

The relationship between "burnout" and "organizational commitment, job demands and resources" among hospital staff in Morocco

La relation entre "l'épuisement professionnel" et "l'engagement organisationnel, les exigences et les ressources au travail" chez le personnel hospitalier au Maroc

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Résumé

Objectifs : Étudier la corrélation entre l'engagement organisationnel et l'épuisement professionnel chez les infirmières au Maroc. Plus précisément, l'étude vise à examiner l'impact de l'engagement organisationnel, de la charge de travail, du conflit de rôle, du conflit travail-famille, de l'autonomie au travail et du soutien social sur l'épuisement professionnel et ses trois dimensions.

Méthodes : Un échantillon de 52 membres du personnel, principalement des infirmières, de l'hôpital provincial de la ville de Taroudant au Maroc a participé à cette étude. Les données ont été recueillies à l'aide d'un questionnaire comprenant cinq sections : données démographiques, épuisement professionnel, engagement organisationnel, exigences professionnelles et ressources.

Résultats : Les résultats de cette étude confirment en partie les conclusions des travaux précédents. Les exigences du travail, les risques psychologiques et certains types d'engagement augmentent le niveau d'épuisement professionnel, tandis que l'autonomie au travail et certains types d'engagement organisationnel réduisent le niveau d'épuisement professionnel. L'épuisement professionnel est positivement corrélé aux exigences du travail ($p=0,01$, $r = 0,355$) et négativement corrélé aux ressources de l'emploi ($p<0,01$). L'engagement organisationnel est corrélé négativement avec les exigences professionnelles ($p> 0,05$, $r = -0,186$) et avec les ressources professionnelles ($p> 0,05$, $r = -0,051$). La corrélation entre l'épuisement professionnel et l'engagement organisationnel est positive mais très faible ($p> 0,05$, $r = 0,078$).

Conclusion : Cette étude souligne l'importance de mettre en œuvre des interventions visant à renforcer l'engagement organisationnel du personnel hospitalier et à réduire l'épuisement professionnel.

Mots-clés : Épuisement professionnel, engagement organisationnel, exigences au travail, ressources au travail.

Abstract

Objectives: To investigate the correlation between organizational commitment and burnout among nurses in Morocco. Specifically, the study aims to examine the impact of organizational commitment, workload, role conflict, work-family conflict, autonomy at work, and social support on burnout and its three dimensions.

Methods: A sample of fifty-two staff members, primarily nurses, from the provincial hospital of Taroudant city in Morocco participated in this study. Data were collected using a questionnaire comprising five sections: demographics, burnout, organizational commitment, job demands, and resources.

Results: The results of this study partially confirm previous findings. Work demands, psychological risks, and certain types of commitment increase the level of burnout, while autonomy at work and specific types of organizational commitment reduce the level of burnout. Burnout is positively correlated with work demands ($p=0.01$, $r = 0.355$) and negatively correlated with job resources ($p<0.01$). Organizational commitment is negatively correlated with job demands ($p> 0.05$, $r = -0.186$) and with work resources ($p> 0.05$, $r = -0.051$). The correlation between burnout and organizational commitment is positive but very weak ($p> 0.05$, $r = 0.078$).

Conclusion: This study highlights the importance of implementing interventions to enhance the organizational commitment of hospital staff and to decrease burnout.

Keywords: Burnout, organizational commitment, job demands, job resources.

Introduction

The field of research on the relationship between burnout and organizational commitment is still emerging in Morocco, with limited prior investigation conducted on this topic. Thus, this study aims to contribute to the exploration of this phenomenon in the context of nurses. While previous research has confirmed the existence of a connection between organizational commitment and mental health problems, including burnout, the direction of this relationship remains unclear due to conflicting findings. Some studies suggest a negative association between these two concepts, while others indicate a positive link. Therefore, the scientific literature does not provide a clear consensus on this matter (Fahssis & Driouich, 2016).

Professions that involve direct human interaction, such as education and healthcare, are associated with higher levels of stress and burnout syndrome. To address this issue, the Maslach Burnout Inventory-General Survey (MBI-GS) has been validated and utilized in several countries worldwide, but not yet in Morocco (Bouhaba et al., 2022). Hence, the main objective of this study is to develop and validate a modified version of the MBI-GS scale to evaluate burnout in Moroccan healthcare professionals.

The concept of job burnout was first introduced by US psychologist Herbert Freudenberger (1974, 1987) in the 1970s. He defined burnout as a state caused by excessive utilization of one's energy and resources, leading to a sense of failure and exhaustion. Social psychology researcher Maslach (1976) followed up on Freudenberger's work by exploring how social workers coped with emotional reactions to their job. Her early study showed that individuals experiencing burnout offered reduced quality of care. Maslach explained burnout as "a syndrome of the helping professions, an inability of the caregiver to adapt to a continuing level of emotional stress caused by the work environment" (Maslach and Jackson, 1981, 1986). The three dimensions of burnout commonly accepted by Maslach are: (1) emotional exhaustion, which refers to the individual's emotional state characterized by depletion of resources and lack of energy; (2) depersonalization, also known as dehumanization or cynicism, characterized by a negative, cynical, or excessively detached reaction towards colleagues, customers, and the organization; and (3) reduced personal accomplishment, a feeling of personal inadequacy characterized by a tendency to evaluate oneself negatively, accompanied by dissatisfaction with one's work progress and reduced sense of accomplishment in life (Shabana & Saave, 2013; Cordes & Dougherty, 1993; Jafari et al., 2015).

Several factors threaten the mental health of nurses in Morocco and contribute to burnout, including job demands (such as high workload and lack of autonomy), working conditions, lack of motivation, and constraints and insufficient resources (such as inadequate staffing and equipment, lack of time, lack of budget).

Nurses are considered the heart of health care organizations and keeping the nurses in the organization remains a challenge for nurse administrators. Therefore, organizational measures must be instituted in order to ensure highly committed and dedicated nursing workforce and promote nurse retention. (North et al., 2013; Labrague et al., 2018; Lee et al., 2013; Addae and Wang, 2006)

Organizational commitment is an increasingly sought-after concept in organizations due to its positive impact on the achievement of organizational results and workforce retention. Mathieu and Zajac (1990) define organizational commitment as the bond between an individual and the organization, and Meyer and Allen (1997) describe it as a psychological state characterizing the relationship between an individual and the organization. The different forms of organizational commitment have direct implications on the employee's decision to stay with or leave the organization. Meyer and Allen's model (1991) identifies three dimensions of organizational commitment: (1) affective commitment, which refers to employees' emotional connection to the organization; (2) normative commitment, which denotes the worker's sense of obligation to remain in the job; and (3) continuous or reasoned commitment, which reflects the employee's concern about the costs that might result from leaving the organization.

The main objective of this research is to investigate the correlation between organizational commitment and burnout among nurses in Morocco. Specifically, the study aims to examine the impact of organizational commitment, job demands and resources on burnout and its three dimensions. The research aims to better understand how burnout develops from the bond between an individual and their organization. The study seeks to answer the research question: How does organizational commitment influence burnout among hospital staff? To achieve this, the study examines the direct and indirect links that unite these two concepts. The research design employs a quantitative approach, and the objective is to study the interaction between the dependent variable "burnout" and the independent variables, namely, organizational commitment, job demands, and resources.

This research is structured around five main parts. The first concerns the methodology adopted, the second includes the main results of the study, the third concerns the discussion and

validation of the hypotheses, while the fourth relates to the study limitations and finally a conclusion.

1. Methods:

1.1. Research design and hypotheses:

Research in management science is characterized by two main orientations: the construction or testing of a theoretical object. In the case of verification, the researcher has a clear and established idea of what he is looking for. It is common to link exploration with a qualitative approach and verification with a quantitative approach (Brabet, 1988), or even to contrast the inductive approach of qualitative research with the hypothetico-deductive approach of quantitative research (Hammersley, 2000). The hypothetico-deductive approach consists in formulating hypotheses, collecting data and then testing the results obtained to refute or support the hypotheses. It is generally recognized that the quantitative approach offers a greater guarantee of objectivity (Silverman, 1993).

The present study is therefore part of a quantitative approach, aimed at quantifying and measuring the data collected during our survey. We have thus opted for the descriptive correlational method, which enables us to describe existing relationships between variables and to answer the research questions, as well as to test and validate the hypotheses and the research model.

The current investigation presents a descriptive study that aims to examine the relationship between organizational commitment and burnout. To provide a comprehensive understanding of this relationship, a conceptual model is proposed with four blocks of variables. As shown in Figure 1, the first block encompasses job demands, which includes the variables of workload, role conflict, and work-family conflict. The second block comprises job resources, such as job autonomy, salary satisfaction, and social support from supervisors and co-workers. The third block emphasizes organizational commitment, which is further divided into three components: affective, normative, and continuous. Lastly, the fourth block represents burnout and its three dimensions: emotional exhaustion, depersonalization, and reduced self-realization. Based on this conceptual model, five hypotheses were formulated as follows:

H1: Job demands positively correlate with the level of burnout.

H2: Lack of job resources positively correlates with the level of burnout.

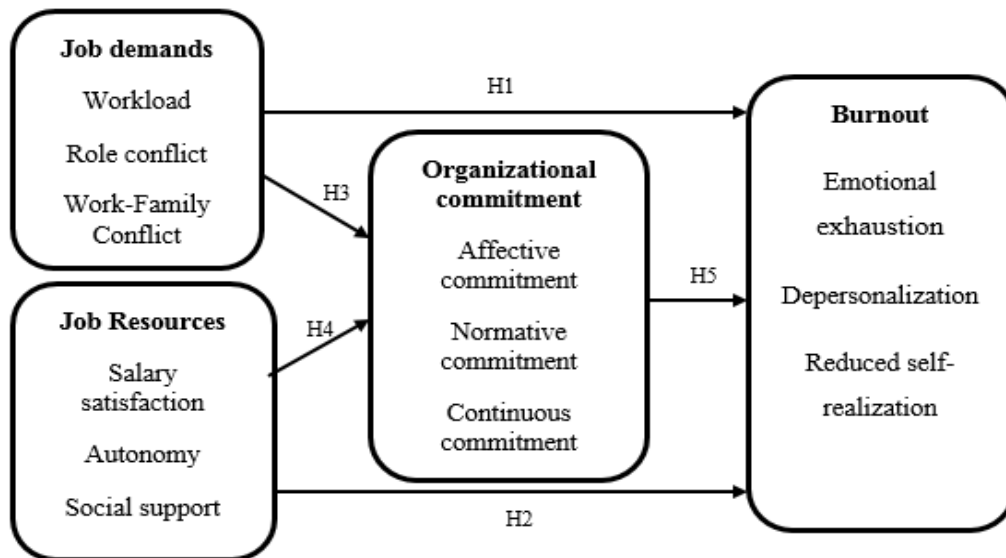
H3: Job demands negatively impact organizational commitment.

H4: Lack of job resources negatively impacts organizational commitment.

H5: Organizational commitment negatively correlates with the level of burnout.

The current study's findings will provide valuable insights into the relationship between organizational commitment and burnout and further contribute to the existing body of knowledge on this topic.

Figure 1: The conceptual model



Source : Own elaboration

1.2.Sample and data collection techniques:

This study was conducted at the El Mokhtar Essoussi provincial hospital in Taroudant city, Morocco. The selection of this institution was based on its recent implementation of a series of organizational, managerial, and financial measures aimed at enhancing competitiveness. These measures have resulted in significant changes in service reorganization, working conditions, staff downsizing, and increased workload. To collect data, a questionnaire survey was administered to all medical and paramedical personnel of the institution. Of the 130 individuals in the population, only 52 responded, yielding a response rate of 40%. To ensure the validity of the responses, participants who answered less than 50% of the questions were excluded from the analysis.

1.3.Instruments:

In addition to a section on demographics, the questionnaire included measurement scales for burnout, organizational commitment, job demands and resources.

1.3.1. Burnout:

Various measures of burnout exist, including the Maslach Burnout Inventory (MBI), Copenhagen Burnout Inventory (CBI), and Oldenburg Burnout Inventory (OLBI). For this research, the Maslach Burnout Inventory - General Survey (MBI-GS) model was selected. The MBI-GS (Maslach, Jackson, & Leiter, 1996) is a 16-item questionnaire that measures the level of burnout across three dimensions: emotional exhaustion (5 items), depersonalization (5 items), and reduced personal accomplishment (6 items). Respondents indicate their level of agreement with each statement on a seven-point Likert scale, ranging from Never (1) to Every day (7). High scores on the "emotional exhaustion" and "depersonalization" dimensions and low scores on "reduced personal accomplishment" indicate burnout (Schutte et al., 2000). The individual factors analyzed in this study obtained the following Cronbach's alpha values: emotional exhaustion ($\alpha = 0.821$), depersonalization ($\alpha = 0.830$), and reduced personal accomplishment ($\alpha = 0.859$). The overall Cronbach's alpha of the burnout scale was 0.853.

1.3.2. Organizational commitment:

The concept of organizational commitment is a multidimensional construct consisting of affective, normative, and continuous commitment dimensions. The measurement of these dimensions was accomplished through a set of indicators developed by Meyer and Allen (1997). The scale, which contains 21 items, assesses the three components of organizational commitment using revised versions of the Meyer, Allen, and Smith (1993) scales. The scales were later taken up in 2007 by Aubé, Rousseau, and Morin. Seven items were used to measure each dimension, and respondents were asked to rate their level of agreement using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). Higher scores indicate higher levels of affective, normative, and continuous commitment. Cronbach's alpha for the affective commitment dimension was 0.339, indicating low validity across items. However, the alpha increased slightly after removing item 5. The normative commitment dimension exhibited high construct validity, with an alpha of 0.728. After removing item 8, the alpha increased to 0.743. The continuous commitment dimension demonstrated high construct validity, with an alpha of 0.778. Although removing item 18 increased the alpha to 0.811, it was deemed appropriate to retain the item. The overall organizational commitment scale had a Cronbach's alpha of 0.750.

1.3.3. Job demands and resources:

The COPSOQ, a French questionnaire for assessing psychosocial risks, was used to measure job demands and resources. Job demands comprised three sub-variables: workload, role conflict, and work-family conflict, each assessed using two items. Conversely, job resources included three sub-variables: salary satisfaction, autonomy at work, and social support. Cronbach's alpha for workload was 0.563, indicating low validity across items. For role conflict, the alpha was 0.649, and for work-family conflict, the alpha was 0.790, indicating high construct validity. The alpha for the "job demands" variable was 0.670. Cronbach's alpha for salary satisfaction and autonomy at work was 0.626, indicating acceptable validity across items. The alpha for social support was 0.839, indicating high construct validity. The alpha for the "job resources" variable was 0.766.

1.4.Data Analysis:

The collected data were analyzed using SPSS v19 (Statistical Package for Social Science) software. Descriptive statistics, including frequency, percentage, mean, median, and standard deviation, were used to describe the demographic characteristics of the respondents. Pearson's correlation coefficient was used to identify correlations between the study variables, and multiple regression analysis was performed to assess the relationships among the variables.

2. Results:

2.1.Sample Demographics:

Table 1 presents the demographic characteristics of the sample. The majority of the participants were female (n=40, 76.92%), whereas men represented 23.08% of the sample, with a total of 12 participants. The age of the respondents was categorized into four groups, with the [20-30 years] category having the highest frequency (75%), followed by [31-40 years] with a frequency of 15.4%, [41-50 years] with a frequency of 7.7%, and the last category, over 50 years, with a frequency of 1.9%. In terms of marital status, 26 respondents (26%) were married, while 25 respondents (48.08%) were single, and only one female respondent was divorced.

The majority of the participants were nurses (n=50, 96.2%), with only one doctor and one financial executive. Thus, almost all of the sample consisted of nurses. Regarding professional experience, the frequency distribution for the categories was as follows: 0-5 years had the

highest frequency (71.20%), followed by more than 6-10 years (17.30%), 21 years and more (5.80%), 11-15 years (3.85%), and 16-20 years (1.92%).

Regarding working hours, the majority of respondents (38%) reported working 40 hours per week. Additionally, 30% (n=16) of the respondents reported being at risk of burnout, 28.8% (n=15) were on the verge of burnout, and 21.2% (n=11) reported being in burnout. The results of the descriptive analysis are presented in table2.

Table 1: Demographic characteristics of nurses (n 52)

Characteristics		N (%)
Sex	Male	12 (23.1)
	Female	40 (76.9)
Age	20-30 years	39 (75.0)
	31-40 years	8 (15.4)
	41-50 years	4 (7.7)
	More than 50 years	1 (1.9)
Marital status	Single	25 (48.1)
	Married	26 (50.0)
	Divorced	1 (1.9)
Professional status	Nurse	50 (96.2)
	Doctor	1 (1.9)
	Other	1 (1.9)
Professional seniority	0-5 years	37 (71.2)
	6-10 years	2 (3.8)
	11-15 years	1 (1.9)
	16-20 years	3 (5.8)
	21 years and more	9 (17.3)
Hours worked per week	48h	15 (28.8)
	40h	20 (38.5)
	36h	2 (3.8)
	30h	3 (5.8)
	Other	12 (23.1)
Description of feelings of burnout	Not at all burned out	10 (19.2)
	At risk of burnout	16 (30.8)
	On the edge of burnout	15(28.8)
	In burnout	11 (21.2)

Source : Own data

Table 2: Descriptive Analysis Results

	Item numbers	Response options	Range		Mean	Standard deviation	Median	Cronbach's Alpha
			Min	Max				
Burnout	16	-	30	109	18.921	75.15	74.0	0.853
Emotional exhaustion	5	7	7	35	8.500	21.98	21.5	0.821
Depersonalization	5	7	5	35	8.878	18.81	16.5	0.830
Reduced self-realization	6	7	11	42	8.485	34.37	37.5	0.859
Organizational commitment	21	-	37,00	86,00	63.577	11.691	63.500	0.750
Affective commitment	7	5	12,00	31,00	20,750	4,120	20,000	0.339
Normative commitment	7	5	11,00	35,00	21,865	5,9178	21,000	0.728
Continuous commitment	7	5	7,00	35,00	20,961	6,428	20,500	0.778
Job demands	10	-	26	43	35.057	4.452	35	0.670
Workload	6	5	15	28	22.807	2.944	23	0.563
Role conflict	2	5	2	10	6.423	1.964	6	0.649
Work-family conflict	2	4	2	8	5.827	1.907	6	0.790
Job resources	11	-	19	51	37.942	7.019	37	0.766
Salary satisfaction and job autonomy	6	5	10	26	19.615	4.059	20	0.626
Social support	5	5	6	25	18.326	4.638	19	0.839

Source : Own data

2.2. Correlation between burnout and job demands:

Table 3 illustrates that the "high burnout" score is predominant for all dimensions. However, it is possible that respondents who were concerned about burnout were more likely to participate in the study, leading to an overrepresentation of high burnout scores. It is important to note that obtaining a "high burnout" score in one dimension is not sufficient to diagnose burnout, as three conditions must be met, including high scores on emotional exhaustion and depersonalization, and low scores on personal accomplishment, as per Maslach and the literature.

Table 3: Burnout score rates for the three MBI-GS dimensions

	Emotional exhaustion		Depersonalization		Reduced self-realization	
	N	%	N	%	N	%
Low	3	5,8	1	1,9	7	13,5
Moderate	16	30,8	15	28,8	4	7,7
High	33	63,5	36	69,2	41	78,8
Total	52	100	52	100	52	100

Source : Own data

The results in table 4 indicate a positive correlation between burnout and job demands ($p < 0.01$), with a significant positive correlation between the two variables. As job demands, including workload and conflict, increase, the level of burnout also increases. Additionally, burnout is positively correlated with workload and role conflict, with a positive and significant correlation found between burnout and work-family conflict ($p < 0.05$). Regarding the three dimensions of burnout, emotional exhaustion is positively correlated with demands ($p < 0.01$), workload ($p < 0.05$), and work-family conflict ($p < 0.05$). Depersonalization is positively correlated with demands ($p < 0.05$) and workload ($p < 0.05$). Reduced self-realization is positively correlated with demands and workload, and negatively correlated with role conflict and work-family conflict.

Table 4: The correlation between burnout and job demands

		Burnout	Job demands
Burnout	Pearson correlation	1	,355
	Sig (bilateral)		,010
	N	52	52
Job demands	Pearson correlation	,355	1
	Sig. (bilateral)	,010	
	N	52	52

Source : Own data

2.3.The correlation between burnout and job resources:

Table 5 reveals a negative correlation between burnout and job resources ($p=0.086$, $r=-0.241$), indicating that as job resources decrease, such as autonomy and social support, burnout levels tend to increase. Specifically, burnout is negatively correlated with autonomy at work ($p<0.05$) and social support. Moreover, emotional exhaustion is negatively correlated with job resources, work autonomy ($p<0.05$), and social support, whereas depersonalization is negatively correlated with resources ($p<0.01$), autonomy ($p<0.01$), and social support. In contrast, reduced self-realization is positively correlated with job resources, autonomy, and social support.

Table 5: The correlation between burnout and job resources

		Burnout	Job resources
Burnout	Pearson correlation	1	-,241
	Sig. (bilateral)		,086
	N	52	52
Job resources	Pearson correlation	-,241	1
	Sig. (bilateral)	,086	
	N	52	52

Source : Own data

2.4.The correlation between organizational commitment and job demands:

The results in table 6 show a negative correlation between organizational commitment and job demands ($p=0.188$, $r=-0.186$). This finding suggests that intense job demands, such as workload and role conflict, have a negative impact on the individual's commitment to the organization, particularly nurses. Moreover, organizational commitment is negatively correlated with workload, role conflict, and work-family conflict. Specifically, affective commitment is negatively correlated with job demands and workload, and positively correlated with role conflict and work-family conflict. Normative commitment is negatively correlated with job demands ($p<0.05$), workload, role conflict ($p<0.05$), and work-family conflict ($p<0.05$).

Table 6: The correlation between commitment and job demands

		organizational commitment	Job demands
organizational commitment	Pearson	1	-,186
	correlation		
	Sig. (bilateral)		,188
Job demands	N	52	52
	Pearson	-,186	1
	correlation		
	Sig. (bilateral)	,188	
	N	52	52

Source : Own data

2.5.The correlation between organizational commitment and job resources:

Table 7 reveals that the correlation between organizational commitment and job resources is negative ($p = 0.721$, $r = -0.051$). This indicates that the level of commitment of an individual towards their organization does not change even when job resources are present. Organizational commitment is positively correlated with autonomy at work and negatively correlated with social support. In terms of the dimensions of organizational commitment, affective commitment is negatively correlated with job resources ($p<0.05$), autonomy at work, and social support ($p<0.01$). Normative commitment is positively correlated with resources and autonomy

($p < 0.05$) and negatively correlated with social support. Continuous commitment is positively correlated with resources and autonomy at work, and negatively correlated with social support.

Table 7: The correlation between organizational commitment and job resources

		Organizational commitment	Job resources
Organizational commitment	Pearson correlation	1	-,051
	Sig. (bilateral)		,721
	N	52	52
Job resources	Pearson correlation	-,051	1
	Sig. (bilateral)	,721	
	N	52	52

Source : Own data

2.6. The correlation between burnout and organizational commitment:

Table 8 indicates that the correlation between burnout and organizational commitment is positive ($p > 0.05$, $r = 0.078$). Furthermore, burnout is positively correlated with affective and continuous commitment, and negatively correlated with normative commitment. Organizational commitment is positively correlated with its three dimensions: affective commitment, normative commitment, and continuous commitment ($p < 0.01$). The correlation between burnout and its three dimensions (emotional exhaustion, depersonalization, and reduced self-realization) is significant and positive ($p < 0.01$). Regarding the relationship between the dimensions of burnout and organizational commitment, the following results were obtained: emotional exhaustion is positively correlated with affective commitment and negatively correlated with normative and continuous commitment. Depersonalization is positively correlated with affective commitment ($p < 0.01$) and negatively correlated with normative and continuous commitment. Reduced self-realization is negatively correlated with affective, normative, and continuous commitment.

Table 8: The correlation between burnout and organizational commitment

		Organizational	
		Burnout	commitment
Burnout	Pearson correlation	1	,078
	Sig. (bilateral)		,583
	N	52	52
Organizational commitment	Pearson correlation	,078	1
	Sig. (bilateral)	,583	
	N	52	52

Source : Own data

2.7. Multiple regression analysis:

Table 9 shows that the coefficient of determination R square is equal to 0.217, which means that the independent variables (organizational commitment, job demands and resources) contribute 21.7% for the explanation of the variable "burnout", which reflects a medium capacity of explanation of the model. The Fisher F-test is equal to 14.430 and the significance is equal to 0.008 ($p < 0.01$), which is a large value and therefore significant. This means that the regression equation is very good and allows us to say that the three independent variables contribute in a very significant way in the scores of the dependent variable burnout.

Table 10 reveals that the independent variable organizational commitment has a small positive effect on burnout (Beta = 0.139, $t = 1.068$). The variable job resources has a negative and significant effect on burnout (Beta = -0.264, $t = -2.061$, $p < 0.05$). The contribution of this variable to burnout is negative and significant. The "job demands" variable has a strong positive and significant effect on the burnout variable (Beta = 0.401, $t = 3.079$, $p < 0.01$). The Beta coefficient for the job demands variable is the highest coefficient, which shows that this variable is the one that contributes the most to burnout.

Table 9: Coefficient determination R square (R²)

R	R ²	R ² adjust ed	Standar d error of the estimat e	Change in the statistics					
				R ² Variation	F Variatio n	ddl 1	ddl 2	Sig. Variation	F
,466 ^a	,217	,168	17,25998	,217	14,430	3	48	,008	

Source : Own data

Table 10: Standardized Regression Coefficient Beta

Model	Standardize				Sig.	Co-linearity	
	Non-standardized		d	T		statistics	
	coefficients	coefficients					
	Standard		Beta			Toleranc	VIF
	A	error				e	
1 (Constant)	28,120	28,404		,990	,327		
Organizational_co mmitment	,225	,211	,139	1,068	,291	,964	1,037
Job_Demands	1,705	,554	,401	3,079	,003	,961	1,041
Job_Resources	-,712	,346	-,264	- 2,061	,045	,993	1,007

Source : Own data

3. Discussion:

3.1.The relationship between burnout and job demands:

The present study investigated the relationship between burnout and job demands. The results demonstrate a positive and significant correlation between these variables. Specifically, as job demands increase (e.g., workload and conflict), the level of burnout also increases. This finding

confirms the first hypothesis, which suggests that job demands contribute to raising the level of burnout.

The relationship between burnout and job demands is a widely researched topic in organizational psychology. According to the research, job demands refer to the physical, psychological, and social aspects of work that require sustained effort and are associated with certain physiological and psychological costs (Bakker & Demerouti, 2017). Burnout, on the other hand, is a psychological syndrome characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment that arises as a response to chronic work-related stressors (Maslach & Jackson, 1981). Studies have consistently found a positive and significant correlation between burnout and job demands, indicating that as job demands increase, so does the level of burnout. Similarly, a study by Bakker et al. (2000) found that job demands such as workload, role ambiguity, and emotional demands were significant predictors of burnout.

Furthermore, the two dimensions of burnout, emotional exhaustion and depersonalization, have been found to be positively correlated with job demands. Emotional exhaustion refers to the feeling of being emotionally drained and exhausted due to the demands of work, while depersonalization refers to the development of negative attitudes and feelings towards clients or colleagues (Maslach & Jackson, 1982). A study by Cherkaoui et al. (2012) found that job demands were positively associated with emotional exhaustion and depersonalization, indicating that higher job demands lead to higher levels of burnout.

In addition to job demands, difficulties in reconciling private and professional life have also been identified as a significant contributor to burnout. This can lead to a strong link between professional/private life and the intention to leave the job, department, establishment, or profession (Aloulou et al., 2013). A study by Aloulou et al. (2013) found that work-family conflict was a significant predictor of burnout among nurses. Therefore, organizations should aim to reduce job demands and provide support to employees to prevent burnout and promote employee well-being.

3.2.The relationship between burnout and job resources:

This study also investigated the relationship between burnout and job resources. The results indicate that burnout, as a dependent variable, is negatively correlated with job resources such as work autonomy and social support. Specifically, as job resources decrease, the level of

burnout increases. This finding confirms the second hypothesis, which suggests that the lack of resources at work contributes to raising the level of burnout.

Several studies have investigated the relationship between burnout and job resources. For instance, a study by Bourbonnais et al. (1996) found that social support at work was negatively associated with burnout among nurses. Similarly, Karasek (2008) found that job control, a component of autonomy, was negatively related to burnout among teachers. These findings suggest that job resources can buffer the negative effects of work stressors and prevent burnout. Moreover, Laraqui et al. (2018) found that support from colleagues and hierarchy and autonomy at work were major factors in creating balance within an organization. Organizational support has also been found to have a stress-modifying effect, which in a professional setting may correspond to support from physicians or colleagues (Allen et al., 2003). Therefore, it is essential for organizations to provide job resources to their employees to prevent burnout and promote well-being.

Communication is also an essential factor in preventing burnout. A lack of communication and listening can lead to misunderstandings and a feeling of relentlessness, accompanied by staff discomfort. Therefore, organizations should encourage open communication and listening among employees to promote a positive work environment and prevent burnout. The present study and previous research indicate that job resources such as work autonomy and social support are essential in preventing burnout among employees. Organizations should strive to provide their employees with these resources and promote open communication to prevent burnout and promote well-being.

3.3.The relationship between organizational commitment and job demands:

The study findings suggest that there is a negative correlation between organizational commitment and job demands. The more intense the job demands, the less committed nurses are to their organization. These results confirm the third hypothesis, indicating that job demands have a negative impact on organizational commitment.

One factor that has been found to contribute to organizational commitment is role ambiguity and role conflict (King and Schetti, 1997; Glazer and Kruse, 2008). When employees are unsure about their roles or feel that their roles conflict with each other, it can lead to decreased commitment to the organization. In contrast, autonomy and variety in work have been found to positively correlate with affective commitment (Lambert and Hogan, 2010).

In addition, work overload, perceived danger of the work, and the pace at which work must be done have been found to negatively impact affective commitment (Tucker, Sinclair, and Thomas, 2005). However, there is a weak or insignificant correlation between time pressure and the normative and continuous dimensions of organizational commitment (Allen, Shore, and Griffeth, 2003).

Overall, these findings highlight the importance of managing job demands in order to maintain organizational commitment among employees. By providing clear roles, autonomy, and variety in work, while also managing work overload and perceived danger, organizations can help promote a positive work environment and foster commitment among employees.

3.4.The relationship between organizational commitment and job resources:

The results suggest a negative correlation between organizational commitment and job resources, indicating that even if there are resources available at work, the level of commitment of nurses to their organization does not change significantly. This finding invalidates the fourth hypothesis.

According to research in the field, there appears to be a negative relationship between organizational commitment and job resources (Wang, Zhang, & Liu, 2016). This suggests that even when job resources are available, they do not necessarily increase the level of commitment employees have towards their organization. However, previous research has shown that leadership quality, the ability to structure work, and supervisor support are positively related to organizational commitment (Sanders & Suls, 2013). Specifically, supervisor support has been found to be positively related to affective commitment, especially when the support is focused on the career development of the employee. On the other hand, when there are conflicts with supervisors, affective organizational commitment tends to be lower (Leiter & Maslach, 1988). Interpersonal relationships also play a role in the level of organizational commitment an employee has. When these relationships are conflictual, affective organizational commitment tends to be negatively affected (Tucker et al., 2015). Conversely, friendly contact with co-workers has been found to be positively related to organizational commitment (Leiter & Maslach, 1988).

In summary, while job resources may not necessarily increase organizational commitment, there are other factors such as leadership, supervisor support, and interpersonal relationships that can have a positive impact on an employee's commitment to their organization.

3.5.The relationship between burnout and organizational commitment:

The study findings suggest a positive association between burnout and organizational commitment. This indicates that the more committed nurses are to the organization, the more burnout they experience, invalidating the fifth hypothesis.

Research studies have consistently found a positive association between burnout and organizational commitment, suggesting that the more committed employees are to their organization, the more likely they are to experience burnout (Labrague et al., 2018; Sepahvand et al., 2017). According to Meyer and colleagues (2002), there is a negative relationship between stress factors and organizational commitment. Similarly, Maslach and Leiter (1997) argue that commitment can be measured by scores opposite to burnout. This means that high commitment is indicated by low scores of emotional dryness and cynicism and high efficacy scores. However, some researchers have suggested that affective commitment, which refers to an employee's emotional attachment to their organization, can actually protect against burnout and reduce work-family conflict (Meyer et al., 2002). Therefore, the relationship between burnout and organizational commitment may be more complex than initially thought.

Additionally, organizational commitment is a crucial factor in determining employee performance, productivity, and organizational effectiveness (Labrague et al., 2018; Sepahvand et al., 2017). Studies have shown that burnout is related to a high level of organizational commitment, indicating that commitment can be both a protective and harmful factor for employees (Bakker, Emmerik, and Euwema, 2006; Carrier-Vernhet, 2013).

Overall, the relationship between burnout and organizational commitment is a complex and multifaceted one that requires further investigation. While commitment can protect against burnout in some cases, it may also contribute to burnout under certain conditions. Future research can help shed light on the specific factors that influence this relationship and how organizations can support their employees' well-being while maintaining high levels of commitment.

4. Study limitations:

This study represents one of the earliest investigations into the association between burnout, organizational commitment, job demands, and resources among Moroccan nurses. However, several limitations require careful consideration when generalizing the results. Firstly, the study was conducted within a single public hospital center, limiting the representativeness of the



sample. Improving the study's generalizability necessitates a larger and more representative sample of nurses working in the public health sector. Secondly, the study's results were limited to a specific region of Morocco and cannot be generalized to the entire Moroccan population. Conducting longitudinal studies could provide a better understanding of the direction of the relationship between organizational commitment and burnout and help to clarify the phenomenon of organizational commitment on nurses' mental health.

Conclusion

This study contributes to the growing literature on burnout and organizational commitment in a Moroccan context. Although previous research has contradicted the direction of the link between organizational commitment and mental health problems, including burnout, this study hypothesized that the three components of organizational commitment - affective, normative, and continuous - may decrease the level of burnout. Moreover, the study considered additional variables, such as job demands and resources, including workload, role conflict, work-family conflict, autonomy at work, and social support. Based on these findings, this study highlights the significance of managers in public health organizations and nursing administrators in Morocco paying more attention to their employees' organizational commitment to preserve their mental health and ensure a better quality of life at work.

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Declaration of Competing Interest

All authors declare that there is no conflict of interest.

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