

The relationship between organizational practices and values with burnout and engagement

Introduction

Hospitals are inherently stressful organizations. Health professionals make critical decisions under time pressure, help patients who sometimes are in life threatening conditions and face emotionally demanding interactions. For nurses in particular (compared to physicians), working in hospitals is even more demanding as they have less work autonomy, less career development opportunities, and less alternatives for career change (Aiken, Sochalski, & Lake, 1997; Aiken et al., 2001; Janssen, Jonge, & Bakker, 1999). Therefore, understanding the work characteristics that decrease burnout and increase job engagement among nurses is a significant challenge for the future delivery of healthcare. The organizational culture of healthcare organizations has been identified as a key factor that contributes to feelings of burnout and reduced quality of care for patients (Montgomery, Panagopoulou, Kehoe, & Valkanos, 2011).

Organizational culture is a set of beliefs, values, customs, traditions and practices that affects the way in which members of an organization are linked to each other and also their relationship with people who are not part of the organization (Belias & Varsanis, 2014), such as patients. Organizational culture determines how individuals behave, what people pay attention to, and how they respond to different situations, and how they socialize with new members and exclude those who do not fit in (Spataro, 2005). The Institute of Medicine (1999, 2001) in the USA has repeatedly highlighted the link between patient safety, healthcare professional well-being and organizational culture.

Theoretical Background: Practices, Values and Organizational Culture

In the present research the approach to organizational culture is rooted in the Competing Values Framework (CVF) approach (Cameron & Quinn, 2006) which identifies four orientations of organizational cultures. The four orientations are support, innovation, rules, and goal orientation (Van Muijen, 1998; Van Muijen & Koopman 1994). Support orientation includes concepts such as participation, cooperation, mutual trust, team spirit, and individual growth. The innovation orientation includes concepts such as, creativity, openness to change, anticipation, and experimentation. The *rules* orientation stresses the importance of respect for authority, rationality of procedures, and division of work. The *goal* orientation includes concepts such as rationality, performance indicators, accomplishment, accountability, and contingent reward.

In the CVF model there are two sets of organizational orientations that are diametrical to each other. Goal orientation is diametrically opposite of support orientation and rule orientation is diametrically opposite of innovation orientation (Van Muijen et al., 1999). For example, team spirit and co-operation (support orientation) contrast with contingent reward and accountability (goal orientation). Stability and control (rules orientation) are opposed to creativity and change (innovation orientation).

In addition, with regard to organizational culture, Hofstede (1991) made the distinction between organizational practices and organizational values. Organizational practices are learned through socialization processes in the organization. Hofstede (2001) showed that organizations differed more on practices than on values. According to Hofstede (2001) the practice, for example, of “being on time to meetings,” more clearly discriminated organizations from one another than did the value of “importance of challenging work.”.

Hofstede, Neuijen, Ohayv and Sanders (1990) argued that culture could best be measured with practices because they reflect the collective wisdom within an organization about how job duties are to be performed. However, values represent more basic aspects of culture that are rooted in educational experiences. Values function as normative and moral anchors that guide the behaviour of group members (Van Muijen, 1998).

The gap between practices and values as described by Hofstede (1998) are particularly wide in healthcare. For example, the hospital might espouse values emphasizing teamwork, while most members share values (and practices) that emphasize individual performance. Equally, good patient practice should include full disclosure (quality of care) and scheduled hand washing (patient safety), but the value system in the hospital may mean that patient concerns are rated low in the hierarchy, resulting in the common phenomenon of patient neglect. Bloor and Dawson (1994) note that in settings such as medicine, accountancy and law, most organizational members will have been socialized to a particular set of shared values through an extended period of education and training, and through membership of their professional associations.

In the present study, we explored the differential impact of organizational values and practices on job burnout and work engagement. We hypothesize that values will be more important than practices in affecting outcomes such as job burnout and work engagement. Our values, unlike our work practices, are significant job resources, and according to the Job-Demands Resources (JD-R) model resources play an important role in motivating employees and influencing feeling of strain at work.

Burnout, Engagement and the JD-R Model

Job burnout is defined as a syndrome of exhaustion, depersonalization and reduced professional efficacy (Maslach, Schaufeli, & Leiter, 2001). Exhaustion refers to feelings of strain, particularly chronic fatigue resulting from overtaxing work. The second dimension, depersonalization, refers to a distant attitude towards the people with whom one works. Finally, lack of professional efficacy refers to reduced sense of competence and accomplishment. However, during the past decade, research indicates that lack of professional efficacy plays a secondary role as compared to exhaustion and depersonalization (Lee & Ashforth, 1993; Leiter, 1993). More specifically, it seems that exhaustion and depersonalization constitute the essence or 'core' dimensions of the burnout syndrome (Green, Walkey, & Taylor, 1991; Schaufeli & Buunk, 2003).

Work engagement is defined as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication and absorption (Schaufeli, Salanova, Gonzalez-Romá & Bakker, 2002). Vigor is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one's work and persistence also in the face of difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride and challenge. Finally, absorption is characterized by being fully concentrated and happily engrossed in one's work, whereby time passes quickly and one has difficulties with detaching oneself from work. Recent research suggests, however, that vigor and dedication constitute the core dimensions of engagement (González-Romá, Schaufeli, Bakker, & Lloret, 2006).

Several studies have reported that at least one in three nurses experience job burnout (Moreira, Magnago, Sakae, & Magajewski, 2009; Poncet et al. 2007). These estimates can reach as high as 50% (Imai, Nakao, Tsuchiya, Kuroda & Katoh, 2004) or even 80% in some medical specialties (Hooper, Craig, Janvrin, Wetsel, & Reimels, 2010; Mealer, Burnham, Goode, Rothbaum, & Moss, 2009). The impact of job burnout and job engagement in

hospitals and the nursing profession can be most appropriately understand via the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007), which posits that every work context can be described in terms of job demands and job resources. The present study will examine the influence of organizational culture (via practices and values) on burnout and engagement. The specific organizational elements of support, innovation, rules and goals are important job resources that can ameliorate burnout and strengthen feelings of engagement. In terms of the JD-R model, we expect that practices will be positively associated with engagement, and negatively associated with burnout. Similarly, we expect values to be positively associated with engagement and negatively associated with burnout.

Taking into consideration the aforementioned, the present study investigated the impact of support, goals, innovation and rules on job burnout and work engagement in comparison with organizational practices. More specifically the following hypotheses were developed:

H1. Organizational values for support, goals, innovation and rules will be negatively associated with burnout

H2 Organizational values for support, goals, innovation and rules will be positively associated with engagement

H3 Organizational practices for support, goals, innovation and rules will be negatively associated with burnout

H4. Organizational practices for support, goals, innovation and rules will be positively associated with engagement

H5. Organizational values (overall variable including values for support, goals, innovation and rules) will be negatively associated with burnout, even after controlling for organizational practices.

H6. Organizational values (overall variable including values for support, goals, innovation and rules) will be positively associated with engagement, even after controlling for organizational practices.

Figure 1 provides a graphic representation of our Hypotheses

Insert Figure 1 here

Method

Participants and Procedure

The current study involved nurses working at all wards from a general hospital in the North of Greece, the Health Centers of the area, the Psychiatric Clinic and the Rehabilitation Center. In total, 214 questionnaires were returned completed (response rate of 71.3%). In our sample 69% of the nurses were working in the General Hospital.

Measures

The following scales were used in the present study

Organizational Culture. The FOCUS questionnaire (Van Muijen et al., 1999) translated into Greek was used to assess organizational culture. The questionnaire is divided into two parts.

The first part is descriptive and refers to organizational practices ($\alpha = 0.92$): 10 items refer to support ($\alpha = 0.87$), 11 items refer to innovation ($\alpha = 0.82$), 7 items refer to rules ($\alpha = 0.81$) and 12 items refer to goals ($\alpha = 0.90$). For the descriptive part the respondents were asked to describe on a 6-point scale how often a certain event occurred ('never' to 'always') or for how many people in the organization the event was true ('nobody' to 'everyone'). The second part is value-characteristic and refers to organizational values ($\alpha = 0.92$): 10 items refer to support ($\alpha = 0.88$), 7 items refer to innovation ($\alpha = 0.80$), 10 items refer to rules ($\alpha = 0.92$) and 8 items refer to goals ($\alpha = 0.88$). Concerning the value-characteristic part of the questionnaire, respondents had to judge how characteristic the 35 items were for their organization, on a 6-point scale (from 'very' to 'not at all'). The questionnaire also provides the opportunity to calculate two overall variables measuring organizational practices and organizational values by adding the support, innovation, rules and goal values and practices respectively.

Job Burnout. The Maslach Burnout Inventory (MBI), developed by Maslach (1981) was used to assess job burnout. The emotional exhaustion subscale includes 9 items ($\alpha = 0.86$) (e.g. 'I feel emotionally drained from my work') and the depersonalization subscale ($\alpha = 0.84$) includes 5 items (e.g. 'I feel I treat some patients as if they were impersonal objects'). All items are scored on a 7-point frequency rating scale ranging from '0' (never) to '6' (every day). In the present study only exhaustion and depersonalization dimensions were used because these two dimensions are generally considered as the 'core of burnout' (Green, Walkey & Taylor, 1991), whereas professional efficacy reflects a personality characteristic rather than a genuine burnout component (Cordes & Dougherty, 1993; Shirom, 1989).

Work Engagement. The Utrecht Work Engagement Scale (UWES) (Schaufeli et al., 2002) was used to assess work engagement. The Greek version of UWES was psychometrically evaluated by Xanthopoulou, Bakker, Demerouti and Kantas (2007). We used the two scales

assessing vigor (6 items) and dedication (5 items) to assess the core dimensions of engagement. Example items are ‘When I get up in the morning, I feel like going to work’ for vigor dimension and ‘I am enthusiastic about my work’ for dedication dimension. The questionnaire requires respondents to make a choice from a 7-point frequency rating scale that varies from ‘0’ (never) to ‘6’ (every day). Internal consistencies were $\alpha=0.87$ for vigor and $\alpha=0.88$ for dedication.

Gender, age, marital status, educational level, ward, years working in the specific hospital and years working in the specific ward were recorded

Statistical Analysis

Differences in the examined variables with regard to gender, age, tenure and educational level were explored using t-tests and ANOVAs. Pearson correlation coefficients were computed among organizational values and practices and dimensions of job burnout and work engagement in order to test Hypotheses 1, 2, 3 and 4. To test Hypotheses 5 and 6, two new variables were created namely, organizational practices and organizational values which respectively included support, innovation, rules and goals practices and values of all four orientations. Multiple regression analyses were conducted to explore the variance explained by organizational values and practices on burnout and engagement dimensions. All analyses were conducted with the SPSS 20. In addition, effects sizes were calculated using Cohen’s f^2 (1988) statistic and the effect size calculator provided by Soper (2015). Cohen’s f^2 (Cohen, 1988) is appropriate for calculating the effect size within a multiple regression model in which the independent variable of interest and the dependent variable are both continuous. The effect size levels for Cohen’s f^2 are as follows: small = .02, medium = .15, large = .35.

Results

Demographic characteristics

Most participants were women (80.7%). Mean age was 42.7 years ($SD= 7.3$ years). Seventy-two percent were married and forty-three percent had completed a four years nursing education program (equivalent to bachelor's degree in nursing). On average tenure at the hospital was 13.7 years ($SD= 9.8$ years), while at the specific ward it was 9.7 years ($SD= 8.2$ years). Participants did not differ in the examined variables with regard to gender, age, tenure or educational level. However, the independent samples t-test revealed differences regarding location of work (i.e., working in hospital compared with health centers, rehabilitation center and psychiatric clinic). The results of the t-tests are summarized in Table 1.

Insert Table 1 here

The analyses indicated that nurses working inside the hospital reported significantly higher scores on emotional exhaustion and depersonalization. Nurses working in other clinical settings showed significantly higher mean scores on dedication in comparison to nurses working inside the hospital. Additionally, nurses working in the general hospital reported significantly lower mean scores on organizational rules practices than those working in the other settings (i.e., hospital compared with health centers, rehabilitation center and psychiatric clinic). There was a difference in perception of practices oriented towards goal orientation culture between the two groups of nurses. Specifically, nurses working in the other settings reported a more goal oriented culture than nurses working in the general hospital.

Pearson correlation coefficients were computed among the study variables. The results are reported in Table 2.

Insert Table 2 here

Results supported H1, H2, H3 and H4 showing that all four orientations of organizational values and practices were significantly negatively correlated with job burnout dimensions and significantly positively correlated with work engagement dimensions.

Organizational Practices and Values

Two new variables were created -organizational practices and organizational values which respectively included of all four orientations of value and practices of support, innovation, rules and goals. Internal consistencies were $\alpha=0.92$ for both organizational practices and organizational values. There was a high correlation between both variables ($r = 0.788$), however multicollinearity was not a problem as the VIF (Variance Inflation Factor) was with acceptable limits (below 3 for both multiple regressions in Table 3 and Table 4). Various recommendations for acceptable levels of VIF have been published; conservative estimates suggest that a VIF above 4 (Pan & Jackson, 2008) or 5 (Rogerson, 2001) is not acceptable.

Organizational practices and organizational values were entered into a regression analysis as a predictor variable, via the stepwise method with emotional exhaustion dimension being the outcome variable (Table 3). The regression model showed that 11.1% of the variance in emotional exhaustion was predicted by organizational values in *Step 1*. Regression coefficients of organizational values remained statistically negatively significant

($\beta=-.30$, $t=-2.27$, $p=.025$) when entered with organizational practices into the regression analysis (Step 2). The effect size (Cohen's f^2) for this regression equation was 0.157.

Table 3 also demonstrates that 7.7% of the variance in depersonalization was explained by organizational values in *Step 1*. However, when organizational values and organizational practices were entered into the regression equation, the regression coefficients for organizational values ($\beta=-.21$, $t=-1.51$, $p=.133$) was no longer statistically significant. The effect size (Cohen's f^2) for this regression equation was 0.107.

Insert Table 3 here

The results in Table 4 show that in *Step 1* 10% of the variance in vigor was predicted by organizational values. However, when organizational values and organizational practices were entered into the regression analysis in *Step 2*, the regression coefficients for organizational values ($\beta=-.23$, $t=1.76$, $p=.08$) were no longer statistically significant. The effect size (Cohen's f^2) for this regression equation was 0.080.

The results of the regression analysis with dedication as a dependent variable and organizational values and practices as independent variables are reported in Table 4. The results indicate that organizational values significantly predicted dedication in *Step 1* explaining 16% of the variance. The regression coefficients for organizational values ($\beta=.31$, $t=2.41$, $p=.017$) remained statistically significant when they were entered with organizational practices into the regression analysis (Step 2). The effect size (Cohen's f^2) for this regression equation was 0.163.

Insert Table 4 here

Discussion

The main objective of the present study was to explore the impact of organizational culture on job burnout and work engagement in a sample of nurses working in general hospital and other public clinical settings. Results showed that organizational values and practices were significantly negatively correlated with burnout and positively associated with engagement. The effect sizes are classified as medium based on benchmarks suggested by Cohen (1988) indicating that the results are statistically robust. However, even small effect sizes between variables often can have important consequences in real life. The optimal approach is to compare one's effects sizes statistics with similar studies.

A work environment where nurses have structural empowerment as well as the resources to accomplish their work leads to higher feelings of engagement (Spence Laschinger, Wilk, Cho, & Greco, 2009). For example, the results of a Norwegian study by Bjarnadottir (2011) showed that work engagement among nurses increased proportionally with their experience in work environments where there is mutually positive support between nursing colleagues and nursing leadership.

Organizational practices and values regarding support were correlated with burnout and engagement. This finding is consistent with Jenkins and Elliot (2004) who concluded that higher levels of support from co-workers were related to lower levels of emotional exhaustion among nurses while Corrigan, Holmes, Luchins et al. et al. (1994) found that lack of support from co-workers was associated with depersonalization.

Organizational values and practices with regard to rules orientation were negatively associated with the burnout dimensions. Studies have shown that Greek public hospitals are characterized by observance of rules, bureaucracy and hierarchical structures (Pardalis, 2005;

Papageorgiou & Xondrokoukis, 2010). Consistently, research indicates that employees who worked in bureaucratic, rigid or controlling work environments experienced a higher level of burnout (Cordes & Dougherty, 1993). A longitudinal study by Kalimo, Pahkin, Mutanen and Topipinen-Tanner (2003) found that workers who did not experience burnout over time tended to have, among others, role clarity. It is reasonable to assume that in a health care organization, organizational values and practices with regard to rules contribute to role clarity through clear rules and orders and consequently contribute to reduced levels of job burnout.

According to the results, organizational values and practices regarding goals orientation were significantly negatively correlated with emotional exhaustion and depersonalization. Goals orientation includes among others effort reward and performance appraisal. These findings are supported by the work of Kalimo et al. (2003) who found that lack of reward is associated with burnout. Thus, Maslach et al. (2001) found that a lack of feedback from supervisors is linked to all three burnout components. Results suggest that clear goals which help nurses feel sure of what is expected of their performance, effort rewards and performance appraisal providing feedback are factors reducing emotional exhaustion and depersonalization.

Organizational values and practices with regard to innovation orientation were also found to be negatively correlated with emotional exhaustion and depersonalization. Innovation orientation apart from new methods and services includes job rotation. Haut et al. (2006) proposed that job rotation has the advantage of increasing nurses' job satisfaction and consequently reducing burnout.

Organizational values and practices with regard to support orientation were found to be positively correlated with vigor and dedication. These findings agree with Montgomery,

Peeters, Schaufeli, and Den Ouden (2003) who found a positive correlation between social support from colleagues and the engagement constructs of vigor and dedication in a cross-sectional study of newspaper managers. Additionally, Simpson (2008) reported that interaction among nurses was related to work engagement and Korunka, Kirchler and Ulferts (2009) found that coworker support and supervisor support were predictors of engagement.

Organizational values and practices with regard to rules orientation were found to be positively correlated with vigor and dedication. Rules orientation includes clear rules and defined procedures. According to Kahn (1990) individuals can only be engaged; when they feel that consequences of their behavior are predictable, and when they feel they are capable and possess the resources necessary to enact role expectations. Role ambiguity is defined as a lack of information on role expectations (Kahn, Wolfe, Quinn, Snoek, & Rosenthal 1964) while role conflict is characterized by an incongruence of role expectation (Katz and Kahn 1978). Halberg and Schaufeli (2006) report a negative relationship between role conflict and engagement in a cross-sectional study of white-collar professionals. It can be assumed that the experience of role ambiguity as well as the experience of role conflict hinders a person to feel engaged in his/her work. Consequently, clear rules and defined procedures improve role clarity and reduce role conflict and ambiguity by creating a stable working environment in which nurses can feel engaged.

According to the results organizational values and practices with regard to goals orientation also were positively correlated with vigor and dedication. As mentioned before, goals orientation includes performance appraisal which according to Schaufeli and Bakker (2004) is positively related to work engagement. Performance appraisal is a required process in healthcare organizations to ensure that the quality of care is met. One of the most critical parts of appraisal process is feedback, the information reflecting past performance and results. Othman, Ghazali and Ahmad (2014) found that job feedback is also positively

related to work engagement among nurses. Results suggest that goals orientation help nurses feel engaged to their work as performance appraisal and effort reward make their work meaningful.

Finally, results showed that values and practices with regard to innovation orientation were positively related with vigor and dedication. It can be assumed that job rotation and flexibility that characterize innovation orientation make nurses experience their job as meaningful, inspiring and challenging.

The importance of values

Organizational values, relative to practices, are a significant predictor of emotional exhaustion and dedication. Organizational values refer to the principles which underlie patterns of behaviors and norms (e.g commitment to innovation and excellence, teamwork).

According to Cherniss (1980) depersonalization is a behavior resulting from emotional exhaustion, which is a feeling of being emotionally overextended by one's work (Maslach & Jackson, 1986). Therefore, only emotional exhaustion and not depersonalization is influenced by organizational values. The same applies to vigor and dedication. Dedication refers to feeling enthusiastic and proud about one's job, feeling inspired and challenged by it while vigor is a goal oriented behavior which refers to high levels of energy and resilience (Schaufeli & Bakker 2003). As such, organizational values influence the dedication dimension whereas organizational practices influenced neither burnout nor work engagement dimensions in the multiple regression equations.

The influence of setting

According to results, nurses working inside the hospital had higher levels of burnout and lower levels of work engagement in comparison with nurses working at Health Centers,

Rehabilitation Centers and Psychiatric Clinics. Hannigan, Edwards, Coyle, Fothergill and Burnard (2000) found that working in urban areas is related to increased burnout levels, especially because of the workload. Workload could explain the difference not only on burnout but also on work engagement because it has been reported as a barrier of work engagement (Freeney & Tiernan, 2009).

Finally, nurses working at Health Centers, Rehabilitation Center and Psychiatric Clinic had higher scores on organizational practices with regard to rules and goals orientation in comparison with nurses working inside the hospital. This fact could be explained by workload arising from lack of personnel which forces nurses inside the hospital to performing duties outside their job description and consequently rules and goals are more unclear and ambiguous.

The Importance of Job Motivational Factors

According to the JD-R model, job motivation is a key element of increasing job engagement. Our research was interested in evaluating the role of values and practices, but future research should consider the role of intrinsic and extrinsic behaviors affecting burnout and engagement. For example, Janssen, De Jonge and Bakker (1999) in a sample of 156 General hospital nurses found that intrinsic work motivation was primarily determined by work content variables, while burnout was determined by both work load and limited social support. In terms of motivation, they found that propensity to leave was primarily determined by conditions of employment. Furthermore, in a study of 109 German nurses Demerouti, Bakker, Nachreiner and Schaufeli (2000) found that job demands and job resources had a significant impact on exhaustion and disengagement respectively. The importance of an initial strong motivation in the development of burnout has been noted by Schaufeli and Enzmann (1998). In our research, values were more important than practices, and as such it is not difficult to see the connection between values and internal motivation.

According to the self-determination theory of Ryan and Deci (2000), three innate psychological needs—competence, autonomy, and relatedness— when satisfied yield enhanced self-motivation and mental health and when thwarted lead to diminished motivation and well-being. Autonomy and relatedness are directly linked to values. However, a recent meta-analysis (Cerasoli, Nicklin & Ford, 2014) comparing intrinsic versus extrinsic incentives and their link with performance found that incentives and intrinsic motivation are not necessarily antagonistic and are best considered simultaneously, with intrinsic motivation being less important when incentives were tied directly to performance. Ultimately, a different picture might emerge with non-performance indicators (e.g., well-being and satisfaction).

Limitations

The current study has some limitations that should be mentioned. Firstly, findings come from a cross-sectional design and therefore it is not possible to draw final conclusions about the causal relationships between the study variables. Longitudinal studies are needed to examine the proposed processes. A second limitation is that all the data were based on self-reports, which leaves our results vulnerable to common-method variance. Finally, the data collected are relative to a specific institutional setting (Greek public hospital) and the robustness of findings should be tested in other contexts.

Conclusions

In the present study, the findings demonstrated that all four organizational culture orientations were associated with burnout and engagement. However, organizational values were the most robust predictor of emotional exhaustion and dedication, relative to

organizational practices. Our results were robust, despite the medium effect sizes, even after controlling for age, gender, education and work experience.

The practical implications for practitioners are that investment in values has the potential to ameliorate feelings of exhaustion and buffer feelings of dedication. Job stressors for the nursing profession will continue to multiply and diversify in the future, due to a combination of expectations of better quality of care and ever decreasing resources. It is thus important to identify individual, interpersonal and organizational characteristics that can protect nurses when facing job stressors and can help them perform at their highest potential.

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