

LAMPIRAN

Lampiran 1 Surat Keterangan Selesai Seminar Proposal



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM
 Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235 Telepon (0511) 3266593
 Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

SURAT KETERANGAN

Nomor 1938/Un. 14/III.3/PP.00.9/08/2025

Yang bertanda tangan di bawah ini, Ketua Prodi Psikologi Islam menerangkan bahwa:

Nama : Alya Kamilah
 NIM : 220103040160
 Tempat Tanggal Lahir : Kuala Kapuas, 24 Oktober
 2004 Program Studi : Psikologi Islam
 Tahun Akademik : Ganjil 2025/2026

Adalah benar telah melaksanakan seminar proposal dengan judul: *Kontribusi Strategi Problem Focused Coping* dengan Tingkat *Burnout* pada Tenaga Kesehatan Di Rumah sakit Umum Daerah Sultan Suriansyah Banjarmasin

Demikian surat keterangan ini diberikan agar dapat digunakan sebagaimana mestinya.

Banjarmasin, 27 Agustus 2025

Ketua Prodi Psikologi Islam,



Dia Mulyani, M.Ag
 NIP 196810101994032004

Lampiran 2 Surat Keterangan Habis Mata Kuliah



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235 Telepon (0511) 3266593
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

SURAT KETERANGAN HABIS MATA KULIAH

Nomor: 621/Un.14/III.3/PP.00.9/04/2026

Ketua Program Studi Psikologi Islam Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin menerangkan bahwa:

Nama : Alya Kamilah
NIM : 220103040160
Semester : VIII (Delapan)
Program Studi : S1 Psikologi Islam
Tahun Akademik : 2025/2026

yang bersangkutan telah mengambil seluruh matakuliah yang ditetapkan program studi Psikologi Islam sesuai kurikulum tahun 2022.

Demikian surat keterangan ini diberikan untuk memperoleh transkrip nilai sementara.

Banjarmasin, 23 April 2026

Ketua Prodi Psikologi Islam,



Mardha Fadhila, M.Psi., Psikolog
NIP. 198708022022032001

Lampiran 3 Surat Memperoleh 50 SKK



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
 Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235
 Telepon (0511) 3266593
 Website: fuh.uin-antasari.ac.id; E-mail: fuh@uin-antasari.ac.id

SURAT KETERANGAN

Nomor: 816/Un.14/III.3/PP.00.9/05/2026

Yang bertanda tangan di bawah ini Wakil Dekan Bidang Kemahasiswaan dan Kerjasama Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin dengan ini menerangkan bahwa :

Nama	: Alya Kamilah
NIM	: 220103040160
Tempat dan Tanggal Lahir	: Kuala Kapuas, 24 Oktober 2004
Semester	: VIII (Delapan)
Fakultas	: Ushuluddin dan Humaniora
Program Studi	: S1 Psikologi Islam
Tahun Akademik	: 2025/2026

adalah benar mahasiswa Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin yang telah memperoleh Satuan Kredit Kegiatan Ekstrakurikuler (SKK): 97 SKK

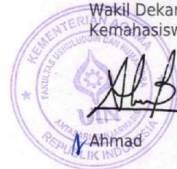
Surat Keterangan ini diberikan kepada yang bersangkutan untuk keperluan Persyaratan Sidang Skripsi

Kami sampaikan pula sebagai Satker berpredikat Zona Integritas Wilayah Bebas Korupsi (ZI-WBK), menuju Zona Integritas Wilayah Birokrasi Bersih Melayani (ZI-WBBM) UIN Antasari Banjarmasin berkomitmen terus menjaga integritas serta meningkatkan Kualitas Kinerja dan Pelayanan.

Demikian surat keterangan ini dibuat untuk digunakan sebagaimana mestinya.

Banjarmasin, 06 Mei 2026

Wakil Dekan Bidang
Kemahasiswaan dan Kerjasama,



Lampiran 4 Sertifikat Komprehensif



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI
ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA

Jalan A. Yani Km. 4.5 Banjarmasin 70235 Telepon (0511) 3266593
e-mail: fuh@uin-antasari.ac.id website: http://www.fuh.uin-antasari.ac.id.

SERTIFIKAT

Nomor: 965/Un.14/III.3/PP.01.1/06/2026

Dekan Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin dengan ini memberikan sertifikat kepada :


N a m a : Alya Kamilah
N I M : 220103040160

Telah L U L U S dalam menempuh UJIAN KOMPREHENSIF pada Jurusan Psikologi Islam dengan nilai akhir 89,33 (A) bobot : 3,75

Demikian sertifikat ini diberikan kepada yang bersangkutan untuk dipergunakan sebagaimana mestinya.



Banjarmasin, 03 Juni 2026
Dekan,


Prof. Dr. H. Akhmad Sagir, M.Ag
NIP. 197112171996031001

Lampiran 5 Surat Perubahan Judul



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Jalan Pandarapan Guntung Manggis Landasan Ulin Banjarbaru Kode Pos 70732
Website: www.pi.uin-antasari.ac.id; Email: psikologi.islam@uin-antasari.ac.id

Surat Persetujuan Perubahan Judul Skripsi

Yang bertanda tangan di bawah ini:

Nama : Imadduddin, M.A, M.Kes.
NIP : 198209252015031004
Jabatan : Dosen
Fakultas : Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin

Dengan ini menyatakan bahwa saya menyetujui perubahan judul skripsi mahasiswa:

Nama : Alya Kamilah
NIM : 220103040160
Program Studi : Psikologi Islam
Perubahan judul : Kontribusi Strategi Problem Focused Coping dengan Tingkat Burnout Pada Tenaga Kesehatan Di Rumah Sakit Umum Daerah Sultan Suriansyah Banjarmasin
menjadi : Kontribusi Strategi Problem Focused Coping Terhadap Burnout pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin

Perubahan ini sudah dibicarakan dan disetujui karena alasan: Penyesuaian Topik Penelitian.

Demikian surat persetujuan ini dibuat untuk dipergunakan sebagaimana mestinya.

Banjarmasin, 12 Maret 2026
Dosen Pembimbing Skripsi,

Imadduddin, M.A, M.Kes.

Lampiran 6 Surat Izin Riset dan Pengantar Riset



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
 Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235
 Telepon (0511) 3266593
 Website: fuh.uin-antasari.ac.id; E-mail: fuh@uin-antasari.ac.id

Nomor : 471/Un.14/III.3/TL.00/03/2026 10 Maret 2026
 Sifat : Biasa
 Lampiran : 1 (satu) lembar
 Hal : Riset dalam Rangka Penyusunan Skripsi

Yth. Direktur Rumah Sakit Umum Daerah Sultan Suriansyah
 Kota Banjarmasin

Assalamu'alaikum wr. wb.

Dengan Hormat, bersama ini kami mohon izin serta bantuan Bapak/Ibu agar berkenan kiranya memberikan informasi/data yang diperlukan mahasiswa(i) :

Nama : Alya Kamilah
 NIM : 220103040160
 Jurusan : S1 Psikologi Islam
 Alamat : Jl. Dewi Kunti Kebun Bunga Banjarmasin Timur Kota Banjarmasin
 Prov.Kalimantan Selatan

sehubungan dengan penelitian yang akan dilaksanakan sebagaimana surat riset terlampir.

Kami sampaikan pula sebagai Satker berpredikat Zona Integritas Wilayah Bebas Korupsi (ZI-WBK), menuju Zona Integritas Wilayah Birokrasi Bersih Melayani (ZI-WBBM) UIN Antasari Banjarmasin berkomitmen terus menjaga integritas serta meningkatkan Kualitas Kinerja dan Pelayanan.

Demikian permohonan ini disampaikan, atas perhatian dan perkenan Bapak/Ibu serta kerjasamanya kami ucapkan terima kasih.

Wassalamu'alaikum wr. wb.





**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA**

Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235
Telepon (0511) 3266593
Website: fuh.uin-antasari.ac.id; E-mail: fuh@uin-antasari.ac.id

SURAT RISET

Nomor: .470/Un.14/III.3/PP.00.9/03/2026

Dekan Fakultas Ushuluddin dan Humaniora UIN Antasari Banjarmasin dengan ini menugaskan :

Nama : Alya Kamilah
NIM : 220103040160
Semester : VIII (Delapan)
Jurusan : S1 Psikologi Islam
Alamat Sekarang : Jl. Dewi Kunti Kebun Bunga Banjarmasin Timur Kota
Banjarmasin Prov.Kalimantan Selatan
Untuk : Melakukan riset / penelitian ilmiah dalam rangka
pengumpulan data untuk penyusunan skripsi dengan judul:

**Kontribusi Strategi Problem Focused Coping Terhadap Burnout pada Perawat di
Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin**

Tempat yang dituju : Rumah Sakit Umum Daerah Sultan Suriansyah Kota
Banjarmasin
Barang yang dibawa : Seperangkat Alat Penelitian
Lamanya Riset : 2 (Dua) Bulan
Dari Tanggal : 16 Maret 2026
Sampai Tanggal : 31 Mei 2026

Kami sampaikan pula sebagai Satker berpredikat Zona Integritas Wilayah Bebas Korupsi (ZI-WBK), menuju Zona Integritas Wilayah Birokrasi Bersih Melayani (ZI-WBBM) UIN Antasari Banjarmasin berkomitmen terus menjaga integritas serta meningkatkan Kualitas Kinerja dan Pelayanan.

Demikian surat riset ini diberikan kepada yang bersangkutan agar pihak-pihak terkait dapat memberikan bantuan sepenuhnya.

Banjarmasin, 10 Maret 2026



Dekan,

Arifuddin Sagir



PEMERINTAH KOTA BANJARMASIN
RSUD SULTAN SURIANSYAH

Jalan Rantauan Darat RT.04 RW.01 Banjarmasin Kode Pos 70246
 Telepon (0511)6783707 Fax (0511)6782000
 Laman: <http://rsudss.banjarmasinkota.go.id> Pos-el: rsudsultansuriansyah@gmail.com



Nomor : 900 / 602 / 1.1.2-RSSS/III/2026 Banjarmasin, 25 Maret 2026
 Sifat : Biasa
 Hal : Penagihan Biaya Penelitian
 di RSUD Sultan Suriansyah
 Banjarmasin

Yth. Dekan Fakultas Ushuluddin dan Humaniora
 Universitas Islam Negeri Antasari Banjarmasin
 di –
 Banjarmasin

Sehubungan dengan surat dari Dekan Fakultas Ushuluddin dan Humaniora Universitas Islam Negeri Antasari Banjarmasin nomor 471/Un.14/III.3/TL.00/03/2026 perihal Riset dalam Rangka Penyusunan Skripsi, dengan ini RSUD Sultan Suriansyah Banjarmasin menyatakan bersedia untuk memfasilitasi terhadap permohonan tersebut. Untuk kegiatan Penelitian berdasarkan Peraturan Walikota Kota Banjarmasin Nomor 19 Tahun 2024 Tentang Tarif Layanan Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin yang berlaku dengan rincian sebagai berikut :

Nama Peneliti	Penelitian /Judul Penelitian	Tarif /Judul Penelitian	Tarif Surat Administrasi
Alya Kamilah (S1)	Kontribusi Strategi <i>Problem Focused Coping</i> Terhadap <i>Burnout</i> pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin.	Rp. 200.000,-	Rp. 70.000,-
Total		Rp. 270.000,-	

Demikian disampaikan, atas perhatian dan kerjasamanya diucapkan terimakasih.



H. Fala Sukma Nan Agung
 Pembina / IV a
 NIP. 19770826 200701 1 008



PEMERINTAH KOTA BANJARMASIN
RSUD SULTAN SURIANSYAH

Jalan Rantauan Darat RT.04 RW.01 Banjarmasin Kode Pos 70246
 Telepon (0511)6783707 Fax (0511)6782000
 Laman: <http://rsudss.banjarmasinkota.go.id> Pos-el: rsudsultansuriansyah@gmail.com



SURAT PERSETUJUAN TEMPAT PENELITIAN

Nomor : 800 / 681 / 1.1.2-RSSS/III/2026

- Dasar : 1. Surat dari Universitas Islam Negeri Antasari Banjarmasin tanggal 10 Maret 2026 nomor 471/Un.14/III.3/TL.00/03/2026 perihal Riset dalam Rangka Penyusunan Skripsi.
2. Disposisi Direktur tanggal 12 Maret 2026 no. agenda 375 perihal Riset dalam Rangka Penyusunan Skripsi.

Memberitahukan bahwa:

Nama : Alya Kamilah
 NIK/NIP/NIM : 220103040160
 Program Studi : S1 - Psikologi Islam
 Instansi : Universitas Islam Negeri Antasari Banjarmasin
 Judul : Kontribusi Strategi *Problem Focused Coping* Terhadap *Burnout* pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin.

Telah disetujui untuk melakukan penelitian dan pengambilan data sesuai ketentuan berlaku di RSUD Sultan Suriansyah, yang akan dikoordinasikan oleh:

Unit / Instalasi : Perawat di Lingkungan RSUD Sultan Suriansyah.
 Instrumen : Kuesioner.
 Metode Penelitian : Kuantitatif

Demikian surat persetujuan penelitian ini dibuat untuk dipergunakan sebagaimana semestinya.

Banjarmasin, 25 Maret 2026
 Direktur RSUD Sultan Suriansyah



dr. H. Fajar Sukma Nan Agung
 Rembina / IV a

NIP. 19770826 200701 1 008



PEMERINTAH KOTA BANJARMASIN
RSUD SULTAN SURIANSYAH

Jalan Rantauan Darat RT.04 RW.01 Banjarmasin Kode Pos 70246
 Telepon (0511)6783707 Fax (0511)6782000
 Laman: <http://rsudss.banjarmasinkota.go.id> Pos-el: rsudsultansuriansyah@gmail.com



SURAT PERINTAH TUGAS

Nomor: 094/ 107 /1.1.2-RSSS/III/2026

- Dasar : 1. Surat dari Universitas Islam Negeri Antasari Banjarmasin tanggal 10 Maret 2026 nomor 471/Un.14/III.3/TL.00/03/2026 perihal Riset dalam Rangka Penyusunan Skripsi.
 2. Disposisi Direktur tanggal 12 Maret 2026 no. agenda 375 perihal Riset dalam Rangka Penyusunan Skripsi.

MEMERINTAHKAN :

- Kepada : 1. Nama : Hj. Yuanita Pandangsari, S.Kep., Ns.
 NIP : 19851031 201001 2 011
 Pangkat Gol : Pembina / IV a
 Jabatan : Kepala Instalasi Rawat Inap
 2. Nama : Roesmanita, S.Kep., Ns
 NIP : 19791111 201001 2 006
 Pangkat Gol : Pembina / IV a
 Jabatan : Kepala Instalasi Rawat Jalan
- Untuk : Pembimbing Klinik Penelitian an. Alya Kamilah
- Waktu : 27 Maret s.d 31 Mei 2026
- Tempat : RSUD Sultan Suriansyah.

Ditetapkan di : Banjarmasin
 Pada Tanggal : 25 Maret 2026
 Direktur RSUD Sultan Suriansyah



dr. ~~1.1.1.1~~ Sukma Nan Agung
 Pembina/IV a
 NIP. 19770826 200701 1 008



dr. ~~1.1.1.1~~ M.A
 NIP 197903242023211012

Lampiran 7 Surat Izin Studi Pendahuluan



PEMERINTAH KOTA BANJARMASIN
RSUD SULTAN SURIANSYAH

Jalan Rantauan Darat RT.04 RW.01 Banjarmasin Kode Pos 70246
 Telepon (0511)6783707 Fax (0511)6782000
 Laman: <http://rsudss.banjarmasinkota.go.id> Pos-el: rsudsultansuriansyah@gmail.com



SURAT KETERANGAN

Nomor : 800/ 195 /1.1.2-RSSS/IX/2025

Yang bertanda tangan di bawah ini:

Nama : dr. H. Muhammad Syaukani, M.M.
 NIP : 19820614 200903 1 008
 Pangkat/Golongan : Pembina / IV a
 Jabatan : Direktur
 Unit Kerja : RSUD Sultan Suriansyah Banjarmasin

Dengan ini menerangkan bahwa:

Nama : Alya Kamilah
 NIK/NIP/NIM/NPM : 220103040160
 No. telpon/ Hp : 0852 5005 0310
 Instansi : Universitas Islam Negeri Antasari Banjarmasin
 Judul : Kontribusi Strategi *Problem Focused Coping* dengan
 Tingkat *Burnout* pada Tenaga Kesehatan di Rumah Sakit
 Umum Daerah Sultan Suriansyah Banjarmasin.

Yang bersangkutan telah menyelesaikan administrasi permintaan data *Studi Pendahuluan*, maka diberikan izin kepada yang bersangkutan untuk melakukan *Studi Pendahuluan* di lingkungan RSUD Sultan Suriansyah Kota Banjarmasin pada 19 September s.d 31 Oktober 2025. Demikian surat keterangan ini dibuat dan dipergunakan sebagaimana mestinya.

Banjarmasin, 16 September 2025


 dr. H. Muhammad Syaukani, M.M.
 NIP. 19820614 200903 1 008



PEMERINTAH KOTA BANJARMASIN
RSUD SULTAN SURIANSYAH

Jalan Rantauan Darat RT.04 RW.01 Banjarmasin Kode Pos 70246
 Telepon (0511)6783707 Fax (0511)6782000
 Laman: <http://rsudss.banjarasinkota.go.id> Pos-el: rsudsultansuriansyah@gmail.com



Nomor : 90 / 2126 / 1.1.2-RSSS/IX/2025 Banjarmasin, 16 September 2025
 Sifat : Biasa
 Hal : Penagihan Biaya Studi Pendahuluan
 di RSUD Sultan Suriansyah
 Banjarmasin

Yth. Ketua Prodi Psikologi Islam
 Universitas Islam Negeri Antasari Banjarmasin
 di –
 Banjarmasin

Sehubungan dengan surat dari Ketua Prodi Psikologi Islam Universitas Islam Negeri Antasari Banjarmasin nomor : 1866/Un.14/III.3/PP.00.9/08/2025 perihal Permohonan Izin Pengambilan Data Awal, dengan ini RSUD Sultan Suriansyah Banjarmasin menyatakan bersedia untuk memfasilitasi terhadap permohonan tersebut. Untuk kegiatan Studi Pendahuluan berdasarkan Peraturan Walikota Kota Banjarmasin Nomor 19 Tahun 2024 Tentang Tarif Layanan Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin yang berlaku dengan rincian sebagai berikut :

Nama Mahasiswa	Penelitian /Judul Penelitian	Tarif Surat Administrasi
Alya Kamilah (S1)	Kontribusi Strategi <i>Problem Focused Coping</i> dengan Tingkat <i>Burnout</i> pada Tenaga Kesehatan di Rumah Sakit Umum Daerah Sultan Suriansyah Banjarmasin.	Rp. 70.000,-

Pembayaran dapat dilakukan secara transfer melalui rekening Bank Kalsel – 2003818155 atas nama Bendahara Penerimaan RSUD Sultan Suriansyah

Demikian disampaikan, atas perhatian dan kerjasamanya diucapkan terimakasih.



Lampiran 8 Surat Pernyataan Keabsahan Data

SURAT PERNYATAAN KEABSAHAN DATA

Saya yang bertanda tangan di bawah ini:

Nama : Alya Kamilah
NIK/NIP/NIM/NPM : 220103040160
Program Studi : S1 - Psikologi Islam
Perguruan Tinggi : Universitas Islam Negeri Antasari Banjarmasin

Dengan ini menyatakan bahwa data dan informasi yang saya gunakan dalam penulisan karya ilmiah dengan judul "**Kontribusi Strategi *Problem Focused Coping* Terhadap *Burnout* pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin.**" merupakan data dan informasi yang sesungguhnya benar, tidak ada pemalsuan dan dapat dibuktikan keabsahannya. Data dan informasi saya peroleh berdasarkan hasil riset pada:

Nama Instalasi : Rumah Sakit Umum Daerah Sultan Suriansyah.
Alamat Instalasi : Jl. Rantauan Darat RT. 04 RW. 01, Kelayan Selatan.
Kota Banjarmasin, Kalimantan Selatan 70231
Waktu Riset : 27 Maret s.d 31 Mei 2026

Saya bersedia untuk bertanggung jawab secara pribadi, tanpa melibatkan pihak **RSUD Sultan Suriansyah**, atas dampak atau kerugian yang timbul akibat tindakan yang berkaitan data dan informasi yang terdapat pada karya ilmiah saya.

Demikian surat pernyataan keabsahan data ini saya buat untuk dipergunakan sebagaimana semestinya

Banjarmasin, 27 Maret 2026
Yang menyatakan,



Alya Kamilah

Lampiran 9 Selesai Riset

**SURAT KETERANGAN**

Nomor : 800/ 680 /1.1.2-RSSS/III/2026

Yang bertanda tangan di bawah ini:

Nama : dr. H. Fajar Sukma Nan Agung
 NIP : 19770826 200701 1 008
 Pangkat/Golongan : Pembina / IV a
 Jabatan : Direktur
 Unit Kerja : RSUD Sultan Suriansyah Banjarmasin

Dengan ini menerangkan bahwa:

Nama : Alya Kamilah
 NIK/NIP/NIM/NPM : 220103040160
 No. telpon/ Hp : 085250050310
 Instansi : Universitas Islam Negeri Antasari Banjarmasin
 Judul : Kontribusi Strategi *Problem Focused Coping* Terhadap *Burnout* pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin.

Yang bersangkutan telah menyelesaikan administrasi permintaan Data Penelitian, maka diberikan izin kepada yang bersangkutan untuk melakukan Penelitian di lingkungan RSUD Sultan Suriansyah Kota Banjarmasin pada 27 Maret s.d 31 Mei 2026. Demikian surat keterangan ini dibuat dan dipergunakan sebagaimana mestinya.

Banjarmasin, 25 Maret 2026

Direktur



dr. H. Fajar Sukma Nan Agung
 NIP. 19770826 200701 1 008

Lampiran 10 kuesioner Penelitian

LEMBAR INFORMASI PENELITIAN

Yth. Bapak/Ibu,

Perkenalkan, kami Alya Kamilah (Nim.220103040160) dan Siti Karina Salsabila (Nim. 220103040080). Kami merupakan mahasiswi Program Studi Psikologi Islam di Universitas Islam Negeri Antasari Banjarmasin angkatan 2022 yang saat ini sedang melaksanakan penelitian sebagai bagian dari penyusunan tugas akhir.

Penelitian ini bertujuan untuk menganalisis pengalaman kerja perawat dalam menjalankan tugas, khususnya terkait tingkat kelelahan kerja. Penelitian ini juga menganalisis bagaimana perawat merespons berbagai situasi kerja melalui upaya pemecahan masalah dan aspek spiritual yang turut memengaruhi di RSUD Sultan Suriansyah Kota Banjarmasin.

Sehubungan dengan hal tersebut, kami memohon kesediaan Bapak/Ibu untuk berpartisipasi sebagai responden dengan mengisi kuesioner yang telah disediakan. Partisipasi Bapak/Ibu bersifat sukarela dan tanpa adanya paksaan dari pihak manapun. Adapun beberapa hal yang perlu diperhatikan:

1. Data yang diberikan akan dijaga kerahasiaannya dan hanya digunakan untuk keperluan penelitian.
2. Responden tidak diwajibkan mencantumkan nama lengkap dan dapat menggunakan inisial untuk menjaga privasi.
3. Tidak terdapat jawaban benar atau salah, sehingga diharapkan Bapak/Ibu dapat menjawab sesuai dengan kondisi yang sebenarnya.
4. Bapak/Ibu memiliki keleluasaan dalam menjawab setiap pertanyaan sesuai dengan kenyamanan selama proses pengisian kuesioner.
5. Penelitian ini dilaksanakan di bawah supervisi Hj. Yuanita Pandangsari, S.Kep., Ns. dan Roesmanita, S.Kep., Ns. dari RSUD Sultan Suriansyah Kota Banjarmasin, serta berada dalam bimbingan Imadduddin, M.A., M.Kes. dan Hanafi, S.Th.I., M.A. dari Universitas Islam Negeri Antasari Banjarmasin

Dengan mengisi kuesioner ini, Bapak/Ibu dianggap telah memahami informasi yang disampaikan dan bersedia untuk berpartisipasi dalam penelitian ini. Atas perhatian dan kesediaannya, kami ucapkan terima kasih.

LEMBAR DATA RESPONDEN**Petunjuk:**

Silakan mengisi data berikut sesuai dengan kondisi Anda dengan memberikan tanda (✓) pada jawaban yang dipilih. Data yang diberikan akan dijaga kerahasiaannya dan hanya digunakan untuk kepentingan penelitian.

1. Nama / Inisial :
2. Jenis Kelamin : Laki-laki
 Perempuan
3. Usia :
4. Pendidikan Terakhir : D3 Keperawatan
 S1 Keperawatan
 Ners
 Lainnya :
5. Unit Kerja :
6. Status Kepegawaian : PNS
 PKWT
 Kontrak
 P3K
 Lainnya :
7. Lama Bekerja :

8. Sistem Kerja : *Shift*
 Non-shift

1. Skala *Burnout*

LEMBAR KUESIONER

Pada bagian ini terdapat sejumlah pernyataan. Mohon membaca setiap pernyataan dengan saksama, kemudian memilih jawaban yang paling sesuai dengan kondisi yang dialami dengan memberi tanda (✓) pada salah satu pilihan yang tersedia.

STS = Sangat Tidak Sesuai

TS = Tidak Sesuai

S = Sesuai

SS = Sangat Sesuai

Contoh:

No.	Pernyataan	STS	TS	S	SS
1.	Saya merasa percaya diri ketika bekerja.			✓	

Setelah memahami contoh di atas, silakan melanjutkan pengisian pada pernyataan sesuai dengan kondisi yang dirasakan.

No.	Pernyataan	STS	TS	S	SS
1.	Saya merasa bersemangat dalam melakukan pekerjaan.				
2.	Saya merasa produktif karena adanya pekerjaan.				
3.	Saya banyak mendapatkan pengalaman berharga padapekerjaan saya.				

No.	Pernyataan	STS	TS	S	SS
4.	Saya bisa melayani konsumen atau klien dengan baik.				
5.	Saya merasa telah memberikan pengaruh positif bagi kehidupan orang lain melalui pekerjaan saya.				
6.	Saya merasa senang setelah melakukan tugas untuk konsumen atau klien secara langsung.				
7.	Saya melayani konsumen atau klien dengan sebaik mungkin.				
8.	Saya menjadi semakin peduli terhadap orang lain sejak bekerja.				
9.	Saya merasa senang bila teman kerja menyemangati saya.				
10.	Saya merasa terbantu jika orang lain membantu dalam pekerjaan yang cukup sulit.				
11.	Saya merasa percaya diri ketika bekerja.				
12.	Saya memiliki keterikatan di dalam pekerjaan.				

2. Skala *Problem Focused Coping*

PETUNJUK PENGISIAN

Pada bagian ini terdapat sejumlah pernyataan. Silakan membaca dan memahami setiap pernyataan terlebih dahulu, kemudian tentukan jawaban yang paling sesuai dengan memilih salah satu dari empat alternatif jawaban yang disediakan.

TP = : Tidak Pernah

KK = : Kadang-kadang

S = Sering

SS = Sangat Sering

No.	Pernyataan	TP	KK	S	SS
1.	Saya berupaya tetap fokus untuk menyelesaikan masalah yang tengah saya hadapi.				
2.	Ketika saya memiliki masalah, saya mengambil tindakan untuk membuat situasi menjadi lebih baik.				
3.	Saya mencoba membuat strategi untuk menyelesaikan masalah yang tengah saya hadapi.				
4.	Saya telah berpikir keras terkait langkah apa yang harus diambil untuk mengatasi masalah yang tengah saya hadapi.				

No.	Pernyataan	TP	KK	S	SS
5.	Saat sedang memiliki masalah, saya mendapatkan bantuan dan nasihat dari orang lain.				
6.	Saat menghadapi masalah, saya berusaha mendapatkan saran atau bantuan dari orang lain untuk mengatasinya.				

Lampiran 11 Hasil Uji Reliabilitas**1. Reliabilitas Skala *Burnout*****Reliability Statistics**

Cronbach's Alpha	N of Items
.944	12

2. Reliabilitas Skala *Problem Focused Coping***Reliability Statistics**

Cronbach's Alpha	N of Items
.952	6

Lampiran 12 Hasil Uji Asumsi Klasik

1. Normalitas *Monte Carlo*

One-Sample Kolmogorov-Smirnov Test			Unstandardized Residual
N			120
Normal Parameters ^{a,b}	Mean		.0000000
	Std. Deviation		3.39693695
Most Extreme Differences	Absolute		.121
	Positive		.121
	Negative		-.087
Test Statistic			.121
Asymp. Sig. (2-tailed)			.000 ^c
Monte Carlo Sig. (2-tailed)	Sig.		.054 ^d
	99% Confidence	Lower Bound	.048
	Interval	Upper Bound	.059

a. Test distribution is Normal.

2. Normalitas *Exact*

One-Sample Kolmogorov-Smirnov Test			Unstandardized Residual
N			120
Normal Parameters ^{a,b}	Mean		.0000000
	Std. Deviation		3.39693695
Most Extreme Differences	Absolute		.121
	Positive		.121
	Negative		-.087
Test Statistic			.121
Exact Sig. (2-tailed)			.056
Point Probability			.000

3. Hasil Uji Linearitas

			Sum of Squares	df	Mean Square	F	Sig.
Burnout * PFC	Between	(Combined)	5534.361	18	307.464	31.369	.000
	Groups	Linearity	5369.266	1	5369.266	547.793	.000
		Deviation from Linearity	165.094	17	9.711	.991	.475
Within Groups			989.964	101	9.802		
Total			6524.325	119			

4. Hasil Uji Heteroskedastisitas Glesjer

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.194	.672		3.263	.001
	X	-.016	.042	-.036	-.387	.700

Lampiran 13 Uji Hipotesis

1. Hasil Uji Analisis Regresi Linear Sederhana

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.807	.865		6.715	.000
	PFC	-1.274	.054	.907	23.421	.000

a. Dependent Variable: Burnout

2. Hasil Uji *Pearson Product Moment*

Correlations

	X	Y
Pearson Correlation	1	.907**
Sig. (2-tailed)		.000
N	120	120
Pearson Correlation	.907**	1
Sig. (2-tailed)	.000	
N	120	120

** . Correlation is significant at the 0.01 level (2-tailed).

3. Koefisien Determinasi – Uji R Square

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.907 ^a	.823	.821	3.129

Lampiran 13 **Tabulasi Data****1. Tabulasi Data Variabel *Burnout***

No	Nama	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	Total
1	A1	3	3	3	2	3	2	2	3	3	3	2	3	32
2	A2	2	2	2	3	3	3	3	2	3	3	2	2	30
3	A3	2	2	1	2	2	2	3	3	2	2	2	1	24
4	A4	3	3	2	3	1	3	2	1	3	2	1	2	26
5	A5	2	3	3	3	3	3	3	3	2	2	3	3	33
6	A6	1	2	1	2	2	1	2	1	2	1	2	1	18
7	A7	2	2	3	2	3	2	2	2	3	2	3	2	28
8	A8	2	1	1	1	1	1	1	1	2	1	1	1	14
9	A9	2	3	3	3	3	3	3	3	3	3	3	3	35
10	A10	2	2	2	2	2	2	2	2	1	2	3	2	24
11	A11	3	3	3	3	3	2	3	3	2	2	2	2	31
12	A12	2	1	2	1	2	1	1	2	1	1	1	2	17
13	A13	2	3	2	2	2	4	2	2	2	2	2	2	27
14	A14	2	2	2	2	2	2	1	2	2	2	1	2	22
15	A15	4	2	3	3	2	3	3	3	2	2	3	2	32
16	A16	1	1	1	1	1	1	1	1	1	1	1	2	13
17	A17	3	3	4	4	3	3	3	3	3	2	4	2	37
18	A18	3	3	3	2	3	4	3	2	3	4	4	4	38
19	A19	1	1	1	1	1	1	1	1	1	1	1	1	12
20	A20	2	2	2	2	2	2	3	2	2	2	2	2	25
21	A21	2	1	2	2	2	2	2	1	2	2	2	1	21
22	A22	4	2	3	3	3	2	2	2	2	2	2	2	29
23	A23	1	2	2	2	1	1	2	1	2	2	1	1	18
24	A24	3	3	3	2	2	2	2	2	2	2	2	2	27
25	A25	1	1	2	1	1	1	2	2	2	1	1	1	16
26	A26	3	3	3	3	3	3	3	3	2	2	3	3	34
27	A27	2	1	2	2	2	2	2	1	3	2	3	1	23
28	A28	2	2	2	3	3	2	2	2	2	2	2	2	26
29	A29	2	1	2	2	2	1	1	2	1	2	1	2	19
30	A30	4	3	3	3	4	4	3	3	2	2	2	3	36
31	A31	2	2	3	2	2	2	4	2	2	3	2	2	28
32	K1	1	1	1	1	2	1	3	1	1	1	1	1	15
33	K2	4	3	2	2	2	3	3	2	3	2	3	2	31
34	K3	2	2	3	3	2	2	4	2	2	2	3	3	30
35	K4	1	1	1	2	1	1	1	1	2	1	1	1	14
36	K5	3	3	3	3	2	3	3	3	2	3	3	2	33
37	K6	4	3	4	4	3	4	4	2	4	2	2	2	38
38	K7	1	1	1	1	1	1	1	1	1	1	1	1	12
39	K8	2	2	2	2	2	2	1	2	2	3	2	2	24
40	K9	1	1	3	3	2	2	2	2	2	2	1	1	22
41	K10	2	2	2	2	2	2	2	2	3	3	3	3	28
42	K11	1	1	2	2	2	1	1	2	2	1	1	1	17
43	K12	2	2	3	3	2	2	2	2	2	2	2	2	26
44	K13	1	1	1	1	2	2	2	1	1	1	1	1	15
45	K14	3	2	3	3	3	3	3	3	3	2	2	2	32
46	K15	2	1	2	2	2	2	2	2	2	2	2	2	23
47	K16	2	1	3	3	2	2	2	2	2	2	2	2	25
48	K17	1	1	1	2	3	2	1	1	2	1	1	2	18
49	K18	3	3	3	3	3	3	4	3	2	3	3	2	35
50	K19	2	2	3	3	3	3	2	2	2	2	2	1	27
51	K20	1	1	2	2	2	1	2	1	1	1	1	1	16
52	K21	3	3	3	3	2	2	2	2	2	3	2	3	30
53	K22	3	2	2	2	3	2	2	2	3	4	2	2	29
54	K23	1	1	1	1	2	2	2	1	1	1	1	1	15
55	K24	4	4	3	3	3	3	3	2	2	2	2	2	33
56	K25	3	3	3	3	3	3	3	3	4	3	3	3	37
57	K26	1	1	1	1	1	1	1	1	1	1	1	1	12
58	K27	2	2	2	2	2	2	2	2	2	2	2	2	24
59	K28	2	1	2	2	2	2	2	2	2	2	1	1	21
60	K29	2	2	2	2	2	2	3	2	2	2	3	2	26

61	K30	1	1	1	2	1	2	2	2	2	1	1	1	17
62	K31	3	2	2	2	2	3	2	2	2	2	2	2	26
63	K32	2	1	1	2	1	1	1	1	2	2	1	1	16
64	K33	3	3	2	3	3	3	3	3	2	2	4	2	33
65	K34	2	2	2	3	2	2	2	2	2	2	1	1	23
66	K35	2	2	2	3	2	3	2	2	2	2	2	2	26
67	K36	1	1	1	2	2	2	1	3	2	2	1	1	19
68	K37	2	3	3	3	3	3	3	3	3	3	3	3	35
69	K38	3	3	3	2	2	2	2	2	3	2	2	2	28
70	K39	2	1	1	1	1	1	1	1	2	2	1	1	15
71	K40	2	2	3	3	3	3	3	3	3	2	2	2	31
72	K41	3	2	3	2	3	3	3	3	2	2	2	2	30
73	K42	1	1	1	2	1	1	1	2	1	1	1	1	14
74	K43	2	2	3	3	3	3	3	3	3	3	2	3	33
75	K44	3	3	3	3	4	4	3	3	3	3	2	3	37
76	K45	1	1	1	2	2	1	1	1	1	1	1	1	14
77	K46	2	1	2	3	2	3	2	2	2	3	1	1	24
78	K47	2	1	2	2	2	2	2	2	2	2	1	2	22
79	K48	4	3	4	3	3	4	3	3	3	4	4	3	40
80	K49	1	1	3	2	1	1	2	1	2	1	1	1	17
81	K50	1	1	2	2	2	3	3	3	3	2	2	2	26
82	K51	2	1	1	2	1	1	2	1	1	1	1	1	15
83	K52	2	2	3	3	3	3	3	3	3	3	2	2	32
84	K53	4	3	2	2	2	3	2	2	2	2	2	2	28
85	K54	2	2	2	2	3	2	2	2	2	1	2	3	25
86	K55	2	1	2	1	1	2	1	2	2	2	1	1	18
87	K56	4	4	4	3	3	3	2	2	3	3	2	2	35
88	K57	3	1	2	3	3	3	2	3	2	3	1	1	27
89	K58	2	1	1	1	1	3	2	1	1	1	1	1	16
90	K59	3	3	3	3	3	3	3	2	2	2	1	2	30
91	K60	2	2	2	2	4	3	3	2	3	2	2	2	29
92	K61	1	1	2	2	1	1	2	1	1	1	1	1	15
93	K62	3	3	2	3	3	3	4	2	3	3	2	2	33
94	K63	3	3	3	3	4	3	3	3	3	3	3	3	37
95	K64	1	1	1	1	1	1	1	2	1	1	1	1	13
96	K65	2	2	2	2	2	2	2	2	3	2	2	1	24
97	K66	2	1	2	2	2	2	2	3	2	1	1	1	21
98	K67	2	2	2	2	3	3	3	2	3	2	2	2	28
99	K68	2	1	2	2	2	2	1	1	1	1	1	1	17
100	K69	3	2	2	2	2	2	2	3	2	2	2	2	26
101	K70	1	1	1	1	2	2	1	1	1	1	2	2	16
102	K71	3	3	3	4	3	3	3	2	2	3	2	2	33
103	K72	2	2	2	2	2	2	2	1	2	2	2	2	23
104	K73	3	2	2	2	2	2	2	3	2	2	2	2	26
105	K74	2	1	1	2	2	2	1	1	2	2	1	2	19
106	K75	3	3	3	3	3	3	3	3	3	3	2	3	35
107	K76	2	2	2	3	2	4	3	2	2	2	2	2	28
108	K77	2	1	1	1	2	2	1	1	1	1	1	1	15
109	K78	3	3	3	3	2	3	2	2	3	3	2	2	31
110	K79	3	3	3	3	3	3	3	2	2	2	1	2	30
111	K80	1	2	1	1	2	2	2	2	2	1	1	1	18
112	K81	3	2	3	3	2	4	4	2	3	2	2	3	33
113	K82	3	3	3	3	3	3	4	4	3	2	3	3	37
114	K83	1	1	1	2	1	1	1	1	2	2	1	1	15
115	K84	2	2	2	2	2	2	2	2	2	2	2	2	24
116	K85	2	1	2	2	3	2	2	2	2	2	1	1	22
117	K86	2	2	3	2	2	3	3	2	3	2	2	2	28
118	K87	2	1	1	2	1	2	1	1	2	2	1	1	17
119	K88	2	1	2	2	2	3	3	2	3	2	2	2	26
120	K89	1	2	2	1	2	2	2	1	1	1	1	1	17

2. Tabulasi Data Variabel *Problem Focused Coping*

No	Nama	P1	P2	P3	P4	P5	P6	Total
1	A1	3	4	3	3	3	2	18
2	A2	2	2	2	2	2	2	12
3	A3	2	2	3	2	2	2	13
4	A4	3	3	2	3	2	2	15
5	A5	3	4	4	3	3	3	20
6	A6	2	3	2	2	1	1	11
7	A7	3	3	4	3	2	2	17
8	A8	2	1	2	1	1	1	8
9	A9	4	4	4	4	3	3	22
10	A10	2	3	3	2	2	2	14
11	A11	3	3	3	3	3	4	19
12	A12	2	2	2	1	1	2	10
13	A13	3	3	3	3	2	2	16
14	A14	3	2	2	2	2	2	13
15	A15	4	3	4	4	3	3	21
16	A16	2	1	1	1	1	1	7
17	A17	4	4	4	4	4	3	23
18	A18	4	4	4	4	4	4	24
19	A19	1	1	1	1	1	1	6
20	A20	3	3	2	2	2	2	14
21	A21	2	2	2	2	2	2	12
22	A22	3	4	4	3	2	2	18
23	A23	2	2	1	2	1	2	10
24	A24	3	2	3	3	2	2	15
25	A25	2	2	2	1	1	1	9
26	A26	4	4	4	3	3	2	20
27	A27	2	2	3	2	2	2	13
28	A28	3	3	3	3	2	2	16
29	A29	2	2	2	2	2	1	11
30	A30	4	4	4	4	4	3	23
31	A31	4	3	3	3	2	2	17
32	K1	2	1	1	2	1	1	8
33	K2	3	4	4	4	3	3	21
34	K3	3	4	3	3	3	3	19
35	K4	1	1	2	1	1	1	7
36	K5	2	4	4	4	4	4	22
37	K6	4	4	4	4	4	4	24
38	K7	1	1	1	1	1	1	6
39	K8	2	3	2	3	1	1	12
40	K9	3	3	3	3	3	3	18
41	K10	2	1	1	1	2	2	9
42	K11	3	3	3	2	2	2	15
43	K12	4	4	4	3	3	2	20
44	K13	2	2	2	2	1	2	11
45	K14	3	3	3	3	3	2	17
46	K15	1	2	2	1	1	1	8
47	K16	4	4	4	4	3	3	22
48	K17	2	3	2	2	2	3	14
49	K18	4	4	2	3	3	3	19
50	K19	2	1	1	2	2	2	10
51	K20	3	3	3	3	2	2	16
52	K21	2	3	2	2	2	2	13
53	K22	4	4	4	3	3	3	21
54	K23	1	2	1	1	1	1	7
55	K24	4	4	4	4	3	4	23
56	K25	4	4	4	4	4	4	24
57	K26	1	1	1	1	1	1	6
58	K27	2	3	3	2	2	2	14
59	K28	2	2	2	2	2	2	12
60	K29	3	4	3	3	2	3	18

61	K30	2	2	2	2	1	1	10
62	K31	2	3	3	3	2	2	15
63	K32	2	1	2	2	1	1	9
64	K33	4	4	4	4	2	2	20
65	K34	2	2	3	2	2	2	13
66	K35	2	3	2	3	3	3	16
67	K36	2	2	2	2	1	2	11
68	K37	4	4	4	4	3	4	23
69	K38	3	3	3	3	2	3	17
70	K39	2	1	2	1	1	1	8
71	K40	4	4	4	3	3	3	21
72	K41	4	4	4	3	2	2	19
73	K42	2	1	1	1	1	1	7
74	K43	3	4	4	4	3	4	22
75	K44	4	4	4	4	4	4	24
76	K45	1	1	1	1	2	2	8
77	K46	3	2	2	3	2	2	14
78	K47	2	2	2	3	1	2	12
79	K48	4	3	3	4	2	2	18
80	K49	2	2	2	2	1	1	10
81	K50	3	3	3	2	2	2	15
82	K51	2	1	2	2	1	1	9
83	K52	4	4	3	3	3	3	20
84	K53	2	2	3	2	2	2	13
85	K54	3	3	3	3	2	2	16
86	K55	2	2	2	2	2	1	11
87	K56	4	4	4	4	4	3	23
88	K57	4	3	3	3	2	2	17
89	K58	2	2	1	1	1	1	8
90	K59	4	4	4	4	3	2	21
91	K60	3	3	4	3	2	4	19
92	K61	1	1	2	1	1	1	7
93	K62	3	3	4	4	4	4	22
94	K63	4	4	4	4	4	4	24
95	K64	1	1	1	1	1	1	6
96	K65	3	2	3	2	2	2	14
97	K66	2	2	2	2	2	2	12
98	K67	4	3	4	3	2	2	18
99	K68	2	2	2	2	1	1	10
100	K69	3	4	3	3	1	1	15
101	K70	2	2	2	1	1	1	9
102	K71	4	3	3	3	3	2	18
103	K72	2	2	3	2	2	2	13
104	K73	4	3	3	2	2	2	16
105	K74	2	2	2	2	1	2	11
106	K75	4	4	4	4	3	4	23
107	K76	4	4	3	2	2	2	17
108	K77	1	1	2	2	1	1	8
109	K78	4	4	4	4	3	2	21
110	K79	3	4	4	4	2	2	19
111	K80	2	2	2	2	1	1	10
112	K81	4	4	3	3	4	4	22
113	K82	4	4	4	4	4	4	24
114	K83	1	2	2	1	1	2	9
115	K84	2	2	3	3	2	2	14
116	K85	2	2	2	3	2	1	12
117	K86	3	3	3	3	3	3	18
118	K87	2	2	2	2	1	1	10
119	K88	3	3	3	2	2	2	15
120	K89	2	2	2	2	2	2	12

Lampiran 14 **Kartu Konsultasi**

1. Kartu Konsultasi Dosen Pembimbing 1



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM

Kampus II: Jl. Pandarapan, Guntung Manggis, Banjarbaru, Kalimantan Selatan, Indonesia
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

Kartu Konsultasi

Nama: Alya Kamilah
NIM : 220103040160
Prodi : Psikologi Islam

Dosen Pembimbing :

① Hanafi, S. Th. I, MA.
2. Imadduddin, M.A., M.Kes

Judul : Kontribusi Strategi *Problem Focused Coping* dengan Tingkat *Burnout* Pada Tenaga Kesehatan Di Rumah Sakit Umum Daerah Sultan Suriansyah Banjarmasin.

No.	Tanggal	Deskripsi Masalah yang Dikonsultasikan	Tanda Tangan
1	21/01 2026	• Revisi pendahuluan • Spesifik subjek perawat	
2	26/01 2026	• Perbaiki penelitian terdahulu • Perbaiki penulisan hasil wawancara	
3	11/02 2026	• Spesifik rujuk teori coping	
4	25/02 2026	• Deskripsi pada kerangka pikir • Perbaiki penulisan bahasa asing • Acc skala	
5	11/03 2026	• Melengkapi deskripsi instrumen pengambilan data	
6	16/03 2026	• Revisi lembar kuisioner	



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Kampus II: Jl. Pandarapan, Guntung Manggis, Banjarbaru, Kalimantan Selatan, Indonesia
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

7	29/09 2026	-Revisi hasil analisis data -mengkaji ayat Al-Qur'an yg berkaitan dengan variabel	
8	29/09 2026	-melengkapi deskripsi pada hasil penelitian	
9	29/09 2026	-memperluas sumber rujukan -memperluas bahasan untuk menelaskan hasil analisis	
10	7/10 2026	-Revisi kesimpulan -Revisi Pembahasan	
11	11/10 2026	-memperbanyak sublel rujukan -konsultasi artikel Jurnal	
12	18/10 2026	-Revisi artikel Jurnal -Perbaikan format penulisan bab 4 + 5	

Banjarbaru, 01 September 2025
Ketua Program Studi Psikologi Islam,

Mahdia Fadhila, M.Psi, Psikolog
NIP. 198708022022032001

2. Kartu Konsultasi Dosen Pembimbing 2



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Kampus II: Jl. Pandarapan, Guntung Manggis, Banjarbaru, Kalimantan Selatan, Indonesia
Website: www.pi.uin-antasari.ac.id, E-mail: psikologi.islam@uin-antasari.ac.id

Kartu Konsultasi

Nama: Alya Kamilah
NIM : 220103040160
Prodi : Psikologi Islam

Dosen Pembimbing :
1. Hanafi, S. Th. I, MA.
2. Imadduddin, M.A., M.Kes






Judul : Kontribusi Strategi *Problem Focused Coping* dengan Tingkat *Burnout* Pada Tenaga Kesehatan Di Rumah Sakit Umum Daerah Sultan Suriansyah Banjarmasin.

No.	Tanggal	Deskripsi Masalah yang Dikonsultasikan	Tanda Tangan
1	14/26 1	- Perbaiki Penelitian terdahulu - Perbaiki teori dan Judul - Perbaiki Format Penulisan bab 1	
2.	26/26 1	- perbaiki sistematika - Penulisan Penelitian terdahulu	
3.	5/26 2	- Perbaiki Teori (azas). - Susun Bab 2.	
a.	23/26 2	- Penulisan sub poin - perbaiki teori PFC - kerangka pikir - penjelasan aspek tambahan	
4.	3/26 3	- Perbaiki kerangka Berpikir. - Susun Bab 3.	



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**


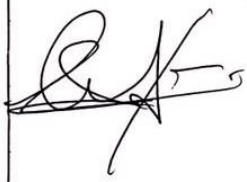
Kampus II: Jl. Pandarapan, Guntung Manggis, Banjarbaru, Kalimantan Selatan, Indonesia
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

6	Genin 16/3	- Perbaiki bab 3. - Cari Ghala 49 releved	
7	Glasga 7/3/2026 /3	Perbaiki bab 2d 3 Buu Shula versi Lemka	
8	7/9 2022	perbaiki bab 4 melengkapi hasil uli	
9	15/09	Sajarah. Ibul Tuh Iqun	
10	02/06	• Perbaiki format penulisan pada hasil data • Perbaiki tabel struktur	



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Kampus II: Jl. Pandarapan, Guntung Manggis, Banjarbaru, Kalimantan Selatan, Indonesia
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

		<ul style="list-style-type: none"> - Perbaiki penyusunan hasil uji dan ayat - Al-Quran - melengkapi prosedur - menggaris diagram ke tabel - Revisi temuan dan keterbatasan 	
11	12/6.	<ul style="list-style-type: none"> - Revisi hasil - melengkapi pembahasan dengan data yg di sajikan - Artikel Jurnal - memperbaiki struktur organisasi - revisi kesimpulan 	
12.	17/6.	<p>Seputra II/maryu munggalu.</p> <ul style="list-style-type: none"> - lengkapi buku-bi - Revisi 	

Banjarbaru, 01 September 2025
Ketua Program Studi Psikologi Islam,



Mahdia Fadhila, M.Psi, Psikolog
NIP. 198708022022032001

Lampiran 15 Surat Keterangan Bebas Plagiasi



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235 Telepon (0511) 3266593
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

Surat Keterangan Bebas Plagiasi

Nomor: 1303/Un.14/III.3/PP.00.9/06/2026

Ketua Program Studi Psikologi Islam menerangkan bahwa karya ilmiah yang dibuat oleh:

Nama	: Alya Kamilah
NIM	: 220103040160
Semester	: VIII (Delapan)
Tahun Akademik	: Genap 2025/2026
Prodi	: Psikologi Islam
Jenis Karya Ilmiah	: Skripsi
Judul Karya Ilmiah	: Kontribusi Strategi Problem Focused Coping terhadap Burnout pada Perawat di Rumah Sakit Umum Daerah Sultan Suriansyah Kota Banjarmasin

telah melalui proses uji plagiasi menggunakan aplikasi Turnitin dan dinyatakan memenuhi persyaratan **bebas plagiasi** dengan persentase kemiripan tidak melebihi 25%, sesuai ketentuan yang berlaku, sebagaimana bukti terlampir.

Banjarmasin, 22 Juni 2026

a.n. Ketua Prodi Psikologi Islam

Sekretaris,



M. H. H. H., M.A

Lampiran 16 Surat Keterangan Submit Jurnal



**KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI ANTASARI BANJARMASIN
FAKULTAS USHULUDDIN DAN HUMANIORA
PROGRAM STUDI PSIKOLOGI ISLAM**

Jalan Jenderal Ahmad Yani Km. 4.5 Banjarmasin 70235 Telepon (0511) 3266593
Website: www.pi.uin-antasari.ac.id; E-mail: psikologi.islam@uin-antasari.ac.id

SURAT KETERANGAN SUBMIT JURNAL

Nomor: 1177/Un.14/III.3/PP.00.9/06/2026

Dengan ini menerangkan bahwa:

Judul Karya Ilmiah : **The Contribution of Problem Focused Coping Strategy to Burnout in Nurses at Sultan Suriansyah Regional General Hospital Banjarmasin City**

Nama : Alya Kamilah
NIM : 220103040160
Program Studi : Psikologi Islam

Karya ilmiah tersebut telah disubmit untuk dipublikasikan di Jurnal *Psikologia: Jurnal Pemikiran dan Penelitian Psikologi* (<https://talenta.usu.ac.id/jppp>) dan saat ini masih dalam proses evaluasi. Keputusan akhir mengenai publikasi sepenuhnya menjadi wewenang pihak jurnal.

Demikian surat keterangan ini disampaikan untuk digunakan sebagaimana mestinya.

Banjarmasin, 17 Juni 2026
a.n. Ketua Prodi Psikologi Islam
Sekretaris,



Muhammad, M.A
NIP. 197903242023211012

Lampiran 17 Artikel Jurnal

2

Psikologia: Jurnal Pemikiran dan Penelitian Psikologi Vol.20, No. 1 (2026) 1–xx

The effectiveness of healthcare delivery depends not only on the presence of sufficient facilities and medical equipment but also on the competence and performance of healthcare professionals who are directly involved in providing patient care. Health policy plays a strategic role because it directly impacts the effectiveness of the healthcare system received by the public (Maina dkk., 2019). In practice, healthcare workers such as doctors, nurses, and other medical personnel are required to provide professional, prompt, and accurate services that are focused on patient safety. In addition to facing high service demands, healthcare workers must also be able to adapt to developments in healthcare technology, policy changes, and the growing public demand for quality healthcare (Widjaja, 2024).

Among the various healthcare professions, nursing is the profession with the highest level of interaction with patients. Nurses play a direct and continuous role in the patient care process, from assessing the patient's condition and providing nursing care, providing support during the care process, and evaluating the patient's condition. This task requires nurses to possess not only technical and professional skills but also strong emotional and psychological abilities to handle various work situations. According to Vanchapo, work pressure on nurses is influenced by various factors, such as high workloads, interpersonal relationships with patients and their families, administrative demands, limited facilities, and difficulties balancing personal life and work (Vanchapo, 2020). The complexity of these demands makes the nursing profession vulnerable to prolonged psychological stress.

In addition, the shift work system, long working hours, the lack of health workers compared to the number of patients, role conflicts, and minimal social support in the work environment also increase the risk of work stress in nurses (Surtini & Saputri, 2020). Working conditions that require 24-hour service require nurses to work alternating shifts, which can impact both their physical and psychological well-being. Irregular work hours can disrupt sleep patterns, reduce rest time, and reduce the quality of physical and emotional recovery. If this work pressure persists without proper management, it can develop into emotional exhaustion, decreased work motivation, burnout, and ultimately a decline in the quality of healthcare provided to patients (Sunarti dkk., 2021).

The work stress experienced by nurses not only impacts individual well-being but can also affect the overall quality of healthcare services. Nurses experiencing psychological stress tend to experience decreased concentration, difficulty making decisions, and decreased empathy for patients. These conditions can reduce the effectiveness of healthcare services and potentially increase the risk of errors in medical care. Therefore, the mental health of healthcare workers, particularly nurses, is a crucial aspect that requires attention within the healthcare system.

The phenomenon of work stress was also found among nurses at Sultan Suriansyah Regional General Hospital in Banjarmasin City. Based on initial interviews conducted by researchers with several nurses, they found complaints of emotional exhaustion and job burnout due to high job demands. Subject RM revealed that the daily work tends to be monotonous and continuous, leading to feelings of boredom, especially when the number of patients increases. Furthermore, subject RM also stated that the fatigue she felt was predominantly emotional rather than physical. Subject AD also expressed a similar feeling of fatigue due to the high number of patients and limited free time during work. Meanwhile, subject FR explained that the increasing number of patients led to work fatigue, which she still had to deal with to meet the demands of hospital services. The findings show that prolonged work pressure is a real condition experienced by nurses at Sultan Suriansyah Regional Hospital, Banjarmasin City.

Excessive work demands that are not properly addressed may lead to burnout. According to the WHO, burnout is a condition associated with the workplace that arises from prolonged occupational stress that has not been successfully managed (World Health Organization, 2019). Individuals experiencing burnout often exhibit emotional fatigue, unfavorable attitudes toward their work, and lower effectiveness in performing job-related tasks. According to Christina Maslach, burnout encompasses three core dimensions: emotional exhaustion, depersonalization, and diminished personal accomplishment (Maslach, 1993). Emotional exhaustion describes a state of emotional exhaustion resulting from high work demands. Depersonalization is characterized by the emergence of cynicism or maintaining emotional distance from the individuals being served. Meanwhile, reduced personal accomplishment relates to a decline in an individual's assessment of their own abilities and accomplishments at work (Maslach dkk., 2001).

Burnout experienced by healthcare professionals has become an important concern because it may adversely affect the standard of care delivered to patients. The National Institute for Occupational Safety and Health identifies healthcare personnel as one of the occupational groups most vulnerable to work-related stress and burnout. (National Institute for Occupational Safety and Health, 2008). In Indonesia, burnout among nurses is also quite high. Research by Alifiya found that the prevalence of burnout among nurses ranges from 38% to 75%. (Alifiya dkk., 2023). In addition, Sunarti's research shows a significant relationship between high

workload and increased work stress in nurses (Sunarti dkk., 2021). These findings suggest that burnout should be viewed not only as an issue affecting individual workers but also as an organizational concern that may influence the overall effectiveness of healthcare delivery.

Another indicator of burnout is a diminished sense of personal accomplishment. Preliminary interview findings revealed that some nurses experienced decreased confidence in their professional competencies. Subject RM revealed that she was not yet fully satisfied with her work performance. Subject AD expressed a similar sentiment, feeling less confident because she considered herself lacking in her work. This condition reflects a negative self-evaluation of personal abilities, which is one of the characteristics of burnout according to Maslach. (Maslach dkk., 2001). Decreased confidence in one's own abilities can worsen burnout because individuals feel unable to meet work demands optimally.

Despite facing high work pressure, not all nurses experience burnout to the same degree. This difference is influenced by an individual's ability to deal with stress and the coping strategies they employ. According to Richard Lazarus and Susan Folkman, coping refers to the cognitive and behavioral strategies employed by individuals to deal with internal and external pressures that are perceived as overwhelming or beyond their available resources. Coping strategies help individuals reduce psychological stress and maintain emotional balance when facing stressful situations (Lazarus & Folkman, 1984).

One coping strategy considered effective in dealing with work stress is problem-focused coping. This strategy focuses on the individual's efforts to identify the source of the problem, seek alternative solutions, consider various options, and take concrete action to address the issue at hand (Lazarus & Folkman, 1984). Individuals who use problem-focused coping tend to be more active in solving problems, thereby reducing the psychological stress they experience. In the context of nursing work, problem-focused coping skills are crucial because nurses are required to be able to deal with various work pressures quickly and appropriately.

Several studies have shown that the use of problem focused coping is associated with lower burnout rates in healthcare workers. Folkman suggests that problem focused coping is associated with more adaptive stress management, whereas coping that centers mainly on emotional responses may be less effective in addressing stressful situations (Folkman, S., 1984). Most previous studies have discussed burnout more from the aspects of workload, work stress, and social support, while research on the contribution of problem-focused coping to burnout in nurses in regional hospitals is still relatively limited, especially in the South Kalimantan region.

Preliminary interviews revealed that several nurses at Sultan Suriansyah Regional General Hospital in Banjarmasin City tended to use problem-focused coping strategies when dealing with work pressure. Subject RM revealed that she frequently discussed work with colleagues and sought input to help resolve the issues she faced. Subject FR similarly utilized coworkers' opinions as a basis for finding solutions to work problems. This strategy demonstrates an active effort to cope with work pressure through a direct problem-solving approach.

In the healthcare workplace, an individual's ability to maintain psychological balance is a crucial factor in maintaining quality performance. Continuous work pressure can impact the emotional well-being of healthcare workers if not balanced with effective stress management skills. Based on the transactional theory of stress developed by Richard Lazarus and Susan Folkman, stress occurs when individuals evaluate a situation as requiring more resources than they possess to manage it effectively (Lazarus & Folkman, 1984). Therefore, an individual's ability to adapt and choose appropriate coping strategies is crucial in mitigating the negative impacts of work stress.

In the context of nursing work, nurses are required to navigate dynamic work situations, high levels of service pressure, and complex emotional demands. These conditions require nurses to possess strong adaptability skills to optimally perform their professional duties. Using effective coping strategies can help individuals maintain emotional stability, enhance problem-solving skills, and prevent prolonged psychological burnout. Therefore, the ability to manage work stress through adaptive coping strategies is a crucial factor in maintaining nurses' psychological well-being while maintaining the quality of healthcare provided to patients.

In light of the foregoing discussion, this research is conducted to investigate the extent to which problem-focused coping contributes to burnout among nurses working at Sultan Suriansyah Regional General Hospital, Banjarmasin. The study is expected to offer valuable insights for the advancement of work, health, and clinical psychology, especially in understanding the relationship between coping strategies and burnout among healthcare personnel. Practically, the results may assist healthcare institutions in formulating preventive measures and psychological assistance programs to mitigate burnout and support better service outcomes.

Based on this background, the hypothesis in this study is that problem-focused coping strategies contribute to burnout in nurses at Sultan Suriansyah Regional General Hospital, Banjarmasin City. The better the use of problem-focused coping strategies, the lower the level of burnout experienced by nurses.

2. Method

This research was conducted to examine the contribution of problem-focused coping strategies to burnout among nurses working at Sultan Suriansyah Regional General Hospital in Banjarmasin. To achieve this objective, a quantitative approach with a correlational design was employed. The data were analyzed using simple linear regression to assess the extent to which problem-focused coping predicts burnout levels among nurses. A quantitative methodology was selected because it facilitates the collection of objective data through structured measurement procedures and statistical analysis (Sugiyono, 2018).

Participants

The population in this study was all nurses working at Sultan Suriansyah Regional General Hospital in Banjarmasin City, both in inpatient and outpatient settings. Based on data obtained from the hospital, the total number of nurses was 245, spread across various service units. This study employed a purposive sampling technique, in which participants were selected according to specific criteria considered relevant to the objectives of the research (Sugiyono, 2016). The sample criteria in this study included nurses working at Sultan Suriansyah Regional General Hospital in Banjarmasin City who were willing to be respondents. The sample size was determined based on the Isaac and Michael table with a significance level of 5%, resulting in a sample size of 110 nurses, considered representative of the study population.

Procedure

The study began with preliminary observations and interviews with several nurses at Sultan Suriansyah Regional General Hospital in Banjarmasin City to identify the phenomenon of burnout experienced by nurses. The preliminary study results indicated that high work demands, a large number of patients, and a busy work routine led to emotional exhaustion and job burnout among nurses. Following the preliminary study, the researchers conducted a literature review related to burnout and problem-focused coping and prepared the research instruments used in data collection.

Data were obtained through questionnaires administered directly to respondents who met the predetermined sample criteria. Prior to data collection, the research instruments underwent validity and reliability testing to verify their accuracy and consistency in measuring the variables under investigation. The resulting data were processed using Statistical Package for the Social Sciences (SPSS) version 22.0 for Windows. Analytical procedures included descriptive statistics, assumption testing consisting of normality, linearity, and heteroscedasticity assessments, as well as hypothesis testing through Pearson Product Moment correlation and simple linear regression analyses.

Measuring Instrument

This study uses two psychological scales as research instruments, namely the burnout scale and the problem-focused coping scale. Burnout variables were measured using the Maslach Trisni Burnout Inventory (M-TBI) scale, modified by Athia Tri Rizkina et al. This scale is a development of the Maslach Burnout Inventory (MBI), which was designed to measure the level of individual burnout in the workplace. The burnout scale consists of five aspects: exhaustion, personal accomplishment, cynicism, low social support, and work demands (Rizkina dkk., 2022). Based on previous testing results, this scale has 12 valid items and good reliability, making it suitable for use as a burnout measurement tool.

Meanwhile, the problem-focused coping variable was measured using the Brief COPE scale, which focuses on the problem-focused coping dimension and was developed by Faisal based on the theory of Lazarus and Folkman (Faisal, 2019). The purpose of this scale is to identify how individuals respond to stressful demands by implementing practical strategies focused on resolving the underlying problems, such as finding solutions, developing strategies, and seeking instrumental support to address the stressors they face. Both scales in this study use a Likert scale model with several alternative answers tailored to the respondent's circumstances.

3. Result

The data were analyzed using simple linear regression with the assistance of IBM SPSS Statistics version 22. This analytical method was employed to examine the extent to which problem-focused coping contributes to burnout among nurses at Sultan Suriansyah Regional Hospital.

Demographic Data

The participants in this study consisted of nurses assigned to the inpatient and outpatient departments of Sultan Suriansyah Regional Hospital in Banjarmasin. In total, 120 nurses were involved in the research. A summary of the respondents' characteristics is presented in Table 1.

Table 1: Respondent Demographic Data

No	Criteria	N	Percentage (%)	
1	Gender	Man	46	38,3%
		Woman	74	61,7%
2	Level Of Education	D3 Nursing	63	52,5%
		Bachelor of Nursing	10	8,3%
		Ners	47	39,2%
3	Status	PNS	63	52,5%
		PKWT	38	31,7%
		PK3	17	14,2%
		Kontrak	1	0,8%
		PPPK	1	0,8%
4	Work system	Shift	79	65,8%
		Non-Shift	41	34,2%

As shown in Table 1, female respondents constituted the majority of the sample, accounting for 74 individuals (61.7%), while male respondents totaled 46 individuals (38.3%). Regarding educational background, most respondents held a Diploma III (D3) in Nursing, with 63 participants (52.5%). This was followed by respondents with a Nursing Profession qualification, totaling 47 individuals (39.2%), and those with a Bachelor's degree in Nursing (S1), comprising 10 individuals (8.3%).

Judging from their employment status, the majority of respondents are civil servants (63 people, representing 52.5%), followed by 38 permanent employees (PKWT, representing 31.7%), and 17 permanent employees (PK3, representing 14.2%). Furthermore, there is one respondent each with contract and PPPK status, representing 0.8%. Based on the work system, the majority of respondents work on shifts (79 people, representing 65.8%), while 41 respondents work on non-shifts (34.2%).

Data Categorization

Categorization was performed to identify the levels of burnout and problem-focused coping among respondents. The classification process was based on a normative distribution using the mean and standard deviation, resulting in three categories: low, moderate, and high.

Tabel 2: Kategorisasi Variabel Burnout

Categorization	Intervals	N	Percentage (%)
Low	$X < 18$	29	24,2%
Currently	$18 \leq X < 33$	68	56,7%
Tall	$X \geq 33$	23	19,1%
Total		120	100%

Based on Table 2, it can be seen that the burnout level among nurses at Sultan Suriansyah Regional General Hospital, Banjarmasin City, is mostly in the moderate category, with 68 respondents (56.7%), followed by 29 respondents (24.2%), and 23 respondents (19.1%) in the high category. This indicates that most nurses experience moderate levels of burnout.

Tabel 2: Kategorisasi Variabel Problem Focused Coping

Categorization	Intervals	N	Percentage (%)
Low	$X < 10$	22	18,3%
Currently	$10 \leq X < 21$	74	61,7%

Psikologia: Jurnal Pemikiran dan Penelitian Psikologi Vol.20, No. 1 (2026) 1-xx

Tall	$X \geq 21$	24	20,0%
Total		120	100%

As presented in Table 3, most respondents demonstrated a moderate level of problem-focused coping. This category included 74 nurses (61.7%), while 24 nurses (20.0%) were classified in the high category and 22 nurses (18.3%) in the low category. These findings suggest that the majority of nurses possess an adequate capacity to manage occupational stressors by employing strategies aimed at directly addressing and resolving problems.

Normality Test

Prior to hypothesis testing, a normality assessment was carried out to examine whether the research data followed a normal distribution. The analysis employed the Kolmogorov–Smirnov test using both the Monte Carlo and Exact methods. These procedures were selected because they are appropriate for studies involving a relatively large sample size and can provide more reliable significance estimates. The decision criterion was based on a significance level of 0.05, where data are considered normally distributed when the significance value exceeds 0.05. The results indicated significance values above the specified threshold, demonstrating that the study data met the assumption of normality.

Linearity Test

A linearity analysis was subsequently performed to evaluate whether a linear association existed between problem-focused coping and burnout. The relationship is considered linear when the significance value for linearity is below 0.05 and the significance value for deviation from linearity exceeds 0.05.

Table 3: Linearity Test

Variable	Sig. Linearity	Sig. Deviation from Linearity	Information
Problem Focused Coping terhadap Burnout	0,000	0,475	Linear

Based on the results presented in Table 4, the significance value for the linearity test was 0.000, which is below the threshold of 0.05, while the significance value for deviation from linearity was 0.475, exceeding 0.05. These findings indicate that a linear relationship exists between problem-focused coping and burnout.

Heteroscedasticity Test

The heteroscedasticity test was performed to assess whether the residual variances in the regression model remained constant across observations. An appropriate regression model is characterized by the absence of heteroscedasticity. The analysis revealed that the significance value of the problem-focused coping variable (X) on the absolute residual was 0.700 ($p > 0.05$). Furthermore, the additional analysis yielded a significance value of 0.610 ($p > 0.05$). Since both significance values exceeded 0.05, it can be inferred that the independent variable did not significantly affect the residual values. Therefore, the regression model satisfies the assumption of homoscedasticity and is free from heteroscedasticity problems.

Pearson Product Moment Correlation Test

The Pearson Product Moment correlation analysis was employed to examine the association between problem-focused coping and burnout among nurses working at Sultan Suriansyah Regional General Hospital in Banjarmasin.

Table 4: Pearson Product Moment Correlation Results

<i>Correlations</i>		
	X	Y
<i>Pearson Correlation</i>	1	.907*
<i>Sig. (2-tailed)</i>		.000
N	120	120
<i>Pearson Correlation</i>	.907*	1
<i>Sig. (2-tailed)</i>	.000	
N	120	120

Based on the test results, the correlation coefficient was 0.907 with a significance value of 0.000 < 0.05 . These results indicate a significant relationship between problem-focused coping and burnout among nurses

at Sultan Suriansyah Regional General Hospital, Banjarmasin City. A correlation value of 0.907 reflects a highly robust relationship between the two variables examined in this study.

Simple Linear Regression Analysis

After all prerequisite assumptions had been satisfied, hypothesis testing was conducted using simple linear regression analysis to examine the contribution of problem-focused coping to burnout among nurses.

Table 5: Simple linear regression analysis

ANOVA ^a						
	<i>Model</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
1	<i>Regression</i>	5369.266	1	5369.266	548.521	.000
	<i>Residual</i>	1155.059	118	9.789		
	<i>Total</i>	6524.325	119			

a. Dependent Variable: *Burnout*

Based on the results of the simple linear regression analysis presented in the table above, the significance value obtained was 0.000, which is below the established significance level of 0.05. These findings indicate that the regression model is statistically significant and can be used to explain the relationship between the variables examined.

Coefficient of Determination Analysis

The coefficient of determination analysis showed an R value of 0.907 and an R² value of 0.823. This result suggests that problem-focused coping accounts for 82.3% of the variance in burnout among nurses at Sultan Suriansyah Regional General Hospital, Banjarmasin. The remaining 17.7% of the variance may be attributed to other factors not included in the present study.

4. Discussion

The present study was designed to assess the degree of burnout and problem-focused coping among nurses and to determine the extent to which problem focused coping contributes to burnout at Sultan Suriansyah Regional General Hospital, Banjarmasin. The results revealed that the majority of nurses' burnout levels were moderate. Furthermore, problem-focused coping was also predominantly moderate. Regression analysis showed that problem-focused coping significantly contributed to burnout, with a coefficient of determination of 82.3%. These results suggest that nurses' capacity to manage and address occupational stressors is closely associated with the level of burnout they experience while performing their professional responsibilities.

Burnout is a state of psychological exhaustion that develops due to prolonged work pressure that cannot be effectively managed. Burnout is not only related to physical exhaustion but also involves an individual's emotional and mental aspects. According to Azizah and Aisah, burnout has the potential to influence multiple areas of an individual's life, including psychological well-being, physical condition, interpersonal relationships, and occupational performance (Azizah & Aisah, 2022). In the nursing profession, burnout is a fairly serious problem because nursing work demands high emotional involvement, great responsibility, and services oriented towards patient safety.

According to Maslach, burnout is composed of three core dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to a condition in which individuals experience a depletion of emotional energy due to prolonged exposure to work-related demands and pressures. Depersonalization is characterized by the emergence of cynicism, emotional distance, or decreased empathy for patients. Meanwhile, reduced personal accomplishment relates to a decline in an individual's assessment of their abilities and accomplishments at work (Maslach dkk., 2001). In a hospital environment, these three dimensions can arise due to high service demands, heavy workloads, shift work systems, and emotional stress when dealing with diverse patient conditions.

The results indicated that the majority of participants exhibited moderate burnout levels. This finding reflects that nurses generally maintain adequate work functioning; however, they continue to encounter emotional exhaustion and psychological pressures associated with their occupational responsibilities. Moderate burnout also indicates that the work pressure experienced has not yet developed into a very severe condition, but still requires attention to prevent a more serious impact on psychological well-being and the quality of healthcare services.

The observed findings are consistent with the Job Demands–Resources framework proposed by Bakker and Demerouti. This theory explains that burnout occurs when job demands exceed an individual's available

resources (Bakker & Demerouti, 2007). Job demands in the nursing profession can include high workloads, responsibility for patient safety, time pressure, and intense emotional interactions with patients and their families. Meanwhile, job resources can include social support, coping skills, work rewards, and a supportive work environment. When job demands persist without adequate resources, individuals are more susceptible to burnout.

The results further indicated that the majority of participants were employed under shift work arrangements and were assigned to healthcare units with substantial workloads, such as inpatient services. Shift work can impact an individual's physical and psychological well-being, as irregular work hours can disrupt sleep patterns, the body's biological rhythms, and work-life balance. This situation has the potential to increase physical and emotional exhaustion in nurses. This aligns with Maslach's opinion that jobs with high emotional demands and long working hours can accelerate the onset of burnout (Maslach dkk., 2001).

Burnout among healthcare professionals can also be explained from the perspective of work psychology, which highlights the need for a balance between occupational demands and an individual's ability to cope with stress. In the context of nursing, high work pressure demands strong adaptability so that nurses can continue to perform their professional duties optimally. Therefore, the presence of social support, coping skills, and a conducive work environment are important factors in helping individuals cope with daily work pressures.

In addition to burnout, this study also found that nurses' problem-focused coping levels were moderate. These results indicate that most nurses have a fairly good ability to deal with work stress through direct problem-solving efforts, although not yet fully optimal. Problem-focused coping is a coping strategy oriented towards resolving the source of the problem through problem identification, seeking alternative solutions, evaluating decisions, and taking concrete actions to reduce the stress faced (Lazarus & Folkman, 1984).

In the context of nursing work, problem-focused coping is an important strategy because nurses work in a stressful environment that requires quick decision-making. Nurses with strong coping skills tend to be better able to adapt to work pressures, maintain emotional stability, and maintain the quality of healthcare services. Conversely, if their coping skills are ineffective, individuals are more susceptible to emotional exhaustion and burnout.

The study results showed that the majority of nurses were in the moderate category in their use of problem-focused coping. This condition indicates that nurses have a tendency to solve problems rationally, such as seeking solutions, discussing with colleagues, and making informed decisions. However, these skills are not fully consistent across work situations. High work pressure, heavy workloads, and time constraints can impact the effectiveness of individual coping.

The findings of this study also indicate that problem-focused coping significantly contributes to burnout in nurses. The R-square value of 0.823 indicates that problem-focused coping contributed 82.3% to burnout, with the remainder influenced by factors outside the study. These results demonstrate that an individual's ability to manage and resolve work problems is a crucial factor in determining the level of burnout experienced.

The findings of this study are consistent with the theory proposed by Richard Lazarus and Susan Folkman, which conceptualizes coping as a set of cognitive and behavioral efforts employed by individuals to manage internal and external demands perceived as exceeding their available resources or capabilities (Lazarus & Folkman, 1984). Problem focused coping helps individuals directly address sources of stress through active and adaptive actions. In the nursing profession, this coping strategy is crucial because nursing requires quick, accurate, and sustainable problem-solving skills.

In the context of this research, problem-focused coping can be understood as an individual's active effort to deal with work pressure by seeking solutions, improving the situation, and managing stress more adaptively. Therefore, strong problem-focused coping skills can help nurses maintain psychological well-being and reduce the risk of prolonged burnout.

This study has several strengths. One is the use of highly reliable research instruments, resulting in a high level of consistency in the data obtained. Furthermore, the number of respondents in this study is representative enough to describe the condition of nurses at Sultan Suriansyah Regional Hospital in Banjarmasin City. This study also integrates a psychological approach with an Islamic perspective, resulting in a more comprehensive and relevant discussion within the research context.

Despite its contributions, this study has several limitations. First, the research was conducted in a single hospital setting, which restricts the generalizability of the findings to nurses working in other healthcare institutions. Second, the study examined only one independent variable, namely problem-focused coping, whereas burnout may also be affected by a range of other factors, including workload, social support, workplace environment, job satisfaction, and organizational characteristics. Therefore, future studies are encouraged to incorporate additional variables to obtain a more comprehensive understanding of burnout among nurses.

The results of this study have practical implications for hospitals and healthcare professionals. Hospitals are expected to pay more attention to the psychological well-being of nurses through stress management programs, coping training, psychological counseling, and strengthening social support in the workplace. Furthermore, a more balanced workload and work system are also needed to help reduce the risk of burnout in nurses. For nurses, problem-focused coping skills need to be continuously developed so that individuals can deal with work pressure more effectively, maintain psychological well-being, and improve the quality of healthcare services to patients.

Based on the findings of this study, the majority of nurses at Sultan Suriansyah Regional General Hospital in Banjarmasin were classified as having moderate levels of both burnout and problem-focused coping. Based on the analytical results, problem-focused coping was found to have a significant contribution to burnout, with a contribution value of 82.3%. Thus, problem-focused coping is a crucial factor in burnout in nurses, so strengthening coping skills needs to be a priority in efforts to maintain psychological well-being and the quality of nursing care.

Referensi

- Alifiya, I. N., Susanti, I. H., & Murniati, M. (2023). Hubungan Spiritual Well-Being dengan Burnout Pada Perawat. *JURNAL KEPERAWATAN RAFLESIA*, 5(2), 100–110. <https://doi.org/10.33088/jkr.v5i2.1002>.
- Azizah, R. N., & Aisah, A. (2022). The Influence of Positive Religious Coping on Academic Burnout Experienced by Islamic Education Students of Private University in Yogyakarta. *Insight: Jurnal Ilmiah Psikologi*, 24(1), 21–34. <https://doi.org/10.26486/psikologi.v24i1.1786>
- Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources Model: State of the Art. *Journal of Managerial Psychology*, 22(3), 309–328. <https://doi.org/10.1108/02683940710733115>
- Faisal, A. (2019). *Pengaruh Strategi Coping, Social Support Dan Faktor Demografis Terhadap Psychological Well-Being Mahasiswa Perantau Universitas Islam Negeri Syarif Hidayatullah Jakarta* [Skripsi]. Universitas Islam Negeri Syarif Hidayatullah.
- Folkman, S., L., R. S. (1984). *Stress, appraisal, and coping*. McGraw-Hill, Inc.
- Grossman, M. (2010). *On the Concept of Health Capital and Demand for Health*. 80.
- Jones, N. L., Gilman, S. E., Cheng, T. L., Drury, S. S., Hill, C. V., & Geronimus, A. T. (2019). Life Course Approaches to the Causes of Health Disparities. *American Journal of Public Health*, 109(S1), S48–S55. <https://doi.org/10.2105/AJPH.2018.304738>
- Lazarus, Richard S., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. Springer.
- Maina, J., Ouma, P. O., Macharia, P. M., Alegana, V. A., Mitto, B., Fall, I. S., Noor, A. M., Snow, R. W., & Okiro, E. A. (2019). A Spatial Database Of Health Facilities Managed by The Public Health Sector in Sub Saharan Africa. *Scientific Data*, 6(1), 134. <https://doi.org/10.1038/s41597-019-0142-2>
- Maslach, C. (1993). Burnout: A Multidimensional Perspective. Dalam W. B. Schaufeli, C. Maslach, & R. Marek (Ed.), *Professional Burnout*. Taylor & Francis.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, 52(1), 397–422. <https://doi.org/10.1146/annurev.psych.52.1.397>
- Masnur, M. S., & Salsabila, A. (2021). Membangun Kesehatan Mental Perspektif Alquran Pada Kisah Maryam Binti Imran. *Oasis*, 6(1), 60–70.
- National Institute for Occupational Safety and Health. (2008). *Exposure to Stress: Occupational Hazards in Hospitals* [Report]. Centers for Disease Control and Prevention.
- Quthb, S. (2012). *Tafsir Fi Zhilalil Qur'an*. Pustaka Hati.
- Rizkina, A. T., Rizqika, F., Rosa, F., & Nurmalitasari, F. (2022). Pengembangan Skala Burnout pada Pekerja: Modifikasi Skala The Maslach-Trisni Burnout Inventory. *Jurnal Flourishing*, 2(11), 672–684.
- Sa'ada, N. S., & Chodijah, S. (2021). Amalan Dzikir Surah Al-Insyirah Untuk Memudahkan Dalam Proses Melahirkan Dan Mencari Ilmu (Studi Living Qur'an Di Keluarga Ibu Masruroh). *Gumung Djati Conference Series*, 4(1).
- Sugiyono. (2016). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Sugiyono. (2018). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D*. Alfabeta.
- Sunarti, E., Supriyati, S., & Junaidi, J. (2021). Hubungan Antara Beban Kerja dengan Stres Kerja pada Perawat Pelaksana Ruang Rawat Inap. *Jurnal Psikologi Malahayati*, 3(1). <https://doi.org/10.33024/jpm.v3i1.3448>
- Surtini, S., & Saputri, B. Y. (2020). Hubungan Kondisi Kerja dengan Stres Kerja Perawat di Rumah Sakit. *Fundamental and Management Nursing Journal*, 3(1).
- Todaro, M. P., Smith, S. C., & Putra, B. D. (2011). *Pembangunan Ekonomi* (11 ed., Vol. 1). Erlangga.

- Vanchapo, A. R. (2020). *Beban Kerja dan Stres Kerja* (N. Arsalan, Ed.). CV. Penerbit Qiara Media.
- Widjaja, G. (2024). Pemahaman Tenaga Kesehatan Terhadap Berlakunya Uu No. 17 Tahun 2023. *Journal of Community Dedication*, 4(1), 64–76.
- World Health Organization. (2019, Mei 28). *Burn-Out an 'Occupational Phenomenon': International Classification of Diseases*. World Health Organization (WHO). <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

DAFTAR RIWAYAT HIDUP

1. Nama : Alya Kamilah
2. NIM : 220103040160
3. Tempat dan Tanggal Lahir : Kuala Kapuas, 24 Oktober 2004
4. Kebangsaan : Indonesia
5. Agama : Islam
6. Alamat : Jl. Pelita, Kec. Parenggean, Kab. Kotawaringin Timur, Kalimantan Tengah
7. No. Hp : 085250050310
8. Alamat Email : alyakamilah24@gmail.com
9. Pengalaman Organisasi/ Kerja : HMJ Psikologi Islam (2023-2024)
: KSPI Antasari (2023-2024)
: Senat Mahasiswa FUH (2024-2025)
: KSPI Antasari (2024-2025)
: Pengajar TPA Sahabat, Parenggean
: *Internship* di Poliklinik Psikologi RSUD Sultan Suriansyah Kota Banjarmasin (2025)
: *Internship* di Biro Sagraha Psikologi Banjarmasin (2026)
10. Pretasi Akademik : Juara 3 Karya Tulis Ilmiah Al-Qur'an pada MTQ ke-54 tingkat Kab.Kotim (2023)
: Juara 3 Karya Tulis Ilmiah Ilmu Hadis pada Kompetisi Ilmiah Nasional Mahasiswa Ushuluddin (KINMU) Ke-III (2024)

- : Speaker pada *Internasional Conference The 8th Borneo Undergraduate Academic Forum* Samarinda (2024)
 - : Mahasiswa Berprestasi Psikologi Islam (2024)
 - : Juara Harapan 1 Karya Tulis Ilmiah Al-Qur'an pada MTQ Ke-56 Kab. Kotim (2025)
 - : Juara 3 Karya Tulis Ilmiah Psikologi pada *International Islamic Student Competition* (2025)
 - : Juara 2 Poster *Design Contest* Tingkat Nasional (2024)
11. Prestasi Non Akademik