

DOES THE GRANDIOSE ORGANIZATIONAL SUPPORT MATTER FOR THE RELATIONSHIP BETWEEN PSYCHOLOGICAL CAPITAL AND BURNOUT? A CROSS-SECTIONAL STUDY¹

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ABSTRACT

This paper aims to explore the impact of psychological capital (PsyCap) on employee burnout by investigating the moderating effects of perceived organizational support on this relationship. A cross-sectional design was performed to collect data via questionnaires from 463 health employees. Results revealed that there is a significant and negative relationship between PsyCap and employee burnout. Further, results show that perceived organizational support moderates the PsyCap-burnout relationship. However, high level of organizational support was not significant for this relationship. Some implications of these findings conclude the paper.

Keywords: Psychological capital, perceived organizational support, employee burnout, health workers

INTRODUCTION

Employee burnout is a global problem for some professions such as health workers (e.g. Liu et al., 2021; Bitmis and Ergeneli, 2015) since these group of employees face with demanding factors while performing their jobs such as work-related pressure, high workloads, and health related risks (e.g. Ren et al., 2021; Liu et al., 2021; Sun et al., 2017). For instance, COVID-19 pandemic has showed that hospital employees have faced with severe stressors, which may increase their burnout, such as prolonged exposure to long working hours, having contact with infected patients, fears of infecting family members and friends with the virus and lack of job and personal control during quarantine (Britt et al., 2021). Therefore, it is important to investigate the protective resources related to individuals and the job itself to reduce the burnout level of health employees that may impact quality of care in healthcare organizations.

Although previous studies (e.g. Ren et al., 2021; Sharma et al., 2021; Liu et al., 2021; Morgantini et al. 2020) have examined the determinants of burnout for the sample of healthcare employees, there is lack of research that evaluates both personal and job related resources together to combat with the burnout in real clinical settings. Therefore, this study evaluates psychological capital (sum of self-efficacy, optimism, hope, and resiliency) as an individual's positive resource and perceived organizational support as a job resource together for the sample of healthcare professionals. Further, this study also guides future research by analyzing the moderating effect of perceived organizational support (POS) in explaining the relation between psychological capital (PsyCap) and employee burnout.

BACKGROUND

According to Maslach and Jackson (1981), employees who do 'people-work' of some kind are more prone to burnout which can be defined as a syndrome of emotional exhaustion and cynicism (Maslach and Jackson, 1981). Maslach and Jackson (1981) stress the increased feelings of emotional exhaustion can be evaluated as the central factor of the burnout syndrome.

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Burnout may easily occur in care-giving and service occupations since the core of the job is based on the relationship between provider and recipient (Maslach et al., 2001). In line with this, many healthcare professionals around the world suffer from burnout syndrome. Aiken et al. (2011) reported high nurse burnout in hospitals for some countries such as Japan and South Korea. This finding is also consistent with a study of nurses in Turkey as well (Bitmis and Ergeneli, 2015).

Burnout syndrome has negative effects on employees such as lower productivity and effectiveness at work, decreased job satisfaction, and reduced employee commitment, higher organizational deviance and withdrawal behaviors (Maslach et al., 2001). Further, this syndrome can effect patient safety and care quality in healthcare organizations as well (Poghosyan et al., 2010; Sharma et al., 2021). Therefore, researchers (e.g. Liu et al., 2021) have tried to explore preventive factors to reduce the burnout level of health employees. Wang et al. (2012) mention that health employees may experience time and energy deficiency, which can increase their burnout level. Morgantini et al. (2020) investigated determinants of burnout during the COVID-19 pandemic for a large sample of healthcare employees. They emphasized that high workload, high job stress, time pressure, and limited organizational support lead to the burnout of healthcare professionals (Morgantini et al., 2020). Similarly, Liu et al. (2021) underscored the preventive role of perceived social support and psychological capital to reduce Chinese nurses' burnout level. These findings are consistent with the Job Demands-Resources (JD-R) model which states that burnout is a function of both job demands and the personal and job resources available to meet such demands (Bakker & Demerouti, 2007, 2017; Demerouti et al., 2001) and also conservation of resources (COR) theory which emphasizes the maintenance and accumulation of resources (e.g. Hobfoll, 2001). Therefore, it can be evaluated that employees' personal resources such as psychological capital and job resources such as organizational support may play buffering role against burnout.

As a positive and strategic individual resource, psychological capital (PsyCap) reflects an individual's positive psychological states of self-efficacy, hope, optimism, and resilience (Luthans & Youssef, 2004). Self-efficacy in the workplace can be defined as the individual's confidence about to activate his or her cognitive resources, motivation and courses of action to complete a task successfully (Stajkovic and Luthans, 1998). High-efficacious employees are less prone to failure when faced with obstacles and setbacks (e.g. Luthans, Youssef, and Avolio, 2007). Hope is a positive motivational state which is related to goal directed energy and pathways to meet goals (Snyder, Irving, and Anderson, 1991). Absence of hope may lead to burnout (Synder, 1994). High-hope individuals are more likely to get what they want even in the difficult times because they have the capacity to explore ways to get unstuck (Schwartz, Tamiyu, Dwyer, 2007).

Optimism is another state like characteristics of PsyCap. Optimists tend to see positive events in terms of personal, permanent, and pervasive causes while they attribute negative events through external, temporary, and specific reasons (Luthans, Youssef, and Avolio, 2007). Optimists can be viewed as active copers and they will not give up easily under adversity (Scheier and Carver, 1992). In line with this, Chang and Chan (2015) found a negative relationship between optimism and burnout for the sample of nurses in Taiwan. Finally, resilience refers the capacity to rebound or bounce back from stressors such as negative events and increased responsibility (Luthans, 2002). In other words, resilience which can be applied to any functional system, reflects an individual's positive adaptation and development in the context of adversity (Masten and Obradović, 2006; Masten, 2001). PsyCap resilience, which has a proactive nature, is more than a neutralizing agent for an individual's hard times (Bonanno, 2004; Luthans, Youssef, and Avolio, 2007) In other words, resilient employees can use hardships and difficulties as a springboard to achieve higher ground (Luthans, Youssef, and Avolio, 2007). Therefore, resilience is expected to serve as a protective factor for employee burnout (e.g. Taku, 2014; Manzano García, and Ayala Calvo, 2012). These four state-like characteristics of PsyCap, which may contribute more in combination, do not easily fluctuate and can be developed through workplace interventions (Luthans, Youssef, and Avolio, 2007; Luthans et al., 2006).

PsyCap is a crucial factor in the workplace since it has been linked to desirable work outcomes such as employee performance, job satisfaction, and psychological well-being (Avey, Reichard et al., 2011). Further, PsyCap decreases employees' burnout levels (Ren et al., 2021; Zhou et al., 2018).

Brooks et al. (2018) emphasized that organizational support is also an important resource for healthcare professionals. Perceived organizational support (POS), as an organization-level job resource, refers the employees' perceptions concerning the extent to which their organization values their contribution and cares about their well-being (Eisenberger et al., 1986). Kurtessis et al. (2017) mention that POS can satisfy employee's socioemotional needs. Therefore, POS may increase employees' psychological well-being and also their desire to help the organization's success as well (Kurtessis et al., 2017). POS promotes social exchange process in which employees may feel obligated to help the organization in order to achieve organizational goals and objectives, and in turn, POS also may raise the expectations that increased employee efforts can lead to greater rewards (Kurtessis et al., 2017). Therefore, high levels of POS may increase employees' long-term obligations (e.g. Rhoades and Eisenberger, 2002). In line with this, those who perceive grandiose level of support from their organizations may feel excessively obligated and can try to pay back to their organization (e.g. Cropanzano & Mitchell, 2005) by reciprocating over-performing, which in turn may lead to burnout. On the other hand, employees with high PsyCap may not need high levels of POS to struggle with burnout. Erdogan et al. (2004) emphasized the compensatory role of POS for the relation between work value congruence and career and job satisfaction. In other words, they reported that POS can compensate for the negative effects of low value congruence for the job and career satisfaction.

Based on the above discussion, the following hypotheses are suggested.

Hypothesis 1: *PsyCap negatively affects burnout.*

Hypothesis 2: *Perceived organizational support (POS) moderates the relationship between PsyCap and burnout in such a way that the relationship is stronger when POS is low than when it is high.*

METHODOLOGY

The data of this study is gathered through questionnaires from 463 health employees (62 % doctor and 38 % nurse) in Turkey. 71 % of the respondents were women. Respondents age ranged from 20 to 71 years. Their mean age was 32.23 years and their mean experience was 8.59 years.

Measures

All scales except for demographics in this study were measured on a 5-point Likert-type scale ranging from strongly disagree to strongly agree.

Independent variable: Psychological capital (PsyCap)

PsyCap was measured by using the PCQ (Psychological Capital Questionnaire) Self-Rater Version which is developed by Luthans, Youssef, et al. (2007). Based on the confirmatory factor analysis results, low factor scores were observed in some items. After testing a number of models, 12-item version of the scale showed the best fit ($\chi^2/df = 1.87$; CFI= 0.98; GFI=0.97 RMSEA=0.04). Further, our 12-item reduced scale matched with the shorter 12-item version of the PCQ which has been demonstrated to be reliable and valid measure (e.g., Luthans et al., 2013; Avey, Avolio, & Luthans, 2011; Norman, Avolio, & Luthans, 2010). Sample items include the following: "I feel confident in representing my work area in meetings with management" and "I always look on the bright side of things regarding my job". The alpha reliability coefficient of the 12-item PsyCap scale was 0.86.

Moderating variable: Perceived organizational support (POS)

POS was measured by using the 6 items from the Survey of Perceived Organizational Support (Eisenberger et al., 2001; Eisenberger et al., 1986). We adapted the scale based on healthcare environment. CFA results showed that the values have been on acceptable levels ($\chi^2/df = 3.49$; CFI= 0.98; GFI=0.98 RMSEA=0.07). Sample items include "My hospital really cares about my well-being," "My hospital strongly considers my goals and values". The alpha reliability coefficient of the scale was 0.87.

Dependent variable: Burnout (Emotional Exhaustion)

Emotional exhaustion (EE) was assessed with nine items of Maslach and Jackson's (1981) Emotional Exhaustion Scale (Maslach Burnout Inventory). CFA results of the scale showed that the values have been on acceptable levels ($\chi^2/df = 4.28$; CFI= 0.97; GFI=0.96 RMSEA=0.08). Sample items include "I

feel fatigued when I get up in the morning and have to face another day on the job," "I feel emotionally drained from my work". The Cronbach's alpha for this scale was 0.91.

ANALYSES AND RESULTS

The descriptive statistics and correlation matrix are shown in Table 1. As expected, all inter correlations was statistically significant. The correlations show that burnout was negatively related to PsyCap (-0.39, $p < .01$) and POS (-0.55, $p < .01$). Also, a positive correlation was observed between POS and PsyCap (0.41, $p < .01$).

Table 1. Means, standard deviations, and correlations

Variables	M	SD	1	2	3
1 PsyCap	3.61	0.59	---		
2 POS	2.58	0.91	0.41**	---	
3 Burnout	3.22	0.89	-0.39**	-0.55**	---

** $p < 0.01$ PsyCap=Psychological capital, POS= Perceived organizational support, Burnout= Emotional exhaustion.

The conditional effect and boundary conditions was calculated via regression-based statistical moderation analysis by using macros which are suggested by Hayes and Rockwood (2017). In other words, it was analyzed whether the size or sign of PsyCap's effect on burnout varies with POS.

Table 2 contains the results of our regression based moderation analysis. Results reveal that PsyCap negatively and significantly affects burnout (-.69, $p < .00$, [-1.01; -0.38]). Therefore, we accept Hypothesis 1.

Table 2 also confirms that the interaction term (PsyCap x POS) was significantly related to burnout (.16, $p < .00$, [0.04; 0.28]). Further, the change in R^2 (ΔR^2) was significant when the product term is added to the model ($\Delta R^2 = 0.01$, $p < .01$). Therefore, we accept Hypothesis 2.

Table 2. Moderating effect of POS on PsyCap-Burnout Relationship

D.V. = Burnout	Coeff.	t	p	LLCI	ULCI
Constant	6.98	11.92	0.00	5.83	8.13
PsyCap	-0.69	-4.35	0.00	-1.01	-0.38
POS	-1.08	-4.68	0.00	-1.53	-0.62
PsyCap x POS	0.16	2.72	0.00	0.04	0.28
F	80.77**				
ΔR^2	0.01**				

** $p < 0.01$

Table 3 shows the conditional effects of PsyCap based on the values (the mean and plus/minus one S.D. from the mean) of the moderator variable which is POS. Results reveal that low and medium level of POS is significant for the effect of PsyCap on burnout. On the other hand, that effect becomes insignificant for high levels of POS.

Figure 1 depicts a graphical representation of PsyCap x POS interaction with burnout as the outcome.

Table 3. Conditional effects of the PsyCap at values of the POS

POS Values	Effect	t	SE	LLCI	ULCI
1.67	-0.42**	-5.40	0.08	-0.58	-0.27
2.58	-0.27**	-4.35	0.06	-0.40	-0.15
3.49	-0.13	-1.43	0.09	-0.30	0.04

** $p < 0.01$ PsyCap=Psychological capital, POS= Perceived organizational support,

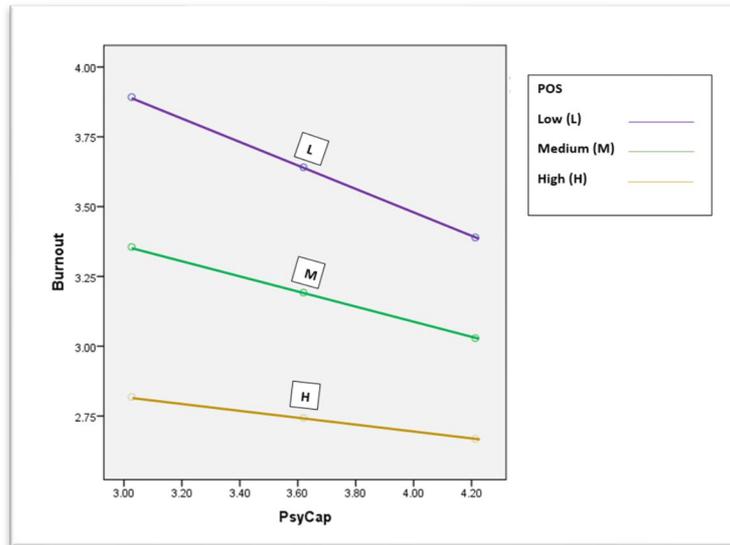


Figure 1. A depiction of the interaction between psychological capital (PsyCap) and perceived organizational support (POS) predicting burnout

DISCUSSION

Individual and job level resources at work are crucial factors for employees in order to reach organizational goals and objectives. Such resources can also be used as the protective factors in the workplace to prevent and reduce the burnout. Therefore, this study contributes to the existing literature by evaluating both individual and organizational level resources for the sample of healthcare professionals. PsyCap as an individual's strategic personal resource and POS as an organizational level resource have been employed in this research. Further, results highlight the positive correlation between POS and PsyCap. In other words, a positive correlation was found between an organizational resource and an individual's own psychological resource.

Based on the findings, the negative effects of PsyCap on employee burnout have been confirmed in this study. Accordingly, employees will experience less burnout when they have high PsyCap. This finding is consistent with previous research (e.g. Ren et al., 2021; Liu et al., 2021; Zhou et al., 2018; Wang et al., 2012). In line with the JD-R model (e.g. Bakker & Demerouti, 2017; 2007), PsyCap that is composed of an individual's positive psychological capacities such as self-efficacy, hope, optimism, and resilience can be an effective resource to meet the high job demands, which the healthcare professionals face with such as high workload, long shifts, and uncertainty at work. In order to increase the quality of health care service and reduce health care costs, PsyCap can be a strategic coping tool to beat burnout. When the components of PsyCap get improved, that may lead to an individual's positive appraisal of difficult work conditions (Estiri et al., 2016). Thus, developing the health employees' PsyCap level through workplace interventions (e.g. Luthans, Youssef, and Avolio, 2007) is crucial to ward off their burnout. For instance, Luthans and Youssef (2004) underscore that self-efficacy can be developed through such as mastery experiences and positive feedback; hope can be improved through such as goal setting and participative initiative; optimism through such as leniency for the past and appreciation for the present; resiliency through such as asset and risk focused strategies (Luthans and Youssef, 2004; Luthans et al., 2006).

Another crucial finding and the main focus of this study was on the moderating role of perceived organizational support for the relationship between PsyCap and burnout. This finding revealed that the strength of the relation between PsyCap and burnout varies based on the support that employees perceived from the organization. Accordingly, low and medium levels of perceived organizational support are effective and significant for PsyCap-burnout relationship. This finding is in line with Erdogan et al. (2004) that mention about the compensatory role of POS for the job and career satisfaction when

employees have low value congruence. Similarly, grandiose level of support may not be needed when employees have high psychological resources in order to deal with the symptoms of the burnout. Therefore, the executives of the healthcare organizations should invest in the development of the PsyCap level of health employees. This investment may provide organizations sustainable competitive advantage through people (e.g. Luthans, Youssef, and Avolio, 2007) even the perceived workplace support is minimal.

Further, in line with the reciprocity norm, high doses of POS may make employees feel extremely obligated to pay back to their organizations (e.g. Eisenberger et al., 2001) which in turn, may increase the stress level of them that will lead to burnout (e.g. Lloyd, King, and Chenoweth, 2002). Thus, future research should explore the role of the stress for the PsyCap-burnout relation, when the perceived workplace support is high.

There are some potential limitations that must be considered when interpreting the results of this research. This study evaluated PsyCap as an individual's personal resource, and POS as an organizational resource. Future research should investigate other individual and organizational level resources in order to develop a more comprehensive understanding of the factors that impact burnout. Another limitation of this research is that this study has the nature of cross-sectional design which may limit the causal relationships between the study variables. Also, data was gathered through the self-reported questionnaires that may introduce bias. Finally, since our sample is drawn from the healthcare employees, future research is needed to replicate the findings of this study in other contexts and with different organizations to ensure the generalizability of the findings.

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