

Relationship between Organizational Commitment, Burnout and Psychological Wellbeing among Staff nurses

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Abstract

Background: Effective management and organizational commitment are vital issue and any imbalance between them leads to many problems such as work stress, burnout, high rates of staff turnover, absenteeism, poor job satisfaction and low psychological wellbeing levels. **Aim of the study:** The aim of the current study was to assess the relationship between organizational commitment, burnout, and psychological wellbeing among staff nurses. **Setting:** The study was conducted at the inpatient departments of El-Abbassiya Governmental Hospital for Psychiatric and Mental Health affiliated to Ministry of Health, Cairo. **Subjects:** The sample included 220 staff nurses. **Data collection tools:** Data was collected using three tools namely, Organizational Commitment Questionnaire (OCQ), Maslach Burnout Inventory scale and Ryff's Psychological Wellbeing (PWB) scales. **Results:** the current study revealed that about half of the studied nurses had high organizational commitment, more than half of them had low burnout level, and the highest mean score for psychological wellbeing dimensions was regarding the positive relationship and purpose in life. **Conclusion:** showed that there was a statistically significant positive correlation among all organizational commitment dimensions and the studied staff nurses' levels of burnout and psychological wellbeing levels. **Recommendations:** The study recommended providing various educational programs to improve nurse commitment and psychological wellbeing to retain nurses and minimize burnout.

Key words: Organizational Commitment, Burnout, Psychological Wellbeing.

Introduction

Organizational commitment is the psychological state of the employee which prompt that the employee is keen to organizational goals and shows high performance to stay within the organization (Wilcox, 2015). In other words, organizational commitment which represent the psychological approach to the organization, is a psychological condition that reflects the relationship between the employee and the organization and that led to the decision to continue membership in the organization (Meyer&Allen, 1997 and Eryeşil, (2016).

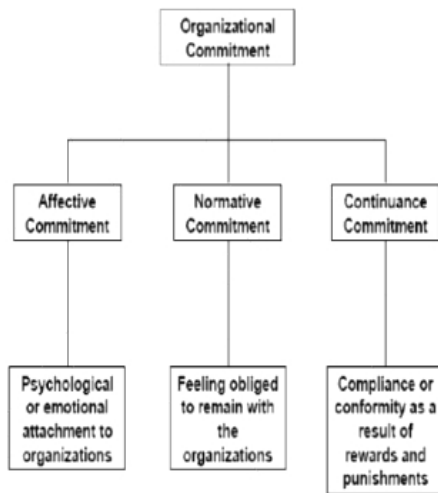
Organizational commitment is highly valuable as many studies have highlighted that commitment has a great impact on the successful performance of an organization. This is because a highly committed employee will identify with the goals and values of the organization, has a stronger desire to belong to the organization and is

willing to display greater organizational citizenship behavior as a willingness to go over and beyond their required job duties (Kubota, Okuyama& Uchida, 2016). Researchers have identified three types/dimensions of organizational commitment: 1- Affective commitment where the employee has an emotional bond with the organization. They 'want' to be there. 2- Continuance commitment refers to the situation where an individual feels that they will lose more by leaving than they will gain. In effect continuance commitment is a fear of loss if they left. The loss can be in any domain such as prestige, income, friendships or social loss. 3- Normative commitment where an individual feels they should stay for some reason. Usually this is because of a sense of obligation to the organization. This sense of can stem from the moral (working for a charity that is doing important work), ethical, because the organization spent time and money training the employee or

paying college fees etc. **Elbarazi, Loney, Yousef, & Elias, (2017).**

The common feature of these three commitment types (affective, continuance and normative), reflect psychological condition which connect the employees to an organization and affect the decisions about whether the solitary with the organization will continue or not (**Allen, 2016**).

Figure 1: Meyer and Allen's three-component model (Types/Dimensions) of organizational



commitment.

The first dimension of organizational commitment is: affective commitment (desire to stay); It is the internal and emotional attachment to organization. The individual stays in organization as a result of a positive attitude toward organizational goals and values and is willing to continue work (**Yucel, 2013**). The second dimension is the continuance commitment that develops out of the perceived cost (benefit against loss) and requires that the employee should be aware of these benefits and loses. As well, continuance commitment is a readiness of a worker to be a part of an organization. Because of individual's investment in the form of nontransferable investments such as; close working associations with colleagues, funds after retirement, career savings and learned job expertise, they are unique to a specific organization, years of working in a specific organization, taking part in the community in which the owner is positioned, and other aids that make it too expensive for one to quit and look for service somewhere (**Meyer & Espinoza, 2016**).

The continuous commitment related to remaining in the organization is also due to rewards resulted from remaining in the organization or costs of leaving. From this perspective, people are committed to the organization and provided that they leave it, they would lose their organizational specific

advantages, social statue and social network (**Cooper & Viswesvaran, 2015**).

The third dimension is normative commitment has been defined as a kind of commitment and obligation that leads the employees towards the feelings of remaining in the organization. Meanwhile, it causes the increase of trust towards the organization and is important factor in motivating people's participation in the organization. The results of some studies have also shown that, low levels of burnout cause the increase of normative commitment (**Ying-Hai, 2015**).

Actually, nurses are the most essential resource of hospital, they carry out the hospital activities such as; care of the beloved through utilizing the human and non-human resources of hospital double-less the achievement of hospital goals depend on nurses' commitment and satisfaction. Considered nurses' commitment towards job is important for researchers and academicians in healthcare organizations as nurses play the central role in their organizational performance (**Burke, Koyuncu & Fiksenbaum, 2015**). Therefore, organizational commitment is a significant idea in the discussion of behavioral elements, reducing nurses' burnout and increases their psychological well-being.

Burnout is one of the most important indicators for evaluating the psychological conditions of healthcare workers and their commitment to the organization, it is common to find burnout syndrome in health professionals, especially in the field of nursing. The levels of burnout may be increased as the care nurses deliver become complex, particularly those who are working at psychiatric departments exposed to high levels of stress and burnout. Some professionals manage to deal with the symptoms but, those who do not adapt to the long-term working conditions, insufficient number of professionals and poor communication tend to feel physically and emotionally worn out. For nurses, burnout reduces the ability to provide care. Every day, nurses face the dilemma of being human, empathetic and sensitive in a work environment of many responsibilities (**Markwell, Polivka & Morris, 2016**).

Burnout is a specific kind of occupational stress in human service professionals which results from the demanding and emotionally charged relationships between caregivers and recipients (**Wilcox, 2015**). So, it is a consequence of the perceived disparity between the demands of the job and the resources (both material and emotional) that available to employees. When demands in the workplace are unusually high, it becomes increasingly impossible to cope with the stress associated with these working conditions. Moreover, causes of burnout include; role conflict, role ambiguity, work overload, work under load, responsibility for others, lack of social support, emotional load, and having a job lacks of prestige (**Maslach & Jackson, 2017**).

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Burnout mainly is related to the psychological set up which is triggered by the external environment, and this could lead to individual's lack of attention at work and more concerns about leaving the job instantly moreover, the anger and burst could spoil relationship with the co-workers and more likely the bosses. Individuals having burnout symptoms due to problematic job stances could excruciate the fundamentalism of the firms and thus could be least bothered about the commitment to the organization at large which could overall diminish the individual's well-being and majorly the organization's profit itself **Kubota, Okuyama, Uchida, Umezawa, Nakaguchi, Sugano, & Akechi, (2016)**.

Burnout is responsible for decreasing productivity among nurses contributing to an unhealthy environment in which to work. Stress consumes a nurse's power and tolerance which would reduce their ability to maintain a high standard of patient care **(Mehta, Perez, Traeger, Park, Goldman, Haime, and Jackson, 2016)**.

Burnout may lead to high turnover among nurses by influencing a healthcare professional's choice to leave an organization. There is a positive and strong relationship between burnout and nurse's intention to leave. This relationship is a result of many factors impacting nurses, especially those who work in acute care and lead nurses to transfer from or quit their job. These include: manager and co-workers influence; payment; lack of skill or time and family responsibilities. Therefore, organizational commitment and burnout are intricately connected to each other and influence nurse turnover **(Shoorideh, Ashktorab, Yaghmaei, & Alavi Majd, 2015)**.

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: emotional exhaustion, depersonalization and low personal accomplishment/achievement **(World Health Organization, 2017)**.

The first dimension of Burnout is Emotional exhaustion; it is feeling tired and fatigued at work. It arises as emotional resources are depleted; workers feel that they are no longer able to help themselves at the psychological level. The second dimension is Depersonalization; it is the developing of a callous/uncared negative cynical attitude and feeling of hostility toward others. The third dimension is personal accomplishment; it is the feeling of the employees as they are not accomplishing anything worthwhile at work, it is also refers to the tendency to evaluate oneself negatively **(Halbert, 2017)**.

Individuals who are continually exposed to high levels of stress can experience burnout, such as first responders, doctors and nurses are especially vulnerable to this health condition **(Maslach & Jackson, 2017)**. Issue of burnout among nurses is familiar; nursing is inevitably a

stressful profession. The prevalence of burnout in nursing is a real issue and a real threat to the health care system. Therefore, several studies around the world in different continents have been carried out showing the high rates of burnout among nurses, more especially staff nurses working in hospitals, and high levels of burnout among nurses are reported in Europe, Asia and North America **(Anne & Mäkikangasa, 2016)**.

Researchers have identified two key factors that impact absenteeism and retention of new young nurses: (i) commitment to the organization and (ii) the level of burnout that staff experience. The resultant combination of factors could lead to turnover **(Brunetto & Teo, 2012; Shacklock, Brunetto, Teo & Farr-Wharton, 2014)**.

Burnout is best described as the emotional, physical and psychological consequences of long, continued exposure to emotionally demanding and stressful working situations. Such emotionally demanding work is the essence of nursing. **Healy and McKay (1999)** reported that, nurses rated their workload as highly stressful in terms of both frequency of its occurrence and its perceived effect upon themselves. Whereas numerous studies confirmed high levels of reported stress among nurses, few studies have investigated the possible consequences of such stress on their mental and physical well-being **(Tyler, Caroll, & Cunningham, 1991)**.

The main factors that constitute burnout are listed like workload, inadequate staffing, and time pressures which are not easy to deal with in organizations. The necessities of working face to face with colleagues and patients, to have good mental health and the ability to emotional support that must be provided to patients, because this negatively affects workers in the health sector **(Gemlik, Sisman and Sejri, 2010)**.

Psychological well-being as a dynamic state characterized by reasonable amount of harmony between individual's abilities, needs and expectations, environmental demands and opportunities. Psychological well-being has more to do with the management of the existential challenges of life **(Levi, 1987)**.

Psychological well-being is evaluating their cognitive or affective part of lives. The cognitive part is an information-based appraisal of conscious evaluative judgments about one's satisfaction with life, and the affective part is a hedonic evaluation guided by emotions and feelings such as experience of pleasant/unpleasant moods in reaction to their lives **(Diener, 1999)**

Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being. These facets include six components of psychological well-being. having a positive attitude towards oneself and one's past life (self-acceptance), having goals and objectives that give life meaning (purpose in life), being able to manage complex demands of daily life

(environmental mastery), having a sense of continued development and self-realization (personal growth), possessing caring and trusting ties with others (positive relation with others); and being able to follow one's own convictions (autonomy) (Arnold, 2017).

Psychological Well-Being (PWB) is identified as a positive functioning of an individual, as well as, the quality of life. It includes; happiness, peace, accomplishment and life satisfaction (Kang and Bae, 2015). PWB is concerned with an individual's appraisal of constant happiness; satisfaction with physical and mental health and how it correlates to some psychosocial factors such as; life or work satisfaction. PWB affects an individual's work life, personal life and general well-being and in return, occupational satisfaction (Bakker & Sanz-Vergel, 2017).

Psychological well-being leads to reduced burnout among working nurses since nurses are at the heart of health care institutions and maintaining nurses in the institution remains a challenge for administrative nurses. Therefore, organizational measures must be taken in order to ensure a committed, highly dedicated and psychologically well-being sound nursing workforce, and to promote nurses' retention and sense of burden. Therefore, a good organizational commitment associated with a high degree of nurses' satisfaction and reduced intent to leave work is necessary to ensure the continuity of quality of patient care and services, organizational efficiency, performance and productivity (Kallel, Ksibi, Dhia, & Khélifi, 2017).

The individual should be free from stress, tension, anxiety, boredom, disappointment, loneliness and isolation in order to have good PWB. Nurses' PWB and health appear to be related to their abilities to fine tune their professional and private personal responsibilities (Arrogante, Pérez-García, & Aparicio-Zaldívar, 2015). Moreover, high workloads and low levels of salaries, control, and value resemblance were associated with greater worker distress and lower PWB (Laschinger & Fida, 2016).

Significance of the study:

Low levels of organizational commitment have been found to influence burnout in hospital employees, that organizational commitment can affect job commitment because an employee who has a sense of belonging and commitment to the organization is unlikely to tire from the job, and this effect can be even more significant in collectivist cultures, Attention should be paid to nursing profession which exposed to a high risk, high pressure, and labor-intensive and thus, a high incidence of burnout exists among nurses. A survey conducted in five countries, including the United States, revealed that burnout is a profoundly serious phenomenon within the nursing profession, which revealed that 40% of the nurses experienced job burnout (Aiken, Clarke, Sloane, Sochalski & Busse, 2001).

Medical professionals such as nurses play an especially important role in caring for and accepting patients as they are. There are many aspects such as increased job responsibilities, multitasking, need to master oneself with emerging technologies, stricter consumer rights along with job insecurity and a competitive workplace, making healthcare a difficult field to work in and a job burden. Thus, it is important to check the state of psychological well-being of health care professionals, because they are first and foremost directly involved in the health care of people Madhuchandra, & Srimathi, (2016).

Also, attention should be paid to nurses' psychological well-being of nurses that can be affected by their commitment level and affecting nurses' burnout. Nurses need to deliver quality patient care, and nurses are strong people, with endurance, education, and empathy they need the education to be satisfied while doing their job, reducing excessive load and to achieve their commitment. Hence, the research question raised in the present study was whether there was correlation between organizational commitment, burnout and psychological well-being among staff nurses.

Aim of the study:

The aim of this study was to assess the relationship between organizational commitment, burnout and psychological well-being among staff nurses through assessing;

- The levels of organizational commitment, burnout, psychological well-being.
- The relationship between organizational commitment, burnout and psychological well-being.

Research Question:

Is there a relationship between organizational commitment, burnout and psychological well-being among the studied staff nurses?

Subject and Methods

Research Design:

A descriptive-correlational design was used in this study.

Study Setting

This study was conducted at the in-patient departments of El-Abbasiya Governmental Hospital for Psychiatric Health in Cairo affiliated to the General Secretariat of Mental Health and the Ministry of Health of Egypt. It provides an in-patient and out-patient services for female and male patients with bed capacity about 2600. The in-patient departments are divided into; twenty-one old developed free sections (ten sections for males and eleven for females). There are also four forensic sections (three sections for males and one for females) and two new buildings; one building for males and the other building for females. Working hours are divided into three periods; the first period, from 9.00 am to 3 pm, the second, from 3 pm to 9.00 pm and third period, from 9.00 pm to 9.00am.

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Subjects:

A purposive sampling technique used to select 220 staff nurses out of 750 working at the previously mentioned setting. The selected staff nurses were agreed to participate, and they were fulfilling the following inclusion criteria;

- Age: From 25 - 45 years.
- Gender: Both sexes.
- Qualification: Diploma of technical nursing school, diploma of technical health institute and nursing bachelor degree.
- Years of experience: Working for at least three years.
- First and second period: From 9.00 am to 9.00 pm.

The sample size was estimated based on the following equation;

$$n = \frac{N \times P(1-P)}{(N-1) \times (d^2 \div z^2) + P(1-P)}$$

$N \times P(1-P) = (750 \times (0.283 \times (1-0.283)))$
 $N-1 = (750-1)^*$
 $d^2/z^2 = 0.0025/3.8416+$
 $P(1-P) = 0.283 \times (1-0.283)$
 $N = 220$

N= Community size

Z= Class stander corresponding to the level of significance equal to 0.95 and 1.96

d= The error rate is equal to 0.05

p=Ratio provides a neutral property= 0.283

Tools of data collection

Data was collected by using the following tools:

The first tool: Organizational Commitment Questionnaire (OCQ)

The tool consisted of two parts the first part was concerned with the demographic characteristic of the nurses under study, which included; age, gender, marital status, qualification, years of experience, and attended training programs. While the second part Organizational Commitment Questionnaire (OCQ) it was developed by (Meyer & Allen, 1997) assess the levels of organizational commitment among staff nurses. Includes 27 statements that were classified into the three dimensions of organizational commitment including; affective commitment (10 items), continuance commitment (9) and normative commitment (8 items).

Scoring system:

Responses to each statement were on a 5-point Likert scale ranging from "strongly agree" to "strongly disagree." These were scored 5 to 1 respectively. The scores of each area of rights were summed up and divided by the total number of items for conversion into a percent score.

The second tool: Maslach Burnout Inventory

This tool was developed by Maslach, Jackson and Leiter (1996) to assess of burnout among staff nurses. It includes 22 items, under 3 subscales: a-emotional exhaustion (seven items), b-depersonalization (seven items), and- personal accomplishment (eight items). The responses to

each statement were on a 7-point Likert scale ranging from "never" (= 0) to every day (= 6). The results of this inventory consist of three separate scores, one for each factor. A combination of high scores on emotional exhaustion and depersonalization and low scores on personal accomplishment correspond to a high level of burnout.

Scoring system of Maslach Burnout Inventory

- <60 low level.
- 60 ≤ 75 moderate level.
- 75 ≤ high level.

The third tool: Ryff's PWB scale

This tool was developed by Ryff and Keyes (1995) to assess psychological wellbeing by using a series of 42 statements reflecting the six areas of PWB: autonomy (seven items), environmental mastery (seven items), personal growth (seven items), positive relationships with others (seven items), purpose in life (seven items) and self-acceptance (seven items). This scale has good level of reliability with Cronbach's alpha 0.75.

Scoring system:

Respondents rate each statement on a scale from 1 to 7, with 1 indicating strong disagreement and 7 indicating strong agreement. For each category, a high score indicates that a respondent has a mastery of that area in life. Conversely, a low score shows that the respondent struggles to feel comfortable with that particular concept. This scale has negative or reverse sentences no: 3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39 and 41. They were scored as follows; if the score is 7 in one of these items, the adjusted score is 1; if 6; the adjusted score is 2 and so on...

Procedures:

Tools reliability:

The alpha Chronbach test was used to measure the internal consistency of the tool "reliability of the used tool or instrument". These show high reliability scores (reliability Cronbach's alpha of the tool = 0.840).

Tools Validity:

The tools were reviewed by three experts from faculty members in nursing field with specialties of nursing administration and five of psychiatric-mental health. The tools were translated back-to-back into Arabic language by language expert to ensure its clarity, relevancy, comprehensiveness, understanding, applicability and ease for implementation.

Operational Design

The operational design for this study included; preparatory phase, pilot study, fieldwork and ethical considerations.

Preparatory phase:

It included reviewing past, current, local and international related literature and theoretical knowledge of various aspects of spirituality and leadership from the perspective of nurse managers using books, articles, internet, periodicals and

magazines to get acquainted with the research problem develop the study tools.

Pilot study:

A pilot study was conducted on 22 staff nurses. They represent 10% of the study subjects to examine the feasibility, practicability and clarity of the language. It was also used to estimate time needed to fill the sheets which ranged between 35-45 minutes. No modifications were done to the tools depending on the results of the pilot study.

The data was collected along three months period; from the beginning of September 2017 to the end of November 2017. Each studied staff nurse was interviewed individually by one of the researchers to explain the aim of the study, any unclear item if found and to obtain the oral approval for participation. The staff nurses were assured that the information which will be collected would be treated confidentially and would be used only for the purpose of the study.

They were also informed about the time of filling the study sheets (every Saturday and Wednesday) for male and female sections at their workplace, the researchers to obtain information about age, gender, marital status, qualification, years of experience, and attended training programs of psychiatric staff nurses through filling the **demographic questionnaire**, and every nurse to assess dimensions of organizational commitment among nurse through filling **Organizational Commitment Questionnaire (OCQ)** in three dimensions of organizational commitment as affective commitment, continuance commitment and normative commitment. In addition to assessment the burnout in different dimension as emotional exhaustion, depersonalization, and personal accomplishment through filling **Maslach Burnout Inventory scale**.

Added to that assessment the psychological wellbeing through filling **Ryff's PWB scale** by using a series of 42 statements reflecting the six areas of PWB: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life and self-acceptance. After collecting the answered sheets from nurses, the researchers moved to another one to repeat the same previous steps, until completion of the process of data collection.

Administrative Design

Official letters were issued from the Faculty of Nursing, Ain Shams University to the hospital director of El Abbassiya Psychiatric Mental Health Hospital, explaining the aim of the study and requesting their permission for data collection and participation of nurses in the research process.

Ethical considerations:

Participation was voluntary and anonymity was assured. Approval of hospital director was taken first also suitable time for data collection was determined with each nurse of the participated departments the staff nurses were informed about their right to withdraw from the

study at any time. Nurses were also assured about confidentiality of the information gathered and its use was only for their benefits and for the purpose of the study.

Statistical Design:

In the present study, analysis the data collected was done by several methods The data was inputted into a Microsoft Excel worksheet. The collected data were analyzed using the Statistical Package for Social Science (SPSS) version22. The collected data was organized, categorized, tabulated and figure using actual numbers and percentage. The statistical significance and association were assessed using Mean and Stander Deviation, T- test and Pearson correlation coefficient. The observed differences, associations were considered as follows: $P > 0.05$ Not significant (NS) $P < 0.05$ Significant (S)* $P < 0.001$ High significant (HS) **. **ANOVA analysis:** was used to assess the statistical significance of the difference of a parametric variable between means of more than two study groups. Pearson Correlation Coefficient (r): Correlation was used as a measure of the strength of a linear association between two quantitative variables. The Pearson correlation coefficient, r, can take a range of values from +1 to -1. A value of 0 indicates that there is no association between the two variables. A value greater than 0 indicates a positive association; that is, as the value of one variable increases, so does the value of the other variable. A value less than 0 indicates a negative association; that is, as the value of one variable increases, the value of the other variable decreases.

Results

Table 1: The table shows that, less than half (45.5%) of the studied staff nurses were between 30-40 years old while, only 9.5% of them were >40 years old, the mean age of the staff nurses was 33.45 ± 7.93 . Less than two thirds of the studied staff nurses (64.5%) were male and less than two thirds of them (64.5%) were married. More than half (51%) of the studied staff nurses had diploma of technical health institute. More than half (51%) of them had <15 years of experience in the profession, the mean years of experience was 14.38 ± 7.61 years.

Table 2: The table shows the levels of organizational commitment dimensions among the studied staff nurses. As regard affective commitment dimension levels, around 58.8% of them had high levels and 10.7% of them demonstrated moderate levels. In regard to continuance commitment dimension, 47.7% had high levels, while 25.7% experienced moderate levels. In normative commitment dimension, 43% of the staff nurses had moderate levels and only 20.6% had low levels.

Figure 2: The figure revealed that, total levels of organizational commitment dimensions among the studied staff nurses. As regard less than half (48%) of the studied staff nurses had high organizational commitment and one quarter (25%) of them were low committed to the organization.

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Table 3: The table illustrates that, regards emotional exhaustion dimension; three fifth of the studied staff nurses (60%) experienced low levels, and 14% of them, had moderate levels. For depersonalization dimension, 58.4% of the studied staff nurses had low levels, while 15.9% had high levels. Regarding the personal achievement dimension, 56.8% had experienced low levels of burnout. While only 16.8% had high levels of burnout.

Figure 3: The figure illustrates that, less than three fifth (58%) of the studied staff nurses had low burnout levels. While one fifth (20%) of them had high burnout levels.

Table 4: The table shows that, the highest mean scores psychological Well-being among the studied staff nurses (26.81 ± 3.28 & 25.8 ± 3.03) were for the positive relations with others and purpose in life sub-dimensions followed by the personal growth dimension (25.2 ± 2.95). While the lowest mean scores (24.79 ± 3.12 & 24.44 ± 2.46) related to autonomy and environmental mastery respectively.

Table 5: The table shows that, there was statistically significant difference between total organizational commitment levels and their age, qualification, years of experience and gender.

Table 6: The table shows that, there was a highly statistically significant difference between total burnout levels of the studied staff nurses and their years of experience. The table also shows that there was statistically significant difference between total burnout and staff nurses' gender.

Table 1: Demographic Characteristics of the Studied staff nurses (n=220).

Characteristics	Frequency	Percent
Age:		
<30 years	99	45
30-40 years	100	45.5
>40 years	21	9.5
Mean \pm SD	33.45\pm7.93	
Gender:		
Male	142	64.5
Female	78	35.5
Marital status:		
Single	78	35.5
Married	142	64.5
Qualification:		
Diploma of Technical Nursing School	74	34
Diploma of Technical Health Institute.	112	51
Nursing Bachelor Degree.	34	15
Years of experience:		
<15	113	51
15 \geq 25	75	34
>25	32	15
Mean \pm SD	14.38 \pm 7.61	
Attended training program:		
No	194	88
Yes	26	12

While there was no statistically significant difference between their total burnout levels and age and qualification.

Table 7: The table clarifies that, there was a highly statistically significant difference between total psychological well-being levels of the studied staff nurses at (0.722) and their years of experience. There was a statistically significant difference between total psychological well-being of them and their age and gender. While there was no statistically significant difference between their total psychological well-being levels and their qualification.

Table 8: The table indicates that, there was a highly statistically significant positive relation between total organizational commitment levels, total burnout levels and total psychological well-being of the studied staff nurses.

Table 9: The table reveals that, there was no statistically significant predictor of the studied staff nurse's demographic characteristics on organizational commitment levels except for years of experience.

Table 10: The table reveals that, there was no statistically significant predictor of the studied staff nurse's demographic characteristics on burnout levels.

Table 11: The table reveals that, there was no statistically significant predictor of the studied staff nurses demographic characteristics on their total psychological wellbeing except their years of experience is a highly statistically significant indicator for psychological wellbeing.

Table 2: Levels of Organizational Commitment dimensions among the studied staff nurses (n=220).

Organizational commitment Dimensions	Total "n=220"	
	No.	%
Affective commitment		
High level>75%	129	58.8%
Moderat level (60%- 75%)	24	10.7%
Low level<60%	67	30.5
Continuos commitment		
High level>75%	105	47.7%
Moderat level (60%- 75%)	57	25.7 %
Low level<60%	58	26.6%
Normative commitment		
High level>75%	80	36.4%
Moderat level (60%- 75%)	95	43%
Low level <60%	45	20.6%

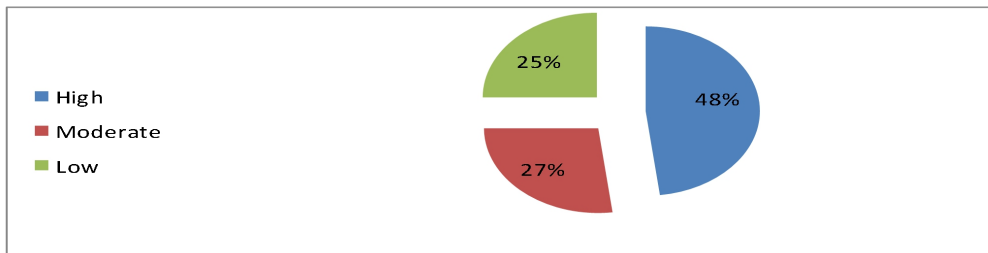


Figure 2: Total level of organizational commitment among the studied staff nurses(n=220).

Table 3: Burnout dimensions levels among the studied staff nurses (n=220).

Burnout dimensions levels	Total "n=220"	
	No.	%
Emotional exhaustion		
High level>75%	57	26%
Moderat level (60%-75%)	31	14%
low level<60%	132	60%
Depersonalization		
High level>75%	35	15.9%
Moderat level (60%- 75%)	57	25.7 %
low level<60%	128	58.4%
Personal achievement		
High level>75%	37	16.8%
Moderat level (60%- 75%)	58	26.4%
low level <60%	125	56.8%

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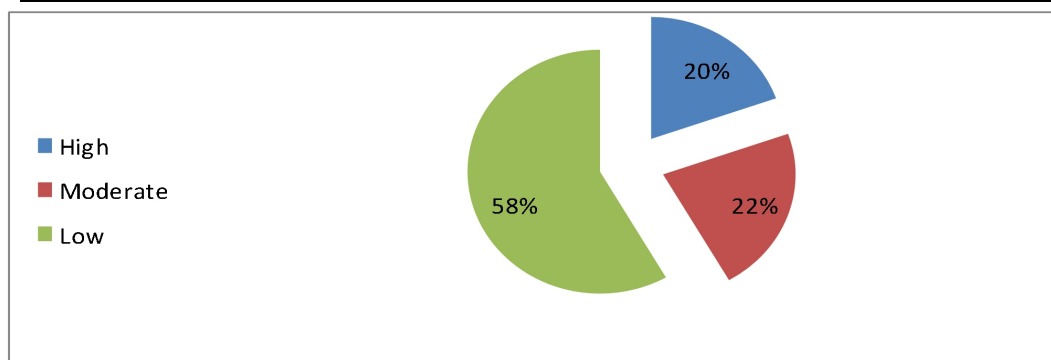


Figure (3): Total burnout level among studied staff nurses (n=220).

Table 4: Psychological Well-Being among the studied staff nurses (n=220).

Psychological well-being Dimensions	Mean	SD
1. Autonomy	24.79	3.12
2. Environmental mastery	24.44	2.46
3. Personal growth	25.2	2.95
4. Positive relationship	26.81	3.28
5. Purpose in life	25.8	3.03
6. Self-acceptance	25.09	2.56
7. Total psychological well-being	148.38	13.04

Table 5: Relation between organizational commitment levels of the studied staff nurses and their demographic characteristics (n=220).

Demographic characteristics	Mean \pm SD	F value	P value	
Age	<30 Years old	77 \pm 10.3	2.36	0.015*
	30-40 Years old	82 \pm 11.5		
	>40 Years old	78 \pm 9.2		
Nursing qualification	Diploma	89 \pm 10.9	1.82	0.014*
	Technical Health Institute	76 \pm 11.2		
Years of experience	Bachelor	93 \pm 8.9	1.09	0.035*
	<15 years	86 \pm 11.8		
	15 \geq 25 years	95 \pm 10.5		
Gender	>25 years	82 \pm 9.2	2.74	0.003*
	Male	87 \pm 82.7		
	Female	90 \pm 10.6		

(*) Statistically Significant at $p < 0.05$

Table 6: Relationship between burnout level of studied staff nurses and their demographic characteristics.

Demographic characteristics	Mean \pm SD	F value	P value	
Age	<30 Years	87 \pm 11.3	.262	0.695
	30-40 Years	74 \pm 9.5		
	>40 Years	90 \pm 10.2		
Nursing qualification	Diploma	68 \pm 8.9	.372	0.421
	Technical Health Institute	75 \pm 9.2		
Experience years	Bachelor	83 \pm 8.9	.023	0.001**
	<15 years	96 \pm 10.8		
	15 \geq 25 years	95 \pm 10.5		
Gender	>25 years	86 \pm 12.6	1.735	0.050*
	Male	88 \pm 72.7		
	Female	94 \pm 10.1		

(*) Statistically Significant at $p < 0.05$.

(**) Highly Statistically Significant at $p < 0.001$

Table 7: Relationship between psychological wellbeing of the studied staff nurses and their demographic characteristics.

Demographic characteristics		Mean ±SD	F value	P value
Age	<30 Years	144.6±8.32	.485	0.043*
	30-40 Years	121.4±8.63		
	>40 Years	129.1±9.76		
Nursing qualification	Diploma	136.2±6.37	.201	0.265
	Technical Health Institute	139.4±8.26		
	Bachelor	135.9±6.54		
Experience years	<15 years	131.8±9.25	.722	0.000**
	15≥25 years	146±8.84		
	>25 years	137±6.28		
Gender	Male	147.3±6.21	.657	0.032*
	Female	138.4±9.28		

(*)Statistically Significant at p<0.05. (**)Highly Statistically Significant at p<0.001

Table 8: Correlation between organizational commitment, burnout and psychological wellbeing of the studied staff nurses (n=220).

Variables	Total organizational commitment		Total burnout level		Total psychological wellbeing levels	
	R	P value	R	p value	r	p value
Total organizational commitment	1	-	0.4	0.0001**	0.5	0.0001**
Total burnout levels	0.4	0.0001**	1	-	0.42	0.0001**
Total psychological wellbeing levels	0.5	0.0001**	0.42	0.0001**	1	-

(*) Statistically Significant at p<0.05 (**)Highly Statistically Significant at p<0.001

Table 9: Best fitting multiple linear regression model for predictors of the studied staff nurses' demographic characteristics on organizational commitment levels (n=220).

Demographic characteristics	Regression coefficient	Standard error	R Square	t-test	p-value
Age	-.045	.048	0.028	-.061	.951
Gender	-.053	.077		.452	.583
Marital status	0.38	.069		.550	.643
Nursing qualification	.083	.097		-.467	.761
Experience years	-.001	.046		-2.341	.004*

(*) Statistically Significant at p<0.05

Table 10: Best fitting multiple linear regression model for predictors of the studied staff nurses' demographic characteristics on burnout levels (n=220).

Demographic characteristics	Regression coefficient	Standard error	R Square	t-test	p-value
Age	-.055	.043	0.008	-1.286	.199
Gender	-.056	.057		-.743	.458
Marital status	0.36	.065		.556	.579
Nursing qualification	.013	.095		.139	.890
Experience years	-.002	.086		.0654	.543

(*) Statistically Significant at p<0.05

Table 11: Best fitting multiple linear regression model for predictors of the studied staff nurses' demographic characteristics psychological wellbeing.

Demographic characteristics	Regression coefficient	Standard error	R Square	t-test	p-value
Age	-.062	.042	0.036	-.011	.837
Gender	-.039	.061		.627	.355
Marital status	0.32	.051		.614	.784
Nursing qualification	.063	.076		-.338	.594
Experience years	-.003	.038		-1.659	.000*

(*) Statistically Significant at p<0.05

Discussion

Data analysis answered the research questions of the present study as organizational commitment had positive correlation on the levels of burnout and psychological wellbeing among the studied staff nurses and organizational commitment has effect on burnout, psychological wellbeing among staff nurses.

In some studies, it was found that, employees experienced higher levels of burnout this situation threatens the employees' work performance and their psychological wellbeing, private life and health. A study in Ankara about the burnout levels of staff nurses working in hospitals, **Burke, Koyuncu & Fiksenbaum (2015)** noted that, low job satisfaction, lower levels of vigor, absorption and dedication and greater intention to quit. In general terms,

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burnout has significant costs for organizations because of higher intention to quit, absenteeism, lower job performance, poor psychological wellbeing lower organizational commitment. burnout diminish employees' commitment; these studies make burnout as an important concept to understand. In addition to dealing with employees' burnout, it is vital for hospital managers to increase employees' psychological wellbeing (**Mehmet, Erhan, Burhanettin, and Bekir, 2017**).

The present study illustrated that, regards socio-demographic less than half of the studied staff nurses were between 30-40 years old while, the mean age of the staff nurses was 33.45 + 7.93. Less than two thirds of the studied staff nurses were male and less than two thirds of them were married. More than half of the studied staff nurses had diploma of technical health institute. In contrary, the study done by **Hatam, Jalali, Askarian, & Kharazmi, (2016)**. In the study of Relationship between family-work and work-family conflict with organizational commitment and desertion intention among nurses and paramedical staff at hospitals. Who showed that more than half of the study population (65.3%) was between the ages of 35-26 and the majority of them (77.1 %) were women? Most of the study subjects (38.3%) had an educational degree higher than BA/BSc.; half of the subjects (3.67%) were nurses, and the percentage of married people (64.2%) was higher than that of single people (35.8%).

Affective commitment refers to employees' positive emotional attachment to the organization **Yucl (2013)**. The present study results indicated that, more than half of the staff nurse had high levels of commitment to this dimension. This result may be due to nurses had perception of their jobs as fulfillment to their important values, and these values are compatibles with their life's need according to quality of work life variables involving satisfaction with relations, hobbies, place of residence, satisfying life, health condition, physical fitness etc.

Results of the present study are supported by **Sabanciogullari & Dogan (2015)** in the study of Effects of the professional identity development program on the professional identity, job satisfaction and burnout levels of nurses. Who found that, affective commitment had the highest score of organizational commitment dimension? **Hakanen & Jari (2015)** in the study of the relationship between burnout and organizational commitment in two samples of health professionals, also found that affective commitment was more stable than continues commitment.

The present study regarding to continuance commitment dimension, nearly half had high levels, while more than one quarter

experienced moderate levels. This result may be due to nurses are aware of the benefits of work and the ongoing commitment to work makes them feel part of the organization and when it is improved, the financial and moral rewards resulting from staying in the organization and not thinking about leaving the organization for fear of losing these advantages are taken. Results of the present study are supported by **Tosun, & Ulusoy, (2017)**. In the study of the relationship of organizational commitment, job satisfaction and burnout on physicians and nurses? Who showed that continuation commitment level is high; their burnout level is high continuation commitment level is high; in the study the relationship of organizational commitment, job satisfaction and burnout on physicians and nurses?

Regarding normative commitment, the findings indicated that, of the studied staff nurses the more than two fifths of study subjects were committed to normative domain moderate levels and more than one fifths had low levels. This result may be due to nurses have a responsibility to remain within the organization and not leave it for another one, these feeling from trust towards the organization and motivating nurses to participation in care system.

In the same line with **Bigdeli, Momeni, Ghanbari, and Mehriyat (2017)** in the study of An investigation of the relationship between organizational atmosphere with job burnout and job satisfaction. who found that, normative commitment obtained the highest ranks. In contrary, the study done by **Allen (2016)** In the study of A conservation of resources approach to blackberry use, work-family conflict and well-being: Job control and psychological detachment from work as potential mediators. Who found that the majority of the studied staff nurses were not committed to normative domain item?

The present study showed that, less than half had high total levels of organizational commitment and one quarter of them had low committed to the organization. These result in the same line with **Al-Hawajreh, K. (2011)** in the study of exploring the relationship between occupational stress and organizational commitment among nurses in selected Jordanian hospitals. Who reported that forty percent of the nurses had organizational commitment.

The present study illustrated that, regards emotional exhaustion dimension; three fifth of the studied staff nurses experienced low levels of burnout, less than three fifths regarding depersonalization dimension, and more than half regarding personal achievement This result may be due to more frequent shifts, which caused by nursing shortage, nurses have less time for self-care and "down time" between working hours.

This leads to physical, as well as emotional exhaustion. And according to (**Scott,**

2011), prolonged chronic stress of situations that leave people feeling a lack of control in their lives. Certain conditions of a job can create a greater risk of burnout, including not only a high level of demands, but also unclear expectations, lack of recognition for achievements, and a high level of risk of negative consequences when mistakes are made. Once the person reaches a state of burnout, it is difficult to maintain motivation to work and accomplish what the person needs to accomplish, and the person can feel chronically overwhelmed and psychological stress.

Results of the present study are supported by **Poon (2006)** in the study of "Trust in supervisor and helping coworkers: moderating effect of perceived politics". Who found that, study's results showed greater degree of burnout in the dimension of emotional exhaustion than the other dimensions of depersonalization and personal achievement?

The present study illustrated that, less than three fifth of the studied staff nurses had low burnout levels. While one fifth of them had high burnout levels. This may be due to experienced multiple stresses by the employees, as a result of high workload, shortage of nurses, time pressure, and low level of work, lack of incentive system and lack of timely training of people about them are among the main causes of employee burnout. This finding in the same line with the results of the study done by **Gemlik, Sisman & Sigrı (2010)**, In the study of The relationship between burnout and organizational commitment among health sector staff in Turkey. Who reported that, the nurses indicate less than three quarter are low burnout levels.

Regarding psychological well-being among the studied staff nurses, the current study showed that the highest mean score was for the positive relation and purpose in life sub-dimensions followed by the personal growth dimension. While, the lowest mean scores related to autonomy, and environmental mastery. From the researcher point of view these findings may be due to positive relations and purpose in life is the main concern of the participants that give them more psychological incentives to achieve their personal goals.

In accordance with these results, **Burke, Moodie, Dolan and Fiksenbaum (2014)** in the study of job demands, social support, work satisfaction and psychological well-being among nurses in Spain. Who reported that, the nurses indicate lower levels of PWB. Similarly, the findings of a study done in Turkey by **Burke, Koyuncu, and Fiksenbaum, (2015)** In the study of Burnout, work satisfactions and psychological well-being among nurses in Turkish hospitals. Who reported that the level of psychological distress is high among the studied nurses? So, it is important to develop the nurses' career to improve their psychological status. This was in line with **Amin (2016)** In the study

of the mediating effect of quality of work life on the relationship between career development and psychological well-being. who stated that, career development could increase the QoL of nurses which in turn increases their PWB.

Findings of the present study clarified that, there was statistically significant difference between total organizational commitment levels and their age, qualification, years of experience and gender, this result may be due to the highest total organizational commitment mean score was for staff nurses who had age range between 30-40 years old, and years of experience range $15 \geq 25$ years This result might be explained by the level of enthusiasm of older nurses, which is expected to be lower than that of younger nurses, who often hunt for new job perspectives and find it easy to switch jobs and relocate. Age and experience are highly related to organizational commitment and job satisfaction. For example, in one study, experienced medical attendants were happier and more dedicated to their profession than youthful and novice ones. Therefore, **Hunt, (2016)** it is recommended that organizational decision makers place more emphasis on retaining older employees because they are more committed to their jobs than younger employees. This agrees with the results of the study done by **Balaban & Konyalı (2016)** who reported that, age and years' experience had a significant impact on organizational commitment of individuals.

Considered age, marital status, educational background, technical title, years of experience and monthly income have different influences on burnout among the staff nurses (**Mei wang, 2017**). The results of the present study revealed that, the highest total burnout levels mean score was for studied staff nurses who had age less than 30 and there was highly statistical significant difference between the studied staff nurses' burnout level and their experience years and gender. This is in agreement with **Ying-Hai (2015)**, who emphasized that, levels of burnout is increased for staff nurses that are under the age of 30 years. Perhaps aging increases the experience of individuals in dealing with occupational issues, and higher work experience, helps people recognize the nature of their work and the environment, on the other hand, expectations of individuals in the early years of their work lead to burnout. In this regard, meeting expectations of employees at any level can increase job satisfaction.

The present study related that, there was no statistically significant difference between the burnout levels of studied staff nurses and their age and nursing qualification. In contrast (**Funda, Cetinkaya, and Zehraakbulut, 2017**) clarified that, there is no statistically significant differences between nurses' burnout levels and

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their age. While, the present study revealed that, there was statistically significant differences between the studied staff nurses' burnout levels and their years of experience and gender. This may be due to have strong emotional attachment of nurses with the organization and to the work they do which increase their organizational commitment perceptions and reduce their levels of burnout as a result of years of experience.

Regarding the relationship between psychological wellbeing of the studied staff nurses and their demographic characteristics., the current study revealed that, there was a highly statistically significant difference between total psychological well-being levels of the studied staff nurses and their years of experience. There was a statistically significant difference between total psychological well-being of them and their age and gender. While there was no statistically significant difference between their total psychological well-being levels and their qualification. This result may be due to the effect of age progression on the maturity level of the participants, which different from male to female participants. Conversely, psychological well-being levels not related to participants' qualifications due to presence of multiple factors affecting psychological wellbeing.

This result is in agreement with the study done by **Burke, Koyuncu, and Fiksenbaum, (2015)** who stated presence of strong relation between psychological wellbeing and participants' gender, additionally **Amin (2016)** indicated presence of highly statistically significant difference in the psychological wellbeing and years of experience. On the other hand, **Burke, Moodie, Dolan and Fiksenbaum (2014)** reported that psychological wellbeing not affected by qualification of the participants.

The present study results indicated that, there was a highly statistically significant positive relation among the total organizational commitment, total levels of burnout, and total psychological wellbeing scores of the studied staff nurses. This result may be due to when we look at organizational commitment on the one hand and psychological wellbeing and burnout on the other hand agrees with the results of previous studies. In the current study, we focused on the moderation function of organizational commitment between psychological wellbeing and burnout. As an attitude towards the organization, nurses with higher levels of psychological wellbeing are more likely to dedicate better, have a strong sense of duty to work, and respond firmly to adversity. They empathize more strongly with the team, have more fun and have less burnout.

This is in agreement with the results of the study done by **Davidand Gillespie (2017)**, in the study of multiple foci of commitment in a professional service firm: Balancing complex

employment relationships who reported presence of significant relationship between organizational commitment, nurse's psychological wellbeing and burnout.

This is emphasized by **Marzuki and Kashifa (2015)** in the study of organizational commitment and job Burnout among psychiatric nurses in punjab pakistan, this come in agreement with a study in the United States which demonstrated that, all dimensions of burnout correlated with commitment, who suggested that, organizational commitment is negatively related to burnout. The organizational commitment levels of an individual, increases with their contribution to and involvement in the issues related to the organization and this matter peers decreases their chances of affliction with burnout and concluded that, high burnout and low organizational commitment lead to low spirit of the personnel, negative psychological wellbeing, poor performance, exhaustion, absenteeism, high rate of leaving or changing their jobs, and disturbance in providing patient care. The worst impact of burnout at the organizational level is destroying and diminishing organizational commitment among personnel,

This study is congruent with the study done by **Brunetto, Farr-Wharton, &Shacklock (2012)** in the study of Communication, training, well-being, and commitment across nurse generations who indicated a presence of highly statistically correlation between nurses' commitment and their psychological wellbeing.

The results of the present reveals that, there was no statistical significant predictor of the studied staff nurse's demographic characteristics on their organizational commitment except for years of experience. This result may be due to the positive effect of experience years on staff nurses' toward organizational commitment. In the same line, this result is congruent with the study done by **Siew, Chitpakdee, & Chontawan, (2011)**. Who stated that Overall, all predictors explained 33% of variability in the organizational commitment among nurses in state hospitals.

The results of the present reveals that, there was no statistically significant predictor of the studied staff nurses' demographic characteristics on their burnout levels. In this respect, **Tusconi (2015)** mentioned that, gender, age, work environment, and work experience did not make significant contributions to the prediction of burnout among the studied staff nurses.

The results of the present reveals that, there was no statistical significant predictor of the studied staff nurses demographic characteristics on their total psychological wellbeing except their years of experience is a highly statistically significant indicator for

wellbeing. This result may be due to the positive effect of experience years on staff nurses' psychological wellbeing. In the same line, this result is congruent with the study done by **Laschinger and Fida (2016)** who stated that nurses wellbeing can be predicted throughout investigating their level of experience that directly affecting their psychological wellbeing.

Conclusion

Conclusion from the present study results: it can be concluded that, there was a significant correlation between organizational commitment, burnout and psychological wellbeing among the studied staff nurses, and organizational commitment has effect on burnout, psychological wellbeing among staff nurses.

Recommendation

The present study recommended continuous evaluation for organizational commitment, burnout and psychological wellbeing among staff nurses, there is a need for developing and implementing continuous program for improving organization commitment, prevention of burnout in the workforce, and improving psychological wellbeing for staff nurses. Providing various educational methods to improve nurse work environment should be emphasized through policy to retain nurses in the workforce. Further research is needed to investigate the tools and guidelines and interventions used by managers in the nursing field to create healthy and welcoming working conditions.

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