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Original Article

The Relationship between Organizational Commitment and Occupational Burnout: A Case Study in Iranian Nurses

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Abstract
Introduction: Nursing profession has a key role in providing health services. The present study is an attempt to survey the relationship between organizational commitment and occupational burnout in nurses working in Shahid Sadoughi Hospital-Yazd in 2017.
Methods: This descriptive-correlative study was conducted on 195 nurses working in Shahid Sadoughi Hospital. Based on the sample size, the participants were selected through stratified sampling. Data gathering tool included Maslach's standard occupational burnout questionnaire and Allen Meyer's organizational commitment questionnaire. The collected data were analyzed through SPSS using statistical tests like Pearson's correlation.
Results: The mean score of organizational commitment was 75.42 and that of occupational burnout was 81.70; both of them were at moderate level. Organizational commitment, emotional sub-aspect, and continuous sub-aspect were directly and significantly related to occupational burnout (P≤0.01). In addition, there was a significant relationship between occupational burnout and gender so that it was higher in women compared with men (P≤0.01).
Conclusion: Managers can create proper and effective relationship with nurses and avoid the serious qualitative and quantitative outcomes of occupation burnout in nurses through introducing official and unofficial support strategies.
Keywords: Organizational commitment, Occupational burnout, Nurse

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Introduction

Economic, social, and national development in general entails efficient human forces (1-3). Human resources in an organization are the main factors in obtaining competitive advantages. Recruiting and keeping human forces with high organizational commitment and loyalty are of the main concerns of managers in any organization. The reason for this is the critical role of human resources in realization of organizational goals, which is highly important in health and treatment organizations in particular (4-6).

Health and treatment jobs are among stressful occupations and lack of human resource in this sector is one of the challenges. Nurses constitute the largest group of health staff and any negligence in performing the tasks by the nurses leads to considerable financial damages and casualties. Therefore, the way of providing health services by nurses has a deep effect on the quality of health cares (7-13). Newman et al. maintained that there was a logical relationship between patients' satisfaction and the quality of cares (14). Many nurses develop burnout gradually due to heavy workload and occupational stresses and might leave their job (15, 16). As suggested by statistics, one out of every seven workers suffers burnout at the end of the day (17). Tensions lead to occupational burnout so that it is a serious issue in health organizations, especially when it comes to nurses (18-20). Studies have shown that there is a direct and positive relationship between occupational stress and burnout (21). In a study on cancer and blood ward nurses, Bard argued that more than 70% of the subjects suffered moderate to high occupational burnout (22). In a study on nurses working in Japanese educational hospitals, Shimomisu argued that there were occupational burnout symptoms in more than 29% of the individuals (23). In addition, studies in

Iran have reported a high prevalence of occupational burnout in nurses. For instance, 68.8% of nurses working in hospitals affiliated with Babul University of Medical Sciences had a high occupational burnout (24, 25). Occupational burnout is a psychological syndrome with three elements including emotional exhaustion, depersonalization, and lack of personal achievement (26). Occupational burnout syndrome is comprised of physical and emotional burnout and leads to negative self-image, negative attitudes toward the occupational, and a sense of detachment from the care-seeker when providing services to them. It may lead to a variety of physical and spiritual diseases (20). Occupational burnout might function as a contagious disease and lead to performance and mental disorders through causing inter/intra-personal disorders (27). It is, today, a common phenomenon in the developing and developed countries and causes heavy economic, social, and mental costs for the employees and employers (28, 29). The American health organizations incur 50-75 million dollars due to occupational burnout every year (30). Every year, 40 million working days are lost in the UK due to the stress-caused disorders (31).

Occupational burnout is a multi-aspect issue and different factors might affect it. Yadegar et al. showed that organizational commitment had a significant effect on occupational burnout and it is considered as one of the predictors of occupational burnout (21, 32). Organizational commitment can be divided into three categories of emotional commitment, continuous or permanent commitment, and normative or obligatory commitment (33, 34). It is a continuous process and an attitude regarding loyalty and attachment of human forces to the organization. It is through organizational commitment that an individual demonstrates his/her interest in the organization and steps toward realization of organizational goals and success (35-39). Organizational commitment is one of the constructs that affects organizational behaviors, so that it is a key factor in creating a connection and relationship between individuals and organization (40-42). When an organization treats its personnel based on justice, it can expect higher commitment in return. There is a high risk of leaving the organization or low commitment when the individual feels being treated unfairly (43). As shown in studies, there is a negative relationship between organizational commitment and tendency to leave the organization (44). On the other hand, Ghaderi et al. showed that there was no significant relationship between occupational burnout and tendency to leave the organization (20).

Given the importance of the topic and the effect of occupational burnout on performance and function of the personnel and nurses in particular, the present study aimed at surveying the relationship between organizational commitment and occupational burnout in the nurses working at Shahid Sadoughi Hospital-Yazd Iran, in 2017.

Methods
Type of the Study
This descriptive-correlative study was carried out as a cross-sectional study in 2017. The study population consisted of nurses in different wards of Shahid Sadoughi Hospital (intensive care, emergency, surgery, internal, eyes, neurology, gynecology, heart, infection, transplant, children dialysis, endoscopy, orthopedic, and ENT).

Sampling Method
Based on the following formula, the number of participants was obtained equal to 195 (confidence level=95%, test power=80%, correlation coefficient r=0.40). The participants were selected through stratified sampling.

$$C=0.5*Ln(1+r)/(1-r)N$$

Data Collection Tools and Processes
Inclusion criteria were willingness to participate and more than one year of work experience. Exclusion criteria were reluctance to participate and less that one year of experience. For data gathering, the questionnaires were administered at morning, afternoon, and overnight work shifts. The filled-out questionnaires were collected at the end of each work shift (to avoid the effect of work fatigue on answering the questions). The questionnaire consisted of three parts; i) demographic information (age, gender, education, position, work experience, and type of employment); and ii) Maslach's occupational burnout standard questionnaire (17). The questionnaire was designed by Maslach in 1985 consisting of 22 questions that cover three aspects of occupational burnout including emotional exhaustion (nine questions) depersonalization (five questions), and lack of personal achievement (eight questions). The questionnaire is designed based on Likert's seven-point scale (0=never, 1= very low, 2= low, 3=average, 4= above average, 5= high, 6= very high). Questions 1, 2, 3, 4, 5 ,6 7, 8, 10, 11, 12, and 13 are scored inversely. Validity and reliability of the questionnaire were obtained by Beyrami et al. (45) to be equal to 0.71 and 0.90 respectively for all the three aspects. The respondents are categorized into three categories

of trivial (0-33), moderate (33-99), and severe (99-132). iii) The third part of the questionnaire was Allen Meyer's standard questionnaire (38). The questionnaire was designed by Allen Meyer (1990) and the final version consists of 24 statements that measure organizational commitment in three aspects of emotional commitment (1-8), continuous commitment (9-16), and normative commitment (17-24). The statements are designed based on Likert's five-point scale (1=completely disagree,…, 5= completely agree). The statements 4, 9, 12, 14, 15, 17, and 18 are scored inversely. Reliability of the questionnaire was obtained by Nehir et al. (46) equal to 0.94, using test/retest method. Using Cronbach's alpha, Dehghani et al. (35) obtained the reliability of the whole tool equal to 0.84 and 0.80 for emotional aspect, 0.69 for continuous aspect, and 0.74 for normative aspect. Minimum and maximum scores of the questionnaire are 24 and 120, respectively. Based on the score, respondents are categorized into low organizational commitment (24-48), moderate organizational commitment (48-96), and high organizational commitment (96-120). With regard to ethical concerns, prior arrangements were made with the managers and security department of the hospital, confidentiality of the information was observed, the participants were given enough time to fill out the questionnaire, and all possible measures were taken to avoid biased interpretation.

Statistical Analysis and Econometrics
The collected data were analyzed through SPSS (v. 22). For descriptive analyses, frequency, mean, and standard deviation were used and after checking normal distribution of the data, the relationship of demographical specifications with occupational burnout and organizational commitment were examined using independent t-test and ANOVA. The relationship between occupational burnout and organizational commitment and its aspects was examined using Pearson and linear regression ($P<0.05$).

Results
The findings based on descriptive information of the nurses are listed in Table 1.

As listed in Table 2, the highest mean score of organizational commitment was obtained inemotional aspect (25.5±85.56) and the lowest in continuous aspect (24.2±93.19).

As listed in Table 3, the highest and lowest scores of occupational burnout were seen in emotional exhaustion (35.84±0.86 and 22.3±02.47, respectively).

As listed, there was a direct and significant relationship between occupational burnout and organizational commitment (Table 4).

As listed in Table 5, occupational burnout was significantly related to emotional and continuous aspects of organizational commitment.

Discussion and Cconclusion
The mean score of organizational commitment (75.42) and the elements were at a moderate level in the nurses under the study. Other studies conducted

Table 1: The relationship of the demographical variables with the mean score of organizational commitment and occupational burnout in the subjects

Variable		N (%)	Organizational commitment Mean±SD	P value	Occupational burnout Mean±SD	P value
Age (year)	<30	79(40.50)	75.57±7.52	0.14	82.07±13.38	0.91
	30-50	113(57.90)	75.01±9.80		81.38±16.09	
	50<	3(1.50)	85.33±5.50		84.33±25.00	
Gender	M	66(33.80)	86.42±9.00	0.36	76.70±15.09	≤0.01
	F	129(66.20)	74.99±9.03		84.31±14.60	
Work experience (year)	<5	54(27.70)	75.21±7.42	0.52	79.23±13.33	0.51
	5-10	82(42.10)	74.76±8.86		83.02±14.95	
	10-15	24.(12.30)	77.47±10.41		81.05±12.26	
	15<	33(17.10)	77.00±9.73		83.61±19.27	

As listed in Table 1, therewas a significant relationship between occupational burnout and gender (P<0.01)

Table 2: Mean and Sd of the aspects of organizational commitment

Aspects of organizational commitment	Mean±SD	Mid	Min	Max
Emotional aspect	25.85±5.56	26	8	40
Continuous aspect	24.93±2.19	25	8	40
Normative aspect	24.51±3.80	25	8	40

Table 3: Mean and SD of the aspects of occupational burnout

Aspects of occupational burnout	Mean±SD	Mid	Min	Max
Emotional exhaustion	35.60±8.86	37	0	54
Depersonalization	22.02±3.47	23	0	36
Lack of personal achievement	23.85±9.30	25	0	42

Table 4: The relationship between mean score of occupational burnout and organizational commitment in the subjects

Variables	Mean	SD	Sig. and correlation coef.
Occupational burnout	81.70	15.17	r=0.33
Organizational commitment	75.42	9.01	P≤0.01

Table 5: Occupational burnout correlation and the aspects of organizational commitment

Scales of organizational commitment / Variable	Emotional aspect	Continuous aspect	Normative aspect
Occupational burnout	r=0.38 P≤0.01	r=0.29 P≤0.01	r=0.13 P=0.1

in the same hospital and nurses reported the same results in that sense (47, 48). Our findings are also consistent with those of Sajjadi et al. (49) about organizational commitment of nurses. The mean score of occupational burnout was 81.70 and as to its aspects, the mean scores of emotional exhaustion, personal achievement, and depersonalization were 38.5, 23.85, and 22.3, respectively, i.e. moderate level. Different results have been reported about occupational burnout in studies conducted in Iran and other countries. Sfandiari (15) studied nurses working in Sanandaj-based hospitals- Iran and found that 96.4% of the nurses had a high occupational burnout. Mahmoudi et al. (47) reported that occupational burnout was at a moderate level. Moghadasi et al. (50) concluded that occupational burnout of the nurses working in Shahrekord-based educational hospital was higher than the moderate level. These different results might be due to different work conditions, organizational atmosphere, or other personal variables like values, beliefs and the like. On the other hand, since nurses are in charge of providing care to care-seekers in poor health condition, they are prone to occupational depression. Occupational burnout is an occupational disease that should be diagnosed in early stages and proper treatment should be provided as soon as possible. The highest mean score among the aspects of occupational burnout was obtained by emotional exhaustion aspect and the lowest by depersonalization. The results of the present study and similar ones are indicative of the fact that emotional exhaustion is one of the main aspects of occupational burnout. Therefore, this aspect and the factors that boost it deserve special attention (21). In addition, Hais et al. showed that 52.2% of nurses

suffered from high emotional exhaustion (51).

There was a direct and significant relationship between occupational depression and organizational commitment. In addition, emotional and continuous aspects were directly and significantly related to occupational burnout, so that with an increase in organizational commitment, occupational burnout increases. Inconsistent with our results, Yener et al. (52), Cllado (53), and Mahmoudi Rad et al. (47) reported a negative relationship between occupational depression and organizational commitment. However, our results are in the same line with those of Peng et al. (54). Gemlik reported that there was a negative and significant relationship between occupational burnout and emotional commitment, which is inconsistent with our results (55). As to the relationship between emotional aspect and occupational burnout, it appears that since organizational commitment has to do with the person, their identity, and cognition and with organizational commitment the individual finds himself/herself a part of the organization, which is demonstrated by emotional commitment. On the other hand, deep interest in the occupation contributes to occupational burnout. In some cases, the profession is so important for the individual that life without it becomes meaningless. In such cases, the profession constitutes the whole identity of the individual, which is also called workaholism (56). Nursing profession is prone to workaholism and internal motivations and external awards make the practitioners prioritize their work over other things. It appears that workaholism intensifies occupational burnout in nurses. As to the relationship between continuous aspect and occupational burnout, it is notable that continuous commitment is a result of

one's investment in the organization over time (57). People might stay in the organization despite their occupational burnout only because of the financial investment they had made in the organization, their work record, and the expectation of loosing benefits by leaving the organization. This type of commitment is indicative of a poor relationship between the employees and organization.

The results about the relationship of organizational commitment and occupational burnout with demographical variables showed that occupational burnout had a significant relationship with gender. That is, occupational burnout was higher in women, which is consistent with Jafari Araghi et al. (58). Talaie (59) and Momeni (60) argued that the growth of occupational burnout in women was due to negligence of women's rights, personality differences between women and men, and the higher emotional-sentimental instability in women. In addition, it is notable that along with their occupation outside the house, women are committed to home affairs.

No easy access to the personnel due to their heavy workload and refusal of nursing supervisors of some wards to cooperate with the study were some of the limitations of the study.

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