

Milieu Therapy as an Effort to Prevent Burnout Events in Nurses

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ABSTRACT

Background: Nurses have a high workload, so they are at risk of burnout. One of the non-pharmacological therapies that can overcome burnout is Milieu therapy.

Purpose: This study aims to determine the effect of Milieu therapy on reducing the incidence of burnout in nurses in the inpatient room of Melati RSUD Batang.

Methods: This study is pre-experiment research with One-Group Pretest-Posttest design using the Maslach Burnout Inventory questionnaire. The intervention was carried out 1 time per shift with a duration of 20 minutes for 7 days. The study used a total sampling of 18 implementing nurses in the Melati room of RSUD Batang. Data analysis using the Wilcoxon test.

Results: The average burnout rate before Milieu therapy was 45.22 and after 42.28. The results of the Wilcoxon test obtained p value = 0.001, it can be concluded that there is an effect of Milieu therapy on reducing the incidence of burnout in nurses in the Melati inpatient room of RSUD Batang.

Conclusion: Milieu therapy can be applied as an effective nonpharmacological therapy in treating burnout in nurses.

Keywords: burnout, milieu therapy, nurse

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BACKGROUND

Regulation of the Minister of Health of the Republic of Indonesia number 4 of 2018 states that hospitals are health service institutions that provide plenary individual health services that provide inpatient, outpatient, and emergency services. Hospitals are obliged to provide safe, quality, anti-discriminatory, and effective health services by prioritizing the interests of patients according to hospital service standards (Adi et al., 2021).

Nursing services are an integral part of health services in hospitals and have a strategic position in an effort to improve the quality of health services in hospitals (Menap & Achmalona, 2019). Nurses have a vital role as the spearhead of health services in hospitals because the number is dominant and interact with patients the longest Nursing services are often a benchmark for the quality of service in a hospital, so nurses are required to work professionally in providing nursing care to patients (Menap & Achmalona, 2019).

Nurse work is a job that does not escape burnout. (Pujiyanto et al., 2022). Nurses have high working time, interact with patients continuously, and are required to provide quality service quickly, precisely, and meticulously in complex conditions. This condition causes nurses to have a high workload and work stress (Mulyawan & Agustina, 2018). Excessive workload and prolonged work stress will cause burnout (work fatigue) in nurses. The global prevalence of burnout in nurses reached 11.23% in the world, as many as 1,260,000 nurses left their jobs and 670,000 people decided to move to work in 2021 (Clinton et al., 2022). Burnout syndrome begins with extreme physical, mental, and emotional exhaustion (Indryan & Suhana, 2022).

Burnout includes 3 dimensions, namely the dimension of emotional exhaustion, such as feelings of frustration, hopelessness, pressure, and shackled by work. Dimensions of depersonalization, such as negative attitudes, rudeness, maintaining distance and not caring about the surrounding environment, and dimensions of reduced personal accomplishment, such as dissatisfaction with oneself, work, and even life (Tinambunan et al., 2018). Efforts to improve nurse syndrome burnout are important issues in improving the performance of nurse services. Improving burnout syndrome in nurses is one alternative solution to the problem of low quality of service in hospitals because improving the performance of nurses greatly affects the quality of service in hospitals (Pujiyanto et al., 2022).

Burnout experienced by nurses in Indonesia in the form of fatigue, loss of empathy, and lack of confidence can affect the performance of the nurses themselves (Indryan & Suhana, 2022). The work environment and organizational climate are critical factors that influence nurse fatigue during the delivery of nursing care. Elevated fatigue levels may result in reduced productivity, increased risk of medical errors, and diminished empathetic engagement between nurses and patients. Over time, burnout is associated with higher absenteeism and increased nurse turnover rates. A non-supportive work setting further aggravates these outcomes. Therefore, a strategic and evidence-based approach is essential to address environmental stressors while simultaneously strengthening nurses' psychological resilience. (Pujiyanto & Hapsari, 2021) Milieu therapy is a therapy that applies all aspects of the environment as a therapeutic tool, both people, resources, and activities in the environment to improve optimal function. Milieu therapy aims to create a therapeutic social environment for therapy (Yunani et al., 2021). The primary objective of milieu therapy is to establish a safe, supportive, and socially structured environment that facilitates recovery and enhances psychosocial functioning. Within the nursing context, this therapeutic approach is implemented through the organization of daily activities that emphasize social interaction, effective communication, and the reinforcement of the nurse's professional identity. Consequently, milieu therapy not only contributes to the prevention of burnout but also

fosters increased motivation and a stronger sense of professional belonging.(Yunani et al., 2021) Milieu therapy is carried out by regulating daily activities in a social environment to achieve positive therapy that is influential in the implementation of nursing care (Ilyas et al., 2020).

Milieu therapy serves to develop social skills and quality of life that may be reduced or lost due to mental disorders experienced by a person. The development of social skills begins with providing a therapeutic environment that gives a person the opportunity to interact and integrate naturally in the life of his social environment. The therapeutic environment is carried out with an interesting room setting, thus providing an environmental psychosocial effect. Interpersonal relationships between individuals and the environment are expected to provide positive meaning and motivate individuals to develop social relationships. Milieu therapy can develop values - values of empathy, openness, equality, flexibility, optimism, security, happiness, and hope. Milieu therapy is considered a good therapy to improve the quality of mental health in a service(Ilyas et al., 2020). Forms of milieu therapy such as recreational therapy, art creation therapy, drawing/painting therapy, literature/bibliography, pet therapy, plant therapy, and music therapy (Yusuf et al., 2018). Milieu therapy with classic psychodrama methods against burnout syndrome and anxiety in nurses (Grigorescu et al., 2020).

Based on preliminary studies, it was obtained that nurses in the inpatient room had the highest burnout rate of 86.7% as measured by the Maslach Burnout Inventory (MBI) questionnaire, so researchers used nurses in the Melati room as a research sample. Based on the background above, researchers are interested in conducting a study entitled "The Effect of Milieu Therapy on Reducing the Incidence of Burnout in Nurses in the Inpatient Room of RSUD Batang".

OBJECTIVE

This study aims to determine the effect of Milieu therapy on reducing the incidence of burnout in nurses in the inpatient room of RSUD Batang.

METHODS

This type of research is pre-experimental. The research used was "One Group Pretest-Posttest Design", which is a research design before treatment was given pre-test and post-test after the intervention was carried out. Researchers have received a Certificate of Ethical Worthiness from the Health Research Ethics Committee of RSUD Batang number 445/017/KEPKRSUDBTG/II/2023 dated February 20, 2023. This research was carried out in the Melati room of RSUD Batang on July 1-14, 2023. Data collection using the Maslach burnout inventory (MBI) questionnaire. The research flow begins with sampling. The population in this study consisted of all implementing nurses in the Melati Ward. The sample included 18 nurses who met the inclusion criteria, selected through a purposive sampling technique. The inclusion criteria were: (1) implementing nurses working in the Melati Ward of RSUD Batang, (2) experiencing mild to moderate levels of burnout, (3) Muslim, and (4) willing to participate as research respondents. The intervention was carried out 1 time per shift with a duration of 20 minutes for 7 days and the intervention was carried out outside the shift. a week for 2 weeks. The intervention is in the form of Milieu therapy. The data analysis method used is using the Wilcoxon Test.

RESULTS

Table 1. Distribution of Respondents Based on Age, Gender, Education Level, and Length of Work

Characteristic	Frequency distribution	%
Age		
26-35 years old	1	5.6
36-45 years old	17	94.4
Gender		
Women	11	61.1
Man	7	38.9
Education level		
Diploma of Nursing	15	83.3
Ners	3	16.7
Length of work		
0-5 years	1	5.6
>10 years	17	94.4

Table 1 showed that most respondents aged 36-45 years were 17 people (94.4%), 11 women (61.1%), 15 people (83.3%), and 17 people who worked for more than 10 years (94.4%).

Table 2. Dimensional Distribution of Burnout Events in Nurses Before and After Milieu Therapy in the Inpatient Room of RSUD Batang (n=18)

Dimensi <i>burnout</i>	n	Mean	SD	Min	Maks
<i>Physical Exhaustion</i>					
Before	18	17,44	3,57	11	26
After		15,56	2,03	11	21
<i>Depersonalisasi</i>					
Before	18	12,33	1,94	10	17
After		11,89	1,87	10	17
<i>Personal accomplishment</i>					
Before	18	15,44	2,93	8	19
After		14,83	3,01	8	19

Table 2 showed a decrease in the average physical exhaustion of 17.44 before Milieu therapy to 15.56 after Milieu therapy. There was a decrease in the average depersonalization from 12.33 before Milieu therapy to 11.89 after Milieu therapy. There was a decrease in the average decrease in personal achievement by 15.44 before Milieu therapy to 14.83 after Milieu therapy.

Table 3. Distribution of Burnout Events in Nurses Before and After Milieu Therapy in the Inpatient Room

<i>burnout</i>	N	<i>Mean</i>	SD	Min	Maks
Before	18	45,22	6,38	32	57
After	18	42,28	4,46	32	48
Difference		2,94			

Table 3 showed that the average burnout rate in nurses before Milieu therapy was 45.22 with a standard deviation value of 6.38, a minimum value of 32, and a maximum value of 57. The average burnout rate in nurses after Milieu therapy was 42.28 with a standard deviation value of 4.46, a minimum value of 32, and a maximum value of 48. The average difference in nurses' burnout rates before and after Milieu therapy was 2.94.

The results of the Shapiro-Wilk normality test obtained data on burnout events before normal data distributed Milieu therapy (p-value 0.16) and after abnormal data distributed Milieu therapy (p-value 0.01), so the statistical test used was the Wilcoxon test.

Table 4. The Effect of Milieu Therapy on Reducing the Incidence of Burnout in Nurses

Event of <i>burnout</i>	N	<i>Mean rank</i>	<i>P value</i>	95% CI	
				<i>Lower Bound</i>	<i>Upper Bound</i>
Before	18	0,00	0,00	42,05	48,39
After	18	7,00		40,06	44,49

Tabel 4 menunjukkan hasil uji *Wilcoxon* diperoleh *p value* sebesar 0,00 (Ha diterima) yang berarti terdapat pengaruh signifikan terapi *Milieu* terhadap kejadian *burnout* pada Perawat di ruang rawat inap RSUD Batang.

DISCUSSION

The results showed that most of the respondents were aged 36-45 years (94.4%), female (61.1%), DIII nursing education (83.3%), and worked for more than 10 years (94.4%). Age affects a person's burnout rate. The more mature a person is, the more mature he is in his way of thinking and working. (Liana, 2020). Female nurses tend to experience higher burnout than male nurses because women experience emotional exhaustion more often. Women also experience higher conflicts between career and family than men. (Liana, 2020). Nurses with a lower level of education when faced with tasks and workloads that exceed their capacity, are more likely to cause stress and experience burnout. (Indiawati et al., 2022). The longer the employment period, the higher the burnout rate. Nurses who have worked for over 10 years tend to experience high emotional fatigue. The cumulative pile of tasks and workload causes chronic fatigue, both physically and mentally. (Aulia & Rita, 2021). Burnout has 3 dimensions, namely Exhaustion which refers to the experience of fatigue. Exhaustion is a dimension characterized by prolonged fatigue, both physically, mentally, and emotionally. Depersonalization is an attempt to create distance between oneself and the recipient of services by actively ignoring the qualities that make them unique and attractive people. When workers feel cynicism, they tend to be cold, keep their distance, and are less likely to want to engage with their work environment. Stepping away is a direct reaction to exhaustion. Decreased personal accomplishment or inefficacy where a person experiences a sense of accomplishment or no longer has the motivation to achieve (Hamiros, 2020).

In the dimension of *Physical Exhaustion*, prior to the intervention, most respondents experienced a high level of physical fatigue, characterized by complaints of tiredness, loss of

energy while working, and decreased concentration. This finding indicates that a heavy workload without adequate stress management can lead to a decline in physical capacity to perform nursing duties. However, following the implementation of milieu therapy, there was a decrease in scores in this dimension, suggesting that a more structured and supportive work environment can foster a sense of safety and comfort. It also facilitates the restoration of physical energy through the balanced organization of daily activities. (Bolandian-Bafghi et al., 2022; Rafii et al., 2004; Teymoori et al., 2022).

Meanwhile, in the depersonalization dimension, the findings indicate the presence of a psychological defense mechanism employed by nurses in response to high occupational stress. Following the implementation of milieu therapy, there was a significant reduction in the level of depersonalization, suggesting that improvements in social interaction, open communication, and group support within the milieu setting effectively enhanced nurses' emotional sensitivity and empathetic engagement with patients (Alenezi et al., 2019; Oluwatosin et al., 2021).

In the *Personal Accomplishment* dimension, the scores showed an improvement in positive self-perception after the implementation of milieu therapy. This indicates that the milieu intervention provided a reflective space, validation of professional roles, and reinforcement of the meaning of work, which contributed to increased self-confidence and personal satisfaction. According to Mohr (2013), milieu therapy facilitates personal growth and professional identity by promoting a supportive and structured environment, enhancing a nurse's sense of accomplishment and psychological well-being. (Mohr, 2009) A comparison between the conditions before and after the implementation of milieu therapy revealed a significant change in the level of nurse burnout. The three primary dimensions of burnout Physical Exhaustion, Depersonalization, and Personal Accomplishment demonstrated an overall trend of improvement following the intervention.

The high rate of burnout in nurses causes a decrease in nurse performance so the outcome of services to patients is not good. Nurses especially experience emotional fatigue caused by contact with patients, patients' families, and fellow staff who drain their emotional resources. Emotional exhaustion is at the core of burnout syndrome. Emotional fatigue occurs due to excessive workload, repetitive routines, interpersonal conflicts, and inability to cope effectively. Emotional fatigue can spread to depersonalization if there is no effective process of skill development and coping (Pujiyanto et al., 2022) To improve nursing care services, fatigue in nurses is a priority to be controlled with techniques that are easy for nurses to do in their work environment. (Pujiyanto & Hapsari, 2021).

Milieu therapy (environmental therapy) is the process of manipulating the environment in an effort to create behavioral changes and improve the psychological health and functioning of individuals To improve nursing care services, fatigue in nurses is a priority to be controlled with techniques that are easy for nurses to do in their work environment. (Gandhi, 2022). Milieu Therapy is able to enhance a person's positive experience by helping individuals develop self-esteem, foster trust in others, prepare to return to society and achieve positive change. One type of Milieu therapy activity is art creation therapy and pet therapy. Art creation therapy using music will provide the client with the opportunity to express his or her feelings, such as sadness, anger, and loneliness. (Yani & Retnowuni, 2020) Milieu therapy had a significant effect on reducing the rate of burnout in nurses. Milieu therapy is one of the stress management techniques that can improve communication skills and help people cope with stress more effectively. This therapy can be a relaxation therapy and form an adaptive coping strategy to overcome various stressful conditions in the workplace. The Milieu therapy mechanism works by releasing negative

emotions that have been suppressed or blocked so that a person feels comfortable and calm again. (Grigorescu et al., 2020).

CONCLUSION

Many factors need to be considered such as individual factors, the environment and the workload of a nurse can experience burnout, so environmental management by modifying the environment can reduce and reduce the incidence of burnout in nurses. Milieu therapy has an effect on reducing the incidence of burnout in this study and has a positive impact on respondents, so it can be used as a non-pharmacological therapy in overcoming burnout in nurses in hospitals.

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CONFLICTS OF INTEREST

Nurses are health workers who are in direct contact with nursing care for patients. Physical and emotional fatigue at work can arise from all activities including when providing nursing care. Based on nursing intervention standards in Indonesia, some interventions include utilizing the environment to be able to reduce the incidence of burnout in nurses.

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