Burnout Syndrome in Work from Home Settings during the Second Wave of the COVID-19 Pandemic: A Cross-sectional Study

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ABSTRACT

Background. Burnout is a syndrome that a worker experiences due to prolonged stress caused by work and unmanaged working conditions. During the COVID-19 pandemic, workers who usually do their jobs in the office or in the field had to work from home. Increased workload, not followed by adequate support, can cause stress to workers, eventually leading to burnout.

Objective. This study aimed to determine the workers' burnout level and its associated risk factors during the second wave COVID-19 pandemic in Indonesia.

Methods. This was a cross-sectional study of 145 workers using the accidental sampling method. The Translated Burnout Assessment Tool (BAT) was used and distributed online to respondents to assess the burnout level among workers.

Results. Most respondents were female workers (60%), holding bachelor's degrees (62.06%), and working in the computer and information technology industry. More than half of workers experienced burnout. Amongst them, more than a third of workers experienced a high level of burnout. Risk factors that were significantly associated with burnout were workers' age (p = 0.009), sex (p = 0.006), working hours (p = 0.046), and secondary symptoms (p <0.001).

Conclusion. Workers who work >8 hours a day, female, and younger, may be almost three times more susceptible to experiencing burnout while working from home. Gender roles may have a big impact on female workers in work from home settings. Psychological and psychosomatic complaints may also significantly contribute to burnout.

Keywords: COVID-19 pandemic, mental health, occupational burnout, work from home

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INTRODUCTION

The novel corona virus disease (COVID-19) in Indonesia was first reported on March 2, 2020, consisting of two cases; until March 31st, people who were confirmed to have contracted COVID-19 reached 1,528 cases, with 136 deaths. Based on data, the mortality rate in Indonesia reached 8.9%; this figure was the highest in Southeast Asia.[1]

Since the COVID-19 outbreak was announced as a global pandemic, various efforts have been made to prevent the transmission of the virus through various regulations set by the Indonesian government, including lockdown and quarantine.[2] The Indonesian government applied the Large-Scale Social Movement Restriction (Pembatasan Sosial Berskala Besar - PSBB) as a form of lockdown.[3] These

regulations forced the industries and businesses to shift from conventional workplace to Work from Home.

Workers who usually do their jobs at a designated workplace, such as in the office or field, must work from home immediately. However, after a while, the Government allowed some core businesses and industries to reopen and allowed their workers to return to work with strict implementation of COVID-19 prevention protocols.[4]

During the second wave of the COVID-19 pandemic, the Indonesian government regulated the Restrictions on Community Activities (Pemberlakuan Pembatasan Kegiatan Masyarakat - PPKM) as a form of lockdown.[5,6] It was applied in various regions depending on each region's COVID-19 cases.[7] Workers were again forced to go back to their work from home routine. This approach was to ensure Indonesia could tackle and mitigate COVID-19 cases.[6] During this period, workers' health was prioritized, not only their physical, but also mental health.

A study found that 52% of workers who work from home have longer working hours to accomplish additional workload because their superiors perceived that they have more free time since they are working from home.[8] Moreover, research in Switzerland emphasized that workers experienced difficulties separating work and personal affairs because both are done simultaneously, which ultimately decreases workers' work-life balance and productivity.[9] In Indonesia, workers stated that they lacked working motivation, and suffered from ambiguity on working hours.[10,11] Workers also experienced double burden, such as doing their job and domestic chores in between breaks, such as cooking, preparing food for the family, and supervising their children who were also studying from home.[11]

These newfound realities, such as increased workload, prolonged working hours, ambiguity in jobs and tasks, and increased workload variance, but not followed by adequate support, could cause stress on workers, eventually leading to burnout.[12,13] Burnout is a syndrome that a worker experiences as a result of prolonged stress caused by work and an unmanaged working condition.[14]

Burnout can be detrimental to workers' mental and physical health. Workers who experience burnout can have extreme physical and mental fatigue (exhaustion, mental distance, cognitive impairment, and emotional impairment).[15] It is common to experience headaches, indigestion, anxiety, insomnia, shortness of breath, and interference with body functions. Mentally, it can be characterized by irritability, frustration, apathy, and being negative.[16–20] All can lead to an increase in absenteeism, unsafe acts and accident rates, less commitment to work, and in the end, affecting productivity and performance. Workers from various industries are susceptible to burnout. Jobs whose workers are vulnerable to burnout are social workers, counselors, nurses, doctors, business, management, educators, police, even self-employed workers and business owners.[21-29]

Burnout can lead to poor health outcomes, premature death, human rights violations, causing global and national economic loss.[30] Preventing and mitigating burnout as a global issue is crucial. Therefore, this study aimed to determine the level of burnout experienced by workers and its risk factors during the second wave of the COVID-19 pandemic in Indonesia.

MATERIALS AND METHODS

This was a descriptive-analytical research with a cross-sectional study design. This study was conducted in selected cities in Indonesia from July to August 2021 during the second wave of the COVID-19 pandemic.

We used the accidental sampling method, and recruited 145 participants who worked from home at least two times per week during the second wave of the COVID-19 pandemic and have been working for at least one year at their current employer.

This study used primary data gathered using standardized questionnaires. The data collection was carried out strictly following the Government's health protocol. Respondents filled self-administered questionnaires online using their smartphones. The instrument used was The Burnout Assessment Tool (BAT), which had been translated to Bahasa Indonesia using the back translation method. The BAT assessed the burnout level among workers.

The Burnout Assessment Tool (BAT) work-related version measured burnout complaints and was specifically aimed at the workers with questions that refer to their work situation.[31] It included five subscales: core symptoms consisted of four scales (exhaustion, mental distance, cognitive impairment, and emotional impairment) and contained 23 questions, and secondary symptoms comprised of two scales (psychological distress and psychosomatic complaints) and included ten questions. Each question was answered with a 5-point Likert scale (1 - worker "never" experienced those symptoms; 2 - "rarely"; 3- "sometimes"; 4 - "often"; and 5- "always").[31] Some words in the questions from the BAT had been slightly modified to suit the Work from Home working condition without affecting its original measurement.

The worker's burnout level was determined by the average of the total score calculated from the four core symptoms (exhaustion, mental distance, cognitive impairment, and emotional impairment). Three categories were defined: "no burnout," score lower than 2.58; "having burnout," score higher than or equal to 2.59 but less than 3.02; and "high level of burnout," score is equal to or greater than 3.02. The same procedure was applied in calculating the total score of the ten secondary symptoms. The secondary symptoms were used to assess distress from psychological and psychosomatic complaints following the burnout syndrome.[32] In this study, the secondary symptoms acted as the independent variables since these complaints occur not only in burnout workers. Still, it was crucial to include these symptoms

because workers who experience burnout also suffer from these symptoms.

Statistical analysis was performed using the Chi-square test to determine any associations between the risk factors and burnout that the workers experience. The risk factors observed in this study were demographic characteristics of workers (age, sex, and level of education) and their work duration (equal to or less than eight hours, and more than eight hours).

The diagnosis of burnout cannot be solely based on the BAT or any other self-report burnout questionnaire. This requires a more extensive assessment performed by a trained professional. However, the BAT can be a valuable tool for estimating the individual's level of burnout symptoms.[31]

To protect the rights and welfare of the health research subjects, this study applied and has been granted ethical approval by the Health Research Ethics Committee UPNVJ.

RESULTS

The majority of respondents from this research were working in the computer and information technology industry (24.8%) and healthcare industry (15.2%), most with tertiary education (bachelor's degree) (62.06%) and working in Jakarta – the capital city of Indonesia (45.5%). Most of the respondents were female workers (60%) (Table 1).

During work from home, most of the respondents worked more than eight hours daily (55.9%). Respondents also suffered secondary symptoms, often experiencing worry, feeling tense, and stressed as the most common psychological distress, and muscle pain (neck, shoulder, or back) as the most common psychosomatic complaint.

Table 1. Demographic Characteristics of Respondents

Variables	N	%
Age (years)		
<30	77	53.1
≥30	68	46.9
Sex		
Female	87	60.0
Male	58	40.0
Level of Education		
Bachelor/ Less	107	73.8
Master's and PhD	38	26.2
Working Duration (hours per day)		
>8	81	55.9
≤8	64	44.1
Secondary Symptoms		
Yes	44	30.3
No	101	69.7
Total	50	100

Table 2. Distribution of Respondents by Burnout Level

Burnout Level	N	%
No Burnout	76	52.4
Burnout	43	29.7
High Burnout Level	26	17.9
Total	145	100

Burnout Level

Less than half of workers experienced burnout. Among workers who experienced burnout, more than a third of workers experienced a high burnout level (Table 2).

Association between Risk Factors and Burnout

The risk factors significantly associated with burnout were workers' age (p = 0.009), sex (p = 0.006), working hours (p = 0.046), and secondary symptoms (p <0.001) (Table 3).

Younger workers (<30 years) had almost three times greater risk to experience burnout compared to their more mature coworkers. Female workers were almost three times at a higher risk to experience burnout compared to their male counterparts. In addition, workers who performed work from home a minimum of two times weekly, with more than eight hours daily, had two times higher risk to suffer burnout. Finally, workers who had psychological distress and psychosomatic complaints (secondary symptoms) were six times more likely to suffer burnout.

DISCUSSION

Age and Burnout

Mental health is a condition in which an individual can develop physically, mentally, spiritually, and socially to realize his abilities, cope with pressure, work productively, and contribute to his/her community. On the other hand, mental health conditions can contribute to poor health outcomes and fatalities.[30] In Indonesia, the prevalence of Anxiety and Depressive Disorder over the past three decades is at the highest rank (1990-2017), compared to other mental-related illnesses, with the highest prevalence in the older age group.[33] Even so, depressive disorder among younger people in the productive age range is rising more than ever before.[34]

In this study, the generation of thirty-year-old workers and younger had a hard time maintaining their mental health during the second wave of the COVID-19 pandemic. This is similar to a study conducted in Switzerland where the isolation due to COVID-19 pandemic affected younger adults' life satisfaction.[9] Younger workers tend to have fewer skills and often have more tasks because they are still at the "entry level." Without adequate experience in handling such workload and much variance in workload, a higher burnout level among younger workers would be inevitable.

Having a superior's support during this pandemic situation can ease the burden of younger workers who work from home, without fear of losing their job.[8,9,17] Heavy workloads should not be given just because the superior perceives that working from home gives the workers freer time to slack on their jobs.

Table 3. Association between Risk Factors and Burnout

Risk Factors	Burnout						*p*-value	POR (95% CI)
	Yes		No		Total			
	N	%	N	%	N	%		
Age (years)								
<30	45	58.4	32	42.6	77	100	0.009*	2.57
≥30	24	35.3	44	64.7	68	100		(1.31 - 5.05)
Sex								
Female	50	57.5	37	42.5	87	100	0.006*	2.77
Male	19	32.8	39	67.2	58	100		(1.38 - 5.55)
Level of Education								
Bachelor/ Less	51	47.7	56	52.3	107	100	0.975	1.01
Master's and PhD	18	47.4	20	52.6	38	100		(0.48 - 2.12)
Working Duration (hours per day)								
>8	45	55.6	36	44.4	81	100	0.046*	2.08
≤8	24	30.5	40	62.5	64	100		(1.06 - 4.06)
Secondary Symptoms								
Yes	34	77.3	10	22.7	44	100	<0.001*	6.41
No	35	34.7	66	65.3	101	100		(2.83 - 14.49)

**Significant if p-value <0.05*

Sex and Burnout

Female workers with higher ranks in their company tend to experience higher stress levels during isolation due to the COVID-19 pandemic, particularly those who work in the information technology (IT) industries.[8] In this study, most female workers who worked in IT-based companies or as IT engineers experienced burnout. In addition, they reported experiencing exhaustion, mental distance, cognitive impairment, and emotional impairment while working from home during the second wave of the COVID-19 pandemic.

Female workers are also inevitably more prone to experience double burdens. Since they work from home, they are obligated to do their job and do domestic chores in between breaks, such as cooking, taking care of infants, and supervising their children, who are also studying from home.[11] Gender roles are still evident in today's Indonesian society. When women work, they are also expected to take care of the house and family. This societal aspect of gender roles could be considered a burnout risk factor specifically related to career women in Indonesia and Asian countries that still apply the traditional gender roles.

Working Hours, Psychosocial Distress, Psychosomatic Complaints, and Burnout

Working duration is significantly linked to burnout as a risk factor. In this study, workers of both sexes experienced burnout due to longer working hours since the work from home situation was applied.

Since they were working from home, there was no time spent commuting to and from work, no physical energy wasted, and workers had more time to start their work earlier in the morning and finish later at night. Thus, superiors were giving more workload to prevent the workers from being distracted, thinking that working from home gave the workers more free time. Meetings could occur anytime during the day or even night, and lunch breaks were shorter. These working conditions can be abusive and result in mental health deterioration of workers. During the second wave of the COVID-19 pandemic, workers were worried that if they refuse the workload, they will lose their jobs.[9,35]

Longer working hours have been proven to be detrimental to workers' mental and physical health.[11,16,17,28,36-38] This study also found that most of the workers experienced secondary symptoms that were commonly experienced by patients diagnosed to have burnout by professionals.[32] These symptoms consisted of psychological distress and psychosomatic complaints. The workers often experienced worry, followed by feeling tense, and stressed as the most common psychological distress, and muscle pain (neck, shoulder, or back) as the most common psychosomatic complaint.

It is highly likely that workers who work from home with working hours more than eight hours daily could suffer from burnout. Furthermore, psychological distress and psychosomatic complaints may occur simultaneously. Applying work-life-balance is crucial in work from home settings. Instead of using time usually spent for commuting for starting their jobs earlier, the workers are advised to invest the time to do sports, hobbies, and relaxation as a form of coping mechanism to prevent burnout. Mental health of the workers is the priority during this COVID-19 pandemic.

CONCLUSION

Workers' sex, age, and working hours were risk factors significantly associated with burnout. Female, younger workers, with more than eight hours a day of work duration

were almost three times more likely to experience burnout while working from home during the second wave of the COVID-19 pandemic in Indonesia. Gender roles have a big impact on female workers in work from home settings since they also have to be the home and family caretakers. In addition, workers who suffered secondary symptoms (psychological and psychosomatic complaints) were also six times significantly more susceptible to burnout.

Companies should make adjustments in working hours, applying adjusted supervision that is tailored to work from home conditions. Modifying traditional gender roles practiced at home, such as dividing the chores and childcare between spouses, can have a significant impact on lowering burnout among female workers. Workers are advised to use the time that is usually spent commuting to do sports, hobbies, and relaxation as a coping mechanism to prevent burnout.

Further study should explore gender roles as risk factors and compare the application of traditional and non-traditional gender roles as practiced in workers' households.

Statement of Authorship

All authors certified fulfillment of ICMJE authorship criteria.

Author Disclosure

All authors declared no conflicts of interest.

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