



THE RELATIONSHIP BETWEEN BURNOUT SYNDROME AND NURSE ORGANIZATIONAL COMMITMENT AT HOSPITAL CARE SETTING

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ABSTRACT

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Burnout syndrome relates to mental fatigue, loss of commitment, and motivation to decline sequentially. One of the ways that can be done to increase organizational commitment to nurses is to reduce the workload, which can cause work burnout problems for nurses. If burnout can be reduced, organizational commitment to nurses will increase. To analyze how the relationship between burnout syndrome and organizational commitment of nurses in the inpatient hospital. This research method is non-experimental, which uses a correlational research design to explain the correlative relationship between variables. The population of this study was all nurses in the inpatient room of the Tk. III Baladhika Husada Jember and all the nurses in the inpatient room of Bhayangkara Bondowoso Hospital with 117 nurses. The sampling technique used by researchers in this study was total sampling. The data collection technique used was a questionnaire. The achievement of burnout syndrome nurses in inpatient hospitals (29% of the total score of 217). Achievement of nurses' organizational commitment in the inpatient hospital (66% of the total score of 104). This study concludes that it has a strong relationship with the direction of negative relationship between burnout and organizational commitment to nurses in the hospital inpatient room. Therefore, to increase nurses' organizational commitment, it must minimize burnout syndrome.

Keywords:

Burnout syndrome, Hospital, Nurse, Organizational commitment

BACKGROUND

Nursing service is a form of professional service that is an integral part of health services based on nursing knowledge and tips aimed at individuals, families, groups, or communities, both healthy and sick. (Law number 38 of 2014). Nurses who work in inpatient rooms are divided into three work shifts: morning shift, day shift, and night shift, and then Each shift is carried out over 8 hours (Tinambunan et al., 2018).

Nurses meet patients with various characteristics and with multiple illnesses. Not only patients who can cause nurses to experience physical, emotional, and mental fatigue problems but also the patient's relatives who are most demanding and uncooperative colleagues as well as doctors who sometimes do not behave well; this can certainly cause problems with burnout, which will later affect the organizational commitment of nurses to decrease (Mariyanti, 2011). If commitment decreases, the passion for achieving

goals will also decrease and later impact productivity in doing something (Triwijayanti et al., 2017). Various kinds of stressors that nurses get while in the hospital can affect the organizational commitment of nurses.

Organizational commitment is an attitude of loyalty or loyalty of a person in an organization by achieving organizational goals and having no desire to leave the organization followed for any reason (Yusuf & Syarif, 2018). Suppose a health worker has a high organizational commitment. In that case, his willingness to leave the organization he participates in is low, whereas if the organizational commitment is low, the higher the desire to leave the organization (Fauzan, 2016).

Organizational commitment is divided into three dimensions, namely affective commitment, normative commitment, and commitment continuance. Organizational commitment can result in increased effort, motivation, job satisfaction, good attendance, and good change in organizational retention (Nagheh & Tafreshi, 2017). Factors that can affect organizational commitment are personal/personal characteristics, job characteristics, and work experience (Suseno & Sugiyanto, 2010). Job characteristic elements have a relationship with the job, including job stress, clarity of roles, career, opportunities to interact with colleagues, job demands, job challenges, and self-development. Work demands received by workers often lead to burnout (Putri, 2016).

The higher the nurse's demands, the heavier the workload felt in carrying out safe and effective nursing practices. Excessive physical and mental workloads, such as completing all tasks, will create a source of stress and boredom at work. As a result, the workload can cause work burnout problems (Triwijayanti, 2016). Based on Tinambunan et al. (2018), research showed that the nurses in the hospital had low-category burnout syndrome as much as 66% and high-category burnout syndrome as much as 34%. Work saturation (burnout) is a physical, emotional, and mental condition that decreases due to demanding work conditions for an extended period (Muslihudin, 2009). Work saturation is most often experienced in all types of work. Nurses are one of the jobs that have a risk of experiencing stress and a high workload. Saturation due to this work becomes one of the organization's problems if it causes performance and productivity to decline (Timpe, 2002). Work saturation (burnout) is associated with mental fatigue, loss of commitment, and decreased motivation sequentially (Maharani, 2012). One of the ways that can be done to increase organizational commit-

ment to nurses is to reduce the workload, which can cause work burnout problems for nurses (Triwijayanti, 2016). If burnout syndrome can be reduced, organizational commitment to nurses will increase. Burnout is where the physical, emotional, and mental state decreases due to work conditions that provide a lot of demands for an extended period (Afandi & Ardiana, 2021). Work saturation is most often experienced in all types of work. Nurses are one of the jobs that have a risk of experiencing stress and a high workload (Putri et al., 2020). In some of the descriptions above, it is known that nurses in health facilities still experience many burnout incidents. The burnout experienced can result in organizational commitment owned by the nurse. The higher the workload obtained, the more burnout problem experienced by a nurse will undoubtedly affect the organizational commitment of the nurse.

METHOD

This study used a correlational research design to explain the correlative relationship between variables. In correlational research, researchers involve at least two variables. The population of this study was all nurses in the inpatient room of the Tk. III Baladhika Husada Jember and all the nurses in the inpatient room of Bhayangkara Bondowoso Hospital with 117 nurses. The sampling method in this study uses non-probability sampling. The sampling technique used in this study was total sampling. The data collection technique used in this research is to use a questionnaire. There are three types of questionnaires given to respondents, the first is a data questionnaire on the characteristics of nurses, the second is a nurse burnout questionnaire, and the third is an organizational commitment questionnaire. The burnout questionnaire consists of three indicators: emotional exhaustion, self-achievement, and depersonalization (Putri, 2016). The organizational commitment questionnaire consists of three indicators: affective commitment, normative commitment, and ongoing commitment (Hidayatullah, 2016).

This study conducted two types of analysis: univariate and bivariate. Univariate analysis in this study used categorical data containing gender, education, marital status, employment status, position in the room, and years of service presented in frequency and percentage. In contrast, numerical data such as age were presented as mean, median, and min-max. Bivariate analysis in this study aims to determine whether there is a correlation or how correlation between nurse burnout and organizational commitment

to nurses. This analytical research is conducted on the correlation between the two variables, namely the independent variable, burnout, and the dependent variable, organizational commitment. The independent variable (burnout) in this study uses an interval scale, and the dependent variable (organizational commitment) also uses an interval scale, so the researcher must do a normality test. Because the distribution is not normal, the researcher will use the Spearman statistical test. This study has also passed the ethical test from the Health Research Ethics Committee (KEPK), Faculty of Dentistry, Jember University, with Number: No.767/UN25.8/KEPK/DL/2019.

RESULT

Table 1 shows the median age of nurses in the inpatient room is 29 years, which is included in the productive age, while the youngest nurse's age is 23 years and those who are the oldest 52 years.

Table 2 shows the distribution of nurses in inpatient rooms grouped based on several characteristics. More female nurses were as many as 65 nurses (55.6%). Most nursing education is an Associate degree of Nurse (D3), with 70 nurses (59.8%). Most marital status of nurses is married, namely 95 nurses (81.2%). Most nurses staffing status are contract employees, namely, 95 nurses (81.2%). The nurses' position in the room with the most number is executive nurses, namely 89 nurses (76.1%). Meanwhile, most of the working period was > 4 years, with as many as 64 nurses (54.7%).

Table 3 shows that the average burnout score of nurses in the inpatient hospital is 63.80. The median burnout score of nurses is 64. The lowest score is 29, while the highest score is 121. If the average score is compared to the maximum score, then the moderate burnout syndrome of nurses in the inpatient hospital is 29% (63.80 of the total score of 217). The average burnout dimension of emotional fatigue in the inpatient hospital, according to table 3, is 6.62. The mean score is 5. The lowest score is 0, while the highest score is 30. If the average score is compared with the maximum score, nurses' average emotional fatigue in the hospital inpatient is 22% (6.62 of the total score of 30).

The average burnout dimension of self-achievement in the inpatient hospital, according to table 3, is 39.39. The middle score is 39. The lowest score is 13, while the highest score is 60. If the average score is compared with the maximum score, then the average self-achievement of nurses in the hospital inpatient ward was 66% (39.39 of a total score of 60).

The mean depersonalized burnout dimension in the inpatient hospital room, according to table 3, is 8.40. The median value is 7. The lowest is 0, while the highest is 31. If the average score is compared with the maximum score, then the depersonalization average of nurses in the inpatient hospital is 27% (8.40 of the total score of 31).

Table 4 shows that the average value of nurses' organizational commitment in the inpatient hospital is 63.68. The median value of nurse organizational commitment is 67. The lowest score is 48, while the highest score is 94. If the average score is compared with the maximum score, then the average nurse organizational commitment in the hospital inpatient room is 66% (63.68 of the total score). 104).

The average dimension of affective commitment in the inpatient hospital, according to table 4, is 27.94. The mean score of commitment is 29. The lowest score is 19, while the highest score is 36. If the average score is compared with the maximum score, then the average affective commitment of nurses in the hospital inpatient room is 77% (27.94 of the total score of 36).

The average dimension of normative commitment in the inpatient hospital, according to table 4, is 29.31. The commitment means the score is 30. The lowest score is 18, while the highest score is 39. If the average score is compared with the maximum score, nurses' average normative commitment in the hospital inpatient room is 75% (29.31 of 39).

The average dimension of continuous commitment in hospital inpatient rooms, according to table 4, is 20.09. The median score is 19. The lowest score is 11, while the highest score is 28. If the average score is compared with the maximum score, nurses' average continuous commitment in the hospital's inpatient room is 72% (20.09 of the total score of 28).

Table 5 shows the p-value between burnout syndrome and organizational commitment of 0.001, which means a significance value <0.05. There is relationship between burnout syndrome and organizational commitment. With a 95% confidence level, it can be concluded that there is a relationship between burnout and organizational commitment to nurses in hospital inpatient rooms. The correlation coefficient between burnout and organizational commitment is -0.566, indicating a strong relationship between the two variables. The relationship between burnout syndrome and organizational commitment has a negative correlation, which means that organizational commitment is high when the burnout syndrome is low or vice versa.

Table 1. Age Distribution of Nurses in Inpatient Hospitals

Variable	Median	Min-Max
Age (years)	29	23-52

Table 2. Distribution of Characteristics of Nurses in Inpatient Hospital Rooms

Variable	Frequency (117)	Percentage (%)
Gender:		
Male	52	44.4
Female	65	55.6
Education:		
Associate Degree of Nurse	70	59.8
Bachelor of Nurse	47	40.2
Marital Status:		
Not yet married	20	17.1
Married	95	81.2
Divorced/divorced by death	2	1.7
Employment status:		
Contract employees	95	81.2
Permanent employees	22	18.8
Position in Ward:		
Nurse	89	76.1
Leader of Nurse	19	16.2
Chief of Nurse	9	7.7
Working experience:		
< 1 year	12	10.3
1 – 4 years	41	35
> 4 years	64	54.7

Table 3. Average Value of Burnout of Nurses in the Inpatient Hospital

Variable	Mean	Median	Min-Max
Burnout	63.80	64.00	29-121
Indicators:			
Emotional Exhaustion	6.62	5.00	0-30
Self-achievement	39.39	39.00	13-60
Depersonalization	8.40	7.00	0-31

Table 4. The Average Value of Nurse Organizational Commitment in the Inpatient Hospital Room

Variable	Mean	median	Min-Max
Organizational Commitment	68.68	67.00	48-94
Indicators:			
Affective Commitment	27.94	29.00	19-36
Normative Commitment	29.31	30.00	18-39
Continuous Commitment	20.09	19.00	11-28

Table 5. Analysis of the Relationship between Burnout Syndrome and Organizational Commitment to Nurses in the Inpatient Hospital Room

Variables	Burnout Syndrome & Organization Commitment
r	-0.566
p-value	0.001
n	117

DISCUSSION

Burnout syndrome is when a person experiences severe psychological stress and experiences emotional exhaustion, and low work motivation. Burnout syndrome can also be interpreted as psychological fatigue inherited from stressful stress at work and causes emotional exhaustion and personality changes in oneself (Retno & Machmuroh, 2014). Research conducted by Maslach et al. (2001) states that problems burnout syndrome in jobs that interact to serve others usually show signs of burnout consisting of three, including emotional exhaustion, self-achievement, and depersonalization.

The assessment of first dimension of burnout is emotional exhaustion. Researchers analyzed that nurses' average emotional exhaustion in the hospital inpatient room was 6.62, closer to the median value (5.00) between the lowest and highest scores. The achievement of emotional exhaustion in the inpatient hospital was 22% of the maximum emotional exhaustion score. This result shows that most nurses' emotional exhaustion in the hospital inpatient room is far from the maximum emotional exhaustion score of 30. The emotional exhaustion of nurses in the hospital inpatient room is far less than 50%, namely 22% of the maximum fatigue score. Emotionally, this shows that nurses' emotional exhaustion in the hospital's inpatient room both, therefore, needs to be maintained and minimized.

Assessment of the second dimension of burnout is self-achievement. Researchers analyzed that nurses' average self-achievement in the inpatient hospital was 39.39, closer to the median (39.00) between the lowest and highest scores. Achievement of self-achievement in the inpatient hospital of 66% of the maximum self-achievement score shows that most nurses' achievement in the hospital's inpatient room is more than half of the maximum score of self-achievement, which is 60. The achievement indicators of self-achievement of nurses in the inpatient hospital show more than 50%, which is 66% of the maximum score for self-achievement; this shows that nurses' self-achievement in the inpatient room of the hospital is quite good; therefore, it needs to be maintained and improved.

The assessment of third dimension of burnout is depersonalization. Researchers analyzed that nurses' mean depersonalization in the inpatient hospital of 8.40 was closer to the median value (7.00) between the lowest and highest scores. Depersonalization achievement in the inpatient hospital was 27% of the maximum depersonalization score; this shows that most

nurses' depersonalization achievement in the hospital's inpatient room is far from the maximum depersonalization score, which is 31. The accomplishment of nurses' depersonalization in hospital inpatient rooms shows that it is far less than 50%, namely 27% of the maximum depersonalization score; this indicates that nurses' depersonalization in hospital inpatient rooms needs to be maintained minimized.

Researchers analyzed that nurses' average burnout score in the inpatient hospital was (68.80) closer to the median (67.00) between the lowest and highest values. The inpatient hospital's achievement burnout was less than 50%, 29% of the maximum score of burnout syndrome. This result shows that nurses' burnout syndrome in the inpatient hospital needs to be maintained and minimized. The achievement burnout also showed that most of the nurses in the inpatient room showed no signs of experiencing burnout, as indicated by the achievement values of the three indicators of burnout used. Identifying burnout syndrome is crucial as a preventive effort to minimize more massive stress on nurses, which will later affect nurses' services. If this continues, it can affect patient and family satisfaction.

From the research results, the researcher assumed that burnout nurses needed to be considered and minimized. The hope is that if the burnout is low or controlled, it will positively affect nurses' performance in providing services, affecting patient and family satisfaction. Organizational commitment is defined as the nature of the relationship between individuals to the work organization that is followed, which creates a willingness to use all of their efforts for organizational affairs and a strong desire to remain a member of the organization (Wardhani et al., 2015). There are three organizational commitment dimensions: affective commitment, normative commitment, and commitment continuance (Meyer et al., 2001 Miladiyah et al., 2015).

The assessment of first dimension of organizational commitment is affective commitment. Researchers analyzed that nurses' average affective commitment in the inpatient hospital (27.94) was closer to the median (29.00) between the lowest and highest values. The achievement of affective commitment in the inpatient hospital was 77% of the maximum affective commitment score; this shows that most nurses' affective commitment in the hospital inpatient room is close to the maximum score of affective commitment 36. The achievement of nurses' affective commitment in the hospital inpatient room is more than 50%, which is 77% of the maximum commitment score. Affective, this indicates that

nurses' affective commitment in the hospital inpatient room is good; therefore, it needs to be maintained and improved.

Assessment of the second dimension of organizational commitment is normative commitment. Researchers analyzed that nurses' average normative commitment in the inpatient hospital (29.31) was closer to the median (30.00) between the lowest and highest values. The achievement of normative commitment in the inpatient hospital is 75% of the maximum normative commitment score; this shows that most nurses' normative commitment in the hospital inpatient room is close to the maximum score of normative commitment, namely 39. The accomplishment of nurses' normative commitment in the hospital inpatient room shows more than 50%, namely 75% of the maximum score; this indicates that nurses' normative commitment in the inpatient room of the hospital is good. Therefore it needs to be maintained and improved.

In assessing the third dimension of organizational commitment, namely, ongoing commitment, Researchers analyzed that nurses' average continuous commitment in the inpatient hospital (20.09) was closer to the median value (19.00) between the lowest and highest values. Achievement of sustainable commitment in the inpatient hospital room was 72% of the maximum score for continuous commitment; this shows that the inpatient room nurses have a high ongoing commitment. This result indicates that the achievement of most nurses' continued commitment to hospital inpatient rooms is close to the maximum score of continuous commitment, which is 28. The achievement of continuous commitment by nurses in the hospital's inpatient room shows more than 50%, namely 72% of the maximum score; this indicates that the continuous commitment of nurses in the inpatient room of the hospital is good. Therefore it needs to be maintained and improved.

Researchers analyzed that the average value of nurse organizational commitment in the inpatient hospital was (68.68) closer to the median value (67.00) between the lowest and highest values. Achievement of organizational commitment in the inpatient hospital for 66% of the maximum organizational commitment; this shows that the nurses in the hospital inpatient room have moderate organizational commitment. From the research results, the researcher assumed that nurses' organizational commitment in the hospital inpatient room needed to be maintained and improved. The hope is that exemplary organizational commitment will positively influence nurses' performance in providing nursing care.

The statistical test results show that the alternative hypothesis (H_a) is accepted with a p -value <0.001 ; that is, there is a relationship between burnout and organizational commitment to nurses in the hospital inpatient room. Burnout syndrome Nurse and organizational commitment had a significant relationship with a substantial degree of closeness. Work saturation is when individuals experience physical, mental, and emotional exhaustion due to stress experienced for an extended period in situations requiring high emotional involvement in nursing work problems (Sulistiyowati, 2007). Burnout syndrome in nurses at high levels impacts nurses and patients; nurses with high burnout levels often plan to leave their current jobs or leave the nursing profession and make nurses usually not work for more than one year. Not only that, patients served by nurses who experience high burnout levels have low satisfaction with the nursing services they get (University of Missouri, 2010).

Following this theory in this study, the results showed that the percentage of burnout in nurses in the hospital inpatient room was 29% of the maximum score. In comparison, the nurses' organizational commitment rate in the hospital's inpatient room was 61% of the maximum score. This result shows that nurses' burnout is not of a high level, so it does not cause the nurse to plan to leave her job, which means that the nurse has good organizational commitment.

This study's results follow the theory that burnout is sequentially associated with mental fatigue, loss of commitment, and decreased motivation (Maharani, 2012). According to Mariyanti (2011), various stressors experienced by nurses in the hospital can affect organizational commitment.

Various kinds of stressors experienced by nurses while in the hospital can also affect organizational commitment (Mariyanti, 2011). One way that can be done to increase organizational commitment to nurses is to reduce the workload, which can cause burnout problems for nurses (Triwijayanti, 2016). It can be concluded that if burnout can be reduced, nurses' organizational commitment will increase. This study also showed that the relationship between burnout syndrome and organizational commitment has a negative or unidirectional correlation, which means that organizational commitment is high when burnout is low or vice versa.

CONCLUSION

Based on the study results, it can be concluded that the achievement of burnout in the hospital inpatient room scored 29% of the total score of 217. The

achievement of the organizational commitment of nurses in the hospital inpatient room got 66% of the total score of 104. Burnout syndrome and organizational commitment are strongly related to the direction of the negative relationship.

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