Hospital in East Java showed significant positive results. Besides, the research conducted by Pratiwi and Nurtjahjanti (2018) at Islamic Hospital of Sultan Agung Semarang on spirituality at work resulted in burnout showing significant negative results, and the research conducted by Wachholtz and Rogoff (2013) on British medical students showed the results of an inverse correlation between spirituality in workplace on burnout. Then, some previous studies on the effect of self efficacy on burnout conducted by Alidosti et al (2016) on hospital nurses in Behbahan City in Iraq showed a significant and inverse difference between self-efficacy and the three dimensions of burnout, depersonalization, emotional exhaustion, and the lack of achievement. This study is supported by the research conducted by Juniarta and Candra (2016) on nurses at the Emergency Room of Badung Mangusada Regional Public Hospital showed a significant negative relation between self-efficacy and burnout. There are similarities and inconsistencies among organizational climate, spirituality in the workplace and self-efficacy which have a significant negative effect and there is also a significant positive effect on burnout, so that the prospective researchers are willing to know how the results are if the research is carried out to determine the effect of the work climate, self-efficacy, and spirituality at work on burnout of nurses of regional public hospitals in the city of Mataram.

Research Methodology

Research Type

In this research, the type of research used is causal associative research, which is to determine the effect of work climate, self efficacy, and spirituality at work on nurses' burnout of general public hospitals owned by local governments in Mataram. According to Sugiyono (2006), causal associative research is a type of research that aims to determine the effect of a variable on other variables. By this research, a theory can be built that can function to explain, predict, and control a symptom.

Research Population and Sample

Population is all of the objects used as observations for sampling. The population according to Arikunto (2002) is the whole of the subjects that will be studied. From the above understanding, the populations in this study are nurses who work in regional public hospitals in Mataram. The population of nurses in West Nusa Tenggara Government Hospital is 478 nurses, and Mataram Regional Public Hospital is 325 nurses.

Because the population in this study is considered large, some members of the population are made respondents in this study. The method used to determine the number of samples is Slovin formula. Based on the calculation of the Slovin formula, the size of the sample for this research plan are 218 people in the Government Hospital and 180 people in the Regional Public Hospital. From the sample size of 218 respondents, the proportion of each sample in each section is determined by proportionate stratified random sampling (Sugiyono, 2010).

From the calculation of the total sample of Government Hospital, inpatient installation consists of 110 people, outpatient installation consists of 23 people, intensive care installation consists of 23 people, central surgical installation consists of 32 people, emergency room consists of 25 people and hemodialysis installation consists of 6 people. From the calculation of the number of Regional Public Hospital samples, inpatient installation consists of 114 people, outpatient installation consists of 22 people, emergency room consists of 27 people, central surgical installation consists of 11 people and home care consists of 5 people.

Data Type and Data Source

The type of data used in this study is quantitative data, because it is expressed in numbers that indicate the value of the magnitude of the variables that it represents (Sugiyono, 2015). The primary data of this study are in the form of questionnaires given to hospital nurses. In addition, the secondary data of this study are in the form of literature used in the study as well as from references of other parties concerned.

Variable

Variable is everything in the form of what is determined by researchers that will be studied so that information is obtained about it, then conclusions are made (Sugiyono, 2013). The variables used in this variable in accordance with the research problem are: Burnout (Y), Work Climate (X1), Self-Efficacy (X2), Spirituality at Work (X3).

Data Analysis Technique

Multiple Linear Regression Analysis

Data analysis technique used is: Multiple Regression Analysis, which is a technique that aims to determine the contribution or the influence of independent variables on the dependent variables (Sugiyono, 2006).

t-Test

T-test basically shows how far the influence of one independent variable individually explains the variation of the dependent variable (Ghozali, 2012). This test is conducted to find out partially the independent variable significantly influences or not influences the dependent variable. If the significance value of the t test is > 0.05 , it can be concluded that there is no significant effect, whereas if the significance value of the t test is < 0.05 , it can be concluded that there is a significant effect individually for each variable.

Determination Coefficient (R^2)

The determination coefficient aims to measure how far the model's ability to explain the variation of the dependent variable (Ghozali, 2012). The determination coefficient is between zero and one. A small R^2 value means that the ability of the independent variable to explain the variation of the dependent variable is highly limited. A value close to one means that the independent variable provides almost all the information needed to predict the dependent variable.

Results and Discussion

Multiple Linear Regression Analysis

The results of multiple linear regression analysis found out the regression equation of the model based on the Coefficients table is in line with the SPSS 24.0 program which can be seen in table 1.

Table 1. Multiple Correlation Analysis Result

Model	Coefficient	p-Value
Constanta	3.214	0,000
X1	-0.198	0,000
X2	-0.252	0,000
X3	-0.210	0,000

A constant value of 3.214 means that if each independent variables, namely work climate, self-efficacy, and Spirituality at work, is 0, then burnout will be predicted to be consistently positive at 3.214 or have a high enough burnout. This means that burnout will still be perceived by each nurse even though there are no factors that influence it.

The regression coefficient of work climate (X1) is negative, that is 0.198 which means that if the work climate factor is added to the linear regression model, the burnout of each individual will decrease by 0.198. The negative coefficient of work climate regression (X1) means that the higher the work climate value, the burnout of each individual will decrease. Likewise, the lower the work climate value of the nursing staff, the burnout of each nursing staff will be higher.

The regression coefficient of self-efficacy (X2) is negative, specifically 0.252, which means that if the self-efficacy factor is added to the linear regression model, the burnout of each individual will decrease by 0.252. This negative self-efficacy regression coefficient (X2) means that the higher the value of self-efficacy, the burnout of each individual will decrease. Likewise, on the other hand, the lower the self-efficacy value of nursing staff, the burnout of each nursing staff will be higher.

The regression coefficient of workplace spirituality (X3) has a negative value of 0.210 which means that if spirituality at work is added to the linear regression model, the burnout of each individual will decrease by 0.210. The negative coefficient of spirituality regression at work (X2) means that the higher the score for spirituality at work, the burnout of each individual will decrease. Likewise, on the contrary, the lower the value of spirituality in the workplace of the nursing staff, the burnout of each nursing staff will be higher.

Classical Assumption Test

1. Normality Test

Normality test is one of the the parts of data analysis requirements or classic assumption test, which means that before doing a statistical analysis of the hypothesis test in this case is a regression analysis, the research data must be tested for normal distribution first. A good regression model has normally distributed data. If its significance is greater than 0.05 ($P > 0.05$) then the data are normally distributed; conversely, if the data are significantly less than 0.05 ($P < 0.05$), the data are not normally distributed. The normality test result can be seen from the *Kolmogorof-Smirnov* test.

Table 2. Normality Test Result

Variable	Sig(2-tailed)
Unstandardized residual	0,200

The normality test in table 2 above shows the data are normally distributed if the significance value is above 0.05. In the normality test results above, it indicates a significance value of 0.200 so that the significance is above 0.05 ($P > 0.05$); therefore, it can be interpreted that the data in this study are normally distributed.

2. Multicollinearity Test

Multicollinearity test in this study aims to test whether there is a perfect or almost perfect relation between two or more independent variables in the regression model. A good regression model is stated fulfilled if there is no multicollinearity or correlation between the independent variables. The method used is to look at the value of VIF (Variance Inflation Factor) in this model. If the VIF value is < 10 , there is no linear relation between the independent variables.

Table 3. Multicollinearity Test Result

Independent Variables	VIF Value
Work Climate	2,194
Self Efficacy	2,134
Spirituality at Workplace	2,681

Based on the test results, the value of VIF (Variance inflation factor) can be seen from table 3. The VIF value for work climate is 2.194, for Self Efficacy is 2.134 and for spirituality at workplace is 2.68. This value is < 10 , so it can be stated that there is no multicollinearity, meaning that there is no high

relation between independent variables. This shows that the regression model used in this study can be considered good.

3. Linearity Test Analysis

Linearity test is performed to determine whether two variables have a significant linear relation or not. Good data should have a linear relation between variable (X) and variable (Y). Linearity test conducted in this study uses compare means. In the test, if the value of p value is <0.05 , it meets the linearity requirement. In the test, if the value of p value is <0.05 , it meets the linearity requirement.

Table 4. Linearity Test Result

Variables	Value
Work Climate	0,000
Self Efficacy	0,000
Spirituality at Workplace	0,000

From table 4, it is known that the linearity test value for each variable Y-X1, Y-X2 and Y-X3 shows the value of 0,000, for the work climate variable is 0,000 for the self-efficacy variable is 0,000 and spirituality at workplace is 0,000. It means that it is smaller than the p-value (<0.05) so that the regression model in this study fulfills the linearity requirement.

Heteroscedasticity Test Analysis

Heteroscedasticity test aims to test whether in the regression model there is an inequality of residual variance from one observation to another. If the variance from one observation residual to another observation remains, then it is called homoscedasticity and if it is different, it is called heteroscedasticity. A good regression model should not have heteroscedasticity, meaning that there are similarities in the diversity of the results generated by the linear regression model. The test is carried out by using Scatteplot. The points spread randomly with patterns that spread or random.

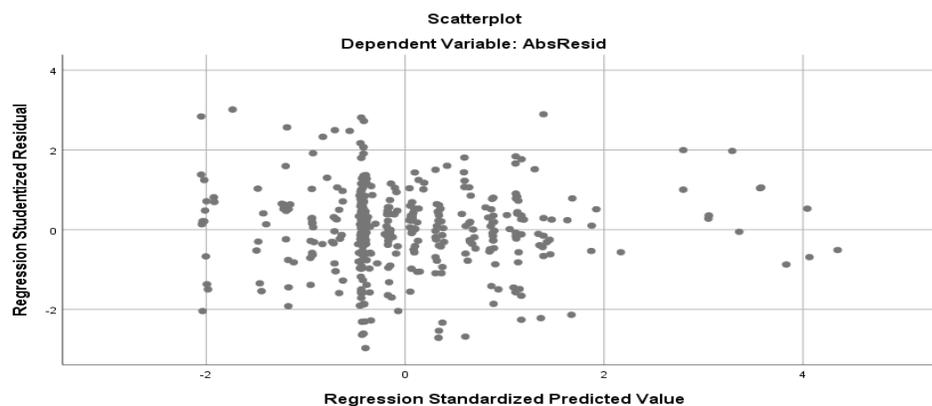


Figure 1. Heteroscedasticity Test Result

Based on the results of figure 1, the test results above are obtained based on Scatterplot chart. Based on the graph, points or plot data spread above and below the number 0 on the Y axis are obtained,

then there is no heteroscedasticity. In other words, the assumption of heteroscedasticity is fulfilled and is suitable for use in research.

Regression Coefficient Test (t-Test)

T-test in multiple regression analysis aims to determine whether the independent variable (X) partially has a significant effect on the variable (Y). Partial significance test in this study is used to determine the significance of each variable individually so that it can be known whether the existing assumptions can be accepted or rejected.

Table 5. Regression Coefficient Table
Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.214	.150		31.277	.000
	Work Climate	-.198	.051	-.224	-3.897	.000
	Self Efficacy	-.252	.055	-.260	-4.593	.000
	Spirituality at Workplace	-.210	.056	-.236	-3.721	.000

a. Dependent Variable: Burnout

Work climate variable has a t-value of -3.889 and a significance of 0.000 so that the significance value is less than 0.05; hence, there is a partially significant effect of the work climate variable on burnout. Regression coefficient of -0.198 indicates a negative influence meaning that the higher the work climate, the burnout will decrease and vice versa. This coefficient value also means that burnout will decrease by 0.198 units for every one-unit increase of work climate.

The self efficacy variable has a t value of -4.593 and a significance of 0.000 so that the significance value is smaller than 0.05; thus, there is a significant partial effect of the self efficacy variable on burnout. Regression coefficient of -0.252 indicates a negative effect meaning that the higher the self efficacy, the burnout will decrease and vice versa. This coefficient value also means that burnout will decrease by 0.252 units for every one-unit increase in self-efficacy.

Spirituality at workplace variable has a t-value of -3.721 and a significance of 0.000 so that the significance value is less than 0.05. Therefore, there is a significant partial effect of the spirituality variable at work on burnout. Regression coefficient of -0.210 indicates a negative effect meaning that the higher the spirituality at work, the burnout will decrease and vice versa. This coefficient value also means that burnout will decrease by 0.210 units for every one-unit increase in spirituality at workplace.

Therefore, it can be concluded that there is a negative effect among the variables of work climate, self-efficacy, and spirituality at workplace on the burnout of nursing staff at the Regional Government-Owned Hospital in Mataram.

Determination Coefficient Test (R²)

Determination Coefficient Test (R²) is used to predict how much effect the independent variable (X) contributes to the dependent variable (Y).

Table 6. Determination Coefficient

Predictor Changer	Response Changer	R	R ²	Adjusted R Square
Work Climate Self Efficacy Spirituality at Workplace	<i>Burnout</i>	0,639	0,409	0,404

Table 6 shows the correlation value of 0.639 which reveals the magnitude of the joint relation of work climate, spirituality, and self efficacy on burnout. This value, if squared, will produce an R square value of 0.409. The determination coefficient aims to determine the effect of the independent variable on the dependent variable. The results of the above determination coefficient are 0.409 which can be stated to the variables of work climate, spirituality at workplace, and self efficacy can influence burnout by 40.9% while the remaining 59.1% is affected by other variables which are not the focus of this study.

Discussion

The Effect of Work Climate on Burnout

The analysis shows that the work climate has a negative and significant effect on burnout. This means that the first hypothesis from this study is accepted, namely "there is a significant effect of the work climate on burnout" on nurses working in regional government hospital in Mataram and its significance is negative. This means that if the work climate of nursing staff in hospitals owned by the regional government in Mataram is high, the burnout perceived by the nursing staff will also be low, and vice versa; if the working climate of the nursing staff in hospitals owned by the regional government in Mataram is low, the burnout perceived is also high.

Organizational climate is the overall perception of employees regarding the quality of the organization's internal environment that is relatively perceived by members of the organization which will then affect their subsequent behavior (Schneider et al, 2013). Neal et al, (2000) explained that a good organizational climate can be an essential factor in improving the quality of work and a poor organizational climate leads to stress. Prolonged stress eventually leads to job burnout. Whereas prolonged stress is greatly affected by organizational climate (Salari et al, 2013).

A good organizational climate can be an important factor in improving the quality of work and a bad organizational climate leads to burnout (Salari et al, 2013). Maslach et al (2001) also revealed the emergence of burnout in the workplace characterized by feelings of fatigue, cynicism, reduced personal achievement, causing employees to experience decreased organizational commitment and low work productivity.

Wuryanindha (2015) explained that organizational climate is a set of values or a set of relatively enduring quality characteristics of the entire organizational environment that is experienced by residents in organizations that affect their behavior.

The results of this study strengthen the research conducted by Arizal (2018) regarding the relation between psychological well-being and organizational climate with burnout in nurses of Regional Public Hospital x in Pati Regency which states that work climate has a negative effect on burnout. This means, the better organizational climate perception perceived by nurses, the lower the incidence of burnout caused by organizational climate which has an important role in minimizing the occurrence of burnout for nurses in hospitals.

The results of research Momeni (2009) explained the relation between emotional intelligence and organizational climate with burnout in Sleman Tax Office (KPP) employees resulting in a significant negative relation between Organizational Climate and Burnout in Tax Office employees. The hypothesis in this study is that there is a negative relation between Organizational Climate and Burnout in Nurses. Then, the results state that there is a very significant negative relation between Organizational Climate and Nurse Burnout.

The results of this study are slightly different from the results of the study of Pandean et al (2018). The research conducted at GMIM Bethesda Tomohon Public Hosital found that there is a direct relation between organizational climate and burnout, which means that if the organizational climate increases, the value of burnout also increases.

The results of this study also strengthen the research of Asi (2013) on the influence of Organizational Climate and Burnout on Nurses' Performance at Dr. Doris Sylvanus Regional Public Hospital in Palangka Raya. Based on hypothesis testing conducted, organizational climate directly and negatively affects burnout. The results show that the better the organizational climate, the lower the level of burnout experienced and vice versa. Agutina (2002) stated that the work climate is the environment of an organization or company that can create a good and bad working atmosphere for employees.

The Effect of Self Efficacy on Burnout

The results of data analysis show that self-efficacy has a negative and significant effect on burnout. Thus, the second hypothesis which states "there is a significant effect of self-efficacy on burnout" is accepted. This means that if the self-efficacy of a nursing staff in a regional government-owned hospital in Mataram is high, the burnout perceived by the nursing staff will be low. It is also vice versa; if the self-efficacy of a nursing staff in a regional government-owned hospital in Mataram is low, the burnout perceived will be high.

The same results found from the research of Prestiana and Purbandini (2012) conducting a study to find out the relation among self efficacy, work stress, and burnout in nurses in the Intensive Care Unit and Emergency Room of Bekasi Hospital, the results of data analysis showing that the relation between self efficacy and burnout shows negative results; therefore, the higher the nurse's level of self efficacy, the lower the burnout will be and vice versa.

The results of this study are slightly different from the results of research from Natsir et al (2015) about the relation between self efficacy and work stress with burnout on nurses in performing nursing care at government hospitals in Semarang Regency. The results of the study do not show significant relation between self efficacy and burnout. This result is strengthened by cross tabulation in which the results obtained by respondents who have low self efficacy mostly have a low burnout rate. Likewise, with the research results of Harnida (2015) that examined the relation between self-efficacy and social support with burnout in nurses. The results showed that the self-efficacy variable and social support were not related to burnout. In addition, self-efficacy did not have relation with burnout and social support did not have relation with burnout.

Burnout is generally from oneself (internal) or the individual concerned and external factors. Individuals react to burnout depending on various psychological factors such as coping stress, self-efficacy, steadfastness or psychological resilience, optimism, social support and ethnic identity (Sutjipto, 2004). Burnout occurs because there is a mismatch between work and workers. When there is a very big difference between individuals who work with their work, it will affect work performance. In Masclah, it is stated that burnout is a result of unbalanced workload received with the condition and quality of self possessed by individuals. Therefore, burnout experienced is not absolute determined by the level of self-efficacy owned. Thus, even though the nurse has quite good self-efficacy, but even a very heavy work load can indirectly affect the psychological aspects, the nurse can also experience burnout.

Burnout experienced by nurses is related to the internal conditions of nurses who tend to be unsure of being able to carry out or resolve the demands of the work faced. Self-confidence in completing a task is related to the concept of self-efficacy. Self-efficacy is a person's belief that he can carry out a task at a certain level that affects the level of task achievement (Bandura, 1997). Self-confidence is an individual's mental and cognitive representation of reality, formed by past and present experiences, and stored in memory. In the long run, this belief affects the ways in which socialization will be performed as well as the way someone sees one's own quality, whether it is good or bad.

Ghufron (2010) stated that self efficacy is one of the knowledge aspects about self or self-knowledge that is most influential in everyday human life because self-efficacy has an influence on individuals in determining actions to be taken to achieve a goal, including therein estimation of the challenges that will be faced. When faced with a difficult situation, a high feeling of efficacy encourages a person to remain calm and seek solutions rather than contemplate his inability. A nurse who has high confidence that he is able to carry out his duties well will have high confidence in performing his work so that when faced with situations that are less conducive, such as a patient who suddenly has a seizure or a patient who suffered a serious injury, the nurse is able to deal with the situation effectively without showing hesitant and anxious.

According to Octary (2007), someone who has high self efficacy believes that he can cope with events and situations effectively. High self efficacy decreases fear of failure, increases aspiration, improves problem solving, and analytical thinking ability. According to Setiawan (2014), people who have high self efficacy will have a higher spirit in carrying out a particular task compared to people who have low self efficacy. Therefore, a nurse who has high self-efficacy will develop positive attitudes such as self-confidence and high commitment; thus, she is able to perform her role and function well.

Octary (2007) stated that someone who has low self efficacy will tend to feel helpless, unable to regulate the circumstances that occur in his life. When they face obstacles, they will quickly surrender if the first attempt fails. Someone who has very low self efficacy will not make any effort to overcome the obstacles that exist, because they believe that the actions, they do will not bring any influence. Low self efficacy can damage motivation, decrease aspiration, interfere with cognitive abilities, and can indirectly affect physical health. Negative reality like this, sooner or later, will affect the mental health conditions of nurses. As a result, it is not surprising that there are nurses who experience stress in their work.

The Effect of Spirituality at Workplace on Burnout

The analysis shows that spirituality at workplace has a negative and significant effect on burnout. This means that the third hypothesis of this study is accepted, namely "there is a significant effect of spirituality at workplace on burnout" on nurses working in regional government hospital in Mataram and its significance is negative. This means that if the spirituality at workplace of nursing staff in regional government hospital in Mataram is high, the burnout perceived by the nursing staff will also be low, and

vice versa; if the working climate of nursing workers in regional government hospital in Mataram is low, the burnout perceived will be high.

The results of this study also strengthen the research of Pratiwi and Nurtjahjanti (2018) regarding the relation between work spirituality and burnout in nurses in Sultan Agung Hospital, Semarang. The test results reveal that there is a negative and significant relation between work spirituality and burnout in nurses in Sultan Agung Hospital. This shows that the higher the work spirituality, the lower the burnout experienced, and vice versa; the lower the work spirituality, the higher the burnout experienced.

According to Liu et al (2008), individuals who experience burnout will experience emotional fatigue, have low work motivation and are less energetic and enthusiastic in doing work. Burnout is a continuous phenomenon meaning that burnout occurs gradually from low to high (Schaufeli et al, 2008). The occurrence of burnout in individuals is caused by work stress that occurs continuously.

Ghosh (2013) stated that a strong solution in dealing with work stress that continues to occur is by improving work spirituality. The results of his research indicate that work stress is negatively related to spirituality at workplace. Individuals who have spirituality at workplace believe that the work they do is beneficial and contributes to the goodness. Individuals also feel harmony among values, beliefs and behavior in the workplace and are aware of a relation with something greater than themselves and feel a deep connection with other people (Kinjerski & Skrypnek, 2006).

Research Implication

The increase in burnout will be in line with the increase in related factors. The factors that influence burnout in this study are work climate, self-efficacy and spirituality at workplace. A high work climate will cause a low burnout, and vice versa; if work climate is low, it will cause a high burnout. High self efficacy will cause low burnout, and vice versa; if self efficacy is low, it will cause low burnout. Self-efficacy factor is one of the causes of burnout for employees. High spirituality at workplace will cause low burnout, and vice versa; if spirituality at workplace is low, it will cause high burnout.

Conclusion and Suggestion

1. Work climate has a negative and significant effect on burnout. This explains that the work climate experienced by nursing staff has a negative effect on burnout. This means that the higher the work climate perceived by nursing staff, the lower the burnout will occur to nursing staff in regional government hospitals in Mataram.
2. Self Efficacy has a negative and significant effect on burnout. This explains that the self-efficacy experienced by nursing staff has a negative effect on burnout. This means that the higher the self-efficacy perceived by the nursing staff, the lower the burnout will occur to nursing staff in regional government hospitals in Mataram.
3. Spirituality at workplace has a negative and significant effect on burnout. This explains that the spirituality at workplace experienced by nursing staff has a negative effect on burnout. This means that the higher the spirituality at workplace perceived by the nursing staff, the lower the burnout that will occur to nursing staff in regional government hospitals in Mataram.

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