

THE CASES OF STUDENT BURNOUT AT INDEPENDENT DOKTOR

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Abstract: *This study aims to find out how big burnout cases are in independent medical practice. It was taken from burnout cases that occurred in independent medical practices, from January 2018 to December 2021. The patient was tested for burnout with Maslach Burnout Inventory-Human Service Survey (MBI-HSS) instrument. Burnout cases that enter the independent doctor's practice are those with physical symptoms such as stomach complaints and heart complaints. The method used in this research is quantitative and qualitative. Qualitative to see the relationship between sex and burnout shirts. Qualitative to analyze suggested solutions. The results obtained are as follows, there is an almost threefold increase in burnout cases during the pandemic. Calculation of chi-squared shows that gender affects burnout cases in students seen in the chi quadrant with an error rate of 5%. Before the pandemic, the incidence of burnout in women was more. After the pandemic, there were more burnout cases in men. The solution that should be done is to create a special curriculum on professional development to explore the motivation of students to overcome burnout. Some examples of countermeasures are those that have been implemented at the Faculty of Medicine, Universitas Indonesia, Indonesia, or do a coping strategy. This research is done to know how to prevent cases burnout cases in more students*

Keywords: *burnout, student, independent doctor practice, professional development program, coping.*

INTRODUCTION

“Doc, I feel like I’ve been tired all day since I had a lot of college assignments,” said a student patient. “I feel my heart pounding and I lose my enthusiasm” complained another student. “I’m depressed and want to kill myself.” This complaint is often conveyed in the practice of doctors. Since the COVID-19 pandemic, students are increasingly complaining about this. The complaints got worse and worse until they took them to a doctor’s office. Usually, after exploring the main factor, it leads to the problem of the severity of the tasks and responsibilities that must be done by students.

The cases of burnout were first introduced in America. Burnout is a picture of mental, psychological, and emotional disorders among students. Burnout syndrome is characterized by emotional exhaustion, withdrawal from the social environment, and decreased self-confidence[1]. Symptoms of burnout patients are usually multidimensional with several symptoms of psychiatric, psychosomatic, somatic, and social disorders. Symptoms that

are often complained of are prolonged fatigue and decreased concentration and memory, the emergence of personality changes such as not being cheerful, decreased spirit, cynical, aggressive, and others. There are also severe anxiety and depression disorders, which can usually end in suicide. Physical symptoms in the form of continuous headaches, gastrointestinal disorders such as abdominal pain, diarrhea, constipation, or cardiovascular disorders such as pounding, rapid pulse, arrhythmia (irregular pulse), and sometimes accompanied by increased blood pressure [2].

The reported occurrence of burnout in the community is quite high, ranging from 72% with various levels from just being saturated to depression [3]. The burnout rate in Gorontalo students is even higher, around 82.9% [4]. There is no data on student burnout numbers that can lead to reported doctors. Meanwhile, this incident rate is important to know the magnitude and severity of the impact of burnout on students.

The current rate of burnout continues to increase, mainly influenced by the COVID-19 pandemic which has changed the world's habits [5]. The phenomenon is that there are no structured activities in the work unit to deal with it. Meanwhile, treatment and care are much more difficult and more expensive. It also has big side effects. It seems that there are many opportunities to prevent this case from increasing that educational institutions can. For this reason, a model is needed to overcome burnout problems in students.[6]

The world and all its sides have changed since the covid 19 pandemic. The health protocol recommended by WHO has made changes in many ways. This causes stress for humans [7] and [8]. During the covid 19 pandemic, the learning is done virtually. Meetings with zoom meetings become accustomed. This causes stress for students [9].

Burnout has severe physical complaints that make a person need to visit a doctor. Studying burnout through the practice of independent doctors will be able to see the shape and peculiarities of the burnout type that has moderate to severe somatic or psychic complaints. Existing somatic or physical complaints, as shown in Figure 1, usually bring burnout patients to a doctor to have their complaints checked. These symptoms include sleep disturbances, gastric complaints such as gastric pain and nausea, heart problems such as tachycardia, arrhythmias and hypothermia, sexual and alcohol disturbances, and drugs. In students, complaints of sexual disorders are small because some are still in their teens and young adults.[10]

Burnout is more felt in students who are related to community service. Many studies show that burnout occurs in medical students or nurses. Indeed, the challenge of dealing with patients is a heavy burden for both health workers and medical students or nurses [11]

The Universitas Indonesia, Faculty of Medicine is aware of this, so a curriculum is made specifically to manage this problem. Through a program, guidance is carried out throughout the education period since the first year at the Faculty of Medicine. Through the Director General of Higher Education, this program is transmitted to all medical faculties throughout Indonesia. This program is very effective in reducing burnout rates for students. Research towards proving the hypothesis is still being carried out. It is hoped that all other educational units can take part in this program to reduce student burnout [12].

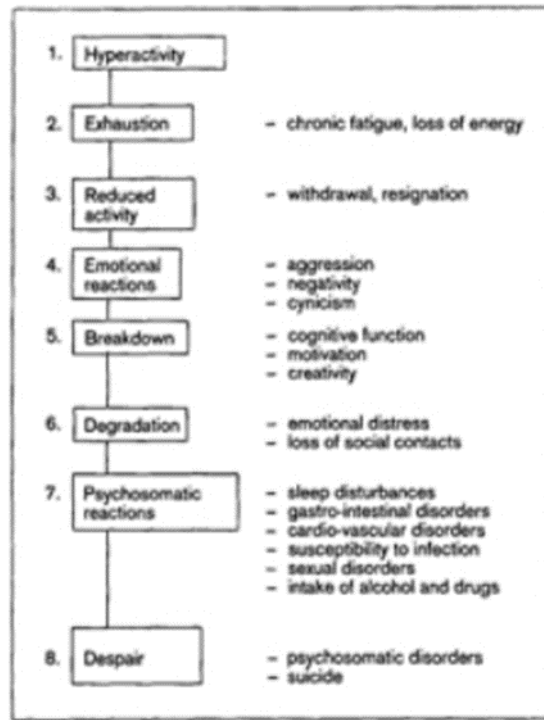


Figure 1. Burnout Symptoms

METHODOLOGY

This research by observing the data obtained from the practice of independent doctors, at Nadia Pharmacy Jl. Cempaka no 49 Semanggi Surakarta. The data was taken from January 2018 to December 2019 which is considered data before the pandemic. Then data from January 2020 to December 2021 is considered data during a pandemic. Burnout cases that enter the independent doctor’s practice are those with physical symptoms such as stomach complaints and heart complaints.

Initially, the patient was tested for burnout with Maslach Burnout Inventory-Human Service Survey (MBI-HSS) instrument. The value of validity and reliability of this instrument was good enough [13]. Then looked for prominent physical symptoms. Then followed by in-depth interviews for burnout cases. Prevention of this problem through literature studies has been carried out by many parties.

RESULTS AND DISCUSSION

From this research, the following results were obtained:

Table 1. Number of Burnout and Non-Burnout Patients

Month	Student Burnout		Non Burnout		Monthly Amount
	Man	Woman	Man	Woman	
2018					
January	17	14	143	393	566
February	9	16	122	383	529
March	11	22	178	352	563
April	6	18	201	217	442
May	7	20	175	332	534
June	16	18	135	312	481

July	12	25	167	310	514
August	15	31	182	235	463
September	7	27	171	214	419
October	13	23	161	336	540
November	9	21	147	320	467
December	15	26	178	212	431
2019					5949
January	16	28	198	321	563
February	15	12	230	211	468
March	12	23	123	364	522
April	9	27	121	393	550
May	16	31	175	352	574
June	19	22	213	167	421
July	11	27	178	305	521
August	21	29	198	235	483
September	13	35	210	218	476
October	11	15	214	295	535
November	14	24	176	259	473
December	12	23	157	323	515
					6101
Total Before the Pandemic	306	557	4153	7059	12075
In %	2,534	4,613	34,393	58,460	100,000
	6,8625252	7,3135504			
	7,147		92,853		
Chi Quadrat	73		Chi quadrat with an error rate of 5%.		3,841
2020					
January	12	34	156	337	539
February	11	37	201	183	432
March	11	22	168	349	490
April	16	21	108	216	345
May	18	36	93	117	264
June	22	41	124	126	313
July	27	67	95	109	298
August	21	41	122	140	324
September	37	48	101	166	352
October	25	37	124	153	339
November	31	42	147	226	446
December	26	45	146	427	644
2021					
January	47	21	125	298	491
February	25	36	112	194	367
March	31	47	108	181	367
April	36	42	96	200	374
May	47	37	231	147	462
June	48	62	314	317	741
July	101	95	428	309	933
August	83	74	124	195	476
September	54	44	141	111	350
October	48	27	121	128	324
November	62	54	171	106	393
December (until 20)	54	49	156	133	392
Total During the Pandemic	893	1059	3712	4868	10456

In %	8,5	10,1	35,5	46,5	100
	19,4	17,9			
	18,7		81,5		
Chi Quadrat	14,1		Chi quadrat with an error rate of 5%.		3,841

From the results above, it can be seen that the number of burnout cases with systemic symptoms in independent physician practices before the pandemic was around 7.1%, while during the pandemic the number increased to 18.7%. From the research above, it can be seen that the incidence of burnout after the covid 19 pandemic has increased. This number is in line with several previous studies which stated that during the COVID-19 pandemic the incidence of burnout increased rapidly. In this study, the increase was almost threefold. This high burnout rate is sometimes not realized, even though it can lead to very fatal causes and even death[14]. Burnout cases are increasing during the pandemic [15], and distance learning is one of the causes. It is as in the previous research. [16].. This increase can also be caused by the use of gadgets that make the pressure even higher [17]

Calculation of chi-squared shows that gender affects burnout cases in students seen in the chi quadrat with an error rate of 5%. Before the pandemic, the incidence of burnout in women was more. After the pandemic, the number of burnout patients was 19.4% for men and 17.9% for women. Calculation of chi quadrat shows that gender affects the incidence of burnout. During the pandemic, there were more burnout cases in men. The results of the above study gender affect the occurrence of burnout. Before the pandemic, the occurrence of burnout was more in women. During the pandemic in this study, it was found that there were more men. This is to several previous studies [18]. This is not in line with research that says there is no gender difference in burnout [19]. This may be because before the pandemic it was easier to get bored, but after the pandemic, there was a change, men with burnout cases increased. This is because women will find it easier to socialize online, such as via zoom or google meet, while men cannot consider online meetings to replace regular meetings. This is by previous research [9].

Table 2. The Most Conspicuous Physical Complaints On Burnout

Complaint	Before the Pandemic	In 100%	During the Pandemic	Total in %
Sleep disturbance	20	2,3	31	1,6
Gastrointestinal disorders	723	83,8	1604	84,7
Cardiovaskuler disorders	114	13,2	252	13,3
Suspesibility to infection	2	0,2	-	0
Sexual disorders	2	0,2	1	0,05
Intake of alcohol and drugs	2	0,2	6	0,32
Total	863		1894	

From the complaints in table 2 above, it can be seen that gastrointestinal complaints were the most common complaints both before and during the pandemic. The next complaint is cardiovascular disorders. In the case of burnout, the complaints that lead to independent medical practice are mostly due to gastrointestinal disorders such as nausea, vomiting, and pain in the stomach. The number is quite significant at around 83.8%.

This increasing burnout case must be addressed immediately so that the number does not continue to increase. Several countermeasures have been implemented in several work

units. As has been done by the educational program at the Faculty of Medicine, UI. In an interview with a faculty of medicine UI lecturer, it was explained that currently, the medicine faculty of UI has carried out several programs that have been started before the covid 19 pandemic. This step is to create a coaching program or student assistance in the first semester which aims to improve professionalism. Mentoring raises the motivation of the students themselves. One of the curricula used is well-being. This subject is very influential in overcoming burnout in students [20]. This is per previous research [21].

Another burnout healing mechanism is using coping. Coping is an action that can be seen or not and can reduce stress and mental tension faced. There are positive and negative actions taken [22]. Coping is done by the resources that exist within a person. It can take various forms, namely 1. health 2. personality, 3. self-concept, 4. social support, and 5. financial assets [23]. Age usually also affects a person's resistance to stress, so burnout is rare [24]. Coping that is good and effective in reducing burnout is religious coping [25]. Religious coping is coping by using religious and divine understanding.

CONCLUSION

In this study, an overview of burnout data came to independent medical practice. The picture is that the number of burnouts during the COVID-19 pandemic has tripled. Calculation of chi-squared shows that gender affects burnout cases in students seen in the chi quadrat with an error rate of 5%. both before the COVID-19 pandemic and during the pandemic. The most common complaints that bring burnout patients to the doctor are gastrointestinal disorders.

To overcome the problem of burnout in students, several ways should be done. Create a special program to assist students from the beginning to avoid stress and burnout. The program has been implemented by the Faculty of Medicine, University of Indonesia. Another suggestion is to do coping in handling burnout cases in students. comments and suggestions are welcomed so that we can constantly improve this template to satisfy all authors' research needs.

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