



Research Article

THE RELATIONSHIP BETWEEN WORK AUTONOMY AND BURNOUT IN NURSES IN HOSPITAL IN BANDA ACEH

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ABSTRACT

**Background:** Burnout syndrome not only affects work but also has significant implications for the physical and mental health of healthcare providers, particularly nurses. Continuous exposure to work stress, including lack of professional work autonomy which known to have role in causing burnout which leading to potential disruptions in hospital operations.

**Aim:** The purpose of this study is to analyze the relationship between work autonomy and its indicators with burnout in nurses in hospital settings in Banda Aceh.

**Study design:** This type of research is quantitative-analytic research with a cross-sectional research design.

**Methods:** The research was conducted by collecting data in March 2023 at a hospital in Banda Aceh City. The number of research samples taken was 100 samples using a stratified random sampling technique based on hospital units from the population in the study were all nurses with active status working in the hospital with the total of 360 nurses.

**Results:** Results on this study showed no significant relationship between work autonomy (P=0.853) with burnout while the work autonomy indicators which are knowledge basis, action basis, and value basis (P=0.022) shown to have significant effect to burnout simultaneously. Knowledge base has no significant effect partially (P=0.903) whereas action basis (P=0.003) and value basis (P=0.012) both have a partially significant effect with burnout.

**Conclusions:** The indicators of work autonomy which are the knowledge basis, action basis, and value basis have significant effect in causing burnout which emphasizing the importance of work autonomy to preventing burnout that could improving work quality, achieving positive patient outcomes, and retaining employees, particularly in nursing.

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INTRODUCTION

Burnout syndrome is a condition of work burnout or fatigue that commonly occurs in health workers, especially in the field of nursing (1). A 2020 systematic review of 113 studies involving 45,539 nurses from 49 countries across various nursing specialties found that the overall prevalence of burnout symptoms among nurses worldwide was 11.23%, representing one in ten nurses worldwide suffering from severe burnout symptoms (2).

When health workers especially nurses experience burnout, it can interfere with their ability to care. An employee who is highly stressed is likely to have low organizational commitment and therefore low performance and high intention to leave the company. This behaviour can cause losses and disruption in hospital operations, because the labour productivity decreases and recruiting new employees also takes a lot of time and costs (3).

Work burnout not only causes disruption of work efficiency and productivity, but also has an impact on health. Therefore, prevention of burnout of healthcare workers, including nurses, is important to improve the physical and mental health of these service providers. The emotional response caused by long-term illness causes psychological tension that is difficult to neutralize spontaneously (1).

Work burnout indicators consist of three indicators, which are Emotional Exhaustion (EE), Depersonalization (DP) and Personal Achievement (PA). The emotional exhaustion (EE) described as usually related to relationship work which is perceived as difficult, tiring, and stressful condition. Depersonalization is a loss of empathy characterized by a breakdown in interpersonal relationships, usually manifested by negative individual behaviour, such as social distancing. Personal achievement (PA) is a feeling that acts as a "safety line" and helps maintain balance of burnout and depersonalization when occurred. This indicator enhances

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workplace fulfilment and positive attitudes toward professional achievement (4).

Work burnout syndrome is caused by continuous exposure to work stress associated with poor working conditions, one of which is professional autonomy (1). Work autonomy is defined as participation in decision-making processes and the ability to influence work practices. Work autonomy refers to meaningful work experiences delivered in pleasant and satisfying conditions with psychological empowerment, making them more involved in work. Thus, it can also result in better quality of work, impressive patient outcomes, and retention of an experienced workforce (5).

Indicators of work autonomy are divided into three indicators, which are independence of knowledge, actions, and work values. Each indicator has three additional sub-indicators: independence, rights, and responsibilities in decision making (6). A state of professional autonomy has been found to be negatively correlated with employee burnout, especially in the field of nursing, where research has shown that a lack of professional autonomy leads to a weakening of personal accomplishments and depersonalization among employees (7). This led to the aim of this study which is to analyze the relationship of work autonomy and its indicators with burnout among nurses in hospital.

## METHOD

### Study Design and Research Sample

This type of research is quantitative-analytic research with a cross-sectional research design. The research was conducted by collecting data in March 2023 at a hospital in Banda Aceh City in Indonesia. The population in the study were all nurses with active status working in the hospital with the total of 360 nurses. The number of research samples taken is as many as 100 samples using a stratified random sampling technique based on hospital units consisting of Anesthesia Unit, Hemodialysis Unit, Central Surgery Installation, Emergency Room, Outpatient Unit, Intensive Care Unit, Class 1 Inpatient Unit, Class 2 Inpatient Unit, and Class 3 Inpatient Unit. Research data in the form of primary data collected using a questionnaire that was given directly and collected again from the selected samples.

### Instrument

The instrument used was a questionnaire designed to collect data on sample characteristics such as age, gender, marital status, education level, position, employment status, length of service, and income. Furthermore, for the work autonomy variable, the instrument used is the Varjus Autonomic Scale (VAS) by Varjus (2003) with a total of 18 question items. The VAS questionnaire has 3 main indicators with each component consisting of 6 questions, namely Knowledge Basis, Action Basis, and Value Basis. This questionnaire has 4 Likert scales with a score range of 1-4 with a total score of 18-72. Each question item has 4 answer choices from 1=strongly disagree to 4=strongly agree. This study will use the total score to analyze the relationship between variables. Furthermore, for the burnout variable, the instrument used is the Maslach Burnout Inventory (MBI) questionnaire by Maslach and Jackson (1981) which consisted of 22 question items. The MBI questionnaire has 3 main indicators, namely Emotional Exhaustion (EE), Depersonalization (DP), and Personal Achievement (PA). This questionnaire has 7 Likert

scales with a score range of 0-6 with a total score of 0-132. Each question item has 7 answer choices, from 0 = never to 6 = every day. Interpretation of EE score <17 = low degree, 18-29 = moderate degree, >30 = high degree. Interpretation of DP score <5 = low degree, 6-11 = moderate degree, >12 = high degree. PA score interpretation <33 = low degree, 34-39 = moderate degree, >40 = high degree. This study will use the total score to analyze the relationship between variables with the record that the PA item has a reverse score, so it will be deflected before totaling.

### Statistical Analysis

Data on sample characteristics (age, gender, marital status, education level, position, employment status, length of service, and income) along with work autonomy and burnout variables are presented in frequencies, percentages, and other statistical descriptions. The test used to determine the normal distribution of numerical data is the Shapiro-Wilk. The test used to determine the relationship between work autonomy and burnout is the Pearson Correlation test if the data meets the requirements. If not, an alternative test will be carried out, which is the Spearman test. The test used to determine the relationship between the indicator variables of work autonomy in the form of a knowledge basis, action basis, and value basis with burnout is Multiple Linear Regression test.

## RESULTS

The results of the study regarding the distribution of the characteristics of the research sample from 100 nurses are shown in table 1 below:

**Table 1** Distribution of the Proportion of Sample Characteristics (n=100)

Variable	Frequency (n)	Percentage (%)
Age (years)		
≤ 29	27	27.0
30 - 39	52	52.0
≥ 40	21	21.0
Range		22-53
Means (SD)		34.11 (6.476)
Gender		
Male	28	28.0
Female	72	72.0
Married Status		
Married	71	71.0
Not Married	29	29.0
Education		
Associate Degree	65	65.0
Bachelor of Applied	4	4.0
Bachelor	6	6.0
Nurse Profession	23	23.0
Magister	2	2.0
Position		
Member	78	78.0
Team Leader	11	11.0
Head of Unit	11	11.0
Employment Status		
Temporary	73	73.0
Permanent	27	27.0
Years of Service (years)		
≤ 5	40	40.0
6-10	28	28.0
11-15	19	19.0
≥ 16	13	13.0
Range		1 - 30
Means (SD)		7.72 (6.179)
Income (per month in Rupiah)		
< 2,000,000	68	68.0
2,000,000 - 3,999,999	19	19.0
≥ 4,000,000	13	13.0
Range		1,400,000 - 11,000,000

Means (SD)	2,085,611 (977,127)	
Hospital Units		
Anaesthesia	4	4.0
Haemodialysis (HD)	2	2.0
Central Surgical Installation (IBS)	7	7.0
Emergency Room	7	7.0
Outpatient	8	8.0
Intensive Care	16	16.0
Class 1 Inpatient	17	17.0
Class 2 Inpatient	7	7.0
Class 3 Inpatient	32	32.0

Based on table 1 above, it was found that the sample characteristics were dominated by the age range of 30-39 years with 52 samples (52%), female sex with 72 samples (72%), married with 71 samples (71%), Associate Degree with 65 samples (65%), level of position as a member with 78 samples (78%), temporary employment status with 73 samples (73%), length of service range below 5 years with 40 samples (40%), income range below IDR 2,000,000 with 68 samples (68%), and nurses working in class III inpatient units with 32 samples (32%).

Based on table 2, the mean work autonomy score is 47.18 out of a total score of 72. The score results between the three bases of work autonomy show that the action basis has the lowest mean score with 15.25 and the value basis having the highest mean score with 16.12 which the total both score is 24.

**Table 2** Statistical Description of Work Autonomy along with Knowledge Basis, Action Basis, and Value Basis Indicators

Variable	Minimum	Maximum	Means	Std. Deviation	Variance
Knowledge Basis	6	21	15,81	2,493	6,216
Action Basis	6	22	15,25	2,591	6,715
Value Basis	6	20	16,12	2,354	5,541
Total Work Autonomy	18	62	47,18	6,145	37,765

Based on table 3, the mean score of burnouts is 38.21 out of a total score of 132 which could be concluded that mainly the nurses have low degree burnout while nurses that have high degree of burnout are 3 samples (3%). The score results between the three basis of burnout show that the DP indicator has the lowest mean score of 5.50 out of a total score of 30 and the PA indicator has the highest mean score of 29 .67 out of a total score of 48. The frequency of degrees of burnout is dominated by low degrees with 56 samples (56%), the EE indicator is dominated by low degrees with 64 samples (64%), the DP indicator is dominated by low degrees with 49 samples (49%), and the PA indicator is dominated by low degrees with 60 samples (60%).

**Table 3** Statistical Description and Proportion Distribution of Degrees of Burnout and Indicators of Emotional Exhaustion, Depersonalization, and Personal Achievement

Variable	Minimum	Maximum	Means	Std. Deviation	Variance	Degrees					
						Low		Moderate		High	
						n	%	n	%	n	%
Emotional Exhaustion (EE)	0	41	14,32	10,261	105,291	64	64.0	25	25.0	11	11.0
Depersonalization (DP)	0	28	5.50	5,738	32,919	49	49.0	37	37.0	14	14.0
Personal Achievement (PA)	5	48	29,67	11,302	127,738	60	60.0	16	16.0	24	24.0
Total Burnout	6	89	38,21	20,558	422,612	56	60.0	41	41.0	3	3.0

Based on the Shapiro-Wilk normality test of burnout (0.003 < 0.05) and work autonomy (0.000 < 0.05) it was concluded that the data distribution was not normal so to analyze the relationship between the two variables using the Spearman test. The results of the variable analysis are shown in table 4 below:

**Table 4** Relationship between Work Autonomy and Knowledge Basis, Action Basis, and Value Basis Indicators with Burnout

Variable	n	Correlation coefficient	Sig. (2- tailed )
Knowledge Basis	100	0.096	0.340
Action Basis	100	0.205	0.041
Value Basis	100	-0.187	0.063
Work Autonomy	100	-0.019	0.853

Spearman test results on work autonomy (0.853 > 0.25) concluded that there is no significant relationship between work autonomy and burnout. The correlation coefficient was obtained -0.019 which indicates the direction of the relationship is not in the same direction, which means that the higher the autonomy score, the lower the burnout score, but the degree of correlation has no relationship or can be ignored. Between the three indicators of work autonomy, namely the action basis (0.041 > 0.25) and the value basis (0.063 < 0.25) there is a significant relationship with burnout while the knowledge basis (0.34 > 0.25) has no significant relationship with burnout.

Furthermore, a multivariate test was carried out, namely multiple linear regression test was used to see the relationship between the three indicators of work autonomy which are the knowledge basis, action basis, and value basis simultaneously with burnout. The results of the variable analysis are shown in table 5 below:

Based on the results of the analysis above, the regression equation  $Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3$  is  $Y = 35.707 + 0.129X_1 + 2.809X_2 - 2.628 X_3$  which means:

1.  $\alpha = 35.707$  indicates that if the score of the knowledge basis, action basis, and value basis is 0 then the burnout score is 35.707. This result has a significant effect based on the assumption of a sig value (0.023 < 0.05) and t value (2.319 > 1.984).
2.  $\beta_1 = 0.129$  indicates that if the knowledge base score increases, the burnout score increases by 0.129 for every one score unit. This result has no significant effect partially based on the assumption of sig value (0.903 > 0.05) and t value (0.123 < 1.984).
3.  $\beta_2 = 2.809$  indicates that if the action base score increases, the burnout score increases by 2.809 for every one score unit. This result has a significant effect partially based on the assumption of a sig value (0.003 < 0.05) and t value (2.998 > 1.984).
4.  $\beta_3 = -2.628$  indicates that if the value base score increases, the burnout score decreases by 2.628 for every one score unit. This result has a significant effect partially based on the assumption of a sig value (0.012 < 0.05) and a t (one tailed) value (2.564 > 1.660).

The R-Square value is 0.122 which indicates that the effect of the knowledge base, action base, and value base variables of

work autonomy on the burnout variable is 12.2%. While the remaining 87.8% (100% -12.2%) of the burnout variable is influenced by other variables that are not in the model.

the occurrence of burnout because it illustrates low self-esteem of appreciation (15).

**Table 5** The Relationship of Knowledge Basis, Action Basis, and Value Basis Indicators with Burnout Simultaneous

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Summary models		
	B	Std. Error	Betas			LowerBound	Upperbound	R	R Square	Adjusted R Square
(Constant)	35,709	15,401		2,319	0,023	5,139	66,279			
Knowledge	0,129	1,051	0,016	0,123	0,903	-1,957	2,214	.350 <sup>a</sup>	0,122	0,095
Action	2,809	0,937	0,354	2,998	0,003	0,949	4,669			
Value	-2,628	1,025	-0,301	-2,564	0,012	-4,663	-0,594			

**DISCUSSION**

This study aims to analyze the relationship between work autonomy and burnout of nurses in the hospital and to see the size of the relationship between each and simultaneously of the work autonomy indicators with burnout. Of the 100 nurses, the average work autonomy score was 47.18 and if based on degree, the reporting average has moderate work autonomy. This is in line with a study conducted by Parizad (2021) and Labraque (2018) on nurses at hospital which both based on the average score also obtained a moderate level of work autonomy (8,9).

The work autonomy variable in this study consists of 3 indicators obtained based on questionnaire items from the Varjus Autonomy Scale, namely the knowledge basis, action basis, and value basis. The results of the score between the three basis of work autonomy found that the basis for action has the lowest mean score 15.25 while the value basis having the highest mean score 16.12. This concluded that the basis for action is the most limited work autonomy indicator in this nurse work environment’s study. A qualitative study identified the main obstacles for nurses to be able to have high autonomy, which are related to the loss of the profession, including the lack of ability to freely carry out professional actions (10). This condition is alluded to by the refusal of professional organization such as exemption associations to support professional exemption practices such as ambiguity of roles between professions, unsupportive work environment, and lack of support and encouragement from superiors (10).

It was found that the average burnout score was 38.21, which was still classified as a low degree, while only 3 samples (3%) experienced high burnout. A meta-analysis of 113 published studies from 49 countries found that the combined prevalence rate of the included studies was a mean of 11.23% for high degree of burnout symptoms (2). Even so, several studies also reported high burnout prevalence of only 2-3% of nurses (2,11,12). Based on the MBI questionnaire, burnout consists of 3 indicators, namely EE, DP, and PA. The results of the mean score between the three bases showed that the DP indicator had the lowest score with 5.50 while the PA indicator had the highest score with 29.67. This is consistent with research by Saedi (2020) that the PA indicator has the highest mean score of 20.42 and the lowest DP indicator of 7.20 (13). In addition, the study by Guixia (2020) is also in line with this study, namely the PA indicator has the highest mean score of 34.45 and the lowest DP indicator of 5.78 (14). Even though the PA indicator in this study has the highest average score, it still categorize as low degrees and should be noted that it shows numbers that are the opposite unlike other indicators where the lower the PA degree actually increases

The frequency of degrees on the EE indicator was dominated by low degrees with 64 samples (64%), on the DP indicator was dominated by low degrees with 49 samples (49%), and on the PA indicator was dominated by low degrees with 60 samples (60%). This is in line with a study by Fuente (2018) in which oncology nurses had lower levels of EE and DP, but they also had lower levels of PA (16). From several studies, it was found that the relevant factors of having high levels of emotional exhaustion were gender, age, and marital status where young male sex and single status were both associated with higher levels of emotional exhaustion, this might be due to the fact that nurses sometimes have to be skilled in managing hostile situations and how to overcome them and this is strongly related to the level of experience in work and social skills (17). With relation to single status, it appears that lack of family support can increase depersonalization, making individuals unable to respond adequately to emotional burdens and feelings of overwork (16). While in this study the sample characteristics were dominated by the age range of 30-39 years, female sex, married, and 7 years of mean years of service.

Based on the results of the bivariate test on work autonomy (0.853 > 0.25) it shows that there is no significant relationship between work autonomy and work completion. Meanwhile, based on the correlation coefficient, which is -0.019, it indicates a non-unidirectional relationship, which means that the higher the autonomy score, the lower the burnout score. Work autonomy is often a significant predictor of depersonalization, emotional exhaustion, and personal effectiveness, which are the three main components of burnout. Conditions of work autonomy have been found to be negatively correlated with burnout among workers especially in the development sector where research has found that work autonomy leads to a decreased sense of personal offering and depersonalization among workers. In other words, this shows that individual perceptions of a lack of control over their own work and a lack of involvement in decision-making could trigger job burnout (7).

The multivariate analysis was conducted to see the relationship between indicators of work autonomy and burnout simultaneously which obtained a significant relationship (0.023 < 0.05). A study shows that workers who have low job autonomy and excessive job demands tend to have higher levels of burnout. Meanwhile, workers who are given greater job autonomy and control over their work tend to have lower levels of job burnout than those who are given lower autonomy and control. This suggests that workers tend to be dissatisfied and experience a state of job burnout when they do not have the autonomy they expect to use in their work with

clients. Greater job autonomy also plays a role in buffering the effects of job stress and burnout (18).

In this multivariate analysis it is also possible to see the relationship of each basis partially (each) to burnout. It was concluded that knowledge base has no significant effect partially ( $0.903 > 0.05$ ) whereas action basis ( $0.003 < 0.05$ ) and value basis ( $0.012 < 0.05$ ) have a partially significant effect. Comparing to the bivariate test of this autonomy indicator, where if a significance level of 5% ( $0.05$ ) is used, the value basis can be considered unrelated ( $0.063 > 0.05$ ), whereas in the multivariate test it has a significant effect. Therefore, for the bivariate test use a significance level of 25% ( $0.25$ ). A study by Papathanassoglou (2012) which also used the VAS questionnaire as an instrument to study work autonomy, obtained that the autonomy score had a significant relationship with inverse relationship with the frequency score of moral pressure ( $r = -0.174$ ;  $P = 0.04$ ). In this study, basic values were also obtained of having inverse relationship ( $B = -2.628$ ) with burnout, which is in accordance with previous studies, namely frequency situations of morally distressed inversely related to the value basis ( $r = -0.207$ ;  $P = .01$ ) means that if the score of autonomy from the value basis decreases, the higher the moral pressure at work. In this study also concluded that the cause of lower autonomy scores among nurses is associated with lower levels of nurse-physician collaboration (17).

## CONCLUSION

Burnout syndrome is a prevalent issue among healthcare workers, particularly nurses, has implications for the physical and mental health which can result in decreased work efficiency, productivity, and organizational commitment, leading to potential disruptions in hospital operations. In this study, work autonomy has role although not significantly by itself but if simultaneously by its indicators which are the knowledge basis, action basis, and value basis shown to have significant effect in causing burnout which emphasizing the importance of work autonomy to preventing burnout that could improving work quality, achieving positive patient outcomes, and retaining employees, particularly in nursing.

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