The Impact of Burnout Towards Organizational Citizenship Behavior (OCB) in Premier Surabaya Hospital

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ABSTRACT

This research is conducted to know the impact of Burnout towards Organizational Citizenship Behavior (OCB), especially in Premier Surabaya Hospital. In addition, it also wants to compare the Burnout level between group of departments dealing directly with customers and group of departments do not dealing directly with customers. Oldenberg Burnout Inventory consisting of two Burnout dimensions is used to measure the Burnout level. The two dimensions are Exhaustion and Disengagement. Organ's OCB instruments is used in measuring the OCB level. Non-probability, purposive judgement sampling method is used in this research. Samples are taken from 15 chosen departments in Premier Surabaya Hospital. In the end, 101 samples can be used for the analysis.

Multiple Linear Regression is used to analyze the impact of Burnout towards OCB. The result shows that Burnout has a significant negative effect towards OCB. The author also compare the Burnout level between group of departments dealing directly with customers and group of departments do not dealing directly with customers using Independent Sample t-Test. The result shows that there is no significant difference between the Burnout level of the two groups of departments.

Keywords: Burnout, Organizational Citizenship Behavior, OCB, Healthcare, Premier Surabaya Hospital

ABSTRAK

Penelitian ini dilakukan untuk mengetahui pengaruh dari Burnout terhadap Organizational Citizenship Behavior (OCB) terutama di Rumah Sakit Premier Surabaya. Selain itu, penelitian ini juga ingin membandingkan tingkat Burnout pada kelompok departemen yang berhadapan langsung dengan pelanggan dan yang tidak berhadapan langsung dengan pelanggan. Oldenburg Burnout Inventory yang memiliki 2 dimensi Burnout akan digunakan untuk mengukur tingkat Burnout. Kedua dimensi itu adalah Exhaustion dan Disengagement. Instrumen OCB dari Organ akan digunakan untuk mengukur tingkat OCB. Non-probability, purposive judgement sampling akan digunakan dalam penelitian ini. Sampel diambil dari 15 departemen di Rumah Sakit Premier Surabaya yang telah dipilih sebelumnya. Akhirnya, 101 sampel dapat digunakan untuk penelitian.

Regresi Linear Berganda digunakan untuk menganalisa efek dari Burnout ke OCB. Hasil dari penelitian menunjukkan bahwa Burnout memberikan dampak negatif yang signifikan terhadap OCB. Peneliti juga membandingkan tingkat Burnout antara kelompok departemen yang berhadapan langsung dengan pelanggan dan yang tidak berhadapan langsung dengan pelanggan menggunakan analisa Independent Sample t-Test. Hasil dari penelitian perbandingan tersebut menunjukkan jika tak ada perbedaan yang signifikan pada tingkat Burnout dari kedua kelompok departemen.

Kata Kunci: *Burnout, Organizational Citizenship Behavior, OCB, Healthcare, Premier Surabaya Hospital*

INTRODUCTION

In the past years, many researchers put their attention to burnout topic (Maslach & Schaufeli, 1993; Chiu & Tsai, 2006; Schaufeli, Leiter, & Maslach, 2008; Sesen, Cetin, & Basin, 2011; Talachi & Gorji, 2013). Burnout is "a specific psychological condition in which, people experience emotional exhaustion, a

lack of personal accomplishment and tending to depersonalize others" (Talachi & Gorji, 2013). It was first and mostly found in human service industry eventhough later it was also found in other jobs such as managers and entrepreneurs (Schaufeli, Leiter, & Maslach, 2008; Talachi & Gorji, 2013).

The existence of burnout in a company can lead to the unlikeliness of the employees to do more for the company i.e. a decrease in Organizational Citizenship Behavior (OCB) (Chiu & Tsai, 2006; Ying, 2012; Talachi & Gorji, 2013). By definition, OCB is an individual behavior where the employee is willing to do extra jobs which are not compulsory in job definitions, not rewarded or punished by organization management, and are discretionary, and in the end promotes effectiveness and efficiency for the organization (Organ, 1988; Sesen, Cetin, & Basin, 2011).

As a industry where the professionals will deal directly with the customers, healthcare also gets attention from several researchers. Schaufeli (2007) conducted a research showing that healthcare professionals are prone to burnout. She found that many professionals in healthcare industry were emotionally exhausted, had developed negative perceptions about their patients, and experienced a crisis in their professional competence (In Schaufeli, Maslach & Schaufeli, 1993). Moreover, customers in hospital suffer from internal bodily stimulation due to their disease and chemically related depresive responses depends on the medication that they are going through. Those conditions can lead to a higher sensitivity (Meindl, n.d.). Highly sensitive patients will give more pressure to workers as they have higher chance of releasing their depression and anger towards the workers (L.P. Agustinawati, personal communication, January, 2015).

Premier Surabaya, as a hospital, runs under healthcare industry. Moreover, they position themselves as a premium hospital where the customers will have more demands and requests that can contribute to the burnout level in Premier Surabaya Hospital (L.P. Agustinawati, personal communication, January, 2015). Based on the background of burnout in healthcare industry and Premier Surabaya as a premium hospital, the following questions are raised: "Does burnout dimensions affect the OCB level of the employee of Premier Surabaya Hospital simultaneously?" and "Does burnout dimensions individually affect the OCB level of the employee of Premier Surabaya Hospital?".

There is an interesting fact happened that the research conducted by Harnida (2014) reveals that the burnout level in Premier Surabaya Hospital is low. But, the research only took Nursing Department as the samples. Still, this finding is contradictory with several researches which indicates that healthcare professionals, including nurses, are prone to burnout and often experience burnout (Maslach & Schaufeli,

1993; Maslach, Jackson, & Leiter, 1996; Maslach, 2003; Chopra, Sotile, & Sotile, 2004). The author would like to check using another tool whether the burnout level in Premier Surabaya Hospital, not only in Nursing Department but also in the other 14 chosen departments, dealing and not dealing with directly with customers, is really low.

Most previous researches focus more on the job that deals directly with customers (Chiu & Tsai, 2006; Chopra, Sotile, & Sotile, 2004; Maslach, 2003; Maslach, Jackson, and Leiter, 1996). Not only that, from the author's observation when having internship in HRD department of Premier Surabaya Hospital, the author found that the employees who consult with the HRD team regarding to their working problem come from the group which does not deal directly with customers. This makes author comes up with a question: "Which group of department has higher burnout level between the one which deals directly with patients and the one which does not?"

LITERATURE REVIEW

Burnout

According to Talachi and Gorji (2013), Burnout is "a specific psychological condition in which, people experience emotional exhaustion, a lack of personal accomplishment and tending to depersonalize others". Many researchers have developed measurement tools for burnout. The first one is the Maslach Burnout Inventory or MBI which has three main dimensions of emotional exhaustion, personal accomplishment, and depersonalization (Maslach & Jackson, 1981). According to Maslach and Jackson (1981), emotional exhaustion is a condition when workers emotional resource is depleted and they feel unable to give themselves at psychological level anymore. They also explain about cynicism which is a state when workers develop negative attitudes and feelings towards their clients, and depersonalization which is a tendency of giving negative valuation to themselves and their works.

However, MBI was developed with a focus on human service or employees working with people only (Maslach & Jackson, 1981; Demerouti & Bakker, 2007). Therefore, Schaufeli, Leiter, Maslach, and Jackson (1996) developed the survey that can be used for other sectors other than the human service sector called MBI – GS (Maslach Burnout Inventory – General Survey). It has 3 dimensions based on the original MBI, which are exhaustion, cynicism, and professional efficacy, and includes items that refer to more general, non – social aspects of the job (Demerouti & Bakker, 2007). The third and the new dimension, which is professional efficacy, refers to belief that employees can fulfill their job responsibility effectively (Bakker, Demerouti, & Schaufeli, 2003). Yet, MBI-GS did not overcome the psychometric shortcoming of MBI. It is because it

uses a one direction framing in its subscales. MBI-GS uses negative statements for all items in emotional exhaustion and cynicism, and positive statements for professional efficacy. From a psychometric point of view, such one-sided scales are inferior to scales that include both positively and negatively worded items (Doty & Glick, 1998).

There is another measurement tool which has been developed in Germany using many occupational groups as its object named Oldenburg Burnout Inventory or OLBI (Demerouti & Nachreiner, 1996, Demerouti, 1999). It uses a positive and negative framing of items in assesing the two dimensions of burnout which are exhaustion and disengagement from work (Demerouti, Mostert, & Bakker, 2010). The definition of exhaustion in OLBI is changed into "a consequence of intensive physical affective, and cognitive strain, as a longterm consequence of prolonged exposure to certain job demands" and definition of disengagement become "distancing themselves from their work and experiencing negative attitudes toward the work object, work content, or their work in general". OLBI will be used as a measurement tool in this research because it covers the psychometric shortcoming of MBI-GS by having both positive and negative framing of items in each of its subscales (Demerouti & Bakker, 2007).

Organizational Citizenship Behavior (OCB)

OCB is "those extra work-related behaviors which go above and beyond the routine duties prescribed by their job descriptions or measured in formal evaluations" (Bateman & Organ, 1983). The theory of Organizational Citizenship Behavior was later elaborated more by Organ in his book Organizational Citizenship Behavior: The Good Soldier Syndrome (1988). Having an OCB makes subordinates impulsively go beyond the employment contract and carry out non-obligatory task without expecting explicit rewards and recognition (Organ, 1988).

According to Organ theory (1998), OCB has 5 main dimensions. The first one is conscentiousness which is defined as a dedication to job which exceed formal requirements. The second one is altruism which refers to behaviours such as empathy, friendship, and compassion which motivate employees to help others in relevant organizational job. Civic virtue is when employees see themselves as the part of the organization, making them willingly join in political life cycle or another extracuricullar activity which their attendance are not necessary. Sportmanship is the behavior of warmly tolerating the irritations that are an inevitable part of nearly every organizational setting. The last one is courtesy which is a discretionary behavior of preventing work-related problems from occuring by respecting other organization's members.

Theoretical Framework

In this research, author uses two major theories which are Burnout and Organizational Citizenship Beahvior (OCB). Burnout which uses OLBI measurement tool consists of two main dimensions. They are exhaustion and disengagement (Demerouti, Mostert, & Bakker, 2010). OCB according to Organ (1988) has 5 dimensions which are conscentiousness, altruism, civic virtue, sportmanship, and courtesy.

Burnout will give a negative impact to OCB. Higher burnout level indicates high pressure or many tasks, which led to exhaustion, and more disengagement from the job. Therefore, they will not be willing to do beyond the formal system requirement, i.e. having lower level of OCB. This statement is also supported by several previous researches which indicates the significant negative relationship between burnout and OCB It is proven by several research already that burnout significantly affects the OCB (Chiu & Tsai, 2006; Ying, 2012; Talachi & Gorji, 2013). In short, the relationship between burnout and OCB can be summarized into the following figure.
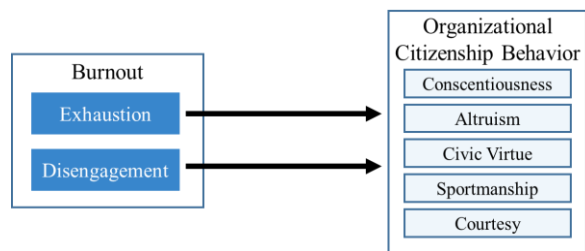
Figure 1.Relationship Between Concepts

Exhaustion and disengagement will act as the independent variables (X1 and X2 respectively) towards a single dependent variable which is OCB.

The current research is also supported by the research by Chiu and Tsai (2006) which conducted a research abour relationship between burnout, job involvement, and OCB. The result shows that 2 out of 3 dimensions of burnout according to MBI instrument have significant negative relationship towards OCB and job involvement can be used as the mediating factor in building OCB up.

Another research was also conducted by Ying (2012). He researched for the relationship between work values, burnout, and OCB. He not only found that burnout and burnout dimensions give negative impact towards OCB but also burnout acts as a negative mediator between work values and OCB.

Based on the previous theories and researches, the author has made 4 hypotheses regarding to the outcome of this research:

H1: Burnout dimensions simultaneously gives significant impact towards OCB

H2: Exhaustion has a significant effect to Organizational Citizenship Behavior in Premier Surabaya Hospital

H3: Disengagement has a significant effect to Organizational Citizenship Behavior in Premier Surabaya Hospital

H4: Group of departments dealing directly with customers has higher level of Burnout than group of departments which are not dealing directly with customers

RESEARCH METHOD

Not only collecting data and finding the interaction between two variables, this research will also go as far as answering the causal relationship between burnout and OCB using the basis of theories and hypothesis. However, it will not make prediction of future events that might occur. Therefore, this research is included as causal-explanatory study. As an addition, the author will also conduct a comparative-explanatory study by comparing the burnout level between the group dealing directly with customers and group not dealing directly with customers.

In measuring burnout, the author will use Oldenburg Burnout Inventory (OLBI) which has 2 dimensions, exhaustion and disengagement (Demerouti, Mostert, & Bakker, 2010). Exhaustion will be the first independent variable (X1) and disengagement will be the second independent variable (X2). The items for each variables will be adapted from 16-items tool by Demerouti, Mostert, and Bakker (2010) with a 4-points Likert scale ranging from very agree until very disagree. Both exhasution and disengagement will have 8 items each. They will have both positively framed items and negatively framed items.

Exhaustion will consist of 4 positively framed items and 4 negatively framed items. The positively framed items are "I can tolerate the pressure of my work very well", "After working, I have enough energy for my leisure activities", "Usually, I can manage the amount of my work very well", "When I work, I usually feel energized". The negatively framed items will be "There are days when I feel tired before I arrive at work", "After work, I tend to need more time than in the past in order to relax and feel better", "During my work, I often feel emotionally drained", "After my work, I usually feel worn out and weary".

Disengagement will also consist of 4 positively framed items and 4 negatively framed items. The positively framed items are "I always find new and interesting aspects in my work", "I find my work to be a positive challenge", "This is the only type of work that I can imagine myself doing", "I feel more and more engaged in my work". The negatively framed items will be "It happens more and more often that I talk about my work in a negative way", "Lately, I tend to think less at work and do my job almost mechanically", "Over time, one can become

disconnected from this type of work", "Sometimes, I feel sickened by my work tasks".

The author will use a tools adapted from May and Ramayah (2009) which she made based on Organ (1988) for the OCB measurement tool. It consists of 20 items with 7-Likert Scale ranging from very agree to very disagree. The items will include "I eager to tell outsiders good news about the company", "I take one's job seriously and rarely make mistakes", "I avoid consuming a lot of time complaining about trivial matters", "I am willing to help colleagues solve work-related problems", "I am willing to cover work assignment for colleagues when needed", "I perform only required task", "I try hard to self-study to increase the quality of work outputs", "I try to avoid creating problems for colleagues". The item "I perform only required task" is somehow negatively framed while the other items of OCB is positively framed. Therefore, the author changed the item into "I am willing to work more than what I must do" which is a positively framed statement.

The type of data that will be used in this research are nominal, ordinal, and interval data. The nominal type of data will be used for the question about gender and department. The ratio data will be used for salary, education, and working experience. The interval data will be used for the measurement questions of the dependent and independent variables.

The author will use primary sources that will be taken from respondents by using the questionnaires to take the data.

In this research, the population will be the employees of Premier Surabaya Hospital from various departments. Then, they will be grouped into 2 groups / elements: departments which deal directly with customers and departments which do not deal directly with customer. The respondents will only be taken from some departments as listed in table 1 below. The purpose of the limitation is to simplify the grouping process as some departments consist of both positions dealing directly with customers and not dealing directly with customers. For example, Food and Beverage Department consists of cooks, butchers, and pastry staffs which work in the kitchen, and waiters and waitresses which serve customers directly. Not only that, the author only want to take data from a permanent employees. So, there are some departments which consist mainly from outsourcing that will not be used as respondents. Therefore, the method that will be used is purposive judgement sampling from the nonprobability sampling method. Before collecting the data, author must first determine the minimum respondents needed. The formula based on Pallant (2005) is :

$N > 50 + 8m$

Where:

N = sample size

m = number of independent variables

There will be 2 independent variables in this research. Therefore, the minimum sample size for this research is 67.

The respondents will be the employees of Premier Surabaya Hospital from various department. The departments will be grouped into 2 groups: departments dealing directly with customers and departments which are not dealing directly with customers. The grouping of departments is listed in the table below.

Table 1. Grouping of Departments

Departments dealing directly with customers	Departments which are not dealing directly with customers
• Nursing department • Resident Medical Officer (RMO) • Front Office • Radiology • Physiotherapy	• Accounting • Finance • Marketing • Human Resource Development • Material Management • Management Information System • Medical Record • Quality Management • Biomedical Engineer • General Engineer

Before going for more thorough analysis, author must check whether the data used in the regression analysis is having an outliers or not. This can be done by looking at the Stem and Leaf Plot and the Boxplot generated by SPSS (Pallant, 2005). There is also a calculation to determine the lowest and highest limit of the data by Tukey (1977). Below is the formulas to determine the upper and lower bound of the data:

$$\text{Upper} = Q_3 + (\text{multiplier}*(Q_3 - Q_1))$$
$$\text{Lower} = Q_1 - (\text{multiplier}*(Q_3 - Q_1))$$

The number for Q1 and Q3 will be taken from Percentiles Table generated by SPSS.
According to Tukey (1977), the rule of thumb for the multiplier is 1.5. However, this multiplier value of 1.5 often results in the existence of outliers. Therefore, Hoaglin and Iglewicz (1987) propose 2.2 as the finer multiplier value. This value is the one that the author will use in this research.

Validity test needs to be conducted to ensure that the test really measure what we really want to measure. (Cooper & Schindler, 2014). The measurement of validity can be done by testing the correlation between the construct variable and the indicators / statements using bivariate correlation (Ghozali, 2011). The tool is said to be valid if the significance value between the construct variable and the indicators / statements are less than 0.05.

Reliability test was conducted to ensure that the tool used has an accuracy and precision of a measurement procedure. It is conducted through internal consistency test. Cronbach's Alpha will be used in this method to determine whether the tool is reliable or not. A minimum Cronbach's Alpha of 0.7 is needed for a tool to be said as reliable (Pallant, 2005).

Multiple linear regression will be used in this research. Here, all the variables will be entered in the equation simultaneously. Before continuing to the hypothesis testing, the author must ensure that the samples some assumptions that needs to be fulfilled for a multiple regression analysis to generate optimum result. They are multicollinearity, linearity, normality, homoscedasticity, and independence of residuals (autocorrelation) (Tabachnick & Fidell, 2007). After that, the author can continue to the hypothesis testing.

Hypothesis testing be started with F test. F test uses the F value in ANOVA table to test the overall significance of the regression model (Cooper & Schindler, 2014). The significance value of the regression model must be below the significance level used in this research. As this research uses 0.05 significance level, the significance value of the regression model must be below 0.05 for the H1 of this test to be accepted.

Then, t test will also be conducted to determine the impact of the independent variables towards dependent variables individually. To determine whether the independent variables give significant impact to dependent variable or not, the significance value of the t-value will be compared to the significance level used for the research (0.05). If the significance value of t is lower than 0.05, the independent variable has significant impact to the dependent variable.

Last, the author will take a look at the adjusted R^2. Adjusted R^2 refers to how much the variation in the independent variables can explain the variation in the dependent variable, adjusted according to the number of independent variable used (Cooper & Schindler, 2014). Pallant (2005) also stated that adjusted R^2 can be used to describe how well a model can describe the real condition in the population. He also stated that adjusted R^2 gives a better estimation of the real condition in the population. The value of adjusted R^2 ranges from 0 to 1. A higher value is better since it means that the model can give higher percentage of variance of the model. It also means that the model can better describe the condition of population in reality (Cooper & Schindler, 2014).

For the comparative study, the author will use independent sample t-test in finding whether there is a significant difference between the burnout value of the two groups (Pallant, 2005; Northern Arizona University, n.d.). This test can be used as long as the number of samples in the larger group is not 1.5 times larger than the number of samples in the smaller group and the basic assumptions are fulfilled. The assumptions are independence, normality, and

homogeneity of variance (Morgan, Leech, Gloeckner, & Barret, 2004).

The interpretation of the Independent Samples t – Test can be seen from the significance value of the t – Test in Independent Sample Test Table. Below is the hypotheses for independent Samples t – Test for this research..

$H_0 : \mu_1 = \mu_2$

$H_1 : \mu_1 \neq \mu_2$

If the significance value is higher than 0.05, the H_0 is accepted that there is no significant difference between the mean value of the two groups. However, if the significance value is lower than 0.05, the H_0 will be rejected and H_1 will be accepted that there is a significant difference between the mean value of the two groups.

RESULTS AND DISCUSSION

In the end, 101 questionnaires can be used for further analysis. No outliers were found in the data. Therefore, the author can move on to the justification of data using reliability and validity test.

Table 2. Reliability Test Result

Variable	Cronbach's Alpha	Information
Exhaustion (X1)	0.711	Passed
Disengagement (X2)	0.721	Passed
OCB (Y)	0.800	Passed

All of the variables have Cronbach's Alpha value higher than 0.7 which can be seen in table 2. Therefore, all variables passed the reliability test. Some items are deleted in order to get a higher value of Cronbach's Alpha. The items deleted are 1 item of exhaustion, 2 items of disengagement, and 3 items from OCB. Only the undeleted items will be used for validity test.

Table 3. Validity Test Result Using Correlation Coefficient

Items	Exhaustion (X1)	Disengagement (X2	OCB (Y)
Burnout2	0.000	-	-
Burnout4	0.000	-	-
Burnout8	0.000	-	-
Burnout10	0.000	-	-
Burnout12	0.000	-	-
Burnout14	0.000	-	-
Burnout16	0.000	-	-
Burnout1	-	0.000	-
Burnout3	-	0.000	-
Burnout6	-	0.000	-
Burnout7	-	0.000	-

Table 3. Validity Test Result Using Correlation Coefficient (continued)

Items	Exhaustion (X1)	Disengagement (X2	OCB (Y)
Burnout11	-	0.000	-
Burnout15	-	0.000	-
OCB2	-	-	0.000
OCB4	-	-	0.000
OCB5	-	-	0.000
OCB6	-	-	0.000
OCB8	-	-	0.000
OCB9	-	-	0.000
OCB10	-	-	0.000
OCB11	-	-	0.000
OCB12	-	-	0.000
OCB13	-	-	0.000
OCB14	-	-	0.000
OCB15	-	-	0.000
OCB17	-	-	0.000
OCB18	-	-	0.000
OCB19	-	-	0.000
OCB20	-	-	0.000

Table 3 shows that all the items have correlation coefficient lower than 0.05 with their respective constructs. Therefore, the validity test has been passed.

Previously, it has been explained that there are some assumptions that need to be fulfilled for multiple linear regression to be able to give optimum result. The samples have been inputed and the tests of assumptions have been done. The result shows that all of the assumptions has been fulfilled. So, the author can go to the hypothesis testing.

Table 4. F Test Result

Test	F-value	Significance	Information
Regression	18.217	0,000	Significant

The significance value of the regression is below 0.05, indicating that burnout dimensions simultaneously give significant impact towards OCB. Therefore, the first hypothesis of this research that Burnout dimensions simultaneously gives significant impact towards OCB can be accepted.

Table 5. t Test Result

Variable	Unstandardized Coefficient	t-value	Sig.	Information
Exhaustion (X1)	-0.474	-3.655	0.000	Passed
Disengagement (X2)	-0.296	-2.262	0.026	Passed

Table 5 shows a significant level below 0.05 for both independent variables. The significance value for exhaustion is 0.000 and for disengagement is 0.026. This means that exhaustion and disengagement does individually affect OCB. Looking at the unstandardized β coefficient, the negative value for both Disengagement and Exhaustion indicates that they give significant negative effect towards OCB. Therefore, author can make a conclusion that burnout dimensions have a significant negative effect to Organizational Citizenship Behavior in Premier Hospital Surabaya. Therefore, the second and third

hypothesis of this research that exhaustion and disengagement individually gives significant effect towards OCB in Premier Surabaya Hospital can be accepted.

Table 6. Adjusted R² Result

R	R Square	Adj. R Square	Std. Error of the Estimate
0.521	0.271	0,256	0.38505

The value of the adjusted R^2 of the regression model is only 0.256 which is very small. It means that the model can only describe 25.6% of the real condition in the population. This value also means that the independent variable can only describe 25.6% of the dependent variable's variance whereas the other 74.4% is described by another factor outside of this model.

The total samples in the group of departments dealing directly with customers is 55. And, the total samples in the group of departments not dealing directly with customers is 46. The maximum number of samples in the larger group will be 1.5 x 46 = 69. Therefore, the two groups can be considered as equal. Not only that, the assumption of normality and homogeneity of variance has been fulfilled. As for the assumption of independence, the author spread the questionnaires in a bundle for each department to prevent the communication between employees, especially between employees dealing directly and not dealing directly with customers, during the questionnaires filling process as an anticipation act since there is no statistical test for assumption of independence.

Table 7. Burnout Mean Value of Each Groups

Group	Number of Samples	Mean Value
Dealing	55	3.0013
Not Dealing	46	2.9348

To describe the meaning of the mean in this section, an interval will be used to determine the range of the scaling. As the scale is ranging from 1 to 4, the interval will be (4-1)/4 = 0.75. Below is the visualisation of the scaling using 0.75 interval. The scaling in the questionnaire uses Very Agree until Very Disagree statement. Since the indicators are made into negatively framed statements, higher agreement, or lower value, means higher burnout. So, Figure 4.13 uses Very High for lower value until Very Low for higher value to make it easier for interpretation later.

Refer to the mean value in Table 7, both departments dealing directly with customers and departments not dealing directly with customers in Premier Surabaya Hospital have low burnout level. Departments not dealing directly with customers has a mean value of 2.9348 which is slightly lower than the

mean value of departments dealing directly with customers of 3.0013. As mentioned before, lower mean value means higher burnout level. Therefore, departments not dealing directly with customers seems like having higher burnout level than departments dealing directly with customers. However, the author should check the significance value of the t – test first.

Table 8. Independent Sample t Test Result

Variable	t-value	df	Sig.
Burnout	1.115	99	0.267

The significance value of the t –test is 0.267 which is higher than 0.05. Therefore, the conclusion can be made that there is no significant difference of Burnout level between the two groups of departments. This result also indicates that the fourth hypothesis of the research that group of departments dealing directly with customers has higher level of Burnout than group of departments which are not dealing directly with customers is rejected.

Both the F test and t Test shows that burnout and its dimensions give significant effect towards the OCB. Also, the effect given is a negative effect. Meaning, the OCB level will decrease as the burnout level increase. This conclusion confirms the results from previous researches s from Chiu and Tsai (2006), Ying (2012), and Talachi and Gorji (2013) that burnout gives significant negative effect towards OCB. However, the burnout level of the employees of Premier Surabaya Hospital is considered as low. This is interesting since it is contradictory with the finding of Schaufeli (2007) and Maslach, Jackson, and Leiter (1996) that burnout is highly associated with the kind of job in healthcare industry. Author also compared the burnout level between the group of departments dealing directly with customers and the group of departments not dealing directly with customers. It turns out that there is no significant difference between the Burnout level of the group of departments dealing with customers and the group of departments not dealing directly wth customers. The finding is contradictory with the statement from Chiu and Tsai (2006) that burnout often occurs in employees in occupations or professions that demand frequent contacts with customers, and Schaufeli (2007) which stated that burnout is highly associated with "people work" in the human service.

CONCLUSION

In the beginning of the research, the author set 2 questions of the research which are summarized in the hypotheses. The first hypothesis is that Burnout has a significant negative effect to Organizational Citizenship Behavior in Premier Surabaya Hospital. The second hypothesis is that the group of

departments dealing directly with customers has higher level of Burnout than the group of departments which are not dealing directly with customers.

The result of the F – test indicates that Burnout dimensions does have a significant effect towards OCB simultaneously . Furthermore, the t – test result shows that both Exhaustion and Disengagement from Work have significant negative effect towards the OCB. Therefore, the first, second, and third hypotheses of the research can be accepted that burnout dimensions has a significant effect to Organizational Citizenship Behavior in Premier Surabaya Hospital simultaneously and individually. However, the Adjusted R^2 test result shows the value of 25.6%. So, there are 74.4% of the variance in the population which are explained by another variables outside this regression model.

Next, the author compared the mean value of the burnout level between the group of departments dealing directly with customers and the group of departments not dealing directly with customers. The overall mean value of the Burnout is interestingly low. This is contradictory with the findings from several previous researches. This makes the fourth hypothesis of the research that the group of departments dealing directly with customers has higher level of burnout than the group of departments not dealing directly with customers is rejected.

The author realize that this research is not perfect. There are some limitations that restrict this research. The first limitation is the imbalance ratio between the two groups of departments. The total number of the employees in the group of departments not dealing with customers is way smaller than the total number of the employees in the group of departments dealing with customers (around 1 : 3). This gives a dilemma in deciding the number of respondents for each group. If the research follows the ratio, it will be better for the comparative study since it will describe each group better, but it will make the overall research dominated by employees from the group of departments dealing directly with customers. If the number is balanced, like the one in this research, it will be better for the overall research since it will be balanced between the two groups of departments. However, the group dealing directly with customers will not be pictured well as it is only a small amount of the total employees of the group dealing directly with customers while the group not dealing directly with customers will be 80 – 90% captured already. In this research, the number of respondent collected from each group of departments is made to be balanced to describe the overall population better. So, the author suggest to use the ratio between groups of departments in deciding the number of respondents for each group. This is done for the research to capture more parts of the the sub-population (group of departments) better. At the same time, the result can

be used to confirm whether the changes of the respondents' composition affects the research's result.

The second limitation is the inability of the independent variables to describe the population better. The result of this research shows an adjusted R^2 value of only 25.6%. Therefore, there are 74.4% of variance in the population that is explained by another variables. Eventhough the regression model shows a significant effect of burnout towards OCB, this 74.4% of variance in the population has not been covered in this research. So, the author suggest to evaluate the measurement tool. The small value of Adjusted R^2 indicates that there are another independent variables that might cover the 74.4% variance which are not included in this research. However, there are already numerous approved Burnout measurement tools such as MBI-GS, Burnout Measures (BM), and Shirom-Melamed Burnout Measure (SMBM). Therefore, researchers can choose one of the measurement tools available which fits their researches.

The third limitation is the exclusive result for Premier Surabaya Hospital only. The result of this research is exclusively for Premier Surabaya Hospital. It can be used as a new finding that not all healthcare employees have high burnout. However, it must not be misinterpreted that employees in hospitals have low burnout since the sample is only from Premier Surabaya Hospital. Moreover, there are two researches about Burnout that have already been conducted in Premier Surabaya Hospital resulting in the same conclusion of low Burnout level, the one conducted by Harnida (2014) and this research itself. Therefore, the author suggest future researches to take samples from another hospital. If it is possible, take samples from many hospitals in one research. This will give more insight about the overall condition of healthcare industry instead of just one hospital.

REFERENCES

5 Common Types Of Organizational Citizenship Behavior. (n.d.). Retrieved from Business NLP Academy: http://www.businessnlpacademy.co.uk/blog/view/5_common_types_of_organizational_citizenship_behavior/

Aghaei, N., Moshiri, K., & Shahrbanian, S. (2012). Relationship between organizational justice and job burnout in employees of Sport and Youth Head Office of Tehran. *Advances in Applied Science Research, 3*(4), 2438-2445.

*Aplikasi Analisis Multivariate dengan Program SPSS 21*2011SemarangBP Universitas Diponegoro

Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2003). The Socially Induced Burnout Model. In *Advances in Psychology Research* (Vol. 25, pp. 13-30). Nova Science Publishers, Inc.

Baron, R. M., & Kenny, D. A. (1986). The moderator mediator variable distinction in social

psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.

Bateman, T. S., & Organ, D. W. (1983). Job satisfaction and the good soldier: the relationship between affect and citizenship. *Academy of Management Journal, 26*, 587-595.

Canadian Mental Health Association. (n.d.). *Dealing with Burnout in the Workplace: What You Can Do to Help Your Employees and Your Company*. Retrieved from Mental Health Works Web site: http://www.mentalhealthworks.ca/media/burnout

Chiu, F., & Tsai, C. (2006). Relationships Among Burnout, Job Involvement, and Organizational Citizenship Behavior. *The Journal of Psychology, 140*(6), 517-530.

Chopra, S. S., Sotile, W. M., & Sotile, M. O. (2004). Physician Burnout. *Journal of the American Medical Association*, 291-633.

Cooper, D. R., & Schindler, P. S. (2014). *Business Research Method* (12th ed.). New York: McGraw-Hill/Irwin.

Dawes, J. (2008). Do data characteristics change according to the number of scale points used? *International Journal of Market Research, 50*(1), 61-77.

Demerouti, E. (1999). *Burnout: A consequence of specific working conditions among human service and production tasks.* Frankfurt/Main: Peter Lang.

Demerouti, E., & Nachreiner, F. (1996). Reliability and validity of the Maslach Burnout Inventory: A Critical Approach. *Zeitschrift für Arbeitswissenschaft, 50*, 32-38.

Demerouti, E., Bakker, A. B. (2007). Measurement of Burnout and Engagement. *The Oldenburg Burnout Inventory: a Good Alternative to Measure Burnout (and Engagement).*

Demerouti, E., Bakker, A. B., Vardakou, I., & Kantas, A. (2002). The Convergent Validity of Two Burnout Instruments. *European Journal of Psychological Assessment, 18*(3), 296-307.

Demerouti, E., Mostert, K., Bakker, A. B. (2010). Burnout and Work Engagement: A Thorough Investigation of the Independency of Both Constructs. *Journal of Occupational Health Psychology,* 2009-222.

Doty, D. H., & Glick, W. H. (1998). Common Method Bias: Does Common Methods Variance Really Bias Results? *Organizational Research Methods, 1*, 374-406.

Ghozali, I. (2011). Aplikasi Analisis Multivariate dengan Program SPSS 21. Semarang: Badan Penerbit Universitas Diponegoro.

Harnida, H. (2014). Hubungan Efikasi Diri dan Dukungan Sosial Terhadap Burnout Pada Perawat.

Health Topics: Hospitals. (n.d.). Retrieved from World Health Organization Website: http://www.who.int/topics/hospitals/en/

Hoaglin, D. C., & Iglewicz, B. (1987). Fine-Tuning Some Resistant Rules for Outlier Labeling. *Journal of American Statistical Association, 82*, 1147-1149.

Jackson, C. (2009, October 19). *The difference between stress and burnout*. Retrieved from UNSW Australia Business School Website: https://www.business.unsw.edu.au/news-events/news/the-difference-between-stress-and-burnout

Kidder, D. L. (2002). The influence of gender on the performance of organizational citizenship behaviors. *Journal of Management, 28*, 629-648.

Lund Research Ltd. (2013). *Descriptive and Inferential Statistics*. Retrieved from Laerd Statistics Website: https://statistics.laerd.com/statistical-guides/descriptive-inferential-statistics.php

Lund Research Ltd. (2013). *Statistical guides: Types of variable*. Retrieved from Laerd Statistics Website: https://statistics.laerd.com/statistical-guides/types-of-variable.php

Maslach, C. (2003). *Burnout: The Cost of Caring.* Massachusetts: Malor Books: Cambridge.

Maslach, C., & Jackson, S. E. (1981). The Measurement of Experienced Burnout. *Journal of Occupational Behavior, 2*, 99-113.

Maslach, C., & Schaufeli, W. B. (1993). Historical and Conceptual Development of Burnout. In W. B. Schaufeli, C. Maslach, & T. Marek, *Professional Burnout: Recent Developments in Theory and Research* (pp. 1-16). Washington, DC: Taylor & Francis.

Maslach, C., Jackson, S. E., & Leiter, M. (1996). *Maslach Burnout Inventory Manual* (3rd ed.). Palo Alto, California: Consulting Psychologist Press.

May, C., & Ramayah, T. (2009). Dimensionality of Organizational Citizenship Behavior (OCB) in a Multicultural Society: The Case of Malaysia. *International Business Research*, 2(1), 48-55.

Meindl, S. (n.d.). *Highly Sensitive People and Depression: Overstimulation May Lead to Depression - See more at: http://highlysensitive.org/highly-sensitive-people-and-depression-overstimulation-may-lead-to-depression/#sthash.TwIPsmrq.dpuf*. Retrieved from highlysensitive.org: http://highlysensitive.org/highly-sensitive-people-and-depression-overstimulation-may-lead-to-depression/

Morgan, G. A., Leech, N. L., Gloeckner, G. W., & Barret, K. C. (2004). *SPSS for Introductory Statistics: Use and Interpretation.* Mahwah, NJ: Lawrence Erlbaum Associates.

Moss, S. (2009, 4 19). *Organizational Concepts: Organizational Citizenship Behavior*. Retrieved from Psychlopedia Website: http://www.psych-it.com.au/Psychlopedia/article.asp?id=272

Nasir, R., Mohammadi, M., Shahrazad, W., Fatimah, O., Khairudin, R., & Halim, F. (2011). Relationship Between Organizational Citizenship Behavior and Task Performance. *Medwell Journals*, 307-312.

Northern Arizona University. (n.d.). *Handouts: Understanding the Independent - Samples t Test.* Retrieved from Northern Arizona University Web Site: http://oak.ucc.nau.edu/rh232/courses/EPS525/Handouts/Understanding%20the%20Independent%20t%20Test.pdf

Organ, D. W. (1988). *Organizational Citizenship Behavior: The Good Soldier Syndrome.* Lexington: Lexington Books.

Organizational Citizenship Behavior in the Workplace: Definition and Examples. (n.d.). Retrieved from Education Portal Web Site: http://education-portal.com/academy/lesson/organizational-citizenship-behavior-in-the-workplace-definition-and-examples.html

Pallant, J. F. (2005). *SPSS Survival Manual: A step by step guide to data analysis using SPSS for Windows.* Crows Nest: Allen & Unwin.

Powell, J. (2011, October 2007). *Job Burnout: Definition, Contributing Factors, What You Can Do*. Retrieved from Scontrino Powell Official Website: http://www.scontrino-powell.com/2011/job-burnout-definition-contributing-factors-what-you-can-do/

Psychology: Levels of Measurement. (n.d.). Retrieved from University of California Web Site: http://psychology.ucdavis.edu/faculty_sites/sommerb/sommerdemo/scaling/levels.htm

Schaufeli, W. B. (2007). Burnout in Healthcare. In P. Carayon, *Handbook of Human Factors and Ergonomics in Health Care and Patient Safety* (2nd ed., pp. 217-232). Lawrence Erlbaum.

Schaufeli, W., Leiter, M., & Maslach, C. (2008). Burnout : 35 Years of Research and Practice. *Career Development International, 14*(3), 204-220.

Sesen, H., Cetin, F., & Basim, H. (2011). The Effect of Burnout on Organizational Citizenship Behaviour: The Mediating Role of Job Satisfaction. *International Journal of Contemporary Economics and Administrative Sciences*, 40-64.

Smith, M., Segal, J., & Segal, R. (2014, December). *Preventing Burnout*. Retrieved from Helpguide.org Official Website: http://www.helpguide.org/articles/stress/preventing-burnout.htm

Tabachnick, B. G., & Fidell, L. S. (2007). *Using Multivariate Statistics* (5th ed.). Pearson Education. Inc.

Talachi, R. K., & Gorji, M. B. (2013). Evaluating the Relationship Between Job Burnout and Organizational Citizenship Behavior : a Study of Industry, Mine and Trade Organization Employees. *Arabian Journal of Business and Management Review (OMAN Chapter), 2*(8), 50-61.

Tukey, J. W. (1977). *Exploratory Data Analysis.* Reading, MA: Addison-Wesley.

Warrell, M. (2013). *Stop Playing Safe.* Wiley.

What is A Human Service Professional? (n.d.). Retrieved from Lincoln University Web Site: http://www.lincoln.edu/mhs/define.html

Wilfred, O. N., Elijah, C. M., & Muturi, W. (2014). Effect of Remuneration on Employees Performance in the Ministry of Internal Security: A Case of Kisii County. *International Journal of Human Resource Studies, 4*(1), 223-231.

Ying, W. L. (2012). The Relationships Among Work Values, Burnout, and Organizational Citizenship Behaviors: A Study from Hotel Front-Line Service Employees in Taiwan. *International Journal of Contemporary Hospitality Management, 24*(2), 251-268.