

# Influence of Perceived Organizational Support and Self-Efficacy on Burnout

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## Abstract

This research investigates the influence of perceived organizational support and self-efficacy on burnout. A total number of 209 Nurses responded to the questionnaires. The participants were all nurses in Federal Medical Centre Umuahia who willingly choose to participate in the study. These participants were made up of 207 female and 2 male nurses from the hospital. 152 are married while 57 are unmarried. Their ages ranged from 20 years to 52 years. 20-30 years (23.45%), 31-41 years (30.62%) and 42-52 years (45.93%). The mean age and standard deviation of the participants are ( $M=38.47$ ,  $SD = 8.62$ ). Three instruments were used in the research for data collection. 1) Perceived organizational support (POS) scale developed by Eisenberger, Huntington, Hutchison and Sowa (1986). 2) General self-efficacy scale developed by Jerusalem and Schwartz (1989). 3) Maslach burnout inventory by Maslach and Jackson (1986). A cross-sectional survey design was employed in the study and a two-way analysis of variance was used to test the hypotheses. Results show that Nurses with low organizational support experience high level of burnout than those with high organizational support. In other words, perceived organizational support significantly influence burnout among Nurses, while self-efficacy does not significantly influence burnout among Nurses. There is a slight difference in burnout between Nurses with low self-efficacy and those with high self-efficacy. Having realized that organizational support is a strong factor of influence on burnout among Nurses, it is imperative that organizational support is highly encouraged within the health profession and other organizations or sectors in the country.

**Keywords:** Organizational Support, Self-efficacy, Burnout.

## INTRODUCTION

The employee burnout is a topic of major interest for management and industrial psychological researchers alike, because it has implication for both individuals and organizations (Cropanzano, Rupp, & Byrne 2003). From the individual perspective, burnouts is related to a myriad of health related issues, including decreased self-esteem, anxiety, depression, gastro - intestinal problems, headaches, sleep disturbances, and diminished psychological well-being (Maslach, 1993; Kahill, 1988; Wright & Bonett, 1997). From the organizational perspective, burnout is linked with intention to turnover, decreased level of employee commitment, and job dissatisfaction (Jackson, Schwab & Schuler, 1986). However, Maslach and Jackson (1986) defined burnout as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that occur among individuals who do "people work" of some kind. It seems then that burnout has three dimensions: emotional exhaustion; which describes the affective feeling states of the individual characterized by depleted emotional resources, and lack of energy; depersonalization; which is characterized by negative, cynical attitudes and feelings about one's clients. Diminished personal accomplishment refers to the tendency to evaluate oneself negatively.

Perceived Organizational Support (POS) refers to employees' overall perception to organizations' concerns in the contributions and welfare. An element analysis finished by Rhoades and Eisenberger in 2002 show that certain factors affect employee' perceived organizational support such as rewards and work conditions. Employees always take the way of leaders treating them as a reflection of organizational support. According to Tabacchi, Kroe and Farber (1990), high levels of perceived organizational support, mainly the aspects relating to supervisory support, function as a crucial antecedent to the prevention of burnout. Their study revealed that employees were more likely to report symptoms associated with burnout when they perceived low levels of supervisory and subordinate support. This relationship was supported by Rowley and Purell (2001), who found that one of the primary causes of employee turnover and exhaustion within the industry was high stress levels that occurred as a result of managerial demands.

Another variable that may be considered as a factor in burnout is self- efficacy. Self-efficacy is an individual factor unlike organizational support which is an organizational factor. The majority of occupational burnout models propose that burnout in the occupational environment generates negative changes in the individual in physical, psychological and behavioral terms, (Beehr, 1995). These models also suggest that the relationship between burnout and their negative consequences (low turnover) is moderated by different factors, such as demographic characteristic, personality factors, work environment and self beliefs (self- efficacy). Brief and

Aldag (1989) stated that one's beliefs about oneself can act as moderating variable in burnout. Some results have shown that burnout have a less negative effect when individuals, have more positive self- perceptions, (Mossholder, Bedein & Armenakis, 1982). According to Bandura (1997), self-efficacy refers to beliefs in one's own capacity to organize and execute the courses of action required to manage prospective situation. Research show that one's own beliefs of efficacy function as an important determinant of motivation, affect, thought and action (Bandura, 1992). Grau, Slanova & Peiro (2001), found in their study that individual with low levels of generalized self- efficacy show more emotional exhaustion (burnout) than those with higher level of generalized self- efficacy. In the same vein, Jex and Bliese (1999)) found that self- efficacy has moderating role on some pointers of burnout, such as organizational commitment physical symptoms, attempts to abandon the job. They found that high levels of self- efficacy is related to less burnout, while low level of self- efficacy is related to high burnout.

The present research surveyed the influence of perceived organizational support and self- efficacy on burnout among Nurses. Nurses play an important role in health care delivery and human services. They are part of the medical team that ensures adequate care for patients and they have more contacts with the patient than any other employee in health care delivery system. It becomes important that the Nurses' affairs should be a concern to all, as any cynical attitude on their part due to burnout can result to loss of human life. Therefore this research considered it important to investigate the extent to which organizational support and self- efficacy of the nurses can influence their job burnout. The researcher hopes to add to existing literature on factors that determine job burnout and give ideal suggestions to the extent in which the independent variables can induce job burnout.

## METHOD

The participants were 209 Nurses from Federal Medical Center Umuahia. These participants willingly chose to participate in this study. They were made up of 207 female and 2 male Nurses in the hospital. The participants are all practicing Nurses that work day and night shift in the hospital. One hundred and fifty two (152) among them are married while fifty seven (57) are unmarried. Their ages ranged from 20years to 52years. 23.45% are between 20-30years, 30.62% between 31-41years while 45.93% are between 42-52years. The mean age and standard deviation of the participants are (M=38.47, SD=8.62).

## INSTRUMENTS

The three variables involved in this study are perceived organizational support (POS), self-efficacy and burnout. Thus, three questionnaires were used this research for data collection. They are;

1) Perceived organizational support (POS) scale. This was developed by Eisenberger, et al. (1986) as an unidimensional scale to measure employee's perceptions of organizational support. The scale is a 17-item questionnaire that measures employee perceived support from the organization. The original version of SPOS is a 36-item questionnaire with seven point likert type structure (1= strongly disagree, 2 = slightly disagree, 3 = disagree, 4 = neutral, 5 = agree, 6 = slightly agree and 7 = strongly agree). Eisenberger and Colleagues (1986) performed a factor analysis and item analysis on the initial item and reduced the item to seventeen (17) with a reliability coefficient of alpha from .74 to .95 and item-total correlations ranging from .47 to .83. He performed content and construct on the scale to further reestablish the validity of the scale. Out of the 17-items, 10 items were positively worded 1,3,7,8,9,11,12,15,16,17 and 7 items were negatively worded 2,3,5,6,10,13,14. Eisenberger and Colleagues further reduced the response option to a 5-point continuum (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree and 5 = strongly agree).

Further validation study was conducted by Onyishi (2006) using one hundred and seventy three (173) participants in a survey research to make the scale valid and reliable within the Nigerian context. After item analysis, he obtained an item-total correlations ranging from .30 to .67 with Cronbach alpha of .88 and a test-retest reliability of .89. The score is between 17 and 85 to categorize perceived organizational support into high and low, the mean score of the participants on SPOS was obtained as 46.90 and participants who scored above the mean were categorized to have high level of perceived support and those who scored below the mean were categorized to have low perceived organizational support. Therefore, the higher the score, the higher the organizational support perceived.

2) General self-efficacy scale. This instrument was developed by Jerusalem and Schwartz (1989). It is a 10 item questionnaire and is in a likert format ranging from 1 – not at all true to 4 – exactly true. The alpha of the scale was found to range from .70 to .90 in a sample of 23 nations by the authors. A predictive validity of -.60 was also obtained when the scale was correlated with STAI by Spielberg (1983). In a pilot study the researcher obtained a split half reliability of .75 and an alpha of .90. Also a concurrent validity of .70 was obtained correlating the scale with Self esteem scale by Hudson (1982) and validated in Nigeria by Onighaiye (1996).

To categorize self-efficacy into high and low, he classified the range of score into two, 10-25 as low self-efficacy and 26-40 as high self-efficacy. Therefore, participants who scored below 26 are regarded as those with low self-efficacy while those who scored from 26 and above are regarded as those with high self-efficacy. In other words, the higher the score, the higher the self-efficacy.

3) Maslach burnout inventory by Maslach and Jackson (1986). This is a 22 item inventory designed to assess burnout syndrome (BOS) which is a state of physical and emotional depletion resulting from the conditions of work. The instrument is in a likert format ranging from 1= a few time a year to 6- every day. The inventory has three subscale that measure BOS; emotional exhaustion, dehumanization and reduced personal accomplishment. These subscales are scored separately, but are added together to obtain the client's overall burnout score. Maslach and Jackson (1986) found the alpha of the scale to be .71 to .90; and the test retest reliability of .80. The scale also has convergent validity of .20 to .56, when it was correlated with in a peer rating scores for different samples. However, Coker (1999) found an alpha of .86; split half reliability of .57 and a concurrent validity of ranging from -.01 to .36 when the subscales of MBI was correlated with psychological symptoms checklist of Omoluabi (1987). The items for emotional exhaustion are 1,2,3,6,8,13,14,16,20 while the items for dehumanization are 5,10,11,15 and 22. The items for emotional exhaustion and dehumanization are scored directly while the items for reduced personal accomplishment are reverse scored, they include items 4,7,9,12,17,18,19 and 21.

### PROCEDURE

The three instruments were administered simultaneously by the researcher to the participants during their working hours. With the help of the matron (and other available assistants), the exercise was done in two phases. First, during the day (8am-6pm) for those who are on day shift (morning and afternoon) and secondly during the night (7pm-9pm) for those on night shift. The questionnaires were distributed to the participants in their different departments and wards where they are discharging their duties. The questionnaires were also collected in sections exactly the same way they were shared.

Out of the 220 copies of the questionnaires distributed, 215 were completed and returned. This represents a percentage return of 97.73%. Six (6) of this number were also discarded as a result of improper completion, leaving 209 (95%) of the total copies. The 209 returned and properly filled copies were used for the study.

### STATISTICAL METHOD

A two-way analysis of variance was the statistical method used in this study to test the two hypotheses.

### RESULTS

Table 1

Mean ( $\bar{X}$ ) and Standard deviation of organizational support and self-efficacy.

INDEPENDENT VARIABLE	LEVEL	$\bar{X}$	SD	N
Organizational support	Low	95.60	12.73	92
	High	89.04	12.80	117
Self-efficacy	Low	93.05	15.71	87
	High	91.13	10.98	122

Mean significant at  $P < .05$

The data shown in table 1 of means and standard deviation indicates that in relation to organizational support, participants who show low organizational support obtained a higher mean score on burnout ( $M=95.60$ ) than those who showed high organizational support ( $M=89.04$ ). Simply put, participants with low organizational support experience a higher level of burnout than those with high organizational support. On self-efficacy, the mean score between participants with low self-efficacy and those with high self-efficacy slightly differed. In essence, the mean difference is marginal, participants with low self-efficacy and those with high self-efficacy slightly differed in burnout.

## Test of Hypotheses

Table 2 ANOVA, Summary of Influence of Perceived Organizational Support and Self-efficacy on Burnout

SOURCE	SS	df	M.Sq	F
Organizational support (A)	2355.67	1	2355.67	14.62*
Self-efficacy (B)	56.10	1	56.10	.35
A XB	692.17	1	692.17	4.30**
Error	33039.97	205	161.17	
Total	1802195.00	209		
Correlated total	35977.92	208		

\*P<.001, \*\* P<.05

The result of the analysis shown on table 2 above indicate that the difference in the mean scores between participants with perceived low organizational support and those with perceived high organizational support is significant. The difference was statistically significant (F, 1=14.62, P<.001). The null hypothesis that there will be no statistically significant difference in burnout between workers with perceived low organizational support and those with perceived high organizational support was rejected. Perceived organizational support significantly influenced burnout among nurses. However, this is not the case with the second hypothesis. The result showed that there is no significant difference in burnout between nurses with low self-efficacy and those with high self-efficacy. Therefore, the hypothesis which states that there will be no statistically significant difference in burnout between workers with low self-efficacy and those with high self-efficacy was not rejected. Self-efficacy does not significantly influence burnout among nurses. Again, there is a significant interaction effect in burnout between perceived organizational support and self-efficacy. The interaction effect is significant (F 1 = 4.30, P<.05) perceived organizational support and self-efficacy significantly interact to influence burnout among nurses.

## DISCUSSION

The result of the findings showed that the first hypothesis which stated that there will be no statistically significant difference in low organizational support and those with perceived high organizational support was rejected (P<.001). The result shows that perceived organizational support significantly influence burnout among nurses. The results is in agreement with Tabacchi et al. (1990) result which concludes that high levels of perceived organizational support mainly the aspects relating to supervisory support function as a crucial antecedent to the prevention of burnout and also with Rowley and Purcell (2001) who found that one of the primary causes of employees' turnover and exhaustion within the industry was high stress levels that occurred as a result of managerial demands.

The second hypothesis which states that there will be no statistically significant difference in burnout between workers with low self-efficacy and those with high self-efficacy was not rejected. This implies that self-efficacy does not significantly influence burnout among nurses. The result is in aberration with Bandura (1989) findings which postulates that people with stronger perceived self-efficacy experience less stress in threatening or taxing situations and that situation are less stressful when people believe that they can cope successfully with them. Bandura asserts that enhanced feelings of success and competence (strong self-efficacy) would reduce burnout, while factors that promoted feeling of inadequacy and failure (low self-efficacy) would increase burnout. The result also does not corroborate with Grau, Slanova & Peiro (2001), which found in their study that individual with low levels of generalized self- efficacy show more emotional exhaustion (burnout) than those with higher level of generalized self- efficacy. It also contradicts Jex and Bliese (1999) study which found that self- efficacy has moderating role on burnout.

In addition to the first and second hypotheses tested, the present finding yielded a significant interaction effect between perceived organizational support and self-efficacy. This indicates that organizational support and self-efficacy interact to influence burnout among nurses. The result indicates that high self-efficacy and high social support interact to reduce burnout among nurses. At the point where perceived organizational support is high and self-efficacy is high, burnout will be reduced.

There are several implications of the findings of the present study. These deductions can benefit the employers of labour, employees and the organization at large. For the employers, an implication to note is that for workers (nurses) to perform better in their duties, they require the support of their organizations stemming from their senior, supervisors and the management. Having confirmed that, it becomes highly imperative to curtail it so as to give the employees the chance of recording high productivity. If organizational support is encouraged, employees of such organization perform better. On the side of the employees/ employers, it strengthens the essence of team work and encouragement from both parties. One side effect of burnout is turnover which is voluntary resignation from a job due to accumulated stress resulting from unproductively, dissatisfaction from

work situation. This can be reduced by organizational support.

However, this study has revealed that self-efficacy is not a matter of major concern to the nurses. It helps to explain the fact that nursing requires a team work. Unionism is the key in the health profession because no nurse or health practitioner takes glory of success alone. In other words, team work manifests its handwork in nursing. In nursing, nurses perform better when they work together as a group. Collective effort supercedes individual factors among nurse.

This study however, has some limitations. The influence of age and marital status on burnout was not part of the major findings and only a handful of 209 participants (nurse) were used in the study which were drawn from only one hospital from the South-eastern state of Nigeria. Thus, future researchers should study the influence of those other latent variables like age and marital on burnout and also increase the sample size by expanding the research terrain to other regions or states.

## CONCLUSION

This study revealed that organizational support and self-efficacy interact to influence burnout among nurses. Nurses who perceived high organizational support and high self-efficacy mostly experience lesser burnout than other nurses within the health profession.

Having realized that organizational support is a strong factor of influence with regards to burnout among nurses, it becomes highly imperative that organizational support should be nurtured and encouraged within the health profession and other organizational sectors. Nurses perform better when their superiors, supervisors and the management support them in their duties and assignments. With high organizational support, burnout can be minimized which in turn increases efficiency, productivity, performance and satisfaction among workers. Moreover, nurses work in unionism signifying team work or team effort. As nurses attend to patients no particular nurse is restricted to a patient or takes the glory alone in issues involving successful recovering of a patient. The nursing profession encourages collective efforts rather than individual efforts in order to ensure success. Nevertheless, efforts are needed in order to strengthen the team effort therefore high self-efficacy among nurses will always contribute positively to the promotion of the health profession. Organizational support and self-efficacy interact to enhance employees' emotional commitments to organizations, and strengthen organizations' cohesion and employees' stability, thereby reducing burnout among nurses. Finally, burnout affect work performance and job satisfaction hence, it should be curtailed.

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