APPLICATION OF *CARING*, STRATEGIES TO REDUCE *BURNOUT* IN NURSES : *A LITERATURE REVIEW*

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ABSTRACT

Introduction: Perawat is very at risk of *burnout* due to high workload and increased work stress. Many factorsrelated to work and outside of work that cause *burnout* so it needs attention from professionals to reduce the effects of *burnout* among nursing staff.   This literature aims toanalyze the application of *caring*, a strategy to reduce *burnout* in nurses.

Methode: Conducting a literature review of journals using Three academic databases (Science Direct, PubMed, ProQuest and Google Scholar), Inclusion criteria in literature studies are: English articles, research on nurses on caring and burnout, publish in 2017-2022, with mix methode/quasi experiment design and cross secsional.   Keywords used Caring AND Burnout AND Nurses. Instrument: Guide in reviewing journals using PRISMA.

Result and Analysis: Nineteen study literature meets the criteria for inclusion in the review. The participants were nurses at various hospitals. The results of several articles show the impact of caring application on nurse burnout. Deliver burnout by building a conducive work environment, reducing workload, rewards and management support. Analysis shows association of caring application to decreased burnout incidence in female nurses

Discussion and Conclusion: There needs to be organizational support to overcome burnout. Organizational support will reduce job dissatisfaction and absenteeism . Areas of work life are predictors of work fatigue. Improving the work environment is a solution for hospitals that want to simultaneously reduce nurse fatigue and increase the satisfaction of nurses and patients in providing safe and high-quality care. Caring aspects must be applied in the self-development of nurses to improve the work environment

Keywords: *Caring* ; Burnout ; Nurse

INTRODUCTION

Perawat is very at risk of *burnout* due to high workload and work stress caused mostly by interaction with patients for a long time. Research in Ghana has shown that nurses are very susceptible to (Luis Gómez-Urquiza et al., 2017)workand family conflicts that will consequently cause *burnout* in nurses, especially in female nurses(Asiedu et al., 2018). Sese someone who experiences high double role conflicts will experience stress that will affect work and tend to be less satisfied in their work (Churiyah, 2011; This role is reportedly associated with non-occupational factors and may lead to poorer mental and physical health (Okada, 2018). Patient complaints, dissatisfaction, and rejection become a significant problem for nurses while carrying out obligations to serve patients betterSharah, 2020.)(Amalina et al., 2020), thus causing physical and emotional *burnout*(Upton, 2018).

The problem *of burnout* abroad is a trend issue that shows an increase in the health care sector, in California shows 30% of nurses experience burnout events and 31% do not experience satisfaction at work (White, Aiken, & McHugh, 2019). The results showed that the *level of burnout* experienced by female nurses was as much as 89% (Kelly et al., 2021). the results of other surveys showed 85.5% of female nurses experienced *burnout*(ZOU et al., 2016). In addition, research related to *caring* behavior conducted by Fikri (2017) at RSAU DR.M. Salamun Bandung showed the results of 77% of nurse *caring* behavior in the bad category.(Firmansyah et al., 2019)

Several studies reveal that the QNWL is related to the quality of nursing care, job satisfaction, performance barriers work productivity, *burnout*, horizontal violence, organizational effectiveness, religious coping, , and organizational commitment (Akter N, 2018). Dissatisfaction of nurses with their own working life can lead to problems such as work dissatisfaction, emotional fatigue, fatigue, job change, and poor commitment to the organization, which will affect the quality of care provided by the nurse(Essa et al., 2021) .

Severalwork-related factors cause *burnout* and need attention from professionals to reduce the effects of *burnout* among nursing staff. Improving the work environment is a solution

for hospitals that want to simultaneously reduce nurse fatigue and increase the satisfaction of nurses and patients in providing safe and high-quality care(Permarupan et al., 2020)(Schlak et al., 2021). Hospital management needs to make efforts to further improve the quality of nurses' working lives, through continuous training in managing good workloads, improving nurse control in performing tasks, and creating an award system that recognizes nurses' contributions to caring approaches. Caring aspects (Son et al., 2021) should be applied in the self-development of nurses to improve the work environment, especially with patients, in order to achieve organizational goals. (Nursalam et al., 2020)

Caring gives nurses the ability to understand and help clients. A nurse must have an awareness of nursing care, in providing assistance for clients in achieving or maintaining health or achieving death peacefully. Linberg, in (Nursalam, 2015). Caring behavior in nursing is indispensable, but not all nurses serve patients with *caring.* Many cases of burnout are found in the nurse's workplace, so it is very necessary to prevent and overcome this behavior. Improving the work environment with a caring approach remains a solution for hospitals in reducing burnout. This Literature review aims to analyze theapplication of *caring*, a strategy to reduce *burnout* in nurses.

METHOD

Search strategy

The study of this literature through the search of scientific publications ranges from 2017-2022. The databases used are Pubmed, Science Direct, Proquest and Google Scholar. A literature search was conducted with four groups of keywords based on *Medical Subject Heading* (MeSH) and combined with Boolean operators AND, OR and NOT, caring and burnout and nurses keywords found 101 articles, the next process was full text search, double publication and eligibility screening. From these results found 29 articles, but as a final process, all articles were readjusted to the criteria of inclusion based on the title of the literature, as for the results obtained 19 articles.

Study articles through systematic review with the approach of *The Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA)*. After obtaining articles based on the database, the author will independently examine each title and abstract to exclude reports that are clearly irrelevant. After removing the duplicate result, and the data is extracted based on inclusion and exclusion criteria. There were 19 selected articles out of 101 articles found.

RESULT

Based on 19 articles analyzed, based on the selection process carried out, the population includes nurses about the quality of work life and burnout. Articles used by year (2017-2021) are 3 articles each in 2017, 3 articles in 2018, 1 article in 2019, 6 articles in 2020, 5 articles in 2021 and one article in 2022. Most articles use CBI questionnaires to measure caring *and Maslach Burnout Inventory* to measure nurse burnout rate

Table 1.
Application of Caring to *Burnout* Nurses

No	Research Title	Method (DSVIA)	Result
1	Patients' and Nurses' Perceptions of Importance of Caring Nurse–Patient Interactions: Do They Differ? (Vujaniˊcvujaniˊc et al., 2022)	**D** : Descriptive Cross-sectional **S** : 155 nurses 291 patients **V** : Nurse Perceptions Caring and Patient Interactions **I:** Caring Nurse-Patient Interactions Scale (CNPI-70) **A** : t-test	According to the overall CNPI-70 scale, there are significant differences in perception of pasein and nurses. Patients rated the nurse-patient interaction as caring higher. In providing quality physical assistance in meeting basic human needs through communication is very effective for approach to the patient. And to achieve greater satisfaction with car increases psychosocial support and nurse-patient interaction, as well as in the absence of health care provided without additional financial investment.
2	Leveraging the Work Environment to Minimize the	**D**: Cross sectional Survey **S**: 20,496 nurses across acute care hospitals from	Improving the work environment remains a solution for hospitals in lowering

No	Research Title	Method (DSVIA)	Result
	Negative Impact of Nurse Burnout on Patient Outcomes (Schlak et al., 2021)	California, Pennsylvania, Florida, and New Jersey, and 83 of them are Magnet hospitals **V**: work environment, burnout **I**: Maslach Burnout Inventory, Practice Environment Scale of the Nursing Work Index-Revisi (PES-NWI) **A**: Multivariate logistic regression, chi-squared test and one-way analysis of variance (ANOVA)	*burnouts*. The environment can support nurses in providing safe and quality care
3	The impact of nurse manager caring behaviors and work environment on burnout syndrome among nurses (Son et al., 2021)	**D**: exploratory correlational surveys with a cross-sectional approach **S**: 485 nurses in medical surgical wards at three public hospitals in East Java Province, Indonesia. **V**: work environment, burnout **I**: The Maslach Burnout Inventory-Human Scrvicc Survey (MBI-HSS) to identify burnout syndrome among nurses, Caring Assessment Tool: Administration (CAT: Admn) to identify caring behavior in nurse managers, and test (MRW) to identify work environments **A**: Partial Least Square	The *caring behavior of* the nurse manager has a direct effect on personal achievement among nurses. Caring behavior *of* nurse managers affects control, workload, community, fairness, reward and value. Caring behavior of nurse managers also affects emotional fatigue and depersonalization through reward mediation, control and workload.
4	Comparison of Fatigue, Quality of Life, Turnover Intention, and Safety Incident Frequency between 2-Shift and 3-Shift Korean Nurses (Hong et al., 2021)	**D**: descriptive survey design **S**: 227 nurses who worked for a year or more at tertiary hospitals in Seoul, South Korea (113 were nurses of 2 shifts for two months or more, and 114 were 3-shift nurses without experience from 2-shift jobs). **V**: nurse fatigue, quality of life, commutation intentions, frequency of	Two-shift nurses find it easier to secure time off and personal leisure, and their shift system is shown to improve job satisfaction by improving continuity of care.

No	Research Title	Method (DSVIA)	Result
		safety incidents, and nurses' perception of the 2-shift system and satisfaction with their current shift type **I**: Occupational Fatigue Exhaustion Recovery Scale (OFER) and Quality of Life Scale **A**: chi-squared, Fisher's exact test, t-test	
5	Professional quality of life and caring behaviours among clinical nurses during the COVID-19 pandemic. *Journal of Clinical Nursing*. (Inocian et al., 2021)	**Design**: Descriptive with a cross-sectional approach **Sample**: Purposive sample of 375 clinical nurses at three academic medical centers in Saudi Arabia **Variables**: professional quality of life and *caring behavior* **Instrument**: professional quality of life version 5 and Inventory of Caring Behavior 24 items **Analysis**: Multiple regression analysis	Clinical nurses exhibited a moderate level of professional quality of life and correlated with their caring behavior. In addition, the demographic characteristics of clinical nurses predict the quality of life of professionals and their caring behavior.
6	Nurses' Self-Assessment of Caring Behaviors in Nurse–Patient Interactions: A Cross-Sectional Study nka Vujanić et al., 2020)	D : Cross-sectional S : 735 nurses V : Caring Behaviour in Nurse and Patient Interactions I : Nurse-Patient Interaction Scale Questionnaire (Nurse Version; CNPI-70) A : SPSS Statistics	The results of this study showed that respondents most often applied caring behavior related to the help of basic human needs, while the application of caring for oneself was rarely applied. Moreover, there are differences in the application of caring behavior in the clinical practice environment in accordance with the work experience and education level of nurses. Respondents with 15 years of work experience applied to care were much lower than those with more than 30 years of work experience.
7	Quality of Nursing Worklife Based on Caring Model for Improving Nurse Performance in Hospitals	D : Explanatory observational design is used with a cross-sectional approach S: Nurses in inpatient care, intensive care,	Finternal, social and environmental, operational and administrative actors influence nurse performance directly or indirectly through TNWL-based care. The development of the

No	Research Title	Method (DSVIA)	Result
	(Nursalam et al., 2020)	surgical installations, neonates, hemodialysis from eight hospitals in East Java. Sample size of 430 respondents using total sampling **V**: QNWL, individual, social and environmental, administrative factors, nurse performance **I**: Nurse Quality of Communication with Patient Questionnaire (NQCPQ), Congruence for Employee (Q-POVC) Personal and Organizational Value Questionnaire, Quality Questionnaire in nursing work life. (brooks & anderson) **A**: Partial Least Square.	QNWL model based on caring has a good effect in improving the performance of nurses.
8	Role of Global Self-Esteem, Professional Burnout and Selected Socio-Demographic, Variables in the Prediction of Polish Nurses' Quality of Life — A Cross-Sectional Study (Ewa Kupcewicz, 2020)	**D**: Dis esscriptive with a cross-sectional approach **S**: involving 1,806 nurses working in 23 hospitals in northeastern Poland **V**: quality of life, global self-esteem and personal exhaustion **I**: WHOQoL-Bref, Rosenberg Self-Esteem Scale and Copenhagen Professional Fatigue Inventory **A**: chi-squared test (Z); ANOVA test (F)	There is a need for the implementation of professional fatigue prevention programs, as professional fatigue adversely affects quality of life in the somatic, social and environmental domains, especially in older groups of nurses.
9	Quality of Life in Nursing Professionals: Burnout, Fatigue, and Compassion Satisfaction (Dolores Ruiz-Fernández et al., 2020)	**D** : Descriptive, cross-sectional design **S**: 325 nurses and doctors from seven hospitals in Poland. **V**: quality of life, Burnout, Fatigue, Satisfaction of Compassion and work-related variables **I**: The Professional Quality of Life Scale (ProQOL v. IV) **A**: multiple exploratory	The level of affection fatigue (CF) and *burnout* (BO) increases. Cf-related factors are getting married, working in primary services, in urban areas, and working morning/afternoon/evening shifts. Variables related to CS are professional age, gender, marital status, central health care settings, central location, and work shifts. BO is only affected by work

No	Research Title	Method (DSVIA)	Result
		analysis, Kolmogorov-smirnov test, student t test and ANOVA. Pearson Correlation	shifts. Nursing professionals exposed certain factors that can affect a professional's quality of life
10	Predicting Nurses Burnout through Quality of Work Life and Psychological Empowerment: A Study Towards Sustainable Healthcare Services in Malaysia (Permarupan et al., 2020)	**D** : Descriptive with cross-sectional **S**: 432 nursing staff from 10 hospitals in the Selangor area who have been registered on the Website of the Health Tourism Board of Malaysia (MHTC). **V**: psychological empowerment and quality of working life on the experience of nursing staff fatigue in Malaysia **I**: self-administered questionnaire **A**: partial least square regression structural equation modelling (PLS-SEM)	The provision of quality of working life (adequate and fair compensation, constitution in work organization, safe and healthy working conditions, social integration in work organization, social relevance of working life, and work and life span) can promote psychological empowerment among nurses. Psychological empowerment statistically results in a reduction in the burnout effect by mediating the work-life quality (QWL) effect on burnout.
11	Burnout and Related Factors of Nurses Caring for DNR Patients in Intensive Care Units, South Korea (Sok et al., 2020)	**D**: descriptive cross-sectional **S**: 115 nurses treating DNR patients in the ICU at a South Korean hospital. **V**: Burnout and factors **I**: Copenhagen Burnout Inventory (CBI), Center for Epidemiologic Studies Depression Scale, Nursing Job Stress Scale (Korean version), and Nursing Job Satisfaction Scale (Korean version) **A**: . T-test and ANOVA	Higher levels of fatigue, slightly lower levels of depression, slightly lower levels of nursing job stress, and slightly higher levels of nursing job satisfaction compared to the average score range for each scale. Burnout has a significant and positive association with depression and nursing job stress, and depression has a significant positive association with nursing job stress.
12	Burnout as a mediator in the relationship between work-life balance and empathy in healthcare professional (Seo et al., 2020)	**D**: observational studies with cross sectional **S**: 105 health care professions from public hospitals in Seoul. **V**: work-life balance (WLB), fatigue, and empathy **I**: Maslach Burnout Inventory, Jefferson Scale of Physician Empathy, and one-sentence questions	Personal achievement is considered a potential mediation variable between WLB and empathy. Arecurrence that encourages personal achievement can help reduce the fatigue of health professionals.

No	Research Title	Method (DSVIA)	Result
		about subjective WLB **A**: . T-test and ANOVA	
13	Caring behavior and associated factors among nurses working in Jimma University specialized hospital, Oromia, Southwest Ethiopia (Adugna Oluma and Muktar Abadiga, 2019)	**D**: Descriptive cross-sectional **S**: 224 nurses working at jimma university special hospital **V**: Caring behavior and factors **I**: Self-managed structured questionnaire **A**: Bivariate regression analysis and multiple linear	The proportion of nurses who had a high perception of caring behaviour was found to be lower. Thus, all predictors have their own effects in improving job satisfaction, improving and creating management and work environments conducive to improving caring behavior.
14	Development of an empowerment model for burnout syndrome and quality of nursing work life in Indonesia (Nursalam et al., 2018)	**D**: a mixed-method with a cross sectional approach **S**: 134 respondents **V**: structural empowerment, psychological empowerment, burnout syndrome and QNWL **I**: Work Effectiveness Questionnaire (CWEQ-II), Work Activity Scale (JAS), Organizational Relationship Scale (ORS), Psychological Empowerment Scale (PES), Maslach Fatigue, and QNWL **A**: PLS	Structural empowerment affects psychological empowerment. Psychological empowerment is affected by burnout syndrome, and burnout syndrome affects QNWL.
15	The role of the personality traits and work characteristics in the prediction of the burnout syndrome among nurses—a new approach within predictive, preventive, and personalized medicine concept (Grigorescu et al., 2018)	**D**: quantitative correlational **S**: 192 nurses **V**: personality traits and job characteristics **I**: Instrument Burnout, the NEO Five-Factor Inventory (NEO-FFI), the Copenhagen Burnout Inventory, Romanian version and Inventory of Nursing Work Characteristics **A**: Pearson correlation analysis	This study confirms the influence of personality traits and nursing work characteristics as predictive factors for burnout, opening up the real possibility of targeted prevention and providing personal interventions as an organizational service.
16	Juggling family and professional caring: Role demands, work–family conflict and burnout among	**D**: cross-sectional survey **S**: 134 registered nurses selected from five public hospitals in Accra through convenience sampling **V**: Age, gender and marital	Along work schedule and weekend schedule were associated with higher levels of work-to-family conflict, while the number of older dependents at home was

No	Research Title	Method (DSVIA)	Result
	registered nurses in Ghana (Asiedu et al., 2018)	status and working family conflicts **I**: MBI-GS **A** : Multiple regression	positively associated with family-to-work conflicts. Family-to-work conflict positively linked to fatigue
17	The role of psychological factors in oncology nurses' burnout and compassion fatigue symptoms (Joana Duarte, 2017)	**D** : A multi-centre, cross-sectional **S**: 221 oncology nurses recruited from several public hospitals **V**: several psychological factors in the professional quality of life of nurses, self-compassion, and psychological inflexibility, and the positive domains (satisfaction of compassion) and negativity (fatigue and fatigue of compassion) of the professional quality of life. **I**: Professional Quality of Life Scale, version 5 (ProQOL-5; Stamm, 2010). , Interpersonal Reactivity Index (IRI; Davis, 1983), Self-Compassion Scale (SCS; Neff, 2003b), Admissions and Action Questionnaire – II (AAQ-II; (Bond et al., 2011). **A**: Pearson correlation coefficient, t test and multiple regression	Workload causes high emotional stress that impacts burnout & Cf, although interventions targeting workplace factors, such as workload and time pressure, social support or job security, can help in reducing saturation, are sometimes difficult to implement, and may not be adequately addressed fatigue issues, and especially Cf. Intervention and training programs aimed at targeting psychological factors as explored in present studies can improve an individual's ability to cope with stress and thus may be an alternative to the prevention and treatment of burnout and Cf.
18	Relationship of work-family conflict, self-reported social support and job satisfaction to burnout syndrome among medical workers in southwest China: A crosssectional study (Yang et al., 2017)	**D**: cross-sectional survey **S**: 1382 **V**: work-family conflict, self,self-support, reported social support, and job satisfaction , Fatigue syndrome **I**: self-administered questionnaire **A**: Pearson correlation analysis and univariate analysis of common linear models.	Five self-reported five dimensions of job satisfaction and social support are negatively associated with burnout syndrome, while three-dimensional work-family conflicts show a positive correlation.
19	Implementation of Caring Leadership	**D**: quasi pre and post experiment with control	Ada the influence of caring supervisor leadership on

No	Research Title	Method (DSVIA)	Result
	Model Had an Effect on Nurse's Burnout (Made et al., 2017)	group **S**: 46 nurses were taken as samples through purposive sampling of 426 nurses **V**: The free variable in this study was the caring leadership of the supervisor while the bound variable was the nurse burnout rate **I**: Masclach Burnout Inventory, consists of 22 statement items covering three dimensions of fatigue, depersonalization and performance. **A**: paired t test	nurse burnout The application of caring leadership must be carried out consistently to all nursing activities in the hospital, considering that caring leadership can reduce nurse burnout which will ultimately have an impact on the quality of nursing services.

DISCUSSION

The results of the review explain that nurses who lack personal achievement when carrying out tasks can be an early indicator of the occurrence of burnout syndrome. The absence of an award by the hospital or team can result in negative feelings about the task and lack of motivation for high achievers. As a result, the nurse eventually feels exhausted, lowering the quality of work. The correlation between the field of working life and the level of professional satisfaction is moderate, where nurses indicate the absence of a balance between their workload and rewards, for example, the absence of promotion (the absence of a sense of personal achievement) as one of the main factors causing work fatigue.(Jarzynkowski et al., 2022)

Research in Ghana has shown that nurses are particularly vulnerable to family work conflicts which will consequently lead to fatigue in nurses. . This research has shown that weekend work can result in higher levels of fatigue and stress, which can impair an individual's ability to meet demands in the family domain (Fenwick & Tausig, 2001; . (Asiedu et al., 2018)Asiedu et al., 2018) *Burnout* has a significant and positive association with depression and nursing job stress, and depression has a significant positive association with nursing job stress. Areas of work life (workload, control, community, rewards, fairness, values) were predictors of work fatigue among respondents.(Sok et al.,2020)(Duarte & Pinto-Gouveia, 2017;Jarzynkowski et al., 2022).

The absence of awards by the hospital or team can result in negative feelings about the task and lack of motivation for high achievement, as a result of which the nurse ends up feeling exhausted, lowering the quality of work . Constant exposure to the suffering of others places high emotional demands on nurses and other health professionals, making them vulnerable to fatigue and pity fatigue as a result of this exposure. (Nursalam, Fibriansari, et al., 2018a)(Duarte & Pinto-Gouveia, 2017).

Severalwork-related factors cause *burnout* and need attention from professionals to reduce the effects of *burnout* among nursing staff. Improving the work environment is a solution for hospitals that want to simultaneously reduce nurse fatigue and increase the satisfaction of nurses and patients

in providing safe and high-quality care(Permarupan et al., 2020)(Schlak et al., 2021).   Hospital management needs to make efforts to further improve the quality of nurses' working lives, through continuous training in managing good workloads, improving nurse control in performing tasks, and creating an award system that recognizes nurses' contributions to caring approaches. Caring aspects (Son, Sutadi, et al., 2021) should be applied in the self-development of nurses to improve the work environment, especially with patients, in order to achieve organizational goals. (Nursalam et al., 2020)

Although interventions targeting workplace factors, such as workload and time pressures, social support or job security, can help in reducing saturation, are sometimes difficult to implement, and may not be adequately addressed fatigue issues, and especially compassion fatigue that is able to reduce fatigue and compassion fatigue potentially reduce higher nurse turnover rates and can from then on improve quality care. Preventing workplace bullying is important to reduce fatigue and turnover of clinical nurses. The role of nursing leadership is essential to developing interventions that reduce workplace bullying and successfully create a professional, nurturing, and supportive work culture. (Duarte & Pinto-Gouveia, 2017.Program (Zhang et al., 2018)(Kim et al., 2019) *Burnout* can be minimized through increased control of nurse practices, task variations, and decision-making autonomy.(Dall'Ora et al., 2020)

The important role of nurse managers in realizing a good work environment can include creation, management, and if necessary, rebuilding a caring work culture. The *caring* approach is often used in interactions with patients but is rarely discussed and used in the workplace because it is considered a sensitive topic. The essence of caring in nursing and the need to care for care providers is emphasized. Nurses who apply *caring* in contemporary clinical practice should start with *caring* for caregivers (Tang et al., 2019).   *Caring* is the main foundation of nursing practice. Nurses should take care of themselves before taking care of others, and at this time it is not a priority. Caring *approach* can make the work process more efficient. Adequate workload and determination of work-life balance limits can be the key to a good environment (Waddill-Goad, 2019).

The *caring behavior of* the nurse manager has a direct effect on personal achievement among nurses. The caring behavior *of* nurse managers affects control, workload, community, fairness, rewards and values. Caring behavior of nurse managers also affects emotional fatigue and depersonalization through reward mediation, control and workload. The application of (Son, Sutadi, et al., 2021)*caring* leadership must be carried out consistently in all nursing activities in hospitals, considering that *caring* leadership can reduce nurse *burnout* which will ultimately have an impact on the quality of nursing services (Made, 2017). The role of leadership influences the creation of a positive attitude of the work environment (Mudallal et.al., 2017).

The supporting role of ward managers is associated with facilitating superior nursing practice, improving nurse confidence, improving teamwork and providing a better work environment (Oshodi et al., 2019). Effective nursing leadership includes planning, organizing, staff development, mobilization and control through the implementation of *caring* relationships with nursing staff for whom they are responsible, leading in organizations, cooperation with doctors and across sectors as well as patients and families (Duffy, 2013). Caring supervisor *leadership* can significantly decrease nurse *burnout*. Caring leadership from supervisors can reduce nurse *burnout* through five phases *of caring* leadership , namely the knowing phase, the phase of being together, the stage of doing, the enabling phase and the phase of maintaining confidence where the five phases will be able to create a conducive working relationship between the supervisor and the implementing nurse so as to reduce *the nurse burnout*.(Made et al.,2019).

CONCLUSION

Nurses are particularly at risk of *burnout* due to high workload and increased work stress. Many factors related to work and outside of work cause *burnout* so it needs attention from professionals to reduce the effects of *burnout* among nursing staff. Improving the work environment is a solution for hospitals that want to simultaneously reduce nurse fatigue and increase the satisfaction of nurses and patients in providing safe and high-quality care. Caring aspects must be applied in the self-development of nurses to improve the work environment

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