Moderating role of perceived organizational support in the relationship between burnout and work engagement in a sample of Nigerian nurses

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A R T I C L E I N F O

A B S T R A C T

Based on the assumptions of job demand-resources theory suggesting a link between perceived organizational support, burnout and work engagement this study investigated the moderating role of perceived organizational support in burnout and work engagement relations among a sample of nurses in three Federal hospitals in Enugu State, Nigeria. Two hundred and ninety (290) nurses comprising112 males and 178 females between the ages of 26 to 55 years (M = 44.2, SD = 7.4) participated in the study. They were selected for the study using multi-stage (cluster and purposive) sampling technique. The 17-item Perceived Organizational Support Scale, 22-item Burnout Inventory and Utrecht Work Engagement Scale were completed by the participants. Moderated regression showed that emotional exhaustion dimension of burnout positively predicted vigor and absorption dimensions of work engagement while depersonalization dimension of burnout positively predicted vigor, dedication and absorption dimensions of work engagement. Also, reduced personal accomplishment dimension of burnout negatively predicted vigor, dedication and absorption dimensions of work engagement. Perceived organizational support positively predicted vigor and dedication dimensions of work engagement. Perceived organizational support only moderated the relationship between reduced personal accomplishment and absorption dimension of work engagement. In view of the findings, policy makers in the health sector should provide organizational support in order to reduce burnout especially feeling of reduced personal accomplishment and enhance work engagement, specifically absorption among nurses.

Introduction

Nurses are involved in human services profession (Rothman & Malan, 2011), and are the backbone of healthcare industry (Abdalkader & Hayajneh, 2008). According to Ogundipe, Obinna and Olawale (2015) they develop closer relationship with patients more than any other healthcare personnel and are crucial to the smooth running of any hospital. Studies (e.g., Aiken et al, 2011) found that nurses are the most exposed to work strain with negative consequences for their physiological health and psychological well-being such as burnout which may have implications for work engagement. They have tremendous responsibilities and deal with enormous challenges ranging from continuous physical and emotional demands from patients and are confronted daily with pain, suffering, and death of patients (Donley, 2005). Consequently, these crisis situations increase critical decision-making, placing physical and emotional demands on nurses (Okwaraji & Aguwa, 2004), which could expose them to high level of job stress resulting in burnout. Moreover, nurses are stressed group and this may affect their health and work performance (Veda & Roy, 2020). Hence this could have influence on their work engagement.

Work-engagement is a personal and professional commitment to both the job and the organization (Schaufeli & Bakker, 2003). Rather than a momentarily specific rate specific rate work engagement, work engagement refers to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual or behaviour (Bakker, 2009; Van Den Berg, Marais & Burger, 2008). Work engagement is an active, positive fulfilling, work-related state of mind characterized by vigor, dedication and absorption (Schaufeli, Salanova, Gonzelez-Roma & Bakker, 2002).

Vigor is characterized by an individual having high level of energy and mental resilience while doing their work (De Braine & Roodt, 2011; Rothmann & Jordaan, 2006). Similarly, Bakker (2009) characterized vigor as having high levels of energy and mental resilience while working. It is all about employee's readiness to invest effort at work and being persistent with it, even though difficulties may occur (Bakker & Leiter, 2010; Shraga & Shirom, 2009). Feeling vigorous at work implies a combined experience that is represented by a positive affect, feelings of pleasantness and a positive energy balance (Rothman & Jordaan, 2006).

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Dedication is characterized by being strongly involved in one's work and experiencing a sense of significance, enthusiasm, inspiration, pride and challenge (Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002).

Absorption is described as being fully and happily engrossed in one's work (De Braine & Roodt, 2011; Rothman & Jordaan, 2006). Likewise, Bakker (2009), defined absorption as being fully concentrated and happily engrossed in one's work whereby time passes quickly and one has difficulty with separating oneself from one's work (Bakker, 2009).

Several studies (e.g., Bakker & Demerouti, 2007; Salanova, Agut & Peiro, 2005; Sarti, 2014) provided empirical evidence that work engagement is related to factors such as burnout. For example, burnout is considered as being the antipode of work engagement and characterized by low levels of energy and a poor identification with one's work (Du Plooy & Roodt, 2010). According to Schaufeli and Enzmann (1998) as cited in Rothmann, Steyn and Mostert (2005) burnout can be defined as a persistent, negative, work-related state of mind (or syndrome) developing in the so called normal individuals, characterized by an array of physical, psychological and attitudinal symptoms primarily exhaustion and accompanied by distress, a sense of reduced effectiveness, decreased motivation and the development of dysfunctional personal and social attitudes and behaviors at work.

Burnout is a persistent, negative, work-related state of mind in otherwise normal individuals characterized by emotional exhaustion, cynicism and reduced personal efficacy (Maslach, Schaufeli & Leiter, 2001). Also, burnout manifests itself in the form of emotional exhaustion, depersonalization of others and lack of felt accomplishment in working with others (Maslach, 1982).

Emotional exhaustion is a state of depleted energy caused by excessive psychological and emotional demand (Maslach, Schaufeli & Leiter, 2001). Individuals experience exhaustion when their emotional and physical resources are depleted and they are incapable of performing at work because all their energy has been drained (Maslach & Leiter, 2001).

Depersonalization is a state in which an individual experiences that his feelings, thoughts, memories do not belong to him (Maslach & Leiter, 2001). According to Turner and Brief (1987), depersonalization is the tendency to deindividualize and dehumanize others through cynical, callous and uncaring attitude and behavior.

Feeling of reduced personal accomplishment is the tendency to evaluate oneself negatively, particularly with regard to one's work with clients (Maslach & Leiter, 2001), thereby encompassing both social and non-social aspects of occupational accomplishment.

Regardless of these dimensions of burnout, researchers in the area of work stress view work engagement as the opposite of burnout (Montgomery, Peeters, Schaufeli & Denouden, 2003). Researchers (e.g. Maslach & Leiter, 1997) who view work engagement as the converse of burnout tend to focus on the lack of certain psychological states (e.g. exhaustion, cynicism & ineffectiveness) and the presence of psychological states theori-zed to be their opposite (e.g. energy, involvement and efficiency). Studies (e.g., Montero-Marin, Predo-Abril, Demarzo, Gascon & Garcia-Campayo, 2014) found a progressive decrease in employees' work engagement as a result of high job demand resulting in burnout.

Also, burnout and work engagement can be described using two underlying dimensions called activation and identification or pleasure (Gonzelez-Roma, Schaufeli, Bakker & Lioret, 2006; Schaufeli & Bakker, 2004). The activation covers the continuum exhaustion-vigor whereas the identification (pleasure) dimension covers the continuum cynicism-dedication. Burnout and work engagement have been recognized as serious issues influencing many employees whose job is in relation with humans especially nurses (Abdo & El-Sherbing, 2015). According to Fearon and Nicole (2011), nursing profession is most likely to be predisposed to burnout because of the intense and demanding person-to-person contact and interaction with people, which can impact heavily on the individuals and organizations.

Given the dysfunctional consequences of burnout for both employees and organizations, pursuit of approaches to reduce the negative effects of burnout is vital (Perrewe et al, 2004), in order to enhance work engagement. Hence the interest of this present study in perceived organizational support as moderator. To this end, previous studies have shown that job resources like organizational support are ingredients for nurses in handling their daily work activities which in turn lead to higher work-engagement (Hu, Schaufeli & Taris, 2011). Furthermore, job resources such as organizational support have previously been instrumental for employees to fulfill their work tasks, which in turn keep employees engaged in their work thus cushioning off burnout (Hakanen, Bakker & Schaufeli, 2006; Schaufeli & Bakker, 2004). In addition, the more resources (e.g. organizational support) available to employees the more likely they are to be successful in achieving their work roles, resulting in higher work engagement (Schaufeli & Salanova, 2007), hence perceived organizational support serving as moderator.

Perceived organizational support is a general belief in which employees feel that their organization values their contribution and cares about their well-being (Krishhan & Mary, 2012; Rhoades & Eisenberger, 2002; Setton, Bennet & Liden, 1996). According to Baran, Shancock and Miller (2012) perceived organizational support is central within the organizational support theory that explains the relationship between employees and employers based on social exchange. Employees develop perceived organizational support in response to socio-emotional needs and the organizational readiness to reward increased effort made on its behalf (Baran, Shancock & Miller, 2012).

An important function of perceived organizational support is the norm of reciprocity, suggesting that people should help those who have helped them (Gouldner, 1996). In the organizational context, favorable treatment between employers and employees is reciprocated by the receiving party's leading to positive outcome (e.g., work engagement).

Nurses are more committed to their organization and perform better when they perceive their organization as supportive (Rhoades & Eisenberger, 2002), and this could lead to higher work engagement. Also, another function of perceived organizational support is that help will be available from organization when nurses need to perform their job effectively and deal with stressful situations.

According to Ayim and Salminen (2007) employees who gain organizational support will have more involvement and stronger feelings and allegiance towards the organization. Similarly, Eder and Eisenberger (2008) stated that employees will be motivated to match their obligations and be fully engaged at work, when there is perceived organizational support. High level of organizational support may aid the restoration of balance between the benefits awarded by the organization and the contribution of the individual (Eisenberger & Stinglhaimber, 2011). Perceived organizational support has a positive reflection on employees and the institution. Thus, employees tend to perform better with organizational support (Eisenberger, 2011).

According to Raiger (2005), when nurses do not feel valued by the organization they work for and feel alone in the good and bad times and do not have the support of their organization, the signs of burnout will appear, and this burnout will lead to negative outcomes both for the employee and the organization. Organizational support can drive work engagement by providing a sense of relatedness and competence (Van den berg & Jaarsma, 2016). In nursing profession, the level of work engagement is a result of the interaction between personal predispositions and the characteristics of the work environment such as organizational support (Garcia, Fernandez, & Martin, 2016). Studies (e.g., Salanova, Lorente, Chambel & Martinez, 2011; Sohrabizadeh & Sayfouri, 2014; Mason, Leslie & Clark, 2014; Shahpouri, Namdari & Abedi, 2016) have shown that high level of organizational support can enhance nurses work engagement and cushions off stressful job condition that could lead them into experiencing burnout.

Similarly studies (Maslach, Schaufeli & Leiter, 2001) have shown that the psychological relation between the individual and work can be conceptualized on a continuum between the negative experience of burnout and the positive experience of engagement which is not surprising because they are both defined as work-related states of mind and also the presence of job resources such as perceived organizational support can moderate the relationship between burnout and work engagement (Bakker, Demerouti & Euwema, 2005; Bakker, Hakanen, Demerouti & Xanthopoulous, 2007), hence this present study.

The job demand-resources theory (Bakker & Demerouti, 2003) explains the relationship between burnout and work engagement (Rothman & Jordaan, 2006) by highlighting the job resources and job demands characteristics of jobs (Buys & Rothman, 2010; Rothman & Jordaan, 2006). Job resources refer to those physical, psychological, social and organizational (e.g. organizational support) aspects of the job that may be functional in achieving work goals, reduce job demand and stimulate personal growth and development leading to work engagement. Job demands involve the physical, psychological, social or organizational (e.g. burnout) aspects of the job that require unrelenting physical and or psychological energy and that are associated with certain physiological and or psychological cost (Rothman & Jordaan, 2006). The job demand-resources theory may help to explain the link between burnout and work engagement. For instance, work engagement occurs when an employee's feels that they have the abundant resources (e.g. organizational support) in their work environment, it will cushion off burnout. The presence of job resources like organizational support leads to work engagement whereas their absence evokes a cynical attitude towards work (Bakker & Demerouti, 2007). Similarly when the employee feels there is high job demand and unavailability of job resources such as low organizational support, the employee will be under stress thereby leading to the experience of burnout. To this end, when there are job demands it will result to burnout thereby reducing work engagement (Bakker, Demerouti & Verbeke, 2004), when there is resource from organization (support) it will buffer the negative effect of burnout on work engagement.

Despite the fact that this present study deals with an issue of global relevance, and remarkable amount of research has been conducted on a widespread perceived organizational support, burnout and work engagement, there have, ironically, been few studies of these concerns in diverse national contexts, specifically non-Western contexts. Most studies have concentrated majorly on American and European populations, few on Asian populations and relatively little research has been done in developing countries. This research gap calls for research involving African population, therefore this present study in non-Western context of Nigeria.

Burnout and Work Engagement

Previous studies have demonstrated association between burnout and work engagement. For example, Faskhodi and Siyyari (2018) in a study of 177 English teachers working in the private language institutes of Tehran found a significant negative relationship between work engagement and burnout. Similarly, Kotze (2018) in a study of 407 employees from diverse occupations reported that two dimensions of burnout (emotional exhaustion and cynicism) showed significant negative relationship with job resources. In an earlier study (Bakker, Demerouti & Schaufeli, 2005) testing hypothesis using data gathered from 303 couples from diverse occupation, findings indicated bi-directional cross-over of burnout and work engagement among working couples. Moreover, Maturure (2016) in a study of 178 employees in emotionally demanding jobs found a significant negative relationship between burnout and work engagement. Supporting these negative relationships, Akhigbe and Jajaboma (2017) in a study of 214 bank employees in Nigerian banks found a significant negative relationship between two dimensions of burnout (emotional exhaustion and inefficacy)

and work engagement (vigor and dedication). Available literature has shown that previous studies on the relationship between burnout and work engagement in Nigeria did not consider nurses. Thus, this study in a sample of Nigerian nurses hypothesized that burnout (emotional exhaustion, depersonalization and feeling of reduced personal accomplishment) will negatively predict work engagement (vigor, dedication and absorption).

Perceived Organizational Support and Work Engagement

Extant literature has shown significant relationship between perceived organizational support and work engagement. For example, Murthy (2017) in a study of 345 full-time employees drawn from nine different organizations in India found a significant positive relationship between perceived organizational support and work engagement. Previously, Peterson (2015) in a study of 500 frontline clinical managers in Canada found a significant positive relationship between organizational support and work engagement. In addition, Zachar and Winter (2011) study demonstrated that perceived organizational support is beneficial for employee's work engagement.

In line with other studies, Abed and Elewa (2016) in a study of 257 staff nurses at different hospitals in Egypt found a positive correlation between nurses' perceived organizational support and work engagement. Kose (2016) in a study of 433 teachers found a significant positive relationship between work engagement of teacher and perceived organization support.

Mathumbu and Dodd (2013) in a study of 106 employees in emotionally demanding jobs found positive relationship between perceived organizational support and work engagement. Salahieh (2015) investigated the moderating role of perceived organizational support in the relationship between burnout (emotional exhaustion and dehumanization) and work engagement among 224 nurses. Results showed that burnout negatively predicted work engagement, whereas, perceived organizational support positively predicted work engagement. According to extant literature, previous studies on the moderating role of perceived organizational support in the relationship between burnout and work engagement in Nigerian samples did not consider nurses. To this end, this present study in a sample of Nigerian nurses hypothesized that perceived organizational support will positively predict work engagement. It was also hypothesized that perceived organizational support will moderate the negative prediction of work engagement (vigor, dedication and absorption) by burnout (emotional exhaustion, depersonalization and feeling of reduced personal accomplishment).

Method
Participants and Procedure

A sample of 290 nurses (178 females and 112 males) between the ages of 26 to 55 years (M = 44.2, SD = 7.4) were the participants in this study. The choice of using only nurses who had worked not less than three years in the clinical area was to avoid lumping together those whose appointments were

confirmed and those not confirmed and also those who had little or no clinical experience in the management of patients. This is in line with previous studies (e.g., Meyer, 2020) which identified qualifications and skills as requirements for patient experience positions. In the study, interns, student nurses and National Youth Service Corps members who were nurses serving in these hospitals, were also excluded. The researchers using multistage sampling technique (cluster and purposive) drew the participants from the three hospitals in Enugu State, Nigeria. Administration of the questionnaire was on the available nurses who met the selection criteria in the three hospitals which were in the three clusters. A total of 299 copies of questionnaire were administered within six weeks to the nurses. They took the copies home and returned them on a later date. Of the copies administered, six (6) were not returned while three (3) were discarded due to errors in completion. Hence 290 (96.98%) copies that were properly completed and returned were scored and analyzed in testing the hypotheses.

Measures

Three scales were used in this study. They were Perceived Organizational Support Scale (Eisenberger, Huntington, Hutchison & Sowa, 1986), Maslach Burnout Inventory (Maslach & Jackson, 1986) and Utrecht Work Engagement Scale (Bakker & Schaufeli, 2003)

Perceived Organizational Support Scale

Perceived organizational support was measured using 17-item Perceived Organizational Support Scale (Eisenberger, Huntington, Hutchison & Sowa, 1986) designed to measure employees' perceptions of organizational support. Sample item reads 'Help is available from my organization when I have a problem'. There are both direct scoring and reverse scoring items. Ratings were made using 5-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The Perceived Organizational Support Scale has reliability coefficients of .74 and .95 (Eisenberger et al., 1986). Onyishi (2006) in a Nigerian sample reported a Cronbach's alpha of .88 and test-retest reliability of .89. Onuoha and Ayerum (2013) also in a Nigerian sample reported a Cronbach's alpha of .50. The present researchers obtained a Cronbach's alpha of .61.

Maslach Burnout Inventory

Burnout was measured using 22-item Maslach Burnout Inventory (Maslach & Jackson, 1986). It is a 22-item inventory designed to assess burnout syndrome which is a state of physical and emotional depletion resulting from the conditions of work. The inventory has three subscales measuring three burnout dimensions which include emotional exhaustion, depersonalization and feeling of reduced personal accomplishment. Sample item reads 'I feel emotionally drained from my work'. There are both direct scoring and reverse scoring items. Ratings were made using 6-point scale, ranging from1 (a few times a year) to 6 (every day). The Burnout Inventory has Cronbach's alpha of .71 to 90, test-retest reliability of .80; as well as convergent validity of .20 to .56

when it was correlated with peer rating scores for different samples (Maslach & Jackson, 1986). Coker (1999) in a Nigerian sample reported a Cronbach's alpha of .86 and split half reliability of .57. Okonkwo (2013) reported a Cronbach's alpha of .81. Olebara and Okonkwo (2019) reported reliability Cronbach alpha of .72. The present researchers obtained Cronbach's alpha of .69.

Utrecht Work Engagement Scale

Work engagement was measured using 17-item Utretch Work Engagement Scale (Schaufeli & Bakker, 2003) designed to measure a positive fulfilling affective-motivational state of work-related well-being. The scale has three subscales measuring three work engagement dimensions of vigor, dedication and absorption. Sample item reads 'l am enthusiastic about my job'. Ratings were made using 7-point scale, ranging from 0 (almost never) to 7 (always). The Utretch Work Engagement Scale has Cronbach's alpha of .93 (Schaufeli & Bakker, 2003). Ugwu (2013) in a Nigerian sample obtained an internal consistency reliability coefficient of .85. The present researchers obtained a Cronbach's alpha of .85.

Statistical Analysis

Mean and standard deviations of the continuous variables were computed first. Pearson's correlation was used to establish the relationship between the variables in the study. Moderated regression analysis was used in testing the hypotheses.

$p < .01$) respectively, thus the higher the educational qualification the more they experienced vigor, dedication and absorption. Years of experience positively correlated with dedication ($r = .12$, $p < .05$), indicating the higher the years of experience the more they experienced dedication. Perceived organizational support positively correlated with vigor and dedication ($r = .28$, $p < .01$; $r = .27$, $p < .01$) respectively. Emotional exhaustion positively related to vigor, dedication and absorption ($r = .53$, $p < .01$; $r = .38$, $p < .01$; $r = .29$, $p < .01$) respectively. This means that the higher the emotional exhaustion the higher the vigor, dedication and absorption. Depersonalization positively related to vigor, dedication and absorption ($r = .43$, $p < .01$; $r = .34$, $p < .01$; $r = .30$, $p < .01$) respectively. This means the higher the depersonalization the higher the vigor, dedication and absorption. Reduced personal accomplishment negatively related to vigor, dedication and absorption ($r = -.52$, $p < .01$; $r = -.41$, $p < .01$; $r = -.46$, $p < .01$, respectively). This means the higher the feeling of reduced personal accomplishment the lower the vigor, dedication and absorption.

Table 1: Descriptive Statistics and Correlations among the Study Variables (N = 290)

		M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1	AGE	44.2	7.4	1											
2	GENDER	.55	5.0	-.11*	1										
3	MS	.62	.49	.44**	.14**	1									
4	EQ	6.17	6.02	.17**	-.10*	.08	1								
5	YE	.34	.47	.75**	-.13**	.29**	.15**	1							
6	POS	52.39	4.91	-.03	-.04	-.13**	.07	-.05	1						
7	EE	31.06	8.69	.08	-.23**	-.09	.19**	.03	.30**	1					
8	DH	18.44	5.29	.10*	-.19**	-.02	.14**	.05	.24**	.77**	1				
9	RPA	25.66	7.93	-.04	.20**	.06	-.13**	.00	-.29**	-.75**	-.81**	1			
10	VI	3.45	1.21	.04	-.26**	-.04	.20**	.04	.28**	.53**	.43**	-.52**	**1**		
11	DE	3.83	1.20	.10*	-.16**	.02	.11*	.12*	.27**	.38**	.34**	-.41**	.64**	1	
12	AB	3.89	1.20	.07	-.15**	-.04	.17**	.07	.07	.29**	.30**	-.29**	.46**	.62**	1

*Note**p<.01; *p<.05; MS=Marital Status (0 = married, 1 = single); Gender (0 = Male, 1 = Female); EQ=Education qualification; YE =years of experience (0=short years of experience, 1 =long years of experience); POS=Perceived organizational support EE = Emotional exhaustion DH = Dehumanization; RPA = Reduced personal accomplishment VI = Vigor DE = Dedication AB = Absorption*

Results

Results in table 1 indicate that age positively related to dedication ($r=.10$, $p < .05$), which means the older they got the higher their dedication. Gender negatively correlated with vigor, dedication and absorption ($r = -.26$, $p < .01$; $r = -.16$, $p < .01$; $r = -.15$, $p < .01$), and more related to female participants. Educational qualification positively correlated with vigor, dedication and absorption ($r = .20$, $p < .01$; $r = .11$, $p < .05$; $r = .17$,

In **table 2**, the demographic variables (gender, age, marital status, educational qualification and years of experience) were entered as control variables. From the results, gender (male) negatively predicted of vigor ($\beta = -.42$, $t = -3.93$, $p < .01$). Also, educational qualification positively predicted vigor ($\beta = .74$, $t = 3.06$, $p < .01$) and absorption ($\beta = .25$, $t = 2.57$, $p < .01$).

Emotional exhaustion also positively predicted of vigor ($\beta = .06$, $t = 10.49$, $p < .01$) and absorption ($\beta = .04$, $t = 5.13$, $p < .01$)

respectively. Which means that the higher the emotional exhaustion the higher the vigor and absorption, thus partly disconfirming the first hypothesis. Depersonalization positively predicted of vigor, dedication and absorption (β = .08, t = 7.96, p < .01; β = .06, t = 5.82, p < .01; β = .06, t = 5.70, p < .01) respectively, indicating that the higher the depersonalization the higher the vigor, dedication and absorption; therefore partly disconfirming the first hypothesis.

moderate the predictions of vigor, dedication and absorption by emotional exhaustion and depersonalization.

Perceived organizational support did not significantly moderate the prediction of vigor and absorption by feeling of reduced personal accomplishment. However, perceived organizational support significantly moderated the prediction of absorption by feeling of reduced personal accomplishment (β = -.003, t = -2.22, p < .05) (see figure 1).

Table 2: Hayes Process Regression Showing Burnout Predicting Work Engagement and Testing Moderating Role of Perceived Organizational Support

	VI			DE			AB		
Variables	**B**	**SE**	**t**	**B**	**SE**	**t**	**B**	**SE**	**t**
Age	-.10	.11	-.93	-.07	.11	-.60	-.01	.12	-.08
Gender	-.42	.11	-3.93 **	-.18	.11	-1.67	-.16	.12	-1.41
MS	.09	.22	.38	.30	.23	1.28	-.15	.25	-.61
EQ	.74	.24	3.06 **	.08	.26	.31	.69	.25	2.57 **
YS	.06	.11	.55	.20	.11	1.81	.09	.12	.79
EE	.06	.01	10.49 **	.04	.01	6.61	.04	.01	5.13 **
DH	.08	.01	7.96 **	.06	.01	5.81 **	.06	.01	5.70 **
RPA	-.07	.01	-10.37 **	-.05	.01	-7.80 **	-.04	.01	-5.64 **
POS	.03	.01	3.28 **	.05	.01	4.17 **	-.00	.01	-.38
EE X POS	.00	.00	.82	.00	.00	.73	.00	.00	1.45
DH X POS	.00	.00	0.22	.00	.00	1.16	.00	.00	0.24
RPA X POS	-.00	.00	-1.36	.00	.00	-.12	-.00	.00	-2.11 *

*Note **p<.01; *p<.05; MS=Marital Status (0 = married, 1 = single); Gender (0 = Male, 1 = Female); EQ=Education qualification; YE = Years of experience (0=short years of experience, 1 =long years of experience; POS=Perceived organizational support EE = Emotional exhaustion DH = Depersonalization; RPA = Reduced personal accomplishment VI = Vigor DE = Dedication AB = Absorption*

In contrast, feeling of reduced personal accomplishment negatively predicted of vigor, dedication and absorption (β = -.07, t = -10.37, p <.01; β = -.05, t = -7.80, p <.01; β = -.04, t = -5.64, p <.01) respectively, showing that the higher the feeling of reduced personal accomplishment the lower the vigor, dedication and absorption.

Perceived organizational support positively predicted of vigor (β = .03, t = 3.28, p < .01) and dedication (β = .05, t = 4.17, p < .01), indicating that the higher the perceived organizational support the higher the vigor and dedication.

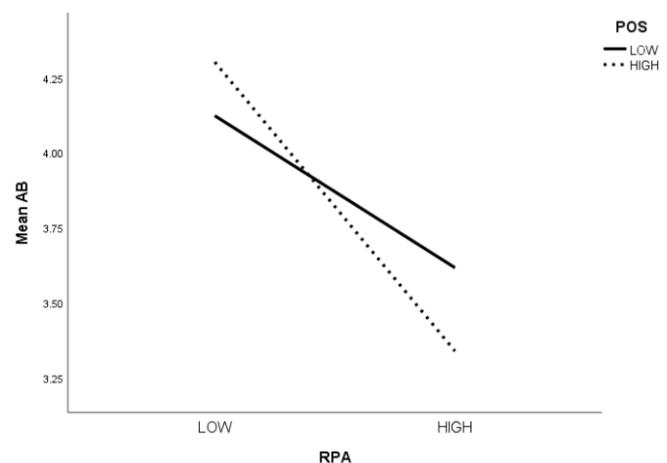Perceived organizational support did not significantly

Figure 1: Interaction slope for the moderating role of perceived organizational support in the prediction of absorption by feeling of reduced personal accomplishment

Figure 1 shows that when the perceived organizational support is high and reduced personal accomplishment is low the absorption is higher compared to when the perceived organizational support is low and reduced personal accomplishment is high.

absorption). In support of the second hypothesis the findings of this study showed that perceived organizational support positively predicted vigor and dedication dimensions of work engagement. This positive prediction indicates that perceived organizational support as well as vigor and dedication dimens-

Table 3: Conditional Effects of Feeling of Reduced Personal Accomplishment on Work Engagement (Absorption)

POS	Effect	Se	t	p	LLCI	ULCI
Low	-.028	.009	-0.039	.053	-.046	.010
High	-.054	.009	-5.649	.000	-.072	-.035

As shown in table 3, feeling of reduced personal accomplishment was significantly related to absorption when perceived organizational support was one standard deviation above the mean but not significant when it is one standard deviation below the mean.

Discussion

Contrary to the first hypothesis emotional exhaustion dimension positively predicted vigor and absorption components of work engagement. This positive prediction suggests that state of depleted energy caused by excessive psychological and emotional demand, an individual having high level of energy and mental resilience while doing their work and being fully and happily engrossed in one's work were found to move in the same direction among the nurses. This finding is in congruence with previous studies (e.g., Kotze, 2018) showing a significant positive relationship between dimensions of burnout (emotional exhaustion and depersonalization) and work engagement (vigor and dedication). Similarly and also in contrast to the first hypothesis, depersonalization dimension of burnout positively predicted the three components of work engagement (vigor, dedication and absorption). This positive prediction infers that the variables were found to move in the same direction among the nurses. This finding is in accord with previous studies (e.g. Rothman & Jordaan, 2006; Schaufeli, Van Rhenen & Bakker, 2009) which found positive correlation between burnout dimensions and work engagement.

Findings of this study show that feeling of reduced personal accomplishment dimension of burnout negatively predicted the three components of work engagement (vigor, dedication and absorption) which supports the first hypothesis. This negative prediction suggests that the predictor variable and the three components of the criterion variable were found to move in the different directions among the nurses. This implies that feeling of reduced personal accomplishment contributed significantly to decline in the nurses' feelings of positive work-related state of mind characterized by vigor, dedication and absorption. This is in congruence with previous studies (e.g. Maturure, 2016; Akhigbe & Jajaboma, 2017) which reported significant negative relationship between burnout (emotional exhaustion, dehumanization and feeling of reduced personal accomplishment) and work engagement (vigor, dedication and

absorption) were found to move in the same direction among the nurses. This finding is consistent with previous studies (e.g. Zachar & Winter, 2011; Abed & Elewa, 2016) which found highly significant positive relationship between nurse's perception of organizational support and work engagement.

Perceived organizational support moderated the prediction of absorption component of work engagement by feeling of reduced personal accomplishment dimension of burnout, hence partly supporting the third hypothesis. This implies that out of the three dimensions of burnout (emotional exhaustion, dehumanization and reduced personal accomplishment) and three components of work engagement (vigor, dedication and absorption) moderating effect of perceived organizational support was found only in feeling of reduced personal accomplishment relationship with absorption dimension of work engagement.

This is in line with Salahieh (2015) which postulated that perceived organizational support would moderate burnout-work engagement relationship in general. This moderating role as shown in the present findings implies that perceived organizational support mitigated the negative impact of reduced personal accomplishment on absorption dimension of work engagement among nurses. For those with high perceived organizational support, the negative association between the reduced personal accomplishment and absorption should be weaker, compared to those with low perceived organizational support. The Hobfoll's theory seems to suggest this. It also supports the theoretical framework of this study -Job Demand-resources Theory (Bakker & Demerouti, 2003) which holds that job resources (e.g. organizational support) reduces the negative impact of job demand (e.g. burnout) on work engagement.

Implications of the findings of the study

The findings of this study have theoretical, empirical and practical implications. First the findings of this study have given credence to the theoretical framework of the study – Job Demand-resources Theory (Bakker & Demerouti, 2003) and also Conservation of Resources Theory (Hobfoll, 1989) by demonstrating the moderating role of perceived organizational support in the prediction of absorption component of work engagement by the feeling of reduced personal accomplishment dimension of burnout.

Empirically, the findings of this study are in tandem with earlier findings (e.g. Rothman & Jordaan, 2006; Schaufeli, Van Rhenen & Bakker, 2009, Kotze, 2018) which found a significant positive relationship between dimensions of burnout and work engagement, negative relationship between burnout and work engagement (e.g. Maturure, 2016; Akhigbe & Jajaboma, 2017), and positive relationship between perceived organizational support and work engagement (e.g. Zachar & Winter, 2011; Abed & Elewa, 2016).

Practically, the moderating role of perceived organizational support is an indication that if policy makers in nursing and health sector create conditions that provide organizational support for nurses then burnout especially feeling of reduced personal accomplishment will be reduced hence increasing work engagement especially absorption needed for adequate health care delivery in Nigeria.

Limitations of the study and suggestions for further studies

The sample size in the present study was relatively small. Future studies in this area should broaden the scope of such studies to cover larger areas and include more participants. Collection of data at one point in time, use of self report data and correlation could not allow cause-effect inference. Longitudinal studies and experimentation are likely to provide better and more robust findings.

Conclusion

The moderating role of perceived organizational support gives credence to the view that organizational resource such as organizational support cushions of the negative roles of work-related stress such as burnout, hence the need to provide workers especially nurses with organizational support in order to enhance work engagement.

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