

## correlation between organizational commitment and job burnout among midwives

### Abstract

**Introduction:** Job burnout is one of the factors affecting organizational commitment and performance in health organizations, which has been less investigated. So, the present study aims to investigate the relationship between organizational commitment and job burnout among midwives working in hospitals and health centers affiliated to Shahid Beheshti University of Medical Sciences in 2017.

**Method:** This is a descriptive-correlational study performed on 270 midwives with at least six years of work experience and working in hospitals and health centers of Shahid Beheshti University of Medical Sciences in 2017, and the sample were selected using simple random sampling method. The research tool consisted of demographic information questionnaire, Allen & Meyer's Organizational Commitment questionnaire, and Maslach Burnout Inventory. Data were analyzed by SPSS v.22 using frequency distribution, mean, standard deviation, Pearson correlation and significance level of less than 5%.

**Results:** The levels of all variables of organizational commitment and its dimensions (affective 2.21, continuance 94.22, normative 03.24, total 17.68) and dimensions of job burnout (emotional exhaustion 71.27, personal performance 94.36, depersonalization of 71.12) were moderate. The dimensions of emotional exhaustion and depersonalization had a significant and inverse relationship with different dimensions of organizational commitment, and personal adequacy dimension had a direct and significant relationship with organizational commitment and its dimensions ( $p < 0.05$ ).

**Conclusion:** Due to the negative impact of midwifery job burnout on organizational commitment, interventions should be taken to reduce the job burnout of midwives through training and improving job conditions.

**Keywords:** *organizational commitment, job burnout, job satisfaction, Workplace, Midwives.*

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### Introduction

Midwives provide an important part of health services with the aim of maintaining and promoting public health at the four levels of the hospital, health centers, families and the community (1-4). Due to this expanded role, midwives' job commitment is of particular importance (5, 6). Organizational commitment is the attitude or orientation toward the organization that links the person's identity to the organization and has three components of affective commitment (the individuals' willingness to put energy and their loyalty to continue their work in the organization), continuance commitment (willingness to carry out continuous activities based on a individual recognition of the costs associated with leaving the organization) and normative commitment (a sense of duty to remain as a member of the organization) (7-9) (10). The existence of organizational commitment among employees and strengthening the positive attitude of employees can have beneficial results for the organization (11, 12). The presence of human resources committed to the organization can significantly increase the organization's performance, enhance employee's mental vitality, and better

manifestation of transcendental organizational goals as well as achieving individual goals of increasing job satisfaction and job prosperity, while reducing the delay and job rotation (13, 14). In contrast, low organizational commitment results in job quitting, absence, and delay (15). The internal and external factors of the work environment (16), as well as individual and behavioral characteristics, management and leadership style, understanding of organizational content, and the characteristics of the job and workplace have an impact on organizational commitment (17-20).

One issue that affects organizational commitment is job burnout (13, 20-22). Health personnel such as midwives are exposed to stressors and tensions in three dimensions of individual, organizational and environmental. These factors are: constant, frequent and controversial job pressure, high work pressure, low social support, exposure to violence and threats in the workplace, working in night shifts, high demand at work, poorly organized work, difficulty and ambiguity in work, Deciding on critical situations based on inadequate information, and exposure to the serious consequences of these decisions (23, 24) (5). Based on the multidimensional theory

of burnout, occupational burnout syndrome includes emotional exhaustion, depersonalization and pessimism, and the reduction in the effectiveness or ineffectiveness or increased job inefficiency. Emotional exhaustion is affected by stress, feelings of stress, and loss of emotional resources in an individual. The depersonalization is a negative and rebellious response to service recipients of the person, and ultimately, the reduction or lack of personal adequacy, the diminished sense of competence in performing the task, and the negative self-assessment in the work field. In this process, the individual becomes exhausted because of his trying to reach the unrealistic expectations imposed on him by himself or by the values of society (25, 26).

Many studies on job burnout have been conducted in several occupational groups in other countries, but number of studies in our country is limited (13, 14, 27). In a study by Mollart Australian et al. (2011) on midwives in Australia, most midwives (60.7%) were exhausted severely in emotional exhaustion dimension and among the individual-occupational factors, exercise, work experience and work shift were related to job burnout (16). Hildingsson et al. (2013) reported the rate of job burnout in midwives in Sweden at 15% (5). Beaumont et al (2016) reported the level of burnout in students at about 50 percent (28). Henriksen et al. (2016) also reported the rate of personal and job burnout among Norwegian midwives about 20 percent, which was related to changing the workplace, being single, and the age under age 60 (29). Jordan et al. (2013) reported an average burnout rate of 30% and a high burnout rate of 50% in Australia (30). Also, according to Hadizadeh et al. (2014), there was a significant and positive relationship between organizational commitment and the quality of midwives' work in Mashhad (21).

Since the midwifery profession faces many pressures and challenges from different aspects (14, 31), and considering that midwifery is one of the most important and protecting fields of public health, maintaining the present forces and promoting physical and mental health of people working in this profession can have a significant impact on their performance, while their health status is effective on the quantity and quality of the services provision. Given the few studies have been done to assess the organizational commitment of midwives and its related factors in Iran and the world, the present study conducted to determine the correlation between organizational commitment and job burnout among midwives working in hospitals and health centers of Shahid Beheshti University of Medical Sciences in 2017.

## **Methods**

This cross-sectional study is a descriptive-correlational one. The population includes all midwives working in public and private hospitals and selected health centers affiliated to Shahid Beheshti University of Medical Sciences. Inclusion

criteria included: having at least six months of work experience, having at least an associate degree in midwifery, Iranian nationality, not having known psychological illnesses, the lack of regular use of sedative drugs, having no severe stress experience including the death of spouse or one of the relatives or getting divorced during the past six months. The sample size was calculated to be 270, regarding type I error of 0.05, the test power of 90%, the impact rate of 0.3 and the loss of 10%. From the list of public and private hospitals with maternity, obstetrics and gynecology departments, and health and medical centers covered by Shahid Beheshti University of Medical Sciences, some were randomly selected and in each center, all qualified midwives were included. If the answer to the questionnaire was incomplete, the sample was excluded from the analysis.

The data gathering tool were a researcher-made personal and demographic information questionnaire, Allen & Meyer's Organizational Commitment questionnaire, and Maslach Burnout Inventory. The first part was personal and demographic information. Allen & Meyer's Organizational Commitment questionnaire contains 24 expressions with answers on the Seven-point Likert scale ranging from strongly disagree to strongly agree that measures three main dimensions of organizational commitment, namely, affective (items 1 to 8), continuance (items 9 to 16) and normative commitment (items 17-24). The minimum total score for commitment is 24 and the maximum is 168. Individuals are ranked according to the scores earned in the three groups of low organizational commitment (less than 72), medium organizational commitment (72 to 120), and high organizational commitment (more than 121). In each dimension, the minimum score is 8 and the maximum is 56, and the scores are classified as low (less than 24), medium (25 to 40) and high (41 and more). The Maslach Burnout Inventory: Human Services Survey for Medical Personnel (MBI-HSS) included 22 items and measures three dimensions of job burnout: emotional exhaustion (9 items), depersonalization (5 items), and personal incompetence (8 items). Respondents identify the abundance of each item using a Seven-point Likert scale (0 = never before 6 = always) (Maslach and Jackson 1996). The Cronbach's alpha of the questionnaires was 0.75, 0.84, 0.82 and 0.79, respectively for affective, continuance, normative and total commitment, and 0.86, 0.83 and 0.81 respectively for emotional exhaustion, personal performance and depersonalization, by examining an introductory sample of 30 midwives. The researcher referred to maternity, obstetrics and gynecology departments and health centers after obtaining permission from Shahid Beheshti University of Medical Sciences with IR\_SBMU\_PHNM 1395-686 code and in coordination with relevant authorities. In order to conduct research, midwives working in selected maternity, obstetrics

and gynecology departments of hospitals and health centers and had inclusion criteria, were invited to participate in the research, and the researcher received written consent from them while introducing himself with sufficient explanation about the research and its purpose. Then they were offered adequate explanations to complete questionnaires and assured that their information will remain confidential and there is no need to write their names. Then, in a safe and low-noise environment, questionnaires were provided to the sample. The researcher referred to the hospitals in each of the three work shifts in the morning, evening and night. For data analysis, first, the descriptive parameters such as mean and standard deviation were used for demographic characteristics, job burnout and organizational commitment scores. Then, Pearson

correlation coefficient was used to examine the correlation between job burnout and organizational commitment.

### Results

The average age of midwives in this study was 29.93 ( $\pm$  4.86). 43% of the sample were single and 57% were married. 86% of the sample were midwives and 14% were nurses. The work shift of 89% of the sample was with rotation and the rest was without rotation in the morning (5%), evening (3%) and night (3%). 80% of the sample were interested in the midwifery profession and 20% were not interested. Other demographic data are summarized in Table 1.

Table 1 . Distribution of absolute and relative frequency of demographic characteristics of midwives working in hospitals and health care centers of Shahid Beheshti University of Medical Sciences in 2017

Percentage	Number	Variable	
38.5	104	30 and less	Age (year)
21.1	57	31 to 35	
17.8	48	36 to 40	
12.9	35	41 to 45	
9.7	26	46 and more	
100	270	Total	
10.7	29	Associate Degree	Education level
34.4	93	Bachelor	
54.8	148	Masters	
100	270	Total	
55.9	151	plan	Type of employment
14.8	40	contractual	
29.3	79	permanent civil employment	
100	270	Total	
3.7	10	Private	Type of hospital
1.5	4	Social security	
60.5	163	Public	
34.3	93	Educational	
100	270	Total	
53.3	144	Maternity	Employment department
27.4	74	Department of Obstetrics and Gynecology	
19.3	52	Clinic	
100	270	Total	

The results indicated that total organizational commitment score and all aspects of it were moderate in most of the samples. Also, in terms of job burnout, more than half of the sample had experienced emotional exhaustion and depersonalization, and about one-third had experienced a decrease in their personal performance (Table 2).

Table 1 . Distribution of absolute and relative frequency of burnout and organizational commitment scores of midwives working in hospitals and health care centers of Shahid Beheshti University of Medical Sciences in 2017

Mean ± standard deviation	Percentage	Number			
21.2 ± 4.48	21.5	58	24 and less (low)	Affective commitment	Organizational commitment
	<b>73</b>	<b>197</b>	<b>25 to 40 (moderate)</b>		
	5.6	15	41 and more (high)		
	100	270	Total		
22.94 ± 4.19	10.7	29	24 and less (low)	Continuance commitment	
	<b>78.9</b>	<b>213</b>	<b>25 to 40 (moderate)</b>		
	10.4	28	41 and more (high)		
24.03 ± 4.26	6.7	18	24 and less (low)	Normative commitment	
	<b>77.4</b>	<b>209</b>	<b>25 to 40 (moderate)</b>		
	15.9	43	41 and more (high)		
	100	270	Total		
68.17 ± 11.75	1.1	3	72 and less (low)	Total score	
	<b>89.6</b>	<b>242</b>	<b>73 to 120 (moderate)</b>		
	9.3	25	121 and more (high)		
			Total		
27.71 ± 8.4	8.9	24	16 and less (low)	Emotional exhaustion	Job burnout
	34.1	92	<b>17 to 26 (moderate)</b>		
	57	154	27 and more (high)		
	100	270	Total		
36.94 ± 7.21	21.9	59	31 and less (low)	Personal performance	
	42.2	114	<b>32 to 38 (moderate)</b>		
	35.9	97	39 and more (high)		
	100	270	Total		
12.71 ± 3.78	5.6	15	6 and less (low)	Depersonalization	
	41.1	111	<b>7 to 12 (moderate)</b>		
	53.3	114	13 and more (high)		
	100	270	Total		

The results of Pearson correlation test and regression model are given in Table 3 to examine the relationship between dimensions of organizational commitment and job burnout.

Table 3. Correlation between organizational commitment and job burnout among midwives in hospital and health care centers affiliated to Shahid Beheshti University of Medical Sciences in 2017

Personal performance	Depersonalization	Emotional exhaustion	Job burnout	Organizational commitment
<b>.21</b>	-.032	<b>-.44</b>	Pearson coefficient	Affective commitment
<b>.001</b>	.5	<b>. &lt; .001</b>	P value	
<b>.48</b>	<b>-.37</b>	-.002	Pearson coefficient	Continuance commitment
<b>&lt; .001</b>	<b>&lt; .001</b>	.9	P value	

.34	.005	-.34	Pearson coefficient	Normative commitment
< .001	.93	< .001	P value	
.37	-.14	-.29	Pearson coefficient	Commitment (total)
.000 < .001	.02	< .001	P value	

The results of the regression model in Table 4 showed that for one unit increase in the personal performance score and assuming the other variables to be constant, the mean scores of total organizational, affective, continuance and normative commitment increase 0.63, 0.16, 0.25 and 0.25 units, respectively. For one unit increase in emotional exhaustion score and assuming other model variables to be constant, the

mean scores of total organizational, affective, continuance and normative commitment decrease 0.36, 0.13, 0.09 and 0.11 units, respectively. For one unit increment in the score of depersonalization, with the other model variables constant, the mean scores of continuance and normative commitment decrease 0.22 and 0.21 units, respectively.

Table 4. Regression model of organizational commitment and job burnout among midwives working in hospitals and health care centers covered by Shahid Beheshti University of Medical Sciences in 2017

Sig.	t	Beta	Std. Error	B	Dependent	Independent
.000	7.065	.384	.089	.626	Personal performance	Total organizational commitment
.000	-4.767	-.259	.076	-.363	Emotional exhaustion	
.000	-5.356	-.304	.030	-.163	Personal performance	Affective commitment
.000	3.812	.217	.035	.135	Emotional exhaustion	
.000	7.966	.426	.031	.248	Personal performance	continuance commitment
.000	-3.845	-.197	.026	-.098	Emotional exhaustion	
.000	-3.628	-.197	.061	-.220	Depersonalization	
.000	6.852	.406	.035	.240	Personal performance	Normative commitment
.001	-3.491	-.198	.029	-.101	Emotional exhaustion	
.003	2.960	.178	.068	.202	Depersonalization	

## Discussion

Based on the results of this study, the total organizational commitment score and its dimensions in the majority of samples were moderate. These results are consistent with the results of Khodadadei et al. (2016), Kumar et al. (2016) (31), Salehi and Dadger (2016) (15), Safavi et al. (2016) (19), Hadizadeh et al. (2014) (34), Rahmzade et al. (2014) (35) Abbaszadeh et al. (2013) (36) who also reported organizational commitment and its dimensions at moderate or low levels. However, the results were not consistent with Mahmoudi Rad and Hassani (2012) (24), Hadizadeh et al. (2015) (21) and Monajati et al. (2014) (33), because in these studies, organizational commitment scales and its dimensions have been reported higher. This difference can be due to differences in samples, environments or questionnaires used. Regarding the totality of the studies mentioned, it seems that organizational commitment and its dimensions are low in health personnel such as midwives and nurses.

According to the results of the present study, more than half of the samples have experienced emotional exhaustion and depersonalization, and about one-third of them have experienced a decrease in personal performance. In the study by Molaart et al. (2013) also, approximately two thirds of midwives had moderate to high emotional exhaustion, One-third of them reported low personal performance and one third reported high depersonalization (16). The results of a study by Kord Tamini and Koohi which examined the organizational commitment and job burnout of post office employees showed that there was no significant correlation between affective commitment and any aspect of job burnout. But normative commitment had a positive and significant relationship with personal performance and had a reverse and significant relationship with depersonalization. continuance commitment also had a positive and significant only by personal performance. The organizational commitment total score also had a significant and positive relationship with personal

performance and had a reverse and significant relationship with Based on the comparison of these results and the present study, just the relationship between normative, continuance and total commitment with personal performance, total commitment, and depersonalization is consistent with the present study (22). Since the demographic information of the samples is not mentioned in the paper mentioned, the reason for this difference may be the samples job. Although post office staff also deal with human clients, but the conditions they face are very different from those encountered in midwifery; dimensions of occupational job burnout, especially emotional exhaustion and affective commitment, will be less stimulated; but in midwifery, these dimensions will be most affected. On the other hand, Khan and Mishra Organizational Commitment Scale has been used in this study, which could be the source of the difference between the two studies. In a study by Pahlavian et al. (2015) which examined the job burnout of the nurses of Hamedan University of Medical Sciences, moderate emotional exhaustion, low levels of depersonalization, and moderate levels of personal adequacy were reported (23). Jordan et al. (2013) stated that half of the midwives in Australia reported a moderate to high individual and job burnout and often a very low burnout related to patient. Copenhagen Burnout Inventory (CBI) was used in this study (30). Newton et al. (2014) in a study of midwives in the State of Victoria, Australia using the Copenhagen Burnout Inventory showed a moderate individual burnout, a moderate job burnout, and a low burnout related to patient (37). Henriksen and Lukasse (2016) in a survey of job burnout among Norwegian midwives using the Copenhagen Burnout Inventory showed that 20% of midwives reported individual and job burnout and less than 5% burnout reported burnout related to patient (29). Moradi et al. (2015) in a study of job burnout among Emergency Medical Services personnel in Isfahan using the Maslach Burnout Inventory showed that dimensions of job burnout of samples were moderate (38). Hildingsson et al. (2013) found that 40 percent of midwives reported high individual burnout and 15 percent reported high job burnout and the burnout related to patient in the Swedish midwives job burnout survey using the Copenhagen Burnout Inventory (5). Summarizing the results of the above studies indicate that job burnout is high in health care providers and they often experience high burnout in at least one aspect. The results of the present study indicate that affective commitment has an inverse and moderate relationship with emotional exhaustion and a direct and weak relationship with personal performance, but it has significant relationship with depersonalization. Continuance commitment has an inverse and moderate relationship with depersonalization and a direct and moderate relationship with personal performance, but it has no significant relationship with emotional exhaustion.

Normative commitment has an inverse and moderate relationship with emotional exhaustion and a direct and moderate relationship with personal performance, but it has no significant relationship with depersonalization. Organizational commitment total score has an inverse and moderate relationship with emotional exhaustion and a direct and moderate relationship with personal performance, also it has an inverse and weak relationship with depersonalization. In this regard, in the review of Vagharseyyedin et al., Job burnout was identified as one of the negative determinants of organizational commitment at the individual level (20). Also, in the study of Mahmoudi Rad and Hassni, there was an invert and significant relationship between job burnout and total score of organizational, affective and normative commitment and a direct and significant relationship between job burnout, and organizational and continuance commitment (24). Kord Tamini & Koochi (2012) in the survey of the relationship between organizational commitment (Khan and Mishra Organizational Commitment Scale) and job burnout (Maslach Bournout Inventory) among employees of Zahedan and Gorgan Post offices found that affective commitment had not relationship with any aspects of burnout. Continuance commitment had no relationship with emotional exhaustion, it had a negative and significant (weak) relationship with depersonalization and a positive and significant (poor) relationship with personal adequacy. Normative and total commitment had a negative and significant (moderate) relationship with emotional exhaustion and depersonalization and a positive and significant (poor) relationship with personal adequacy. Although the results of the study are slightly different with those of the papers mentioned, it can generally be concluded that job burnout has a reverse effect on organizational commitment and those who experience more job burnout will have less organizational commitment.

**Conclusion:** According to the results of this study, it can be concluded that the level of all organizational commitment variables, its dimensions, and the dimensions of occupational burnout among midwives in Tehran are moderate. It can also be concluded that the dimensions of emotional exhaustion and depersonalization have a significant and negative effect on various aspects of organizational commitment to a large extent and lead to a reduction in commitment in various dimensions. In contrast, the dimension of personal adequacy has a positive impact on organizational commitment and its dimensions.

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