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DESCRIPTIVE OF QUANTITATIVE DATA | SUPPLEMENTARY

Burnout and Quality of Life: A Cross-Sectional Study of Dental Clinic Employees at Dent Smile Jakarta

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Abstract: Quality of life is an individual's assessment of their life, which can be influenced by burnout. Burnout is a work-related stress syndrome characterized by emotional exhaustion, a sense of low achievement, and depersonalization. This condition can negatively impact the quality of service, performance, and overall health of clinic employees. The objective of this study is to examine the relationship between burnout and quality of life among employees at the Dent Smile Dental Clinic in Jakarta. The research design employed is a descriptive correlational method with a cross-sectional approach. The sampling technique utilized is purposive sampling. The study's findings indicate that among the 60 employees at the Dent Smile Dental Clinic in Jakarta, 19 employees (31.7%) exhibited low levels of burnout, 17 employees (28.3%) displayed moderate burnout, 10 employees (16.7%) experienced relatively high burnout, and 14 employees (23.3%) were categorized as having high burnout. Meanwhile, 38 employees (63.3%) were found to have a moderate quality of life, 10 employees (16.7%) had a high quality of life, and 12 employees (20%) had a very high quality of life. Data analysis using the Chi-square test revealed no significant relationship between burnout and quality of life among employees at the Dent Smile Dental Clinic in Jakarta ($p = 0.633$). It is recommended that future research explore other factors influencing burnout, such as length of service, age, and gender.

Keywords: Burnout, Quality of Life, Employees, Age, Gender.

1. INTRODUCTION

There are various types of businesses, whether engaged in production or services. In the healthcare sector, a wide range of businesses also exist, such as hospitals, clinics, medical device companies, pharmacies, and other related enterprises. One healthcare business that has seen significant growth is health clinics (Rahmilia, 2015). Dental clinics represent the private sector's contribution to improving oral and dental health within communities. Currently, numerous dental clinics are available across various regions in Indonesia, and their numbers continue to increase (Purwadianto, 2007).

Like other business units, dental clinics that provide services require effective management to deliver optimal care to patients who visit as consumers. This need is further driven by the intense competition among dental clinics in Indonesia, as the number of clinics continues to grow. Various roles within a dental clinic, including the staff, are crucial in ensuring high-quality service to every patient, thereby fostering patient satisfaction. To provide the best possible service to customers, each staff member must maintain a good quality of life. According to the World Health Organization (WHO), quality of life is an individual's perception of their position in life, within the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards,

and concerns. Quality of life is influenced by various factors and is inherently multidimensional (Salim, et al., 2007).

The workload of healthcare workers is generally high. Previous surveys revealed that 58.33% of healthcare workers experience a heavy workload. This situation arises from various factors, such as the large number of patients requiring attention, long working hours, demands for high levels of professionalism and precision, as well as a significant amount of criticism directed at healthcare facilities (Permatasari, et al., 2017). The heavy workload faced by employees in healthcare services, including dental clinics, increases the risk of burnout. Burnout is a phenomenon characterized by emotional exhaustion, mental fatigue, and a decline in personal achievement. Addressing burnout is crucial as it affects various aspects, including the quality of life of employees, which in turn impacts their performance and the quality of care provided to patients (Sujanah, et al., 2021).

Research objectives

1. Identify the occurrence of burnout and the quality-of-life levels among employees at Dent Smile Dental Clinic, Jakarta.
2. Identify the key characteristics of burnout among employees at Dent Smile Dental Clinic, Jakarta.
3. Analyze the relationship between burnout and the quality of life of employees at Dent Smile Dental Clinic, Jakarta.
4. Provide recommendations to enhance employee work effectiveness by identifying the factors that influence their quality of life.

2. LITERATURE REVIEW

2.1. Dental Clinic as Business Unit Within the Medical Services Sector

According to the Regulation of the Minister of Health of Republik Indonesia Nomor 028/Menkes/Per/I/2011, a clinic is a healthcare facility that provides medical services to individual patients, offering both basic and specialized healthcare. These clinics are staffed by multiple types of healthcare professionals and are led by a medical practitioner (Ministry of Health, Republic of Indonesia, 2001). The Regulation of the Minister of Health of the Republik Indonesia Nomor 028/Menkes/Per/I/2011 also explains that there are two types of clinics in Indonesia, namely (Ministry of Health, Republic of Indonesia, 2001):

- A primary clinic is a facility that provides basic medical services. This type of clinic is staffed and led by a general practitioner.
- A primary clinic is a clinic that provides specialist medical services or a combination of basic and specialist medical services. The clinic is usually led by a specialist doctor or specialist dentist.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 920/Menkes/Per/XIII/1986, a dental clinic is an integral part of dental and oral healthcare services, aimed at providing care to the public. The Indonesian Ministry of Health (Depkes RI) defines a dental clinic as a facility designed to offer dental care to all Indonesian citizens, encompassing prevention, treatment, and rehabilitation of dental issues (Depkes RI, 1996). A dental clinic is composed of various departments, including several such as: (Fajarrid, 2011).

- Pediatric dental clinic, which focuses on addressing issues related to the development and growth of children's teeth and mouths, as well as managing dental and oral health problems in pediatric patients.
- Orthodontic dental clinic, a division of the dental clinic that addresses issues related to the growth, development, and variations in the jaw, teeth, and face, as well as abnormalities in the dental and facial relationships, including corrective treatments.
- Oral surgery dental clinic, a division of the dental clinic that provides surgical services, such as tooth extraction and oral surgery.
- Prosthodontic dental clinic, a division of the dental clinic that handles issues related to the replacement of teeth and dental tissues with dentures.
- Periodontal dental clinic, a clinic that addresses issues related to the supporting structures of the teeth, such as bones, jaws, and gums.
- Conservative dental clinic, a clinic that focuses on restorative dental treatments, such as tooth fillings.

2.2. *The Role of Employees in Providing Services at Dental Clinic*

The presence of employees is a crucial component in any business unit, whether formal or informal. According to Law Number 14 of 1969, a worker is defined as any individual capable of performing work, either within or outside an employment relationship, to produce goods or services to meet societal needs. As per the Employment Law Number 13 of 2003, an employee is defined as any person who works and receives compensation from the place of employment and has an employment relationship established through an agreement between the employer and the worker or employee. Employees are a key factor in the success or failure of a company's system in generating something beneficial for both the company and society. Therefore, full commitment to the company is essential, as such commitment and good performance from employees will drive their motivation to achieve the company's shared goals and objectives. (Fajarrid, 2011). Employees are a crucial component of a company, as they play various roles that must be fulfilled. Some of the roles and functions of employees include: (Soedarjadi, 2009).

- Carrying out tasks in accordance with assigned instructions and duties.
- Maintaining security, order, and a conducive atmosphere within the company environment to ensure its sustainability.
- Being accountable for the quality and outcomes of production.
- Creating a calm and harmonious work environment within the company.

In carrying out their duties, employees are entitled to various rights, such as receiving wages and job protection. Within the company, employees also have several obligations that must be fulfilled. According to legislation, some of these obligations include maintaining professional relationships, performing work in accordance with their responsibilities, ensuring order to sustain production continuity, expressing their desires democratically, developing their skills and expertise, contributing to the advancement of the company, and advocating for the welfare of themselves and their families (Indonesian Law, 2003). According to the Ministry of Manpower Regulation Number 35 of 2021, employees are classified into different types based on their employment status as follows:

- Temporary workers. are employees whose employment status is regulated through a contract with a third-party company for specific job functions.

- Seasonal workers. are employees recruited for a designated period, typically to complete tasks that require specialized skills.
- Freelance workers. are individuals who operate independently within a company without a strong employment bond, due to the flexible nature of their work.
- Outsourced workers. are employees hired through a work agreement with a company that recruits them via a third party providing the required labor force.
- Part-time workers. are employees who work less than 8 hours per day or less than 35 to 40 hours per week.

Every employee has a workload that must be managed while performing their duties, whether in production or services. This includes employees working in dental clinics, who also face significant workloads. Dentists and their support staff, in carrying out their responsibilities, encounter various challenges such as providing the best possible care to patients, the risk of disease transmission via aerosols from patients, receiving criticism from patients, dealing with a high volume of patients at once, and other factors that contribute to increased stress levels among employees (Ulfa, et al., 2021).

2.3. Employee's Burnout

The various responsibilities and demands in life often lead to stress in some individuals. Stress can be triggered by multiple factors, including those related to work. Prolonged stress has the potential to develop into burnout syndrome. (Porter, 2007) Burnout is defined as a negative emotional reaction that occurs in the workplace when an individual experiences prolonged stress.

“Burnout is a psychological syndrome characterized by exhaustion, a decline in the ability to perform routine roles and functions, and depersonalization, which can lead to feelings of anxiety, depression, and sleep disturbances. (Maslach, et al., 2015) Workers experiencing burnout tend to complain more easily, become irritable, frequently blame others when problems arise, and develop a more pessimistic outlook on their careers. (Davis and Newstrom, 1985) This burnout condition is exacerbated by low self-efficacy and self-esteem, which can result in prolonged and intense stress for those affected. (Rosyid HF, 1996)”

According to Sihotang (2014), two factors influence the occurrence of burnout in an individual:

- External factors include an unfavorable work environment, inadequate compensation, limited promotion opportunities, high job demands, lack of social support from supervisors, and monotonous work.
- Internal factors consist of gender, age, self-esteem, and personality traits.

According to Maslach and Jackson (1996), burnout is comprised of three dimensions:

- Emotional exhaustion occurs when an individual feels emotionally drained due to excessive work demands.
- Depersonalization serves as a coping mechanism to address the imbalance between demands and individual capabilities, implemented as an effort to manage emotional exhaustion.

- Reduced personal accomplishment is characterized by dissatisfaction with oneself, the work performed, and life in general, along with the feeling that one's contributions do not provide any meaningful impact on those around them.

Burnout can have various effects on affected workers. These potential impacts include: (Campayo, 2016)

- **Physical:** Symptoms may include sleep disturbances, headaches, musculoskeletal pain, gastrointestinal disorders such as nausea and diarrhea, heart problems, and chronic fatigue.
- **Psychological:** Potential impacts include feelings of exhaustion, emptiness, helplessness, diminished self-esteem, anxiety, loss of hope and values, difficulty concentrating, increased aggressiveness, low tolerance for frustration, and changes in self-concept.
- **Behavioral:** Consequences may involve high-risk behaviors, disorientation, avoidance or addictive behaviors, inability to engage in activities calmly and peacefully, and increased irritability.

The measurement of burnout syndrome is generally conducted through various methods. Psychological testing is essential in diagnosing burnout among employees across different fields to optimize their emotional state, work performance, and mental health. Several tests can be used to measure burnout, including The Burnout Measure (BM) and The Maslach Burnout Inventory (MBI). The MBI is regarded as the gold standard for assessing burnout levels. This test explores three primary components: exhaustion, depersonalization (loss of empathy), and personal accomplishment. The Maslach Burnout Inventory-Human Services Survey (MBI-HSS), developed by Maslach in 1981, has been validated and is considered a reliable tool for measuring burnout.

2.4. Employee Quality of Life

According to the World Health Organization (WHO), quality of life (QoL) is defined as an individual's perception of their position in society within the context of cultural, value systems, and local customs. It also relates to the individual's desires and expectations, presenting a multidimensional perspective that encompasses not only physical aspects but also psychological dimensions (Killing, et al., 2019). According to the World Health Organization Quality of Life Brief version (WHOQoL-BREF), quality of life encompasses various dimensions that serve as a reference during research and assessment. These dimensions of quality of life include: (WHOQOL Group, 1993).

- **Physical (biological) health and functional ability dimension:** Refers to factors originating from the body, including systems, organs, and the overall bodily system.
- **Psychological dimension:** Encompasses aspects of thought, self-satisfaction, and personal well-being, which are internal human factors with an emphasis on psychological aspects. This is subjectively assessed and provides an insight into mental perceptions of life.
- **Social relationship dimension:** Involves the network of social activities and participation arising from an individual's interaction with the surrounding community, as well as the quality of interactions and relationships that are formed. This dimension includes social support, personal relationships, and sexual activity.
- **Environmental dimension:** Pertains to the living environment and socio-economic conditions, which are external factors related to socio-demographic aspects, economic conditions, natural environments, and cultural contexts in society that can impact quality of life.

There are various instruments available to assess human quality of life. To measure health-related quality of life, one commonly used tool is the Short Form Health Survey 36 (SF-36). This assessment consists of 36 questions that cover eight scales related to health functions and well-being scores, including physical limitations, physical functioning, emotional control, energy-fatigue, social functioning, mental health, general health, and bodily pain. This instrument was originally written in English and has been adapted into various languages, including Indonesian. (Putri, et al., 2021) Another widely used tool in research is the WHOQOL-BREF, which includes 24 facets across four domains to help measure an individual's quality of life. These four domains are: i) physical health, consisting of 7 questions; ii) psychological, consisting of 6 questions; iii) social relationships, consisting of 3 questions; and iv) environment, consisting of 8 questions. WHOQOL-BREF also measures 2 facets of overall quality of life: i) overall quality of life and ii) general health. (Salim, et al., 2007).

2.5. Relationship between burnout and quality of life

Based on various previous studies, burnout has a significant impact on life. Consequently, several studies have been conducted to determine the relationship between burnout and quality of life. Research conducted by Mashuri, et al. (2022) on the academic community at Universitas Sebelas Maret revealed a significant relationship between burnout and quality of life among faculty and students. A similar study in Purwokerto yielded consistent results with a p value of 0.048, indicating a meaningful relationship between burnout and the quality of life of hospital nurses (Ratnaningrum, et al., 2024). Research at the University of the Free State also indicated a positive correlation between burnout levels and quality of life among medical students. However, a study in Portugal produced different findings, where no significant relationship was found between burnout and the quality of life of palliative care professionals in hospitals. In Saudi Arabia, a study on nurses in intensive care units found a negative correlation between burnout and quality of life (Alotni, et al., 2020). Given the varying results of previous studies and the lack of research examining the relationship between burnout and quality of life among dental clinic employees, this study was conducted to address this gap.

3. RESEARCH DESIGN AND METHOD

3.1. Research Approach

This study employs a qualitative approach with a literature review method to analyze service characteristics and their impact on marketing strategies. A literature review is a systematic process of identifying, evaluating, and interpreting relevant research findings on a specific research topic (Bogie and Uma, 2010). This approach enables the researcher to gather and analyze various perspectives from previous studies and current theories, thereby gaining a comprehensive understanding of the research topic. The type of research utilized is quantitative with a correlational descriptive design, aimed at describing variables and identifying relationships between them (Suprajitno, 2016). The research design employed is cross-sectional, which involves collecting data through a single observation (Carsel, 2018). The researcher opted for this method due to its efficiency in reducing the research timeline while effectively illustrating the quality of life and burnout among employees at Dent Smile Dental Clinic in Jakarta. Data analysis in this study is conducted using statistical software.

To address the first and second research questions regarding the overview of burnout and quality of life among employees at Dent Smile Dental Clinic in Jakarta, the researcher employed frequency and percentage formulas. For the third research question, which seeks to determine whether there is a significant relationship between burnout and quality of life among employees at Dent Smile Dental

Clinic in Jakarta, the researcher conducted a chi-square test, yielding a result of $0.222 > 0.05$, indicating that the data is normally distributed. Consequently, the researcher applied Pearson correlation statistical methods. Furthermore, to answer the fourth research question, which examines whether there is a significant relationship between burnout and quality of life among employees at Dent Smile Dental Clinic in Jakarta when considering the treatment room, the researcher utilized partial correlation statistical methods. The significance level used was $\alpha = \leq 0.05$, with the alternative hypothesis (H_a) being accepted if $\alpha = \leq 0.05$ and rejected if $\alpha = > 0.05$.

3.2. Research Procedure

Identify Data Sources

The study commenced with the identification of relevant data sources from various scientific databases, including Google Scholar, Scopus, and leading academic journals. The data sources utilized comprised journal articles, books, and conference papers that discuss the characteristics of services and marketing strategies.

Selection Criteria

Inclusion criteria: Selected studies must be relevant to the topic of service characteristics and marketing strategies, published between 2000 and 2024, and available in either English or Indonesian. Exclusion criteria: Studies that do not meet the inclusion criteria or are not relevant to the research topic will be excluded from the analysis.

Data Collection

Data collection was carried out by searching for relevant keywords such as "characteristics of services," "service marketing strategies," "intangibility," "inseparability," "variability," and "perishability" within the specified databases. The relevant articles were then downloaded and stored for further analysis.

Data Analysis

Data analysis was conducted by categorizing the collected articles based on key themes relevant to the research objectives. These key themes include the identification of service characteristics, the implications of service characteristics for marketing strategies, the evaluation of models and frameworks in service marketing, and recommendations for developing effective marketing strategies. Each article was analyzed to identify the main findings, the methodologies employed, and the conclusions drawn. Relevant data were then synthesized to provide a comprehensive overview of the researched topic (Ferdinand & Augusty, 2006).

Synthesis and Writing

The results of the analysis from various data sources were then synthesized to identify patterns and relationships between service characteristics and marketing strategies. The key findings from the literature review were organized in a systematic and logical format to support the research objectives. The research findings were written by integrating the analyzed literature, along with providing interpretations and explanations of the implications of these findings.

Validity and Reliability

To ensure the validity and reliability of the research, the following steps were taken (Bougie & Uma, 2010):

- Content Validity. Ensuring that the articles selected for the literature review are truly relevant to the research topic and cover all critical aspects of service characteristics and marketing strategies.
- Data Source Triangulation. Utilizing various data sources to minimize bias and enhance the reliability of the research findings.
- Peer Review. The findings and interpretations from the literature review will be reviewed by peers or experts in the field of service marketing to ensure accuracy and relevance.

This systematic literature review method enables researchers to collect, evaluate, and interpret various previous studies related to service characteristics and marketing strategies (Ferdinand & Agosti, 2006). Therefore, this study is expected to provide comprehensive insights for professionals and experts on the development and implementation of effective marketing strategies in the service industry. The direction of the relationship between two variables can be distinguished by a positive correlation coefficient (+1) and a negative correlation coefficient (-1). A positive correlation indicates that if variable X increases, variable Y will also increase, while a negative correlation indicates that if variable X increases, variable Y will decrease (Carsel, 2018). The population in this study consists of all employees of Dent Smile Dental Clinic in Jakarta, totaling 72 employees, with 60 respondents filling out the questionnaire. The researcher employed purposive sampling, a method of selecting samples based on criteria set by the researcher (Suprajitno, 2016). The inclusion criteria for this study were all employees of Dent Smile Dental Clinic Jakarta working as staff, nurses, janitors, and managers who were willing to give their consent. The exclusion criteria included examiners and doctors, as well as the exclusion of intervening variables such as personality and residence. In this study, two researchers utilized the WHOQOL-Bref instrument to measure quality of life, developed by Pourba, Hanfeld, Eskandersia, Fitriana, Sadarjun, Passhir, and Buschbach (2018), along with the Maslach Burnout Inventory used by Andriani (2018). The survey instrument was divided into three sections: Section A contained demographic information about the respondents, Section B included the quality-of-life questionnaire, and Section C comprised the burnout questionnaire. The quality-of-life questionnaire consisted of 26 items divided into four categories: physical health, mental health, social relationships, and environmental state. This questionnaire used a Likert scale with five levels for each statement. Most of the statements in the questionnaire were positive, yielding positive scores, except for statements 3, 4, and 26, which were negative, and statement 5, which yielded a negative score.

The population in this study encompasses all permanent and non-permanent employees at Dent Smile Dental Clinic, totaling more than 60 employees. The sample is a subset of the population that possesses specific characteristics of interest for the research. A sample can also be identified as members of a population selected through particular methods to ensure they represent the broader population. In this study, the sample consists of employees working at Dent Smile Clinic Jakarta, including security personnel and office boys (OB). It is crucial to note that this model must be presented to the public, thereby necessitating that all societal aspects be reflected in the sample selection process. Arikunto (as cited in Kassiran, 2007: 233) asserts that if the number of subjects is less than 100, it is advisable to include all of them, as this constitutes a population study. However, if the project is significantly large, a sample ranging from 10% - 15% to 20% - 25% or more may be taken, depending on various factors.

- The researcher's capability is assessed based on the allocation of time, effort, and available funding.

- The breadth of observation coverage for each subject, as this relates to the volume of data collected.
- The level of risk borne by the researcher. For studies with higher risks, a larger sample size will naturally yield better results.

4. RESULT AND DISCUSSION

4.1. Description of the characteristics of the subject

Table 1. Data Demographic

Characteristic	Frequency	Percentage %
Gender		
Man	26	43,3
Woman	34	56,7
Length of Service		
<1 year	12	20,0
1 - 5 years	25	41,7
5 - 10 year	12	20,0
> 10 years	11	18,3

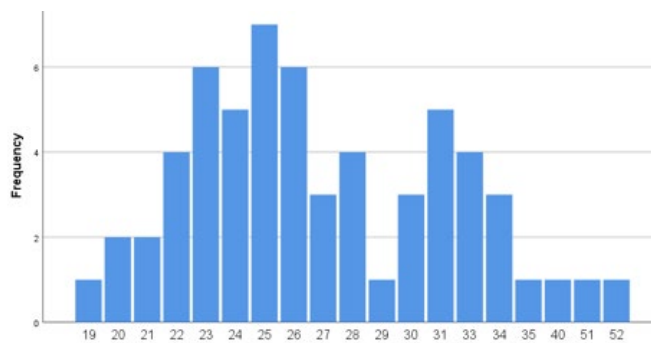


Figure 1. Age of Respondents

Based on the table 1, the data reveals that most participants in this study are female, totaling 34 individuals (56.7%). The study found that the largest group of respondents had been employed at the clinic for 1-5 years, amounting to 25 individuals (41.7%), followed by those with less than 1 year of service, totaling 12 individuals (20.0%), those with 5-10 years of service, also totaling 12 individuals (20.0%), and the smallest group with over 10 years of service, totaling 11 individuals (18.3%). The most common age among participants was 25 years, with 7 individuals (11.7%), followed by 23-year-olds and 26-year-olds, each totaling 6 individuals (10.0%). There were 5 participants aged 24 years (8.3%), and 4 participants each aged 22, 28, and 31 years (6.7%). Additionally, there were 3 participants aged 27 and 30 years (5.0%), 2 participants aged 20 and 21 years (3.3%), and 1 participant each aged 19, 29, 35, 30, 51, and 52 years (1.7%).

4.2. Categories of burnout in respondents

The interpretation grouping is categorized into four levels: low, moderate, fairly high, and high burnout. The burnout classification is determined based on the accumulated scores from the Maslach Burnout Inventory (MBI), which consists of 21 questions divided into three core components: emotional exhaustion, assessed by questions 1, 2, 3, 4, 5, 6, and 7; depersonalization, assessed by questions 8, 9, 10, 11, 12, and 13; and reduced personal accomplishment, assessed by questions 14,

15, 16, 17, 18, 19, 20, and 21. There are four answer options: 1: Never, 2: Rarely, 3: Often, and 4: Always. The accumulated scores from the respondents' answers are then divided by 21. The interpretation of the results is as follows: low burnout category for accumulated scores ranging from $1.00 \leq x \leq 1.75$, moderate burnout for scores ranging from $1.75 < x \leq 2.50$, fairly high burnout for scores ranging from $2.50 < x \leq 3.25$, and high burnout for scores ranging from $3.25 < x \leq 4$.

Table 2. Respondents Burnout Level

Variable N = 60	Sum	%
Categories burnout		
Low	19	31,7
Keep	17	28,3
Quite high	10	16,7
High	14	23,3

The results of the burnout category assessment for Dent Smile employees indicate that the majority fall into the low burnout category, with 19 individuals (31.7%). Following this, 17 individuals (28.3%) are in the moderate burnout category, 14 individuals (23.3%) are in the high burnout category, and the fewest, 10 individuals (16.7%), are in the fairly high burnout category.

4.3. Quality of Life Response

To assess the quality of life, the WHOQOL-BREF (World Health Organization Quality of Life – BREF) questionnaire, consisting of 26 items, was utilized. These questions are divided into five aspects: physical health, psychological health, social relationships, environment, and overall quality of life. Questions regarding overall quality of life are addressed in items 1 and 2. Domain 1, which pertains to physical health, includes questions 3, 4, 10, 15, 16, 17, and 18. Domain 2, focusing on psychological health, encompasses questions 5, 6, 7, 11, 19, and 26. Domain 3, also related to psychological aspects, is covered by questions 20, 21, and 22. Domain 4, which concerns the environment, is addressed in questions 8, 9, 12, 13, 14, 23, 24, and 25. Most of the questions in this instrument are positive, except for three negative items, which are found in questions 3, 4, and 26. The response options for participants are on a five-point scale: 1: Very poor; 2: Poor; 3: Neither poor nor good; 4: Good; and 5: Very good.

Table 3. Respondents Burnout Level

Variable N = 60	Sum	%
Quality of life		
Low	0	0%
Keep	38	63,3%
Quite High	10	16,7%
High	12	20,0%

The results will be calculated based on each domain to obtain the initial raw scores. Subsequently, the scores for each domain will be transformed according to the WHOQOL-BREF transformation table into a transformed score ranging from 0 to 100. The interpretation of the results for each score is as follows:

- 0 - 25: low quality of life
- 26 - 50: moderate quality of life
- 51 - 75: high quality of life

- 76 - 100: very high quality of life

After the domain-based assessment, the results for the employees of Dent Smile Dental Clinic indicate that 38 individuals (63.3%) have a moderate quality of life, 10 individuals (16.7%) have a high quality of life, and 12 individuals (20.0%) have a very high quality of life. None of the employees at Dent Smile Dental Clinic were found to have a low quality of life (0%).

4.4. Relationship between burnout and employee quality of life

The results of the chi-square statistical test show a p-value of $0.633 > 0.05$, indicating that H_0 is rejected if $\alpha = > 0.05$. This suggests that there is no significant relationship between burnout and the quality of life of employees at Dent Smile Dental Clinic in Jakarta. These findings are consistent with the study by Tandilangi et al. (2022), which found a weak correlation between burnout and quality of life, indicating that higher burnout levels are associated with lower quality of life, and conversely, lower burnout levels are associated with higher quality of life. The relationship between burnout and the employees' quality of life is illustrated in the table 4.

Table 4. Relationship Between Burnout and Employee Quality of Life

Pearson Correlation	
Correlation	0,157
P value	0,633
N	60

Another study by McCormack and Cotter (2013) indicates that burnout is not only influenced by quality of life as a confounding variable but can also be affected by factors such as length of employment, social support, age, and gender. Toscano (2018) found similar results, stating that there is a weak relationship between burnout and quality of life because burnout can be influenced by other factors, such as health, social and economic conditions, as well as individual personality traits. However, Maslach (2014) presented different findings, asserting that burnout has a significant impact on quality of life. This is due to burnout being a state of physical exhaustion caused by prolonged work-related stress, leading to emotional fatigue, a decline in physical health, and depression, which ultimately contributes to a reduced quality of life.

5. CONCLUSION

Based on the results obtained through data analysis using statistical tests, the researcher concludes that, in accordance with the objectives of this study: (1) The majority of employees at Dent Smile Dental Clinic in Jakarta experience burnout at a mild level; (2) The quality of life for most employees at Dent Smile Dental Clinic in Jakarta falls within the moderate category; (3) There is no significant relationship between the level of burnout and the quality of life of employees at Dent Smile Dental Clinic in Jakarta. Based on that, the recommendations from this study include the following: (1) Conduct similar research involving clinics with a larger number of employees to better represent a broader and more diverse population; (2) For future research development, it is advisable to use direct interviews instead of distributing questionnaires, as this approach allows respondents to better understand the questions presented.

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