

# The Managerial Roles of Ward and Unit Leaders and Their Correlation with Employee Burnout at Depok City Hospital During the COVID-19 Pandemic

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## ABSTRACT

The COVID-19 pandemic placed heavy psychological demands on healthcare workers, increasing their vulnerability to burnout, with managerial functions of ward and unit leaders playing a critical role in shaping staff well-being. This study aimed to examine the relationship between managerial functions and employee burnout at Depok City Hospital. A cross-sectional analytical design was conducted in March 2022 involving 252 respondents randomly selected from a population of 534 employees. Data were collected via an online questionnaire covering demographics, managerial functions (planning, organizing, staffing, directing, controlling), and burnout dimensions (physical exhaustion, depersonalization, reduced personal accomplishment) based on the Maslach Burnout Inventory. Logistic regression analysis revealed that burnout levels were balanced, with 50.4% of respondents experiencing low burnout and 49.6% high burnout. Managerial function scores ranged from 50% to 63%, with directing achieving the highest score (63.1%). Multivariate analysis identified directing as the most significant predictor of burnout (AOR 3.363; 95% CI 1.956–5.78). These findings indicate that the directing function is the dominant managerial factor influencing burnout, and strengthening direction through regular meetings, effective communication, and alignment of standard operating procedures with staff responsibilities may help reduce burnout risk and improve workforce resilience.

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## 1. INTRODUCTION

The COVID-19 pandemic has severely disrupted global health systems, with Indonesia reporting over 6 million confirmed cases and 156,875 deaths by mid-2022. West Java was among the hardest-hit

provinces, and Depok City recorded the second-highest case count, placing immense pressure on healthcare institutions and personnel.

Burnout, defined as chronic physical, emotional, and mental exhaustion due to prolonged occupational stress (Maslach, 2008), emerged as a critical concern during the pandemic. It affects both clinical and non-clinical hospital staff and manifests through symptoms such as fatigue, anxiety, reduced empathy, and impaired performance. International studies report high burnout prevalence among healthcare workers: 60.5% in China, 53.8% in Malaysia, 50% in Japan, and 83% in Indonesia (Dong, 2020; Roslan, 2021; Nishimura et al., 2021; Humas FK UI, 2020).

Burnout has serious implications for healthcare quality, including compromised patient safety, poor decision-making, and diminished job satisfaction (Neuhauser, 2011; Alharbi, 2019). Contributing factors include excessive workload, long hours, and emotionally demanding tasks (Ilyas, 2002; Zerbini et al., 2020). Organizational dynamics, such as leadership quality, communication, and role clarity, also play a significant role (Jayanti et al., 2021; Munandar, 2011).

While burnout is multifactorial, the role of managerial functions: planning, organizing, staffing, directing, and controlling (Marquis & Huston, 2010) has gained attention. Deficiencies in these areas, particularly in staffing and communication, are linked to higher burnout levels. However, empirical evidence on how ward and unit-level leadership practices influence burnout in Indonesian hospitals remains scarce.

This study addresses that gap by examining the correlation between managerial functions of ward and unit heads and employee burnout at Depok City Hospital. Preliminary field observations revealed emotional fatigue, frequent overtime, and inconsistent direction from supervisors. By integrating organizational psychology and epidemiological data, this research aims to generate actionable insights to guide leadership strategies and enhance workforce resilience during and beyond the pandemic.

The objective of this study is to examine the relationship between the managerial functions of ward and unit heads, specifically planning, organizing, staffing, directing, controlling, and employee burnout during the COVID-19 pandemic at Depok City Hospital.

## 2. METHODS

This study employed a quantitative analytical approach using a cross-sectional design, conducted at Depok City Regional General Hospital (RSUD Depok) in March 2022. The study aimed to examine the relationship between the managerial functions of ward and unit heads, namely planning, organizing, staffing, directing, and controlling, and employee burnout during the COVID-19 pandemic. The target population consisted of 534 hospital employees across various professional categories. A sample of 252 participants was selected using simple random sampling to ensure representativeness. The sampling frame included all active staff listed in the hospital's personnel database.

Data were collected using a structured online questionnaire distributed via Google Forms. The instrument comprised sections on demographic characteristics, managerial functions, and burnout indicators adapted from the Maslach Burnout Inventory (MBI), which includes dimensions of physical exhaustion, depersonalization, and reduced personal accomplishment. Content validity was assessed through expert review, and reliability testing (e.g., Cronbach's  $\alpha$ ) is recommended to support internal consistency.

Prior to formal data collection, preliminary field observations and informal interviews were conducted to identify early signs of burnout and refine the questionnaire. Formal data collection was carried out electronically in compliance with pandemic-related restrictions. All participants provided informed consent, and the study received ethical approval from the institutional review board of Universitas Pembangunan Nasional Veteran Jakarta. Responses were obtained voluntarily and anonymously.

Descriptive statistics were used to summarize the distribution of managerial functions and burnout levels. Bivariate analyses identified variables meeting the inclusion threshold ( $p < 0.25$ ), which were subsequently entered into a multivariate logistic regression model. The final model produced

adjusted odds ratios (AORs), p-values, and 95% confidence intervals to determine the strength of association between managerial functions and burnout. The directing function emerged as the most influential predictor of employee burnout.

### 3. FINDINGS AND DISCUSSION

The COVID-19 pandemic has significantly affected employee burnout in hospital settings. At Depok City Regional General Hospital (RSUD Depok), burnout levels were relatively balanced, with 50.4% of respondents categorized as low and 49.6% as high. This pattern is comparable to findings in Malaysia and Japan, where moderate to high burnout was also prevalent among healthcare workers (Roslan, 2021; Nishimura et al., 2021), though lower than the severe burnout rates reported in China (Dong, 2020).

Analysis of managerial functions showed moderate performance across domains: planning (52%), organizing (56.3%), staffing (50.8%), directing (63.1%), and controlling (55.2%). The directing function scored highest, reflecting its prominence in supervisory practices. However, specific items such as regular meetings, reward provision, reprimands for lateness, and personal follow-up on unfocused staff were more frequently rated as “rarely,” indicating gaps in consistent implementation.

Multivariate logistic regression identified directing as the only consistently significant predictor of burnout ( $p = 0.001$ ; AOR = 3.363; 95% CI: 1.956–5.78). The final model explained 10.4% of the variance in burnout levels ( $R^2 = 0.104$ ), suggesting that other organizational or personal factors also contribute. A beta coefficient of 1.213 indicated that each 1-point increase in directing score was associated with a 1.213-point increase in burnout risk.

These findings align with Ramdan & Oktavian (2016), who emphasized that guidance and motivation are critical for organizational effectiveness and employee performance. Dewydar (2015) similarly highlighted the importance of communication and motivational support in reducing burnout. While organizing was less statistically influential in this study, Rismawati (2016) found it to be significant in other contexts, suggesting that institutional culture and pandemic-related pressures may explain the weaker contribution observed here.

Limitations of this study include its cross-sectional design, which restricts causal inference, reliance on self-reported data that may introduce bias, and the relatively low  $R^2$  value, indicating that many external factors were not captured. Implications for practice highlight the need to strengthen the directing function through regular coordination meetings, clear task guidance, motivational support, and alignment of SOPs with staff responsibilities. Leadership training for ward and unit heads should prioritize communication and supervisory skills to reduce burnout risk and enhance workforce resilience.

Table 1. Distribution of question items on management functions and burnout levels

| No                   | Statement   | Never<br>% | Rarely<br>% | Often<br>% | Always<br>% |
|----------------------|---|------------|-------------|------------|-------------|
| <b>A. Planning</b>   |   |            |             |            |             |
| A1                   | The ward/unit head formulates effective work objectives.            | 9,50       | 12,30       | 31,70      | 46,40       |
| A2                   | The ward/unit head establishes staff work regulations.              | 10,30      | 8,70        | 30,20      | 50,80       |
| A3                   | The ward/unit head prepares a work plan.                            | 10,70      | 8,30        | 33,30      | 47,60       |
| A4                   | The ward/unit head develops an employee discipline evaluation plan. | 9,50       | 14,70       | 27,80      | 48,00       |
| A5                   | The ward/unit head creates work implementation guidelines           | 12,70      | 8,30        | 29,00      | 50,00       |
| <b>B. Organizing</b> |   |            |             |            |             |

| No                            | Statement   | Never<br>% | Rarely<br>% | Often<br>% | Always<br>% |
|-------------------------------|---|------------|-------------|------------|-------------|
| B1                            | The ward/unit head defines the organizational structure                   | 12,30      | 7,10        | 26,60      | 54,00       |
| B2                            | The ward/unit head promotes effective communication.                      | 10,30      | 4,00        | 27,00      | 58,70       |
| B3                            | The ward/unit head determines staff job descriptions.                     | 13,50      | 7,10        | 26,20      | 53,20       |
| B4                            | The ward/unit head establishes task flow and lines of coordination.       | 13,50      | 4,40        | 31,30      | 50,80       |
| B5                            | The ward/unit head assigns responsibility for each task.                  | 13,10      | 2,80        | 24,20      | 59,90       |
| <b>C. Staffing</b>            |   |            |             |            |             |
| C1                            | The ward/unit head assigns staff to attend training.                      | 10,70      | 14,30       | 32,90      | 42,10       |
| C2                            | The ward/unit head discusses work obstacles and seeks solutions together. | 9,50       | 11,10       | 33,30      | 46,00       |
| C3                            | The ward/unit head clearly assigns responsibilities.                      | 10,30      | 5,60        | 31,70      | 52,40       |
| C4                            | The ward/unit head monitors employee working hours.                       | 10,30      | 4,40        | 31,30      | 54,00       |
| <b>D. Directing</b>           |   |            |             |            |             |
| D1                            | The ward/unit head provides guidance on underperformance.                 | 9,90       | 15,10       | 37,70      | 37,30       |
| D2                            | The ward/unit head holds regular meetings.                                | 1,20       | 27,00       | 31,30      | 40,50       |
| D3                            | The ward/unit head provides motivation.                                   | 10,30      | 10,30       | 32,10      | 47,20       |
| D4                            | The ward/unit head provides rewards.                                      | 21,80      | 29,40       | 25,40      | 23,40       |
| <b>E. Controlling</b>         |   |            |             |            |             |
| E1                            | The ward/unit head conducts regular coordination meetings.                | 11,90      | 15,50       | 28,20      | 44,40       |
| E2                            | The ward/unit head reprimands late employees.                             | 12,70      | 31,30       | 26,20      | 29,80       |
| E3                            | The ward/unit head follows up on employee obstacles.                      | 10,30      | 10,30       | 36,10      | 43,30       |
| E4                            | The ward/unit head monitors employee performance..                        | 10,70      | 12,30       | 35,70      | 41,30       |
| E5                            | The ward/unit head addresses unfocused employees personally.              | 9,50       | 34,50       | 26,60      | 29,40       |
| <b>F. Physical Exhaustion</b> |   |            |             |            |             |
| F1                            | I feel physically exhausted.  | 15,10      | 56,70       | 16,70      | 11,50       |
| F2                            | I feel fatigued upon waking up in the morning.                            | 20,20      | 44,00       | 19,40      | 16,30       |
| F3                            | I frequently experience headaches at work.                                | 32,50      | 40,10       | 16,30      | 11,10       |
| F4                            | I feel overwhelmed by excessive workload.                                 | 40,10      | 42,50       | 6,00       | 11,50       |
| F5                            | I have taken leave due to exhaustion.                                     | 60,30      | 15,10       | 4,40       | 20,20       |
| <b>G. Depersonalization</b>   |   |            |             |            |             |
| G1                            | I do not care about my colleagues.  | 74,20      | 9,50        | 5,20       | 11,10       |
| G2                            | I am frequently cynical toward colleagues.                                | 78,20      | 8,30        | 1,60       | 11,90       |
| G3                            | I feel emotionally detached from others at work.                          | 71,00      | 9,50        | 4,00       | 15,50       |

| No  | Statement                                    | Never<br>% | Rarely<br>% | Often<br>% | Always<br>% |
|---|--|------------|-------------|------------|-------------|
| G4  | I always prefer to work alone.               | 38,50      | 41,30       | 8,70       | 11,50       |
| G5  | Teamwork makes me feel restricted.           | 75,40      | 13,90       | 1,60       | 9,10        |
| <b>H. Reduced Personal Accomplishment</b> |  |            |             |            |             |
| H1  | I am unhappy in my workplace.                | 73,40      | 15,10       | 1,60       | 9,90        |
| H2  | A heavy workload frustrates me.              | 72,20      | 16,30       | 1,60       | 9,90        |
| H3  | I feel that my life and career are stagnant. | 70,60      | 19,00       | 0,80       | 9,50        |
| H4  | I feel unappreciated at work.                | 81,00      | 13,10       | 0,80       | 5,20        |
| H5  | I am dissatisfied with my work performance.  | 71,00      | 27,80       | 0,40       | 0,80        |

[Source: Processed primary data]

Analysis of Table 1 shows that the managerial function variables: planning, organizing, staffing, directing, and controlling, were predominantly rated “often” and “always” by respondents, indicating moderate to strong implementation. However, several specific items were more frequently rated “rarely,” such as regular meetings held by unit heads (27.0%), provision of rewards (29.4%), reprimands for lateness (31.3%), and personal follow-up on unfocused staff (34.5%). These results suggest that while most managerial practices are consistently applied, certain aspects of direction and control remain underutilized. In contrast, burnout indicators such as physical fatigue, depersonalization, and reduced personal accomplishment were dominated by “never” and “rarely,” reflecting moderate symptom levels among employees

Table 2. Distribution of burnout levels

| Variabel                        | Category | Count | Persentase (%) |
|---------------------------------|----------|-------|----------------|
| Physical exhaustion             | Low      | 143   | 56,7           |
|                                 | High     | 109   | 43,3           |
| Depersonalization               | Low      | 131   | 52,0           |
|                                 | High     | 121   | 48,0           |
| Reduced Personal Accomplishment | Low      | 163   | 64,7           |
|                                 | High     | 89    | 35,3           |
| Burnout                         | Low      | 127   | 50,4           |
|                                 | High     | 125   | 49,6           |

[Source: Processed primary data]

Table 2 further illustrates that most respondents reported low levels of physical exhaustion (56.7%), depersonalization (52.0%), and reduced personal accomplishment (64.7%). For the main variable, burnout, 50.4% of respondents were categorized as low and 49.6% as high. This balanced distribution is consistent with field observations, where many employees reported fatigue after providing services, but not all experienced severe burnout. Compared to international studies, these findings align with moderate burnout prevalence reported in Malaysia and Japan (Roslan, 2021; Nishimura et al., 2021), though lower than the severe burnout levels observed in China (Dong, 2020).

Table 2. Multivariate modeling of burnout levels

| Management Function | Model (p-value) |       |       |       |       |
|---------------------|-----------------|-------|-------|-------|-------|
|                     | 1               | 2     | 3     | 4     | 5     |
| Planning            | 0,894           | -     | -     | -     | -     |
| Organizing          | 0,192           | 0,172 | 0,069 | 0,100 | -     |
| Staffing            | 0,490           | 0,497 | -     | -     | -     |
| <b>Directing</b>    | 0,001           | 0,001 | 0,001 | 0,001 | 0,001 |
| Controlling         | 0,348           | 0,332 | 0,41  | -     | -     |

[Source: Processed primary data]

Multivariate logistic regression analysis included all independent variables with bivariate p-values <0.25. Across five models, the directing function consistently emerged as the only significant predictor of burnout ( $p = 0.001$ ; AOR = 3.363; 95% CI: 1.956–5.78). The final parsimonious model yielded an  $R^2$  of 0.104, indicating that managerial functions explained 10.4% of the variance in burnout levels, while 89.6% was attributable to other factors outside the model. The beta coefficient of 1.213 suggests that each 1-point increase in directing score was associated with a 1.213-point increase in burnout risk. These findings reinforce prior research emphasizing the importance of supervisory guidance and motivation (Ramdan & Oktavian, 2016; Dewydar, 2015). While organizing was less statistically influential in this study, Rismawati (2016) found it to be significant in other contexts, highlighting that institutional culture and pandemic-related pressures may explain the weaker contribution observed here.

#### 4. CONCLUSION

This study concluded that employee burnout at Depok City Regional Hospital during the COVID-19 pandemic was relatively balanced, with 50.4% of respondents experiencing low levels and 49.6% experiencing high levels of burnout. Managerial functions were implemented at moderate levels, with scores ranging from 50% to 63%, and the directing function emerging as the most influential factor associated with burnout. The analysis showed that inadequate direction, such as lack of regular meetings, unclear task guidance, and limited motivational support, correlated with higher burnout risk. To address this, it is recommended that hospital leadership strengthen the directing function through structured communication, alignment of standard operating procedures with staff responsibilities, and targeted training for ward and unit heads to enhance supervisory effectiveness and reduce psychological strain among employees.

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