

Determining burnout based on organizational health, social capital and perceived social support in nurses

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ABSTRACT

Aim: the aim of this research is to predict burnout on the basis of organizational health, social capital and perceived social support in nurses. **Method:** this is a descriptive – correlational study in terms of type of research. The research population consists of all nurses working in the hospitals of the city of Khoram Abad in 2018. The size of population at the time of conduction of research was 282 people. In the present study, the convenience non-random sampling method was used to select 100 of the statistical population as the sample group. Measure tools of the research included the following standard questionnaires: Organizational Health Index, Social Capital Questionnaire, Perceived Social Support and Burnout Inventory. To analyze the research data, Kolmogorov-Smirnov test, univariate and multivariate linear regression based on an alpha of 0.05 were used. **Findings:** organizational health ($r=1.33$), social capital ($r=-2.18$) and social support ($r=-22$) had a significant and diverse relationship with nurses' burnout. Organizational health played a bigger role in predicting nurses' burnout in comparison to other variables. **Conclusion:** based on the findings of the present study, it can be concluded that there was a relationship between the increase of organizational health, social capital and perceived social support in nurses and the reduction of their burnout.

Keywords: perceived social support social capital, organizational health, burnout.

Introduction

Nowadays the changes that have been made in different job areas, and due to these changes, the inability to adapt and adjust to these changes, the intensity and consistency of these changes, there has been an increase in burnout which has led to a feeling of dissatisfaction, distress and insecurity among employees. In case of continuity, this can gradually lead to burnout among employees which in turn leads to a decrease in job performance, productivity and efficiency of employees. Professions that have

strongly experienced mental pressures coming from different sources, emergence of burnout is associated with the intensity and continuity of these pressures. Among these professions, we could refer to jobs that are associated with different areas of healthcare. Due to the exhausting nature of patient care and the high levels of emotional expectations on the part of patients, nurses are at high risks of burnout. Some of the causes of burnout in nurses are intense amounts of workload, long working hours, insufficient manpower, constant contact with patients and constant encounter with death, constantly changing working shifts and problems caused by interaction with colleagues.

Nurses' burnout leads to a decrease in their professional return and productivity, behavioral and physical transformations, a decrease in the quality and quantity of the services delivered to patients and as a result, dissatisfaction with the services provided by nurses. One of the factors that might be able to predict burnout is organizational health. Human beings or any human

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system, just like an organization, has three different conditions in an environment. Organizational health is a condition where individuals and organizations which creates an environment where individuals and organizations can have a performance that exceeds expectations and is better than the performance of their competition. Development of organizational health indicates the ability of an organization in achieving its goals based on the environment where effort is made in the respect of organizational performance and providing employee welfare.

The concept of organizational health focuses the attention on the conditions that facilitates the increase of organizational development and/or leads to organizational dynamics. A healthy organizational environment (here a healthy hospital) is protected against irrational pressures of an environment, people who accompany patients and the employees. In such a hospital, nurses are committed to caring for patients and their treatment, the hospital personnel get along very well, trust each other, are dedicated to their work and are proud of the environment they work in. Thus, an increase in organizational health leads to a decrease in the individuals' burnout.

Another factor that can predict burnout is social capital. Some experts believe that a social organization is a product of social capital and believe that social capital is defined by its function. In their opinion, social capital is not just one thing, but it's a collection of various things with two attributes in common: all of them are a part of social structure and all of them facilitate certain actions of individuals within a structure. Social capital is a productive capital and makes achieving certain goals possible. Social capital gives one's life meaning and makes their life more enjoyable. On the other hand, one of the important aspects of one's life is their job. In addition to making a living, being a nurse satisfies mental needs of an individual, including social contact, sense of worth, confidence, competence, etc.^[1]

Another factor that could be able to predict burnout is perceived social support. Social support is a significant source in different job areas. It can reduce the negative effects of jobs that can be quite intense and challenging. Grenros, Parasurman & Grinicus (1992; quoted by Shenavar, 2015) believed that social support, as an adaptive source in dealing with stressful job and family stimuli, plays two distinct roles. The first role of social support is associated with the direct impact it can have on the pressure and other negative consequences of the aforementioned stimuli in different realms of life and it can reduce the amount of pressure. In addition, social support can moderate the impact of stressful stimuli on welfare and health characteristics of a person in different realms of their job^[2]. Research shows that as the level of perceived social support increases, the level of mental health

increases as well. Additionally, it was concluded that the more social support increases, the more individuals' perceived mental health escalates (Chadwick and Kelvins, 2015; quoted by Babayi Amiri et al., 2016)^[3].

If nurses receive social support, patient care and treatment, job satisfaction of employees, attracting and maintaining manpower in the organization would be affected. Nowadays, many studies show that the effectiveness of treatment increases when nurses receive strong social support.

For nurses, just like many other professions, social support can directly impact stressful job stimuli and other negative consequences resulting from them and can reduce the level of pressure experienced by them and it can also moderate the impact of stressful stimuli in one's professional life and family life (Grenros et al., 1992; quoted by Shenavar, 2015). Social support received from the organization, by providing various sources such as information, financial and emotional support, not only makes it possible for an individual to achieve positive points and results in their jobs, but it also helps them in facing the requirements and expectations of the different roles they play. In other words, through acquired or grown experiences, skills and opportunities in an organization, social support facilitates an individual's participation in an organization and leads to their job satisfaction^[4].

In addition, social capital is directly and indirectly connected to health and is recognized as a strategy to promote health. Given that nurses are directly connected to patients and people visiting health centers, being a nurse is one of the most important professions that are impacted by the social health approach.

Beyrami (2014) has examined the role of perceived social support components in predicting burnout of nurses^[5]. The results of multivariate regression showed that different dimensions of perceived social support can predict 29% of the variance of burnout of nurses. Among different sources of support, the family and friend component have had a significant share of this predicting. In other words, this component has been the most able in predicting burnout; however, certain important individuals have not had a significant share in these predictions. Given that social support has an unavoidable impact on the reduction of burnout, developing a strong support system inside the job environment or outside of it is an effective method in preventing burnout.

Given what was mentioned before, due to the stressful nature of their job, nurses face several physical and mental disorders and problems. One of these disorders that impact all aspects of their lives is burnout. Recognizing factors that predict burnout among nurses is crucially important. Some factors that predict burnout in nurses are organizational health, social capital and perceived social support. Therefore, the present study begins with an

essential question: are organizational health, social capital and perceived social support capable of predicting burnout of nurses?

Theoretical Foundation of the Research

Burnout

One of the important aspects of one's life is their job. In addition to making a living, being a nurse satisfies mental needs of an individual, including social contact, sense of worth, confidence, competence, practice, physical and mental exercise. Nonetheless, some stressful aspects of one's job could be quite damaging.

Job pressures are unavoidable with it comes to adjusting to the demands of one's job. They could be bearable in short-term, but in the long run, one's physical and mental resistance might be negatively affected which will finally result in burnout.

Burnout includes a state of physical, emotional and mental fatigue that is resulted from constant and repeated pressure caused by intense and long-term interaction with human factors or physical factors. Some of the signs and symptoms of burnout are a sense of frustration, hopelessness, desperation, and having a negative attitude towards oneself and others.

Burnout leads to a decrease in the delivery of services and it is a legitimate reason to leave a job, be absent or be in a bad mood. It can be connected to disorders such as physical fatigue, insomnia, turning to alcohol, substance abuse, family problems and marital issues. Burnout syndrome is not a mental disorder, but if it grows slowly and over time, it can become a mental disorder.

There are different factors leading to burnout among nurses and one of them is the stressful situations and factors that nurses must deal with.

Reviews about burnout in nurses show that in the same work conditions, individuals do not experience the same degree of burnout. In the study done by Kelly and Cross (1985), employees of the ICU section have shown a higher degree of burnout in comparison other hospital employees [6]. Other studies have shown that nurses working in the ER experience more stress and therefore experience burnout more. Since burnout in medical staff, including nurses, leads to a reduction in turnover, mental – physical damages and dissatisfaction with services, identifying how it occurs and what negative impacts it has on the service sector, mental health promotion and the level of the quality of the presented services will be quite effective.

Organizational health

Organizational health includes the organization's ability to take care of their responsibilities effectively in the respect of organizational improvement and growth. In fact, organizational health of an organization is defined by

seven different dimensions that collectively shape behavioral patterns and special interorganizational interactions. These dimensions are Academic Emphasis, Teacher Affiliation, Resource Influence, Collegial Leadership, Institutional Integrity.

The indexes of the dimensions of organizational health are different in relation to the mission and objectives of each organization. However, in reviewing organizational health, there are some indexes that usually need to be taken into consideration; including compatibility with the environment, problem-solving competence, goal orientation, employee commitment, communication, resources, cohesion and unity, motivation and work spirit of employees, relative autonomy in taking care of administrative efforts, innovation and creativity in their work, rewards and honors, organizational leadership, compatibility and adaptation, development of competence, skill, etc. Additionally, organizational health has been innovated in an organization to help understand the interactions between employees and managers.

Most of the studies on organizational health have shown that there are two resources associated with organizational health and success in the workplace. Some of the most important resources for organizational health include leadership style and direct behaviors of managers. Another resource is organizational role models that lead to more creativity and cooperation and innovations that lead to a normal course of actions.

Based on Parsons' theoretical framework, it can be stated that a healthy organization is an organization in which technical, administrative and institutional levels function in harmony and cooperation with one another. A healthy organization meets two different types of needs: instrumental needs (adapting to and achieving goals) and verbal needs (social unity and normative cohesion) and leads its manpower towards its mission and goals and faces and overcomes external disturbing and destructive forces successfully [7].

Social support

Supports systems are one of the useful and effective coping skills [8]. Social support can be defined as the amount of affection, compassion, care, respect, attention and help a person receives from other individuals or groups of people such as their family, friends or other important people in their lives [9].

Numerous studies have proved that the more social support an individual receives increases, the healthier that individual becomes and vice versa. From this perspective, an individual's health depends on social support. Social support is a multidimensional concept which has been defined in different ways. Some studies have defined social support as the amount of affection, compassion,

care, respect and attention an individual received from other individuals or groups such as their family, friends or other important people in their lives ^[10]. Social support is believed to be a multidimensional concept that has a real and an imaginary dimension. In total, it might be said that social support is the feeling of being cared for and being valued by others and that they belong to a social network. Social support is an emotional coping method. Individuals utilize social support to protect themselves by preventing stressful situations. They also use it to perceive and evaluate stressful situations in a way that it would decrease their harming aspects and make them seem as less of a threat. Social support can be presented as emotional mental support and tangible informational support. Social support is studied as received and perceived social support. Social support has many physical and psychological advantages for people who face physical, mental and social stressful occurrences. In addition, as a cheap economical resource and an important social resource, social support is of great significance in coping with psychological problems, including anxiety and depression.

Social capital

Social capital is a newly emerged concept which has come to be used widely in sociology, economics and management and organization. This concept refers to bonds and connections between the members of a network as a valuable resource. By creating norms and mutual believes, social capital makes it possible for people's goals to be achieved. Nowadays, this capital plays a much bigger role than human and physical capital in organizations and societies, collective and group networks, cohesion between humans, humans and organizations, organizations and organizations and it also plays an important role in the increase of organization's sense of social responsibility. In fact, the term capital refers to accumulated wealth, especially the type that is used to produce more wealth.

Social capital is an essential and basic concept which has been accepted in the recent decades as a valuable asset to empower organizations ^[11] to produce and increase human – economical capital ^[12].

In just two decades, the concept of social capital turn into one of the core concepts in its different forms. Although there has been quite an excitement among researchers and experts, but it has led to the emergence of different approaches, views and expectations. The increased interest in this topic is indicative of the importance and position of social capital in different social substrates. Overall, the amount of social capital in each group or society indicates how much their members trust each other ^[13]. Significant amounts of social capital facilitate social actions, in a way that in critical situations, social capital can be used as the main source for solving problems and reforming the

existing processes. Therefore, recognizing effective factors is quite significant in strengthening or weakening social capital ^[14].

Most of the social capital theories are those of Bordio, Putnam and Coleman and recently, the theory presented by Fukayama has been added to them. Most of these definitions have a lot in common. However, in addition to these similarities, there are significant differences between these different definitions. Most of these differences are associated with the application of social capital in different aspects, such as economical theories, social control, family behavior, democracy and government. In the following sections of the present study, theories presented by Coleman, Bordio and Putnam will be reviewed as they are the pioneers of this area ^[1].

Research Method

In terms of method, the present study is a descriptive – correlational research. The statistical population of this study consists of all nurses working in the hospitals of the city of Khoram Abad in 2018. The population size at the time of conduction of the present study was 282.

In the present study, the convenience non-random sampling method and previous records, valid books on research methods ^[15] and opinions of consulting professors and supervisors were used to select 100 of the statistical population as the sample group.

Measurement tools

Organizational Health Inventory

Organizational Health Inventory (OHI) has been created by Hoy and Fildman (1996) ^[16]. This questionnaire was firstly prepared by Hoy et al. and has three levels (technical, administrative and institutional) and seven dimensions, i.e. Academic Emphasis, Teacher Affiliation, Resource Influence, Collegial Leadership, Institutional Integrity. It is a 5-point Likert scale questionnaire with 44 items in the form of questions. These 44 questions examine seven components, i.e. Academic Emphasis, Teacher Affiliation, Resource Influence, Collegial Leadership, Institutional Integrity, using the 5-point Likert scale (always, often, sometimes, rarely, never). This questionnaire is filled out by managers and employees and are scored on a 4-point Likert scale. Face and content validity of this questionnaire has been confirmed by Rezayi (2005) using the content examination method and it has also been confirmed by 320 employees of the Social Security Organization ^[17]. Based on these examinations, the Organizational Health Inventory has acceptable validity. In the present study, the reliability coefficient of this questionnaire was obtained to be 0.82 by calculating Cronbach's alpha.

Social Capital Questionnaire

In this study, social capital was measured using the questionnaire created by Nahapiet and Ghoshal and was defined by the distance measurement scale [18]. This scale has 13 items. In this questionnaire, the respondent answers on a five-choice scale, from one for totally disagree to five for totally agree. The minimum and the maximum score would be 13 and 65, respectively. In the present study, the reliability coefficient of this questionnaire was obtained to be 0.77 by calculating Cronbach’s alpha, which was indicative of an acceptable reliability.

Perceived Social Support Scale

This scale was developed by Zement et al. in 1988 to measure the social support perceived by the family, friends and important individuals in one’s life. This scale has 12 items. It also has three dimensions: social support received by family, social support received by friends and social support received by others (quoted by Dargahi et al., 2017). In this questionnaire, the respondents express their opinion by giving each item a score from one (totally disagree) to five (totally agree). The minimum and maximum scores would be 12 and 60, respectively. The validity of this questionnaire was confirmed using the validity assessment method and factor analysis (Brawer, Emsley, Kid, Lochens and Sidat, 2008; quoted by Shokri, 2009) [20]. Beyrami (2014) has reviewed the role of the components of perceived social support in predicting nurses’ burnout and has found the Cronbach’s alpha of the perceived social support scale to be 0.81 which is indicative of the reliability of the questionnaire [5].

Burnout Inventory

The Burnout Inventory was created by Maslach (1981; quoted by Saatchi, 2012) [21]. This tool is a questionnaire that is based on a new assessment of the burnout phenomenon. This inventory has 22 questions that measure Emotional Exhaustion, views of Depersonalization and Cynicism in the framework of occupational activities. It is especially used to measure the follow-up on burnout phenomena in occupational groups such as nurses, teachers, etc. (quoted by Saatchi, 2012) [21]. The total score one gets from responding the questions of each scale is indicative of their score in that specific scale. In this questionnaire the scores 0, 1, 2, 3, 4, 5 and 6 were assigned to never, rarely, low, sometimes, medium, high and always, respectively. Getting a higher score indicates having more problems.

In their study, Tabatabayi Nasab et al. (2017) confirmed the content validity of this questionnaire for all of its subscales [22]. Golparvar and Jafarpour (2015) also confirmed the content validity of this questionnaire [23]. In the present study, the reliability coefficient of this

questionnaire was obtained to be 0.76 by calculating Cronbach’s alpha.

Research procedure

At first, the questionnaires were distributed among different testees. Then, the researchers visited nurses, during their break time, at the hospitals and handed them the questionnaires. Researchers presented the nurses with some explanations about the purpose of this research and how to respond to these questionnaires and the reassured the respondents that the information will remain confidential. After the questionnaires were filled out, they were reviewed and the data obtained from them examined using the SPSS ver. 21 software and after analyzing the input, the research hypothesis was analyzed.

Data analysis and assessment method

The collected data were analyzed using descriptive statistical methods including descriptive and inferential indexes, such as univariate linear regression. To analyze the data, SPSS ver. 21 software with the error rate of 0.05 and confidence level of 95 percent (95%) was used.

Results

Demographic characteristics of the sample under review:

Table 1: demographic information of the research sample		
Gender	Frequency	Frequency percentage
Male	67	67
Female	33	33
Total	100	100
Age		
Younger than 30	15	15
30 to 40 years old	45	45
40 to 50 years old	25	25
Older than 50	15	15
Total	100	100
Work experience		
Less than 5 years	8	8
6 to 10 years	28	28
11 to 15 years	34	34
16 to 20 years	19	19
More than 20 years	11	11

Total	100	100
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Table 1 shows that 97% of the testees are male nurses and the age of 45% of the respondents was between 30 and 40 years old. Also, 34% of the respondents had 11 to 15 years of work experience.

Descriptive statistics

Table 2: descriptive statistics of the research variables					
Variable	Number	Mean	Standard deviation	Lowest score	Highest score
Organizational health	100	7.165	4.19	4	20
Social capital	100	7.46	1.6	3	5
Perceived social support	100	8.44	2.8	2	10
Burnout	100	5.43	3	1	32

Based on the results presented in table 2, organizational health has a mean of 7.165, standard deviation of 4.19, social capital has a mean of 7.46 and a standard deviation of 1.6, perceived social support has a mean of 8.44 and a standard deviation of 2.8 and burnout has a mean of 5.43 and a standard deviation of 3.

Examining the normality of the distribution of statistical data

Table 3: results of the Kolmogorov-Smirnov Test			
Variable	Z Kolmogorov	Significance level(P)	Conclusion
Organizational health	1.330	0.053	It is normal
Social capital	1.324	0.060	It is normal
Perceived social support	1.326	0.059	It is normal

Burnout	1.313	0.065	It is normal
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Given the results presented in table 3, based on the results of the Kolmogorov-Smirnov test, the significance level for the organizational health, social capital, perceived social support and burnout variables is higher than the error rate of 0.05 ($P > 0.05$). Therefore, it can be concluded that the distribution of the organizational health, social capital, perceived social support and burnout variables is normal.

Testing the hypothesis

Burnout in nurses is predicted by organizational health, social capital, perceived social support.

To examine burnout prediction based on organizational health, social capital and perceived social capital in nurses, multivariate linear regression was used. If the significance level was lower than the error rate (0.05) and the absolute value of the “t” statistic was higher than 1.96 as presented in the table, the research hypothesis would be confirmed which would mean that burnout would be predicted by organizational health, social capital and perceived social support in nurses.

Table 4: determination coefficient of the regression model to predict burnout based on organizational health, social capital and perceived social support			
Square root of the coefficient of determination	Coefficient of determination	Corrected coefficient of determination	Durbin-Watson statistic
0.642	0.412	0.393	2.478

Given the rate of the coefficient of determination, which has been presented in table 4, in this model, the regression of 41.2% of the changes of the criterion variable (burnout) is extracted by the predictor variables (organizational health, social capital and perceived social support). The coefficient of correlation of the criterion variable and the predictor variables has been calculated to be 0.642. Additionally, based on the results of the ANOVA test, fitting of the model regression model based on organizational health, social capital and perceived social support in nurses has been significant at the level of 0.05.

Table 5: results of multivariate regression to predict burnout based on organizational health, social capital, perceived social support					
	non-standardized regression coefficient		Standardized regression coefficient	t-statistic	Significance level
	Coefficient	Standard error	Beta (prediction value)		

Constant value	16.371	5.395	-	3.03 4	*0.001
Organizational health	-0.283	0.059	-0.331	- 4.827	*0.001
Social capital	-0.125	0.051	-0.182	- 2.452	*0.001
Social support	-0.201	0.055	-0.220	- 3.628	*0.001

*P>0.05

Given the results present in table 5, in the first row (constant value), since the significance level value is 0.001 and is lower than error rate (P<0.05) and the absolute value of the t-statistic is 3.034 and is higher than 1.96, thus with a confidence level of 95%, the constant value remains in the model and its coefficient value is equal to 16.371.

In the second row (organizational health), since the significance level value is 0.001 and is lower than error rate (P<0.05) and the absolute value of the t-statistic is 4.827 and is higher than 1.96, thus with a confidence level of 95%, the organizational health variable remains in the model and its coefficient value is equal to -0.283. Therefore, researcher's hypothesis is confirmed which means that organizational health predicts nurses' burnout and the prediction value is equal to -33.1% which is negative and diverse.

In the third row (social capital), since the significance level value is 0.001 and is lower than error rate (P<0.05) and the absolute value of the t-statistic is 2.452 and is higher than 1.96, thus with a confidence level of 95%, the social capital variable remains in the model and its coefficient value is equal to -0.125. Therefore, researcher's hypothesis is confirmed which means that social capital predicts nurses' burnout and the prediction value is equal to -18.2% which is negative and diverse.

In the fourth row (perceived social support), since the significance level value is 0.001 and is lower than error rate (P<0.05) and the absolute value of the t-statistic is 3.628 and is higher than 1.96, thus with a confidence level of 95%, the perceived social support variable remains in the model and its coefficient value is equal to -0.201. Therefore, researcher's hypothesis is confirmed which means that perceived social support predicts nurses' burnout and the prediction value is equal to -22% which is negative and diverse.

Thus, the multivariate linear regression is as follows:
 nurses' burnout (0.283) – 371.16 = × organizational health
 social capital (-0.125) – × perceived social support

Discussion and Conclusion

The purpose of the present study was to predict burnout based on organizational health, social capital and

perceived social support in nurses. The results showed that “burnout in nurses is predicted by organizational health, social capital and perceived social support.”

Based on the results of the multivariate regression test, since the significance level value is 0.001 and is lower than error rate (P<0.05) and the absolute value of the t-statistic is higher than 1.96, thus with a confidence level of 95%, organizational health predicts nurses' burnout and its prediction value is equal to -0.283 which is negative and diverse. Social capital predicts nurses' burnout and its prediction value is equal to -18.2 which is negative and diverse. Perceived social support predicts nurses' burnout and its prediction value is equal to -22 which is negative and diverse. Findings of this study comply with the findings of studies done in Iran, such as Sohrabi et al. (2017), Azizinejad et al. (2015), Azizi Moghadam (2008), Ashouri (2016), Damghaniyan (2015), Taleghani (2015), Sepahvandi et al. (2014), Kharmniya et al. (2010), Zargar Shirazi (2017), Beyrami (2017) [24-30]. These findings are also compatible with the findings of studies done by Lambert et al. (2010), Roton et al. (2011), Zonderman et al. (2014), Lin, Jiang and Lam (2013), Jensen et al. (2002) [31-34].

Based on these findings, burnout is in fact a kind of mental depression which has become intertwined with mental pressures or stresses associated with one's job and work environment. This disorder has been common among assistants and instructors such as consultants, teachers, social workers, doctors, nurses and so on [35]. Exhaustion is the main factor when it comes to burnout and it is one of the main symptoms of it. This dimension of occupational burnout is indicative of stress. In fact, emotional exhaustion is a necessary dimension as far as defining burnout is concerned and without it, the definition would be incomplete. In other words, emotional exhaustion forces employees to emotionally and cognitively distance themselves from their job as a way to cope with work pressures. Emotional exhaustion is in fact a state where an individual loses their emotional strength and is unable to have emotional connections and relationships with others. Organizational health is an organization's ability to survive. A healthy organization is able to successfully deal with external disturbing and destructive forces and to

effectively lead them towards the achievement of the main goals and objectives of the organization [36]. Development of organizational health is indicative of an organization's ability to achieve its goals based on the environment it is in, where it hopes to develop organizational performance and to provide welfare for its employees.

As another result, it was specified that social capital can predict nurses' burnout. There are certain direct behaviors that are probably only expressed when one experiences high levels of work pressures. Existing evidence shows that there is a relationship between job pressures and behaviors such as absence or leaving the job. Leaving a stressful job is like flying out of a cage which might be healthier than staying in a stressful job that harms you.

Social capital can affect the quality of services and standards in an organization, especially for occupations such as nursing. It also facilitates acquisition of knowledge, improves cooperation and trust among employees, facilitates informal social relations, improves organizational commitment and increases the quality of employees' professional lives and decreases burnout in nurses. Also, perceived social support can predict nurses' burnout. Social support works like a shield people use in the face of stressful incidents and events, which reduces isolation and lonesome and increases their self-esteem. In addition, social support, directly and indirectly, has a positive impact on coping methods, cognitive mechanisms and so on; thus individuals with such traits have a more optimistic view of life, lead their lives in a happier and more hopeful way, all of which leads to an improvement of their mental health. Nurses who experience burnout are usually physically, emotionally and mentally exhausted which significantly affects patient care. In this way, nurses gradually feel that they cannot face the patients and deal with them and their job becomes harder and harder which in turn, leads to their having a negative attitude towards patients. A supportive work environment is the most important factor that leads to burnout in nurses. When nurses receive social support, it affects patient care, job satisfaction of employees, attraction and maintenance of work force in the organization. An environment with a high level of social support leads to a decrease in burnout and keeps nurses in the organization and compensates for the low number of nurses at the end. Therefore, perceived social support is one of the most important inhibitory factors when it comes to the negative impacts of occupational pressures and stresses. Evidence shows that perceived social support can facilitate stress adjustment [37].

Finally, for further examination, it is recommended to researchers to comparatively review the topic of the present study as well (for men and women). In order to make sure of the validity of the research findings, it is also recommended to examine the variables of the present

study in other geographical areas. This study has been done on nurses, as the research sample; thus, it is recommended to researchers to select a different and a broader statistical population, such as a ministry, to examine the research variables.

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