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The Mediating Role of Perceived Organizational Support in the Effect of Workload on Burnout in Healthcare Professionals*

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ABSTRACT

The aim of this study is to analyze the mediating role of the perceived organizational support in the effect of workload on burnout among healthcare professionals. The sample of this cross-sectional study included 227 healthcare professionals. "Personal Information Form," "Job Overload Scale," "Burnout Scale" and "Perceived Organizational Support Scale" were used as data collection tools. It was determined that there was a positive correlation between job overload and burnout, personal accomplishment, emotional exhaustion and depersonalization and a negative correlation between job overload and perceived organizational support. Perceived organizational support was significantly and negatively correlated with burnout, personal accomplishment, emotional exhaustion and depersonalization. It was revealed that job overload had a significant and positive effect on burnout. The mediating role of perceived organizational support in the effect of job overload on burnout was analyzed through structural equation modeling. The findings showed that perceived organizational support had a statistically significant mediating role in the effect of job overload on burnout. While job overload may increase burnout, a strong organizational support may reduce this negative effect.

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Sağlık Çalışanlarında İş Yükünün Tükenmişlik Üzerine Etkisinde Örgütsel Destek Algısının Aracılık Rolü

MAKALE BİLGİSİ

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ÖZ

Bu çalışmanın amacı, sağlık çalışanlarında iş yükünün tükenmişlik üzerine etkisinde örgütsel destek algısının aracılık rolünü incelemektir. Kesitsel tipteki bu araştırmanın örneklemini Erciyes Üniversitesi Diş Hekimliği Uygulama ve Araştırma Merkezi'nde çalışan 227 sağlık çalışanı oluşturmaktadır. Araştırmada veri toplama aracı olarak "Kişisel Bilgi Formu", "Aşırı İş Yükü Ölçeği" "Tükenmişlik Ölçeği" ve "Örgütsel Destek Algısı Ölçeği" kullanılmıştır. Aşırı iş yükü ile tükenmişlik, kişisel başarı, duygusal tükenme ve duyarsızlaşma arasında pozitif, örgütsel destek algısı ile arasında negatif yönlü bir ilişkinin olduğu belirlenmiştir. Örgütsel destek algısı ile tükenmişlik, kişisel başarı duygusal tükenme ve duyarsızlaşma arasında anlamlı ve negatif yönlü bir ilişkinin olduğu tespit edilmiştir. Aşırı iş yükünün tükenmişliği anlamlı ve pozitif yönlü etkilediği ortaya koyulmuştur. Aşırı iş yükünün tükenmişlik üzerindeki etkisinde örgütsel destek algısının aracılık rolü yapısal eşitlik modellemesi ile analiz edilmiştir. Araştırmanın sonucunda aşırı iş yükünün tükenmişlik üzerindeki etkisinde örgütsel destek algısının istatiksel açıdan anlamlı bir şekilde aracılık rolü gösterdiği belirlenmiştir.

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Introduction

The concept of burnout was first defined by the psychiatrist Freudenberger in 1974 and later, Maslach and Jackson (1981) made significant contributions to the literature. Freudenberger defined burnout as "failure of an individual due to excessive demands for his/her energy, resources and strength, resulting in exhaustion and ultimately burnout" (H. J. Freudenberger, 1974, p. 159). Maslach's research (1982) contributed to conceptualizing burnout as a multidimensional phenomenon and helped establish a comprehensive theoretical framework. These studies enabled a clearer understanding and explanation of the burnout concept. The burnout model, developed by Maslach and Jackson (1981) has three main dimensions: emotional exhaustion, depersonalization (cynicism) and low personal accomplishment. These dimensions are of great importance for understanding the multidimensional nature of burnout.

1. Emotional Exhaustion

Emotional exhaustion is defined as the depletion of an individual's energy resources, leading to feelings of tiredness, exhaustion, and unwillingness toward their work (Maslach, Schaufeli & Leiter, 2001). As a result of the constant demands and pressure in the work environment, employees feel exhausted physically and psychologically. This situation usually emerges as the first and the most distinct dimension of burnout (Leiter & Maslach, 2009). Emotional exhaustion is related to leaving the job in the long term, reducing job satisfaction and physical health problems (Shirom, 2003).

2. Depersonalization/Cynicism

Depersonalization is characterized by individuals' indifferent, remote or cynical attitudes toward individuals to whom employees provide service. This dimension exists particularly in lines of business in which human services are provided frequently. Employees may develop emotional distance consciously or unconsciously in order to cope with emotional burdens they face (Schaufeli & Enzmann, 1998). This situation negatively affects both their professional relationships and the quality of the service.

3. Reduced Personal Accomplishment

This dimension is defined as individuals' questioning their own professional competence, believing they are not successful in their jobs, and feeling a lack of satisfaction with their work (Byrne, 1994; Lee & Ashforth, 1996). When an individuals believe that their contributions are not appreciated, they have difficulty in finding their job meaningful and their motivation decreases. This situation may cause work performance to decrease and self-respect to be damaged (Maslach et al., 2001).

Considering these three dimensions together, it is seen that burnout syndrome affects both the psychological state and professional relationships and performance of individuals holistically. Especially in the healthcare sector, these signs may trigger each other and create a rapidly escalating cycle.

1.1 Workload

Workload is one of the main stressors affecting employees' job performance, psychological well-being and burnout. Hard and Staveland (1988) defined workload as the perceived balance between the mental and physical capacity of individuals and the demands of the work. In the literature, workload is usually examined in two main dimensions: quantitative workload (working time, number of tasks) and qualitative workload (complexity of tasks and emotional demands) (Wickens, 2002). For individuals working in high-stress environments, especially healthcare, qualitative workload is an important factor contributing to emotional exhaustion.

The meta-analysis conducted by Spector and Jex (1998) reveals that there is a significant correlation between the workload-related work stress , anxiety and physical health problems and the intention to leave the job. In addition, in a study Bakker, Demerouti and Verbeke conducted, it was found that employees experiencing heavy workload had higher levels of emotional exhaustion and decreased job performance. This situation reveals that workload does not affect only individual well-being but also institutional productivity.

Factors such as poor time management, ambiguous job descriptions, lack of resources and lack of organizational support are among the factors increasing workload (Karasek & Theorell, 1990). It is reported that healthcare professionals experience heavier workload due to the tasks directly related to patients' lives, the necessity of reducing the risk of error and time pressure.

Workload can be measured based on factors such as the amount of work completed in a certain period of time, hours worked, number of tasks assigned within a job role, and the physical or cognitive requirements of the tasks (Jacobs et al., 2013, p. 2069). Specific situations such as working with individuals who speak a different language can also affect workload. In addition, factors such as lack of resources, low motivation and lack of time are also among the obstacles that make it difficult to manage workload (Jacobs et al., 2013, p. 2069). The perception of workload can differ depending on the number and difficulty of the tasks assigned to individuals. In the context of burnout syndrome, workload is known to be one of the primary causes of burnout. Workload comes to the forefront as one of the most important factors of work-related stressors (Korkmazer, 2018, p. 609). Lack of task clarity, pressures to meet deadlines, training and development activities that are incompatible with job requirements and lack of social support are among the negative consequences of workload for employees (HSE 2005).

1.2. Perceived organizational support

Organizational support can be described as an employee's perception that they are valued by their organization and that their well-being is taken into consideration. This perception influences employees' evaluations of whether the rules, practices and policies affecting them arising from the organization's intentions or from external necessities (Eisenberger et al., 1986, p. 500). Most of the perceived organizational support arises from the beliefs organizations develop by voluntary efforts independently of external compulsion (e.g., the security and health regulations of the state). Organizations can strengthen this perception by providing policies, rewarding systems and appropriate working conditions for employees. Factors such as promotion opportunities, job

attractiveness, increasing employee involvement in organizational policies and salary fairness contribute to perceived organizational support (Rhoades and Eisenberger, 2002, p. 698).

Perceived organizational support (POS) was developed by Eisenberger et. al (1986) to define employees' beliefs that they are valued by their organization and that their well-being is important. This concept is grounded in Social Exchange Theory, which views the support employees receive from their organizations as a form of social exchange (Blau, 1964). Employees tend to reciprocate organizational support by increasing their commitment to the organization, their performance, and their organizational citizenship behaviors (Rhoades & Eisenberger, 2002).

Organizational support helps employees, especially those who work in stressful work environments, develop resilience against negative results such as burnout, intention to leave the job and reduced job satisfaction. In the study conducted by Hochwarter, Perrewé, Meurs and Kacmar (2007), it was revealed that individuals having a high level of POS had better abilities to cope with job stress and experienced lower levels of burnout. Similarly, Caesens and Stinglhamber (2014) state that organizational support strengthens employees' psychological well-being and reduces work-related negativity.

Factors such as open communication, fair performance assessment systems, career development opportunities, leader support and access to psychosocial resources are among the organizational practices increasing POS. Especially in the healthcare sector, administrative support, empathetic leadership and including employees in decision-making processes positively affect perceived support and act as a buffer against burnout.

The Job Demands-Resources (JD-R) model, introduced by Demerouti et al. (2001), comprises two processes. The first process relates to job demands and is defined as the physical, psychological, social, and organizational elements of a job that require constant physical and psychological (cognitive and emotional) effort. While not necessarily negative, job demands can become a source of stress and increase burnout when they require high levels of effort beyond the employee's capacity (Bakker et al., 2003a).

The second process relates to job resources and encompasses the physical, psychological, social, and organizational elements that facilitate employees' ability to perform their tasks, reduce the negative physiological and psychological effects of job demands, and support personal development and learning (Bakker et al., 2004).

Work-related demands, such as work overload, have a negative impact on stress reactions such as depression, anxiety, and burnout (Bakker et al., 2003). High job demands, such as excessive workload, can lead to persistent overload and eventually burnout (Maslach et al., 1996). Increased job demands can lead to negative consequences such as burnout, health problems, and intention to leave; however, having adequate job resources enables employees to cope with these demands more effectively (Bakker et al., 2003). Job resources, such as autonomy, social support, and personal development opportunities, are aspects of the job that help employees achieve work goals, reduce the negative impact of job demands, or foster personal growth (Bakker & Demerouti, 2007). Having sufficient job resources makes it easier for employees to cope with the negative effects of high job demands and, through increased performance, enables them to achieve their work goals (Bakker et al., 2003). Burnout increases as workload increases; however, organizational support can buffer the negative effects of excessive workload. Similarly, an increase in job resources significantly contributes to employee well-being by reducing burnout.The aim of this study is to analyze the mediating role of perceived organizational support in the effect of workload on burnout in healthcare professionals.

2. Methodology of the Research

2.1. Population and Sample of the Research

This cross-sectional study consisted of healthcare professionals working at Erciyes University Faculty of Dentistry. The sample size was determined to be 227, with a 95% confidence interval and a 5% margin of error. Participants were recruited using simple random sampling. The sample consisted of 227 healthcare professionals, including 86 research assistants, 50 faculty members, 33 oral and dental health technicians, 13 nurses, 20 health technicians, and 25 medical secretaries. The purpose of the study and confidentiality policies were explained to the participants, and participation in the study was voluntary.

2.2. Data Collection Method and Tool

The theoretical framework of the research was formed in accordance with the literature review by the researcher and later, surveys related to job overload, burnout and perceived organizational support were analyzed and appropriate surveys were determined and the survey form of the research was designed in accordance with the ethical committee approval. "Personal Information Form" that was formed by the researcher to determine the socio-demographic characteristics of the health professionals, "Job Overload Scale," "Burnout Scale" and "Perceived Organizational Support Scale" were used. The surveys were administered by the researcher through face-to-face interview technique.

2.2.1. Personal Information Form

Personal information form included 8 items to determine the gender, marital status, age, education, profession, unit, total year in the profession and total years in the institution

2.2.2. Job Overload Scale

The scale was developed by Peterson et al. (1995) and adapted into Turkish by Derya (2008). The scale is Likert type, includes one dimension and 11 items. As the scale score increases, workload also increases. Scale scoring is designed in the range of "1- Strongly Disagree and 5- Strongly Agree." The Cronbach Alpha value of this study is 0.937.

2.2.3. Burnout Scale

The scale was developed by Maslach and Jackson (1981) and adapted into Turkish by Ergin (1992). The scale, which was developed in Likert type, includes three subscales as emotional exhaustion, depersonalization and personal accomplishment and 22 items. Scale scoring is designed in the range of "1- Strongly Disagree" and "5- Strongly Agree." As the scale score increases, burnout also increases. The Cronbach Alpha value of the scale is 0.946 in this study.

2.2.4. Perceived Organizational Support Scale

The Perceived Organizational Support Scale was developed by Eisenberger et al. (1986) and adapted into Turkish by Giray and Şahin (2012). The scale includes 14 items and one subscale and it is in Likert type. The scoring is in the range of "1- Strongly Disagree" and "5- Strongly Agree." As the score obtained from the scale increases, perceived organizational support also increases. The scale does not have reverse coding. The Cronbach Alpha value of the scale is 0.948 in this research.

2.3. The Model and Hypotheses of the Research

2.3.1. The Model of the Research

The research model designed as a result of the literature review is presented in Figure 1.

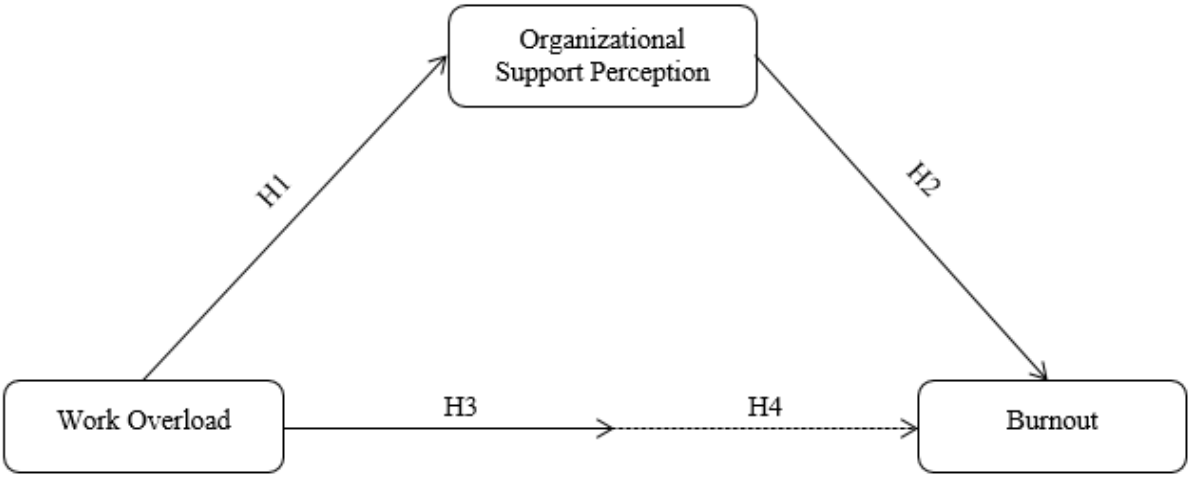

Figure 1.1. *The Model of the Research*

2.3.2. The Hypotheses of the Research

H_1: Job overload has a significant negative effect on perceived organizational support.

H_2: perceived organizational support has a significant negative affect on burnout.

H_3: Job overload has a significant positive affect on burnout.

H_4: perceived organizational support has a statistically significant mediating role in the effect of job overload on burnout.

2.4. Permissions and Approvals

The research was approved by the 02.03.2022 dated and 09 numbered decision of Kayseri University Ethical Committee. The permission related to the study was obtained from Erciyes University Dental Practice and Research Center.

2.5. Statistical Analysis

SPSS 26 and AMOS 24 package programs were used in the analysis of the data. The compliance of the scale variables to normal distribution was assessed to determine the analysis method to be used. The skewness and kurtosis values of the scale variables are between -1 and +1, thus meeting the normal distribution condition (Tabachnick & Fidell, 2018). In this study, skewness is between 0.221 and 0.548 and kurtosis is between 0.903 and 0.81, and meet the normal distribution condition. Variance homogeneity was tested by Levene test. Independent two-sample t test and one-way analysis of variance (ANOVA) were used for quantitative variables in between-groups comparisons. Tukey method (post-hoc test) was used as the multiple comparison analysis. Pearson correlation coefficient was calculated in the evaluation of the relation between the variables. The reliability coefficient of the scales was assessed by Cronbach's Alpha (α) method.

Table2.5.1.*Cronbach Alpha Values of the Scales*

Scale Variables	Cronbach Alpha
Job Overload	0.937
Burnout	0.946
Personal Accomplishment	0.918
Emotional Exhaustion	0.940
Depersonalization	0.850
Perceived Organizational Support	0.948

It is seen that job overload, burnout, personal accomplishment, emotional exhaustion, depersonalization and perceived organizational support are highly reliable. AMOS 24 program was preferred and structural equation modeling was used to test the research hypotheses and for the mediation analysis. The confidence interval in the mediation variable analysis was assessed as 95%, confidence interval did not include zero and bootstrap (5000 bootstrap samples) was used. Accordingly, it was observed that it had a statistically significant effect at the level of $p<0.05$.

3. Results

The highest item score average of the job overload scale belongs to the item "My current position requires me to deal with a lot of work and people" with 3.50, and the lowest item score average belongs to "The work I do is beyond my knowledge and skill level" with 2.08 (Table 3.1).

The highest score average in emotional exhaustion belongs to "I feel exhausted at the end of a workday" with 2.09 and the lowest item score average belongs to "I feel out of patience" with 1.25 (Table 3.2).

The highest item score average in depersonalization subscale belongs to the item "I have become more callous towards patients since I took this job with 1.50 and the lowest belongs to the item "I don't really care what happens to some patients" with 0.90 (Table 3.3).

The item having the highest score average in personal accomplishment is "I feel very energetic" with 3.76, and the lowest score average is "I deal with my patients' problems effectively" with 3.10 (Table 3.4).

The item having the highest score average is "The organization takes pride in my accomplishments at work" with 2.90 and the item having the lowest score average is "If the organization could hire someone to replace me at a lower salary it would do so" with 2.52 (Table 3.5).

The score average of job overload scale is 2.84±0.90. The score average is 2.04±0.70 for burnout scale, 3.23±0.68 for personal accomplishment, 1.70±0.97 for emotional exhaustion and 1.20±0.85 for depersonalization. Perceived organizational support scale score average is 2.75±1.00 (Table 3.6).

When the independent sample t test results of job overload, burnout and perceived organizational support scale scores of the healthcare professionals were analyzed by gender, it was determined that there was a significant difference between gender and personal accomplishment and that personal accomplishment was significantly higher in female participants ($p<0.05$; Table 3.7).

Evaluating job overload, burnout and perceived organizational support scale scores in terms of age groups, it was determined that those at the age of 25 and below had significantly higher level of job overload, burnout, emotional exhaustion and depersonalization while those between the age of 46-55 had significantly higher level of perceived organizational support (Table3.8).

When job overload, burnout and perceived organizational support scale scores were analyzed in terms of marital status, it was determined that while single participants had significantly higher scores in job overload, burnout, emotional exhaustion and depersonalization, married ones had significantly higher scores in perceived organizational support ($p<0.05$; Table 3.9).

Table 3.1. Item Score Distribution of Job Overload Scale

Scale Items	Mean	Standard Deviation
What is demanded of me in my job is beyond my capacity.	2.65	1.33
My workload is quite heavy.	3.14	1.38
My job requires me to work on weekends and evenings.	2.64	1.30
My workload is beyond me.	2.89	1.29
I have to sacrifice my private life to complete my work.	3.00	1.37
I have difficulty finishing my work business hours.	2.85	1.33
I can complete my work comfortably and on time.	3.15	1.37
The work I do is beyond my knowledge and skill level.	2.08	1.02
I am overwhelmed by my workload and responsibilities.	2.73	1.30
My job requires me to work hard and long hours.	2.98	1.33
My current position requires me to deal with a lot of work and people.	3.50	1.32

Table 3.2. Item Score Averages of Emotional Exhaustion Subscale

Scale Items	Mean	Standard Deviation
I feel alienated from my job.	1.58	1.14
I feel exhausted at the end of a workday.	2.09	1.16
When I get up in the morning, I lack the energy to start a new day at work	1.99	1.15
Working with patients all day long really stresses me out.	1.65	1.11
I feel burnt out from my job.	1.68	1.28
I think my job limits me.	1.45	1.23
I think I work too hard at work.	1.97	1.31
Working directly with patients creates a lot of stress for me.	1.63	1.07
I feel out of patience.	1.25	1.18

Table 3.3. Item Score Averages of Depersonalization Subscale

Scale Items	Mean	Standard Deviation
I feel like I act remote and indifferent towards some of my patients.	0.94	1.09
I have become more callous towards patients since I took this job.	1.50	1.09
I worry that this job is hardening me emotionally.	1.42	1.08
I don't really care what happens to some patients.	0.90	1.02
In my job, I approach emotional issues with composure.	1.24	1.09

Table 3.4. Item Score Averages of Personal Accomplishment Subscale

Scale Items	Mean	Standard Deviation
I can easily understand how my patients feel about events.	3.10	0.81
I dealwith my patients' problems effectively.	3.10	0.80
I think the job I do influence other people's and patients' lives.	3.11	0.90
I feel very energetic.	3.76	0.92
I can easily create relaxed atmosphere with my patients.	3.11	0.86
I feel exhilarated after caring my patients.	3.12	0.94
I have accomplished many important things in my job.	3.23	0.89
I deal with emotional problems calmly.	3.29	0.87

Table 3.5. The Item Score Average Statistics of Perceived Organizational Support Scale

Scale Items	Mean	Standard Deviation
The organization values my contribution to its well-being.	2.79	1.26
If the organization could hire someone to replace me at a lower salary it would do so.	2.52	1.34
The organization fails to appreciate any extra effort from me.	2.66	1.34
The organization strongly considers my goals and values.	2.55	1.23
The organization would ignore any complaint from me.	2.85	1.29
The organization disregards my best interests when it makes decisions that affect me.	2.76	1.31
Help is available from the organization when I have a problem.	2.86	1.29
The organization really cares about my well-being.	2.79	1.24
Even if I did the best job possible, the organization would fail to notice.	2.77	1.37
The organization is willing to help me when I need a special favor.	2.81	1.30
The organization cares about my general satisfaction at work.	2.75	1.30
The organization shows very little concern for me.	2.79	1.29
The organization cares about my opinions.	2.68	1.26
The organization takes pride in my accomplishments at work.	2.90	1.27

Table 3.6. Score Average Statistics for the Research Scales

Variables	Minimum	Maximum	Mean	Standard Deviation
Job Overload	1.00	4.82	2.84	0.90
Burnout	0.67	3.59	2.04	0.70
Personal Accomplishment	2.00	5.00	3.23	0.68
Emotional Exhaustion	0.00	4.00	1.70	0.97
Depersonalization	0.00	4.00	1.20	0.85
Perceived Organizational Support	1.00	5.00	2.75	1.00

Table 3.7. The Distribution of Job Overload, Burnout and Perceived Organizational Support Scale Scores by Gender

Variables	Gender		t	p
	Female (N=116)	Male (N=111)		
Job Overload	2.85±0.89	2.84±0.91	0.102	0.919
Burnout	2.09±0.62	1.99±0.77	1.018	0.310
Personal Accomplishment	3.32±0.65	3.13±0.70	2.073	0.039*
Emotional Exhaustion	1.75±0.89	1.,65±1.05	0.749	0.455
Depersonalization	1.20±0.73	1.20±0.96	0.002	0.998
Perceived Organizational Support	2.65±0.90	2.86±1.90	-1.598	0.112

*$p<0.05$

Table 3.8. TheDistribution of Workload, Burnout and Perceived Organizational Support Scale Scores by Age Groups

Variables	Age	N	X±SD	F	p	Between-groups Difference
Job Overload	32	25 and below[1]	3.25±0.85	6.563	0.000*	1>3,4
	125	26-35[2]	2.91±0.87			
	55	36-45[3]	2.64±0.88			
	15	46-55[4]	2.16±0.82			
Burnout	32	25 and below[1]	2.26±0.66	7.563	0.000*	1,2>4
	125	26-35[2]	2.14±0.67			
	55	36-45[3]	1.88±0.72			
	15	46-55[4]	1.39±0.51			
Personal Accomplishment	32	25 and below[1]	3.30±0.56	1.962	0.121	
	125	26-35[2]	3.29±0.69			
	55	36-45[3]	3.14±0.75			
	15	46-55[4]	2.89±0.49			
Emotional Exhaustion	32	25 and below[1]	2,05±0,94	7.337	0.000*	1>3,4
	125	26-35[2]	1,81±0,95			
	55	36-45[3]	1.48±0.95			
	15	46-55[4]	0.83±0.67			
Depersonalization	32	25 and below[1]	1.42±0.97	6.392	0.000*	1,2>4
	125	26-35[2]	1.31±0.83			
	55	36-45[3]	1.03±0.74			
	15	46-55[4]	0.45±0.61			
Perceived Organizational Support	32	25 and below[1]	2.14±0.76	12.866	0.000*	4>1,2,3
	125	26-35[2]	2.66±0.89			
	55	36-45[3]	3.03±1.14			
	15	46-55[4]	3.79±0.62			

** X: Mean, SD: Standard deviation.*
***p<0.05*

Table 3.9. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by Marital Status

Variables	Marital Status		t	p
	Married (N=113)	Single (N=114)		
Job Overload	2.66±0,.94	3.02±0.82	-3.051	0.003*
Burnout	1.93±0.73	2.16±0.65	-2.459	0.015*
Personal Accomplishment	3.21±0.78	3.25±0.58	-0.413	0.680
Emotional Exhaustion	1.51±0.99	1.89±0.92	-2.968	0.003*
Depersonalization	1.07±0.83	1.33±0.85	-2.354	0.019*
Perceived Organizational Support	2.95±1.07	2.55±0.88	3.084	0.002*

**p<0.05*

Evaluating job overload, burnout, personal accomplishment, emotional exhaustion, depersonalization and perceived organizational support scale scores by educational level, it was found that those having associate degree had significantly higher level of job overload, burnout and emotional exhaustion, those having graduate degree had significantly higher level of personal accomplishment, those having undergraduate degree had significantly higher level of depersonalization and those having doctorate degree had significantly higher level of perceived organizational support (p<0.05; Table3.10).

When analyzing job overload, burnout, personal accomplishment, emotional exhaustion, depersonalization and perceived organizational support scale scores by occupational groups, it was determined that job overload and personal accomplishment were significantly higher in oral and dental health technicians, burnout, emotional exhaustion and depersonalization in nurses and perceived organizational support in faculty members (p<0.05; Table 3.11).

When job overload, burnout, personal accomplishment, emotional exhaustion, depersonalization and perceived organizational support scale scores were analyzed by unit, it was determined that there was a significant difference between burnout and personal accomplishment and the unit. Burnout and personal accomplishment levels of those working at surgical units were significantly higher (p<0.05; Table3.12).

Those working in the institution for 1-5 years had significantly higher level of job overload, burnout, emotional exhaustion and depersonalization while those working in the institution for 16 years and above had

significantly higher level of perceived organizational support (p<0.05; Table3.13).

Job overload, burnout, emotional exhaustion and depersonalization levels were significantly higher in those working in the profession for 1-5 years, personal accomplishment in those working in the profession for 6-10 years and perceived organizational support in those working for 11 years and above (p<0.05; Table 3.14).

Table 3.10. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by Education Groups

Variables	N	Educational Level	X±SD	F	p	Between-group Difference
Job Overload	54	Associate Degree[1]	3.07±0.87	11.364	0.000*	1,2,3>4
	99	Undergraduate[2]	3.03±0.89			
	16	Graduate[3]	2.96±0.69			
	58	Doctorate[4]	2.29±0.77			
Burnout	54	Associate Degree[1]	2.24±0.64	23.427	0.000*	1,2,3>4
	99	Undergraduate[2]	2.24±0.64			
	16	Graduate[3]	2.24±0.37			
	58	Doctorate[4]	1.46±0.58			
Personal Accomplishment	54	Associate Degree[1]	3.46±0.61	17.733	0.000*	1,2,3>4
	99	Undergraduate[2]	3.36±0.69			
	16	Graduate[3]	3.49±0.47			
	58	Doctorate[4]	2.72±0.51			
Emotional Exhaustion	54	Associate Degree[1]	1.96±0.93	16.541	0.000*	1,2,3>4
	99	Undergraduate[2]	1.94±0.95			
	16	Graduate[3]	1.94±0.63			
	58	Doctorate[4]	0.99±0.77			
Depersonalization	54	Associate Degree[1]	1.32±0.83	12.263	0.000*	1,2,3>4
	99	Undergraduate[2]	1.44±0.86			
	16	Graduate[3]	1.28±0.50			
	58	Doctorate[4]	0.66±0.68			
Perceived Organizational Support	54	Associate Degree[1]	2.28±0.76	23.807	0.000*	1,2,3>4
	99	Undergraduate[2]	2.53±0.81			
	16	Graduate[3]	2.70±0.73			
	58	Doctorate[4]	3.57±1.08			

** X: Mean, SD: Standard deviation.*
***p<0.,05*

Table 3.11. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by Occupational Groups

Variables	N	Occupation	X ±SD	F and p	Between-group Difference
Job Overload	33	Oral and dental health technician[1]	3.42±0.65	F:12.956 p:0.000*	1>4,5
	86	Research assistant[2]	3.,00±0.86		
	13	Nurse[3]	3.13±0.79		
	50	Faculty member[4]	2.13±0.70		
	20	Health technician[5]	2.61±0.86		
	25	Medical Secretary[6]	3.02±0.90		

Burnout	33	Oral and dental health technician[1]	2.48±0.,55	F:16.814 p:0.000*	1,3>2,4,5
	86	Research assistant[2]	2.13±0.59		
	13	Nurse[3]	2.50±0.74		
	50	Faculty member[4]	1.41±0.60		
	20	Health technician[5]	1.96±0.51		
	25	Medical Secretary[6]	2.25±0.68		
Personal Accomplishment	33	Oral and dental health technician[1]	3.47±0.42	F:7.664 p:0.000*	1,2,5,6>4
	86	Research assistant[2]	3.32±0.69		
	13	Nurse[3]	3.20±0.61		
	50	Faculty member[4]	2.75±0.61		
	20	Health technician[5]	3.43±0.67		
	25	Medical Secretary[6]	3.42±0.71		
Emotional Exhaustion	33	Oral and dental health technician[1]	2.39±0.82	F:18.107 p:0.000*	1,3>2,4,5
	86	Research assistant[2]	1.74±0.82		
	13	Nurse[3]	2.52±0.98		
	50	Faculty member[4]	0.87±0.72		
	20	Health technician[5]	1.53±0.79		
	25	Medical Secretary[6]	2.02±0.99		
Depersonalization	33	Oral and dental health technician[1]	1.59±0,83	F:9.435 p:0.000*	3>4,5,6
	86	Research assistant[2]	1.33±0.76		
	13	Nurse[3]	1.78±1.33		
	50	Faculty member[4]	0.,63±0.67		
	20	Health technician[5]	0.93±0.49		
	25	Medical Secretary[6]	1.32±0.81		
Perceived Organizational Support	33	Oral and dental health technician[1]	1.99±0.82	F:25.313 p:0.000*	4>1,2,3,5,6
	86	Research assistant[2]	2.64±0.74		
	13	Nurse[3]	2.43±0.,98		
	50	Faculty member[4]	3.81±0.87		
	20	Health technician[5]	2.42±0.49		
	25	Medical Secretary[6]	2.42±0.93		

* X: Mean, SD: Standard deviation.
**p<0.05

Table 3.12. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by Unit

Variables	**Unit**		**t**	**p**
	Surgery (N=78)	**Clinic (N=149)**		
Job Overload	2.94±0.73	2.80±0.97	1.138	0.256
Burnout	2.18±0.54	1.97±0.76	2.180	0.030*
Personal Accomplishment	3.35±0.62	3.16±0.71	2.011	0.046*
Emotional Exhaustion	1.85±0.78	1.62±1.05	1.635	0.103
Depersonalization	1.35±0.77	1.12±0.88	1.873	0.062
Perceived Organizational Support	2.63±0.80	2.81±1.09	-1.349	0.179

**p<0.05*

Table 3.13. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by the Total Year in the Institution

Variables	N	Total working year in the institution	X±SD	F	p	Between-group difference
Job Overload	101	1-5 years[1]	3.11±0.87	7.910	0.000	1>3,4
	58	6-10 years[2]	2.,86±0.91			
	43	11-15 years[3]	2.43±0.72			
	25	16 years and above[4]	2.48±0.90			
Burnout	101	1-5 years[1]	2.17±0.64	5.597	0.001	1>3,4
	58	6-10 years[2]	2.14±0.74			
	43	11-15 years[3]	1.82±0.71			
	25	16 years and above[4]	1.68±0.60			
Personal Accomplishment	101	1-5 years[1]	3.25±0.60	1.269	0.286	
	58	6-10 years[2]	3.33±0.72			
	43	11-15 years[3]	3.11±0.84			
	25	16 years and above[4]	3.09±0.60			
Emotional Exhaustion	101	1-5 years[1]	1.92±0.91	6.331	0.000	1>3,4
	58	6-10 years[2]	1.79±1.07			
	43	11-15 years[3]	1.30±0.88			
	25	16 years and above[4]	1.28±0.82			
Depersonalization	101	1-5 years[1]	1.35±0.85	5.230	0.002	1,2>4
	58	6-10 years[2]	1.30±0.86			
	43	11-15 years[3]	1.04±0.79			
	25	16 years and above[4]	0.67±0.69			
Perceived Organizational Support	101	1-5 years[1]	2.49±0.80	10.522	0.000	4>1,2
	58	6-10 years[2]	2.59±1.16			
	43	11-15 years[3]	3.18±1.09			
	25	16 years and above[4]	3.44±0.70			

** X: Mean, SD: Standard deviation.**p<0.05*

Table 3.14. The Distribution of Workload, Burnout and Perceived Organizational Support Scale Scores by the Total Year in the Profession

Variables	N	Total year in the profession	X ±SD	F value	pvalue	Between-group difference
Job Overload	128	1-5 years[1]	3.09±0.89	12.061	0.000*	1>3
	60	6-10 years[2]	2.60±0.,82			
	39	11 years and above[3]	2.43±0.80			
Burnout	128	1-5 years[1]	2.12±0.69	6.352	0.002*	1>3
	60	6-10 years[2]	2.12±0.69			
	39	11 years and above[3]	1.69±0.66			
Personal Accomplishment	128	1-5 years[1]	3.21±0.60	4.892	0.008*	2>3
	60	6-10 years[2]	3.42±0.78			
	39	11 years and above[3]	2.99±0.72			
Emotional Exhaustion	128	1-5 years[1]	1.85±0.96	6.275	0.002*	1>3
	60	6-10 years[2]	1.69±0.99			
	39	11 years and above[3]	1.23±0.83			
Depersonalization	128	1-5 years[1]	1.29±0.88	4.352	0.014*	1>3
	60	6-10 years[2]	1.24±0.78			
	39	11 years and above[3]	0.84±0.75			
Perceived Organizational Support	128	1-5 years[1]	2.53±0.93	10.769	0.000*	3>1,2
	60	6-10 years[2]	2.83±1.01			
	39	11 years and above[3]	3.34±0.95			

** X: Mean, SD: Standard deviation.**p<0.05*

Table 3.15. Results of Pearson Correlation Analysis Between Scales

Variables		Job Overload	Burnout	Personal Accomplishment	Emotional Exhaustion	Depersonalization	Perceived Organizational Support
Job Overload	r	1	,599**	,207**	,722**	,486**	-,610**
	p		,000	,002	,000	,000	,000
Burnout	r			,671**	,903**	,894**	-,621**
	p			,000	,000	,000	,000
Personal Accomplishment	r				,390**	,406**	-,387**
	p				,000	,000	,000
Emotional Exhaustion	r					,769**	-,671**
	p					,000	,000
Depersonalization	r						-,454**
	p						,000
Perceived Organizational Support	r						1
	p						

A negative correlation was determined between job overload and perceived organizational support. In accordance with this finding, H_1 hypothesis was accepted. A significant and negative relation was found between perceived organizational support and burnout, personal accomplishment, emotional exhaustion and depersonalization. H_2 hypothesis was accepted in accordance with this result.

It was determined that there was a positive correlation between job overload and burnout, personal accomplishment, emotional exhaustion and depersonalization. In accordance with this finding, H_3 hypothesis was accepted($p<0.05$; Table 3.15).

Model Fit for the Structural Equation Model: Among the fit indices, AGFI, IFI, and CFI were found to provide a good fit, while χ^2/sd, GFI, NFI, TLI, and RMSEA were found to be at an acceptable fit level. Error covariances were set between (e9 and e10), (e9 and e12), (e9 and e13), (e6 and e2), and (e3 and e4) on the model.

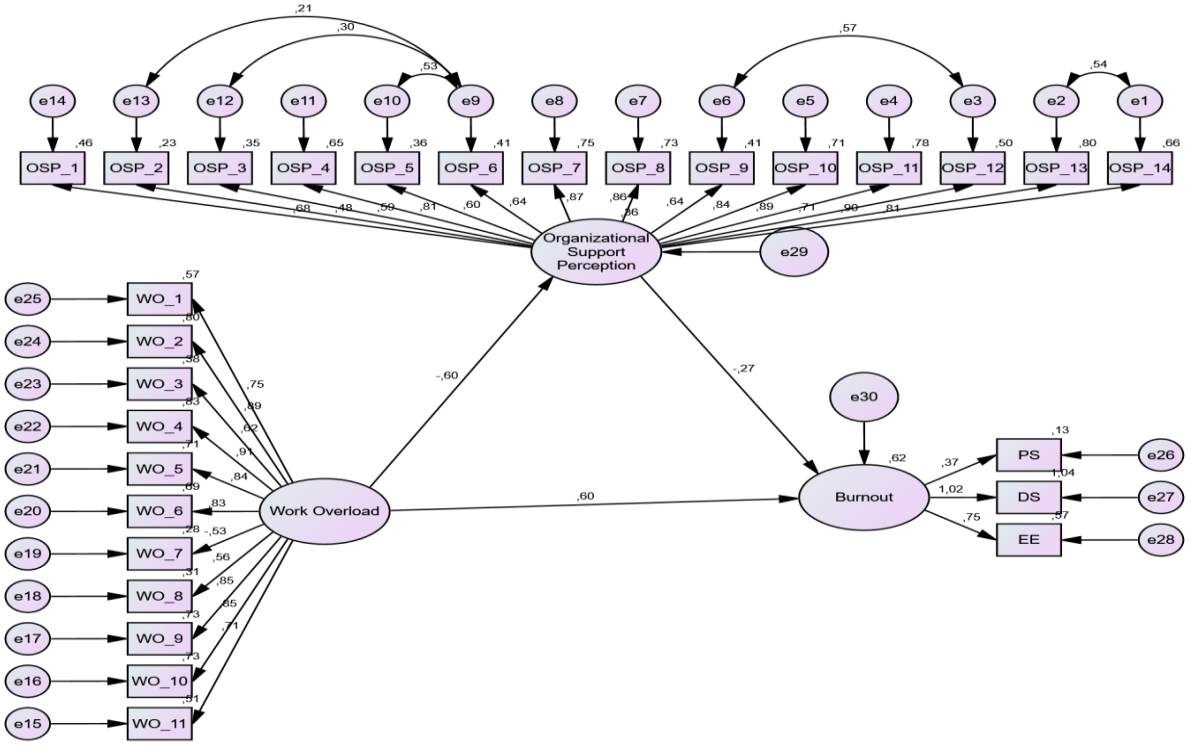

Figure 3.1.The Structural Equation Model of the Mediating Role of Perceived Organizational Support in the Effect of Job Overload on Burnout

WO: Work Overload; OSP: perceived organizational support; PS: Personal Success; DS: Depersonalization; EE: Emotional Exhaustion

Analyzing the direct effects, it is observed that job overload had a significant and negative effect on perceived organizational support (β=-0.599). R^2 value, which indicated the explained variance value of job overload on received organizational support is ,358. It was found that job overload (β=0.597) had a positive and perceived organizational support (β= -0.268) had a negative significant effect on burnout. R^2 value, which indicated the explained variance value of job overload and received organizational support on burnout is ,620. Analyzing indirect effects, it was found that the indirect effect of job overload on burnout (β=0.160) was significant and positive.

Table 3.16. Structural Equation Model Coefficients

Direct Effect			**USC**	**SC**	**SE**	**C.R.**	**P**	**R^2**	**LL**	**UL**	**P value**
Perceived Organizational Support	←	Job Overload	-0.731	-0,599	0.088	-8.313	***	0.358	-0.709	-0.492	0.010*
Burnout	←	Perceived Organizational Support	-0.059	-0.268	0.015	-3.833	***	0.620	-0.371	-0.175	0.010*
Burnout	←	Job Overload	0.160	0.597	0.032	4.914	***		0.495	0.674	0.010*
Direct Effect											
Burnout	←	Job Overload	0.043	0.160	0.012	3.583	0.005*		0.100	0.247	0.010*
Total Effect											
Burnout	←	Job Overload	0.203	0.758	0.062	3.274	0.016*		0.703	0.817	0.010*

**p<0,05, ***p<0,001;* USC: Unstandardized Coefficients; SC: Standardized Coefficients(β): SE: Standard Error; LL: Lower Limit; UL: Upper Limit

It was observed that job overload had direct (β= 0.597) and indirect effect (β= 0.160) on burnout when perceived organizational support was included in the model. The total effect of job overload on burnout (β= 0.758) was significant and positive. Considering all the data, it was determined that perceived organizational support had a statistically significant mediating role in the effect of job overload on burnout (Table 3.16). In accordance with this result, H_4 hypothesis was accepted.

4. Discussion

The effect of workload on burnout in healthcare professionals and the mediating role of perceived organizational support in this relationship were analyzed in this study. The results obtained reveal that work overload significantly and positively affects burnout, and organizational support reduces this effect significantly.

In our study, the sense of personal failure was found to be significantly higher in female healthcare professionals. It was determined that job overload, burnout and emotional exhaustion levels were higher in those with associate degrees; personal accomplishment level in those with master's degrees; depersonalization level in those with undergraduate degrees; and perceived organizational support in those with doctoral degrees. It was found in the study analyzing the effect of job satisfaction and organizational support on burnout in nurses that as the level of the perceived organizational support increases, their job satisfaction levels also increase and as the organizational support reduces burnout levels increase (Taş et al., 2024). Based on our study results, in general, as the level of education increases, in parallel with the advancement of age, it enables the management of excess workload with more successful dynamics and, on the other hand, paves the way for a more positive perception of organizational support.

It was determined in our study that those working for 1-5 years had higher burnout levels. Ergin (1992) and Çam (1995) found that as the working time of the nurses in the profession increased, depersonalization and emotional exhaustion levels decreased and personal accomplishment levels increased. Torun (1997) stated that those working 1-5 years had higher burnout levels compared with those working less than 1 year or more than 5 years. Kavla (1998) found that depersonalization levels were high among the nurses working 1-5 years and personal accomplishment levels were higher among the nurses working 21 years and more. In addition, Aras (2006) determined that the nurses and midwives working 6-10 years had higher emotional exhaustion and lower personal accomplishment levels when compared to those working 21 years and more. Demir (1995) stated that as the working time increased burnout decreased in nurses, and Taycan et al. (2006) reported that the sense of personal accomplishment increased. A possible reason for the higher burnout levels among healthcare workers between 1 and 5 years in our study is that burnout may not have occurred in the first year, when enthusiasm, motivation, and excitement about starting a new job are still high. As the excitement and happiness of starting a new job diminish, and the perception that work-related challenges and expectations are not fulfilled becomes more prominent, burnout becomes more pronounced. In later periods, such as after five years, burnout diminishes as individuals gain work

experience, manage challenges more successfully, and become more accepting of the reality of their work life.

In our study, it was determined that work overload had a significant and positive effect on burnout, which is an expected result. In a large-scale study conducted in the USA, "work overload" was found to be an independent factor increasing the risk of burnout by 2-3 times (Rotenstein et al, 2023, p. 1923). In a study conducted in Turkey on emergency healthcare professionals revealed through structural equation modeling that workload had a positive effect on burnout (Doğan et al, 2024, p. e13092).

As a result of our study, there was a significant and negative relationship between perceived organizational support and burnout. This is an expected result and indicates that employees' accomplishments are noticed, acknowledged, and encouraged by the organization. This situation increases motivation, reduces burnout, and helps sustain higher levels of accomplishment. This finding aligns with the Organizational Support Theory developed by Eisenberger et al (1986). Ren et. al determined in the study they conducted that a high perceived support from the institution employees work for in the pandemic period significantly reduced the risk of burnout (Ren et. al, 2024, p. 719).

It was determined in our study that perceived organizational support had a statistically significant mediating role in the effect of work overload on burnout. Our research findings reveal that work overload increases burnout in healthcare professionals, while organizational support weakens this relationship. The mediating role of organizational support revealed by this study is consistent with previous studies in the literature. In a study conducted in China, it was found that perceived organizational support had a partial mediating role in the relationship between stress and burnout (Wang et al, 2023, p. 483). Similarly, in a study conducted in Pakistan on pharmacists working in a hospital, it was determined that organizational support had a mediating role in the relationship between workload and mental well-being (Rehman et al, 2025, p. 11994).

In some studies, it is stated that organizational support has a buffer effect rather than mediation. We can explain our research findings through Organizational Support Theory and JD-R model. According to organizational support theory, employees experience lower levels of burnout when they percieve that the organization cares about them (Eisenberger et al, 1986, p. 500). To JD-R model, while demands such as workload increase burnout, resources such as organizational support reduce this effect as a balancing buffer (Tummers & Bakker, 2021, p. 3–4).

Consequently, it was determined in our study that work overload had a significant and positive effect on burnout and perceived organizational support had a statistically significant mediating role in the effect of work overload on burnout.

The relationship between burnout, workload and perceived organizational support is of critical importance for organizational productivity and employee health. While high workload may increase burnout, a strong perception of organizational support reduces this negative effect.

It is important to analyze each of the factors leading burnout in detail, both at individual and organizational levels and take precautions. It may be difficult to cope with burnout only by individual effort but this process can be managed more successfully through measures at organizational level and organizational support to be provided. Measures should be taken regarding the workload of employees and more organizational support should be provided.

It's important to thoroughly analyze each factor that leads to burnout at both the individual and organizational levels and implement measures at these levels. While combating burnout can be challenging solely through individual efforts, the process can be more successfully managed with organizational measures and support. Employee workload should be determined according to the standard criteria required by the job, shift planning and workload balancing policies, and employee support programs should be developed. Furthermore, various approaches (rewards, vacation programs, additional pay systems based on job performance, etc.) should be implemented to increase employee motivation, and supportive leadership training should be provided for managers.

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