IUG Journal of Economics and Business Studies
Peer-reviewed Journal of Islamic University-Gaza

E-ISSN: 2410-5198
P-ISSN: 2410-8723

IUGJEBS
Vol 30, No 3, 2022, pp 101 -121

Received on (10-04-2022) Accepted on (19-06-2022)

https://doi.org/10.33976/IUGJEB.30.3/2022/5

The Influence of Organizational Health on Reducing the Job Burnout during the COVID- 19 Pandemic An Applied Study on the medical section

Dr. Fatimah M. Mahdy [1]

[1] Business administration, College of business, King Khalid University, Abha, Saudi Arabia
[1] Business administration, faculty of commerce, Suez University, Suez, Egypt.

*Corresponding Author: fmhassan@kku.edu.sa

Abstract:

This study desires to identify the level of job burnout among health workers during the COVID-19 pandemic crisis and examine the impact of organizational health in reducing this feeling. A random sample of 400 individuals distributed among doctors and nurses working in hospitals in Saudi Arabia, Egypt and Jordan was selected to achieve this goal. The questionnaire was used as a tool for data collection. The number of returned questionnaires was 318 (79.5%). The study confirmed the existence of an average level of organizational health application within the hospitals under study, which needs to raise awareness of the importance of organizational health. The study also confirmed the presence of high levels of burnout among the medical staff which explains the professional pressures that the medical staff were exposed during COVID-19. Also, the statistical results confirmed that organizational health has a significant positive effect on reducing job burnout. Accordingly, a comprehensive implementation plan was prepared that explains how to apply the dimensions of organizational health within hospitals in a way that contributes to creating an appropriate healthy organizational environment that improves the performance of health workers and reduces their sense of pressure and job burnout.

Keywords: Organizational Health (OH), Job Burnout, COVID- 19 Pandemic.

تأثير الصحة التنظيمية على الحد من الاحتراق الوظيفي أثناء جائحة كوفيد-١٩- دراسة تطبيقية على القطاع الصحي-

الملخص:

تهدف هذه الدراسة إلى تحديد مستوى الإرهاق الوظيفي بين العاملين الصحيين أثناء أزمة جائحة كوفيد-19 ودراسة تأثير الصحة التنظيمية في الحد من هذا الشعور. تم اختيار عينة عشوائية قوامها 400 فرد موزعة على الأطباء والممرضات العاملين في المستشفيات في المملكة العربية السعودية ومصر والأردن لتحقيق هذا الهدف. تم استخدام الاستبانة كأداة لجمع البيانات. بلغ عدد الاستبيانات الصالحة للتحليل 318 بنسبة (79.5٪). أكدت الدراسة على وجود مستوى متوسط من تطبيق الصحة التنظيمية داخل المستشفيات قيد الدراسة، مما يعني أن وعي إدارة هذه المؤسسات بأبعاد ومفهوم الصحة التنظيمية متوسط، وهو ما يحتاج إلى زيادة الوعي بأهمية الصحة التنظيمية. كما أكدت الدراسة وجود مستويات عالية من الاحتراق بين الكادر الطبي، وهو ما يفسر الضغوط المهنية التي تعرض لها الكادر الطبي بسبب الوباء العالمي، وقد يكون السبب الحقيقي وراء الشعور المتزايد بالاحتراق هو عدم قدرة أي شخص على التنبؤ بموعد انتهاء هذا الوباء الذي دمر العالم وغير طبيعة الحياة. كما أكدت النتائج الإحصائية أن أبعاد الصحة التنظيمية لها تأثير إيجابي معنوي في تقليل الاحتراق الوظيفي. وبناءً عليه تم إعداد خطة تنفيذية شاملة توضح كيفية تطبيق أبعاد الصحة التنظيمية داخل المستشفيات بشكل يساهم في خلق بيئة تنظيمية صحية مناسبة تعمل على تحسين أداء العاملين الصحيين وتقلل من إحساسهم بالضغط والاحتراق الوظيفي.

كلمات مفتاحية: الصحة التنظيمية (OH)، الاحتراق الوظيفي، وباء كوفيد-١٩

Introduction

Global changes and rapid developments considering intense competition have imposed the introduction of contemporary management methods and concepts to keep pace with the developments that occur inside and outside organizations to raise the efficiency and performance of organizations. This can only happen by paying attention to the human element. People are the most effective and most useful weapon; They are a superpower that cannot be imitated. Accordingly, organizations have increased their interest in searching for ways and tools that help improve the performance, commitment and loyalty of individuals and not feel excessive job fatigue that reaches the point of job fatigue.

Numerous studies and research have confirmed that organizational health provides the appropriate context that helps to achieve organizational goals. However, this study seeks to identify the most important dimensions that significantly affect individuals' feeling of job burnout, by preparing a comprehensive measure of the dimensions that significantly affect organizational health in reducing the psychological effects of organizational fatigue, especially during exposure to crises. and long-term disasters such as the COVID-19 crisis that emerged in 2019 and continues today.
With the advent of this epidemic, the life and nature of the employees' work, especially the medical staff, changed. They the real army that faced this virus with all courage. They were the protective shield for everyone, but this led to more workload, more hours of work, fewer breaks, more sources of stress, and anxiety about an injury. Conversely, work or transmit the virus to the family and the people around them (the Internet simultaneously, the work organization). The problem has been exacerbated by the growing fears of job losses, salary cuts, uncertainty, and a lack of secure job opportunities. All of this adds to health workers' job burnout and their sense of draining their energy.
Based on the previous, the problem of the study appears in the following main question: **What is the effect of applying organizational health dimensions on reducing job burnout among healthy employees?** By this main question, there are few sub-questions emerge from it … such as:

- Does the health staff feel job burnout?
- Did the emergence of the Covid-19 epidemic increase the feeling of job burnout among the health staff?
- What is the impact of organizational health on reducing the sense of job burnout?
- What are the most important dimensions of organizational health that reduce employees' sense of job burnout?
- What improvement mechanisms can be applied within organizations to become healthier?

After formulating a problem, we can determine the importance of the current study for two reasons which are the following:

The first reason: the novelty of the topic in terms of time. The study examines the impact of organizational health on organizational burnout during the COVID-19 crisis, which has become a long-term disaster for all individuals, institutions, and countries. This virus has become an enemy that must be confronted and not ignored, with its appearance, life changes, the nature of work, and relationships, which made it necessary to measure and study the concepts that were formulated before to find out whether this epidemic affected these concepts and their dimensions.

The second reason: With the in-depth study of most of the research that dealt with the concept of organizational health, we find a general lack of agreement among researchers about the

dimensions of organizational health.in addition to setting a comprehensive measure of organizational health dimensions, and this is what the study will try to strive for.

Theoretical Framework

organizational health

The concept of organizational health emerged as one of the modern administrative concepts that express the effectiveness of organizations in adapting to the changes and developments that occur in the business environment (Tuan, 2013). Moreover, as a means of coping with significant changes in social and economic conditions that transcend spatial boundaries (Suwanyuha & Rinthaisong, 2018), the process of adaptation by all organizations has become an inevitable matter that cannot be overlooked. Therefore, organizational health has become critical for organizations to maintain their vitality, potential, productivity, and competitiveness. (Kipfelsberger, Herhausen & Bruch, 2016). Furthermore, organizational health takes care in the first place of the employee's health, looking more deeply and closely at the employee's health file and then designing appropriate rehabilitation and training programs to help the employee return safely to work and recover activity and vitality.

Bennis, 1962, is considered one of the first to talk about the term health in the organization, where he explained that organizations with high financial performance are the healthiest organizations (Singh & Jha, 2017). Then came Miles, 1965, who was interested in applying the term health in the school context. According to their activity and field, the researchers' efforts continued to understand the concept of organizational health, its dimensions, and indicators of its existence or non-existence within organizations. Rosen & Berger ,1991 coined the idea of healthy companies as those organizations that share a set of values that include a variety of environmental and regulatory practices (Kipfelsberger et al., 2016). While Pelletier, 1992, argued that health promotion should be expanded to include organizational and ecological interventions. Southern & Dejoy, 1993 (Singh & Jha, 2017), explain that organizational health is the dynamic interaction of individual and organizational factors. The impact of this interaction on the optimal use of personal and organizational resources appeared Cooper & Cartwright 1994's role in developing the concept of organizational health to include both employee health and well-being and sound financial regulation. It emphasized that the positive impact on employee health and well-being leads to financial health. McHugh & Brother (2000) developed the concept of organizational health by including the concept of all structural, cultural, and managerial processes with organizational performance (Singh & Jha 2018).

From the previous, the concept of organizational health has developed dramatically from the jurisprudence of Bennis, 1962 until now. However, let us closely look at that jurisprudence. We find that the concept of organizational health has gone through several stages and directions, starting from the attention to financial aspects to the concern for the employee, his health, and his performance. All the way to adapt to the surrounding environment and changes to link organizational health with all financial, structural, strategic, and human processes within the organization and achieve competitive advantage.

Organizational health expresses the efficiency of any organization to implement and innovate itself faster than the changes and developments that occur in the dynamic environment (Tuan, 2013). In organizational health, researchers have tried in the first place to link organizational health to the extent of the organization's ability to grow, develop and sustain with the continuous change in the surrounding environment (Mueller, Jenny & Bauer, 2012).

Strengthening organizational health is an effective business strategy for two main reasons. The first is that it is a strategy that seeks to maximize productivity, employee health and well-being. Secondly, organizational health promotion is reflected in applying a solid management practice that increases opportunities for solving problems and finding more open and comprehensive solutions (Kipfelsberger et al., 2016).

So, we can define organizational health as the extent to which organizations can face changes and developments, identify and address problems to enhance the individual's health within the organization, and make the best use of available resources and capabilities to achieve competitive advantage.

Since the concept of organizational health was conceptualized, many developers and researchers have tried to develop a set of metrics to judge the effectiveness of applying the concept. We find Hoy & Forsy, 1986, the division of organizational health into seven elements (Min & Su, 2020), and they are:

- -**Institutional integrity:** This expresses the organization's ability to adapt to the environment.
- -**Motivation:** refers to the inspiring motivation of employees to become motivated and devote themselves to shared interests.
- Transformational leadership refers to the ability to compel individuals to do what they must do rather than do more than expected.
- **Influence:** the ability of leaders to persuade employees to accept their performance.
- **Transparency:** by having a clear work plan and an appropriate organizational policy.
- **Individual differences:** Each employee has a different ability to respond to organizational requirements that must be considered.
- The functional **characteristics** of each employee within the organization.

According to the Aduna Map, five factors of organizational health have been identified (Singh & Jha, 2017), and they are:

- **Resource Utilization**: the optimal use of resources, whether human or material, leads to the development of organizational health and thus achieving competitive advantage.
- **Innovation:** An organization that provides a culture of creativity and innovation for employees in conjunction with flexibility and setting organizational goals to achieve sustainable competitive advantage.
- **Morale:** It means the moral condition of the employees, and it measures the extent to which the employees can be optimistic and have morals at work.
- **Problem-solving:** The organization must have the ability to confront and solve its problems to survive, grow and develop.
- **Team orientation:** The extent to which the individual feels involved at the formal and informal levels, competition and cooperation among team members, identification within the organization.

We find Browne, 2002 linking organizational health with three dimensions: organizational culture, climate, and values, this was supported by (Singh & Jua, 2014), who added to these three dimensions that go hand in hand with employee empowerment as the fourth dimension of organizational health. Cooper & Macikfrey, 2007 argues that organizational health is linked to three dimensions: courage, integrity, and influence. We were returning to what was previously mentioned by Bennis, who linked organizational health to financial performance. We find that this was rejected.

After conducting a comprehensive review of the literature and the scholars' judgments in developing a set of indicators that measure organizational health, the trend for each hand is different from the other. Also, each measure of organizational health includes a certain number and a specific aspect of measuring organizational health. Where no scale includes all types of strategic indicators, structural, cultural, administrative, and psychological - primarily psychological - which represents a research

gap that requires more diligence, research, and scrutiny to reach a comprehensive, measurable scale Critical flashes of organizational health.

Job Burnout

Over the past three decades, widespread interest in the concept of job burnout has increased, whether in the fields of psychology, sociology, management science (Kroupis, Kouli, & Kourtessis, 2019), and physicians, especially with the increasing number of individuals who are absent from work for long periods due to unforeseen pressures. escape them (Engebretsen & Bjorbækmo, 2019). Many researchers have linked job burnout with adverse outcomes such as unproductive work behaviour, intent to turnover, low welfare, low performance, and low job satisfaction. Therefore, any effective and decisive action and development to reduce the adverse effects of job burnout are considered one of the most critical issues for developing individuals' performance and improving institutional performance (Li, Li, & Castaño, 2019).

By the late eighties, researchers and those interested in this field expanded to study the impact of job burnout outside the boundaries of human services, such as studying its impact on managers and white- and blue-collar workers (Schaufeli et al., 2009).
Job burnout is a long-term response to chronic emotional, functional, and interpersonal stressors within the workplace. The past 20 years of research have demonstrated the complexity of construction and have placed individual stress experience within a larger organizational context in people's relationship to their work. Recently, the work on combustion has expanded internationally and led to new conceptual models. In this section, the most important definitions that researchers and scientists in this field have worked hard to clarify and explain.

Job burnout is defined as the general state of physical fatigue, emotional exhaustion, and mental fatigue due to prolonged intense stress (Engebretsen & Bjorbækmo, 2019). Job burnout can also be defined as a syndrome of physical and material problems, mental health, and job performance variables such as dissatisfaction, absenteeism, lack of commitment and weak effectiveness.

According to the [JD-R] resource-job requirements model, job burnout occurs due to higher job requirements than available resources. According to this model, any job consists of job characteristics from two aspects: job requirements and job resources. Job requirements reflect the job aspects that require employees to exert effort, energy, and efforts, such as excessive workload, late working hours, and role conflict (Li, Li, & Castaño, 2019). in contrast, job resources include sources that encourage individuals on outstanding and productive performance, such as social support, career development, and well-being at work (Robelski, Wirth, Nienhaus, Mette, Harth & Mache, 2020). This model provides a good framework for understanding the phenomenon of job burnout among employees. When job requirements increase, this leads to a drain on the physical and mental energy of the individual and the occurrence of poor mental and physical health. Therefore, employees always adopt compensatory strategies for resources, which leads to a motivational process when facing the demands of overwork. Time The effectiveness of this strategy decreases with time, which leads to the depletion of reserve resources, and eventually to job burnout (Taris& Schaufeli, 2014). If and based on the above definitions of job burnout. The researchers concluded that job burnout occurs because of a group of different pressures, which can be divided into four sections as follows (Keinan & Malach-Pines, 2007).

The organizational pressures related to the regulatory framework: The pressures related to the task: The nature of the role and tasks assigned to the employee. Personal stress is related to personal characteristics and psychological and social factors.

External pressures: They arise outside the boundaries of the organization and are related to the surrounding environment.

Hence, the first main hypothesis can be formulated as follows:

H1: *There is a statistically significant effect at the level of significance (α≤0.05) for organizational health on reducing the feeling of job burnout*.

After research, scrutiny and study of research and studies related to job burnout, it was found that many reasons are likely to be the cause of the employee's feeling of burnout, including:

-The individual feels tired mentally and physically (Beek, Hu, Schaufeli, Taris, and Schreurs, 2012): due to the nature of the world in which he works, intense competition. Rapid technological changes for innovation, making what the employee did today meaningless tomorrow because after effort and hard work, someone else has come up with something the newest, making employees constantly feel on the quest and feel under constant pressure to survive.

- Lack of organizational justice, lack of appropriate organizational support and absence of psychological factors such as emotional intelligence, self-efficacy, optimism, and resilience (Li et al., 2019).
- Job mismatch: In many cases, individuals accept jobs not because they suit them or their aspirations and ambitions. However, because the salary is high and achieves a high social status, individuals feel self-respect and happiness at the beginning of the job. after a while, this feeling gradually fades because there is no absolute satisfaction from Work (Beek et al., 2012).
- Personal problems faced by the individual, demographic factors, severe and influential personal problems and crises, the extent of the individual's readiness to contain crises, their understanding and reactions, and their impact on productivity and achievement at work. All of this significantly affects the individual's feeling of burning. Although individual and social causes have a significant, influential role, some believe that they contribute less than organizational factors to the emergence of burnout.
- Maslach & Jackson, 2018 emphasized that the organizational factors that can lead to job burnout into six main factors: the pressure of work tasks, limited work powers, lack of positive reinforcement, lack of sociability, inequity, and justice, and diminishing values .
- Finally, job burnout occurs on three levels: the individual, professional, and social levels .

Maslach & Jackson, 1981, and many researchers after them confirmed that there are three main associated dimensions of job burnout (Melhem, 2020):

Emotional Exhaustion: It is the individual's feeling that he is exhausted and exploited not only emotionally but also materially, psychologically, and morally, which leads to his exposure to greater suspicion of anger, resentment, confusion, and a sense of ridicule (Valcour, 2016). Emotional exhaustion refers to the exhaustion of emotional resources, the main component of job burnout (Li et al., 2019). Therefore, the first sub-hypothesis of the study can be formulated.

$H_{1.1}$: *There is a statistically significant effect at the significance level (α≤0.05) for organizational health on reducing the feeling of emotional exhaustion.*

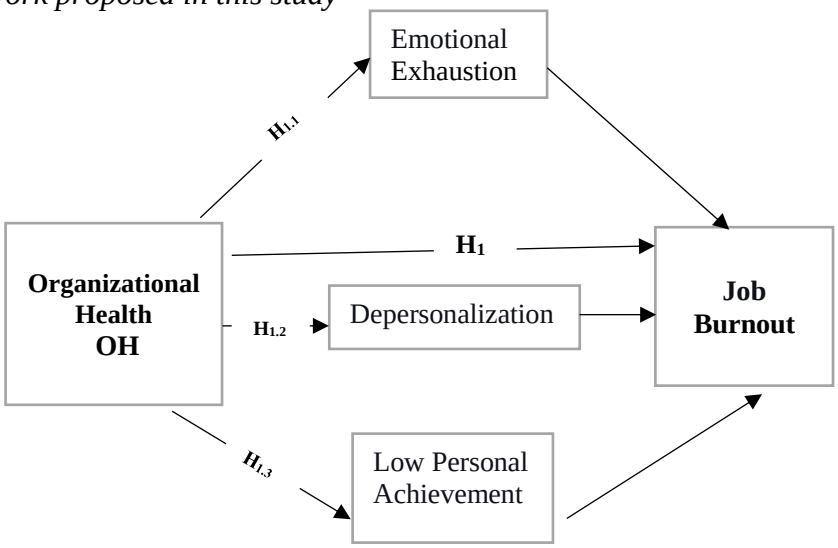
Depersonalization: a feeling of alienation or ridicule towards the individuals with whom they deal (Valcour, 2016). It is also the excessively negative response of other people at work (Papastylianou, Kaila, & Polychronopoulos, 2009) and creates a gap between individuals and their jobs (Gorji, 2011), The decrease in internal energy and its depletion resulting from emotional exhaustion makes a person move away from the source of stress in most cases instead of confronting others (Melhem, 2020) So, we can write the second sub- hypothesis as following:

$H_{1.2}$: *There is a statistically significant effect at the significance level (α≤0.05) for organizational health on reducing the feeling of depersonalization*

The Low Personal Achievement: represents low work efficiency and a sense of efficiency and productivity (Valcour, 2016). Considering this third and final dimension, the third sub-hypothesis can be formulated in this way.

$H_{1.3}$: *There is a statistically significant effect at the significance level ($\alpha \leq 0.05$) for organizational health on reducing the feeling of Low Personal Achievement.*

Figure 1: Framework proposed in this study



Research methodology

Sample and data collection

The study sample was selected using the simple random sampling method from the study population was above to 6000 individuals9 The researcher was unable to accurately determine the number of medical staff due to the turbulent situation during the Covid-19 epidemic, as there was a tendency toward increasing the number of some related specialties and some people being injured and resigning), where the selected sample size was 400 individuals (by Thomson's law) divided between doctors and nurses in hospitals in Saudi Arabia, Egypt, and Jordan. The following Table1 shows the sample size selected.

The sample size according to Thomas Thomson's law is given by the relationship

$$n = \frac{N\,P\,(1-P)}{(N-1)\left(\frac{d}{Z_{1-\alpha/2}}\right)^2 + P(1-P)}$$

whereas:

n sample size, **N** the size of the community, **d** the permissible error limit.The critical value of the standard normal distribution at the level of significance. **P** is the probability of achieving the studied trait in the community. When P is unknown, Thompson prefers to take P = 0.5

Table 1: Total Sample and Random Subsample

The community under study	Random sample size	Doctors	Nurses	The ratio of each sample to the total sample
Saudi Arabia - Al Hayat National Hospital - The Saudi-German Hospital - Aseer Academic Hospital	150	80	70	37.5%
Egypt - Ain Shams Hospital - Suez General Hospital - Cairo Specialized Hospital	150	80	70	37.5%
Jordan - Dar es Salaam Specialized Hospital - Al-Hussein Medical City -Jordan Red Crescent Hospital	100	50	50	25%
Total	**400**	**210**	**190**	**100%**

Measurement

The questionnaire was used as a tool for data collection in addition to a set of personal interviews. The number of questionnaires retrieved was 318 out of 400 questionnaires, or 79.5% of the total distributed questionnaires. The traditional method (paper) was relied on and the electronic method (electronic link) in distributing the questionnaire to the study sample. The study questionnaire was divided into three main sections: The first section: which is about the personal characteristics and demographic characteristics of the respondents (gender, marital status, age, educational qualification, years of experience, the nature of work contracts.

Section two: the occupational burnout scale: a tool for measuring Job burnout was developed by Maslak and Jackson, known as Maslak's list of job burnout. The paragraphs consist of 21 paragraphs divided as follows. The scale is divided into three sub-domains: (emotional exhaustion and consists of 9 items - depersonalization and consists of 5 items, and low personal achievement and consists of 7 items. The respondent determines the extent of his burnout using a five-level Likert scale (strongly agree, agree, neutral, disagree, strongly disagree). Low personal achievements mean that the individual suffers from job burnout. On this basis, the individual was not classified as functionally burnt or not functionally burnt. However, another graded scale consisting of three degrees was used to mean the first degree means a low level of job burnout. the second degree means a medium level of job burnout, and the third degree means a high level of job burnout.

The third section: The measure of organizational health: due to the disagreement among scholars and researchers about setting a specific measure of organizational health and agreeing on its dimensions. To know the dimensions that most affect their performance and their desire to stay and work effectively. Furthermore, to achieve the study's objective, which includes knowing the most important dimensions affecting improving the performance of individuals and reducing their sense of burning. The study collected most of the dimensions addressed by researchers (Brown, 2002, Browne, 2002, Singh & Jua, 2014, Cooper & Macikfrey, 2007, McHugh & Brother, 2000 Hoy & Forsy, 1986, Miles, 1969, Aduna Map) in the field of organizational health and presented them to the respondents. Therefore, this section included 45 questions distributed equally among 15 dimensions of organizational health, namely (institutional integrity, adapting to the environment and problem solving, motivation, transformational leadership and optimal power equalization, influence, transparency, individual differences, job characteristics, adequacy of communication, focus on goals, resource utilization, morale, cohesiveness, innovativeness, employee empowerment. The organizational climate, values, and culture have been excluded, as the researcher believes that they are complete variables and not dimensions that can be included as part of organizational health.

Results

Demographic Variables and Functional Data for The Study Sample

This part includes the analysis of the demographic data of the sample (Gender, Age, Experience, The employment 's contract

Table 2: The Demographic & Job Data of The Sample

Personal data/functional data	Statement	Repetition	percentage
Gender	Male	208	65.4%
	feminine	110	34.6%
	Total	**318**	**100%**
Age	under 30 years old	13	4%
	Between 30 to 45 years old	114	36%
	between 46 to 60	191	60%
	Total	**318**	**100%**
Experience	less than 5 years	51	16%
	Between 5 to 10 years	95	30%
	More than 10 years	172	54%
	Total	**318**	**100%**
The employment 's contract	permanent	213	67%
	temporary	105	33%
	Total	**318**	**100%**

As the table 2 shows that most of the sample are males, with a percentage of 65.4%, while females are 34.6%. The age ratio of the study sample among less than 30 years old was 4%, the age between 31:40 is 36%, while up 40 :60 is 60 %. Concerning job data, the results showed that the percentage of service life for the sample with less than five years of experience (16%), while those with experience ranged between 5: 10 years (30%), while individuals with experience of 10 years or more amounted to about 54%. It is the most significant percentage. Regarding the type of contract, the percentage of the sample employed with temporary contracts is 67%, and as for permanent contracts is 33%.

Stability of The Study Tool

Cronbach's alpha coefficient was relied upon to ascertain the extent of the study's stability and indicate the extent of the internal consistency of the expressions constituting the scales used. The results of the analysis showed that the value of the stability coefficient for the first variable of organizational health (0.769), while the value of the job burnout variable is (0.908), and the value of the overall stability coefficient of the study (0.955), and it is worth noting that all these values are high values that indicate the extent of the stability of the study tool (see table 3).

Table 3: Reliability coefficients for study variables

Variable	Number of Paragraphs	Cronbach's Alpha
Organizational Health	45	0.769
Job Burnout	21	0.908
Total Variables	66	0.838

Descriptive Analysis of The Dimensions of Health Organization

The study relied on a descriptive analysis of the dimensions of organizational health by knowing the mean and Std. Deviation of them.

Table 4: Descriptive Statistics (Mean, Std. Deviation)

Dimensions of OH	N	Mean	Std. Deviation
Integrity	318	4.1288	.63496
Empowerment	318	4.0971	.57269
Leadership	318	4.0930	.63666
environment	318	4.0787	.57194
Communication	318	4.0665	.62540
Influence	318	4.0235	.69562
Motivation	318	3.9898	.71317
Characteristic	318	3.9734	.71753
Morale	318	3.9591	.69898
Goals	318	3.9458	.71334
Transparency	318	3.9346	.71407
Coherence	318	3.9182	.78498
Differences	318	3.9172	.72769
Innovation	318	3.8139	.80816
Resources	318	3.6984	.88406

The statistical results in table (4) find that integrity is the most influential dimension with an average loss of (4.13), followed by employment and transformational employment in relative proportions around (4097, 4.093). In contrast, the remaining dimensions were estimated (Adaptation to the environment, Problem-solving, Adequacy of communications, Influence, Motivation, Job characteristics, Morale, Goal focus, Individual differences, cohesiveness, innovativeness, Resource utilization) respectively (4.078, 4.066, 4.023, 3.989, 3.97, 3.95, 3.94, 3.93, 3.91, 3.91, 3.81, 3.69).

Fit The Data to Perform Regression Analysis

To apply linear regression to hypothesis testing, two conditions must be met. The first condition, Perform Variance Inflation Factor Test (VIF) and Tolerance Tests. The second condition, ensure that all data are subject to a normal distribution by testing the skewness coefficient.

Multiple Linear Correlation Test & Normal Distribution Test

The coefficient of variance inflation was calculated for the independent variable to test the voidness of the model from the multiple linear tests that work to inflate the value of the coefficient of determination. The result of the Durbin-Watson Test is 1.36. It is a good value because there is positive autocorrelation when the value is below 2.0. If it is above 2.0 indicates negative autocorrelation. Examining Table 5, the VIF for all dimensions of organizational health is less than 10 (leadership is 1.49, Morale is 1.53, goals is 1.63, characteristic is 1.82, Transparency is 2.47 , coherence is 2.52 , differences is 2.55 , resources is 2.81 , motivation is 2.91 , Integrity is 3.43 , empowerment is 3.73 , innovation is 4.01 , communication is 4.40 , adaption is 4.66 , and influence is 5.07. The Tolerance values are all less than 0.05, which indicates a high correlation between the independent variables.

Table 5: Variance inflation factor test (VIF), Tolerance & Skewness Test for Organizational Health Dimensions

Independent Variable	Dimensions of OH	VIF	Tolerance	Skewness
	Integrity	3.43	0.039	.970
	adaption	4.66	0.022	.812
	motivation	2.91	0.029	.907
	leadership	1.49	0.000	.930
	influence	5.07	0.012	.892
	Transparency	2.47	0.050	.929
	differences	2.55	0.049	.884
	characteristic	1.82	0.022	.810
	communication	4.40	0.028	.854

Independent Variable	Dimensions of OH	VIF	Tolerance	Skewness
OH	goals	1.63	0.010	.764
	resources	2.81	0.015	.817
	Morale	1.53	0.021	.769
	coherence	2.52	0.028	.774
	innovation	4.01	0.034	.496
	empowerment	3.73	0.036	.970

After that, the skewness coefficient was relied upon to determine how the data followed the normal distribution. by referring to the table 5, we find the value of the Skewness coefficient for all dimensions of organizational health to be less than 1, which indicates that all data follow a normal distribution.

As a result of all the number of factors derived from the independent variable and the presence of some (VIF) values greater than (4), such as (4.66 adaptation) (5.07 influence), (4.40 communication), (4.01 innovation), it is better to prepare partial least squares method analysis

Partial Least Square Method (PLS)

This analysis is used because of its advantages in terms of the possibility of analyzing data for a matrix of dependent variables with a matrix of predictive variables.

The aim of using the partial least square method (PLS) is to predict response variables (Y's) from predictive variables (X's) and then describe this prediction through a relationship represented by linear models that will be. Suppose this method allows determining the factors that are linear structures of the predictive variables (X). In that case, they are known as latent variables, which are the best model for the dependent variables (Y's) (Al-Safawi, , Zia El-Din & Shaker, S.M , 2010).

The equation of the PLS regression model writes:

$$Y = ThC'h + Eh = XWh*C'h + Eh = XWh\ (P'hWh)\text{-}1\ C'h + Eh$$

Where, Y is the matrix of the dependent variables, X is the matrix of the explanatory variables. Th, Ch, W*h , Wh and Ph, are the matrices generated by the PLS algorithm, and Eh is the matrix of the residuals. The matrix B of the regression coefficients of Y on X, with h components generated by the PLS regression algorithm is given by: B = Wh (P'hWh)-1C'hNote: the PLS regression leads to a linear model as the OLS and PCR do.

Table 6: proportion of variance

Latent factors	statistics		R^2
	X variance	Y variance	
1	0.358	0.215	0.332
2	0.412	0.309	0.429
3	0.137	0.209	0.384
4	0.030	0.047	0.451
5	0.063	0.220	0.465

Table (6) shows the percentage of variance that explains the contribution of each latent variable to the model. The first factor explains 35.8% of the variance in predictors and 21.5% of the variance in the dependent variable. The second factor explains 41.2% of the variance in predictors and 30.9% of the variance in the dependent variable. The third factor explains 3.7% of the variance in the predictors and 20.9% of the variance in the dependent variable. We find that the fourth factor explains only 1.3% of the variance in the predictors and 4.7% of the variance in the dependent variable, but R2 is high by 0.451 and the same in the fifth factor explains only 6.3%, but R2 is high by 0.465.

A cumulative variable importance analysis follows this analysis. The importance of the variable in projection (VIP) represents the contribution of each predictor to the model cumulatively according to the number of factors in the model.

Table 7: cumulative variable importance

Dimensions of OH	**Latent factors**				
	1	**2**	**3**	**4**	**5**
Integrity	1.583	1.427	1.013	1.362	1.228
Adaption	.717	1.187	1.315	.759	1.116
Motivation	.672	.289	.437	.198	.168
Leadership	.677	.341	1.193	.186	1.051
Influence	1.704	1.333	1.715	1.776	.431
Transparency	.698	.271	.262	.266	.276
Differences	.752	1.186	.133	.377	.171
Characeristic	.759	.050	.102	.358	.283
Communication	.743	.044	.861	.055	.245
Goals	.667	.309	.959	.186	.034
Resources	0.683	.237	.322	.363	1.087
Morale	.771	.174	.123	1.149	.155
Coherence	.726	.256	.075	.092	1.090
Innovation	.640	.550	.233	.111	1.710
Emporment	.618	1.544	.251	1.137	.207

It is noted in Table 7 that Integrity loading on the first factor is 1.583, while we find Adaption loading on the third factor is 1.315. In contrast, Motivation loading on the first factor .672, Leadership loading on the first factor 1.583, Influence has a lot of different movement low and high values, but in final it is loading on the fourth factor1.776. At the same time, Transparency loading on the first factor is .698, and Differences loading on the second factor is 1.186. Characeristic loading on the first factor .759, Communication loading on the third factor.861. Goals are loading on the third factor of .959, and Resources are loading on the fifth factor of 1.087. Morale loading on the fourth factor is 1.149, and Coherence loading on the fifth factor1.090. Innovation loading on the fifth factor 1.710, Emporment loading on the second factor 1.544

Tests of the hypotheses

After confirming the existence of a relationship between the dimensions of organizational health and job burnout, a multiple regression analysis was relied upon to address the hypothesis that was formulated as follows:

H1: *There is a statistically significant effect at the level of significance (0.05≥α)for organizational health on reducing the feeling of job burnout.*

The multiple regression analysis results indicate a positive effect of organizational health in reducing the feeling of job burnout, the value of the correlation coefficient in table 8 is (0.814), which is a statistically significant relationship. The calculated F value reached (38.220) with a level of significance (0.000). The coefficient of determination (R^2) value indicates that (66.3%) of the variance in job burnout is due to organizational health. Looking at the table 8 showed that a statistically significant effect of all dimensions of organizational health on reducing job burnout, where the calculated (t) value reached (1.353, 2.179, 1.25, .1.91, 1.24 , 1.42, 1.09, 3.24, 1.97, 1.84 , 1.07, 1.96, .2.44, 1.05, 1.70) ,and its statistical significance is less than (0.05), Other than individual differences, and innovation, the results did not show a statistically significant effect between them and job burnout, as the statistical significance of the two is higher than (0.05.

Table 8: Multiple regression analysis results to test the effect of organizational health dimensions on job burnout

Dimensions	Beta	t	Sig.	sig	DF	f	R2	r	Dependent Variable
Integrity	.78	1.353	.000*	<.005	3 322	62.285	.663	0.814	Job Burnout
Adaption	.50	2.179	.000*						
Motivation	.41	1.25	.000*						
Leadership	.71	1.91	.000*						
Influence	.65	1.24	.000*						
Transparency	.25	1.42	.000*						
Empowerment	.59	1.09	.000*						
Characteristic	.70	3.24	.000*						
Communication	.54	1.97	.000*						
Goals	.15	1.84	.000*						
Resources	.62	1.07	.000*						
Morale	.41	1.96	.000*						
Coherence	.64	2.42	.000*						
Innovation	**.29**	**1.05**	**.017**						
Differences	**.26**	**1.70**	**.033**						

$H_{1.1}$: *There is a statistically significant effect at the significance level (0.05≥α)for organizational health on reducing the feeling of emotional exhaustion.*

The results of the multiple regression analysis indicated in table 9 show that there is a positive effect of organizational health in reducing the feeling of emotional exhaustion, as the value of the correlation coefficient in table reached (.575), which is a statistically significant relationship, so the calculated F value reached (53.045) and at the level of significance (0.000). The coefficient of determination (R^2) value indicates that (33.1%) of the variance in job burnout is due to organizational health. The statistically significant effect of all dimensions of organizational health on reducing emotional exhaustion, Where the calculated value of (t) is less than (0.05), except for resource utilization is more than 0.05.

Table 9: Multiple regression analysis results to test the effect of organizational health dimensions on emotional exhaustion

Dimensions	B	T	sig	sig	DF	f	R2	r	Independent
Integrity	.24	2.564	.000*						
Adaption	.96	3.748	.000*						
Motivation	.69	1.376	.000*						
Leadership	.17	3.184	.000*						

Dimensions	B	T	sig	sig	DF	f	R2	r	Independent
Influence	.10	2.180	.000*	<.005	3 322	53.045	.331	.575	Emotional Exhaustion
Transparency	.53	2.652	.000*						
Empowerment	.27	5.546	.000*						
Characteristic	.52	1.839	.000*						
Communication	.47	1.912	.000*						
Goals	.09	31.874	.000*						
Resources	**.96**	**1.745**	**.026**						
Morale	.50	2.757	.000*						
Coherence	.33	2.454	.000*						
Innovation	.73	2.544	.000*						
Differences	.82	.875	.000*						

$H_{1.2}$: *There is a statistically significant effect at the significance level (0.05≥α)for organizational health on reducing the feeling of depersonalization*

The results of the multiple regression analysis indicate that there is a positive effect of organizational health in reducing the feeling of depersonalization table 10, as the value of the correlation coefficient reached (0.712), which is a statistically significant relationship, so the calculated F value reached (74.016) and at the level of significance (0.000). The value of the coefficient of determination (R2) of the variance in depersonalization is due to organizational health (50.7%). and its statistical significance is less than (0.05).

Table 10: Multiple regression analysis results to test the effect of organizational health dimensions on depersonalization

Dimensions	B	T	sig	sig	DF	f	R2	r	Independent Variable
Integrity	.88	2.585	.000*	<.005	3 322	74.016	0.507	0.712	depersonalization
Adaption	.20	1.328	.000*						
Motivation	.18	2.318	.000*						
Leadership	.28	1.491	.000*						
Influence	.43	3.72	.000*						
Transparency	.61	1.61	.000*						
Empowerment	.16	1.71	.000*						
Characteristic	.70	.167	.000*						
Communication	.27	1.48	.000*						
Goals	.36	2.01	.000*						
Resources	.32	2.56	.000*						
Morale	.83	1.34	.000*						
Coherence	.54	2.58	.000*						
Innovation	.76	.976	.000*						
Differences	.03	1.089	.000*						

$H_{1.3}$: *There is a statistically significant effect at the significance level (0.05≥α) for organizational health on reducing the feeling of Low personal achievement.*

All statistical results are quite satisfactory. As shown in the table 11 where the value of the correlation coefficient (0.783) which is a statistical function. Thus, the calculated F value reached (38,22) and the significance level (0.000). The value of the coefficient of determination (R^2 =61,3%). In addition, all dimensions are statistically significant less than is less than (0.05).

Table 11: Multiple regression analysis results to test the effect of organizational health dimensions on Low personal achievement

Dimensions	B	T	sig	VIF	sig	DF	F	R2	r	Independent Variable
Integrity	.129	2.417	<.005	1.031	<.005	3 322	38.220	0.613	0.783	Low personal achievement
Adaption	.069	1.175	<.005	1.231						
Motivation	.060	1.084	<.005	1.102						
Leadership	.114	2.094	<.005	1.076						
Influence	.132	2.371	<.005	1.120						
Transparency	.054	.989	<.005	1.076						
Differences	.060	1.062	<.005	1.131						
Characteristic	.022	.382	<.005	1.234						
Communication	.010	.172	<.005	1.171						
Goals	.077	1.279	<.005	1.309						
Resources	.031	.522	<.005	1.224						
Morale	.079	1.311	<.005	1.300						
Coherence	.052	.864	<.005	1.292						
Innovation	.068	.897	<.005	2.018						
Empowerment	.019	.295	<.005	1.433						

Discussion, Conclusions, Recommendation

Discussion

The study explains the impact of organizational health on reducing the psychological consequences of job burnout. The statistical results supported the positive, moral effect of the dimensions of organizational health on job burnout. These dimensions represent (institutional, adapting to the environment and problem solving, motivation, transformational leadership and optimal power equalization, influence, transparency, job characteristics, adequacy of communication, focus on goals, resource utilization, morale, cohesiveness, employee potential, except for individual differences and innovativeness, whose statistical results confirmed their lack of morale and their impact on reducing combustion among medical staff. This may be due to the nature of the study sample and the type of work they perform. It may not be directly related to innovation and not feel the individual differences between them. Thus, this study differs from the study (Hawamdeh & Abu-Shattal, 2011), which confirmed that (trust, adaptation, creativity, and independence are the dimensions that affect individual sources of work stress, while (clarity of goals, morale, resource utilization, balance). Authority, cohesion, communication, and problem-solving) have no statistically significant effect on individual sources of work stress. The results also showed that the research sample tends to have more males than females, which may be a regular thing in Arab societies.

The study confirmed the existence of an average level of organizational health application within the hospitals under study, which means that the awareness of the management of these institutions with the dimensions and concept of organizational health is average, which needs to raise awareness of the importance of organizational health. Thus, the current study agrees with the study (Abdelmajid & Bashir, 2020), which applied its study to a sample of 30 employees of transport managers in the state of Djelfa in Algeria. And the study (Khalaf, 2020) confirmed that there is an average interest from private university faculties in Baghdad in building university health organizations that contribute to achieving their goals. In addition, a study (Al-Subaie, 2016) clarified the level of application of organizational health dimensions to public secondary school teachers in the Jeddah governorate. At the same time, this study differs from the study (Ashour, 2021), which confirmed that the level of application of organizational health dimensions to 86 nurses, doctors, administrators, and auxiliary

services in health centers in the city of Qalqilya in Palestine is high, in addition to the study (Abu Hajeer, 2020) that the level of presence of health dimensions Regulatory over the employees of the Palestinian Islamic Bank is high. The study also confirmed the presence of high levels of job burnout among the medical staff, which explains the occupational pressures that the medical staff was exposed to due to the global epidemic. The real reason for the increasing burning feeling may be that no one can predict when this nightmare that destroyed the world and changed the nature of life will end.
The results also showed that the research sample tends to have more males than females, which is what can be expected in Arab societies. One of the most important conclusions of the current study is to identify the most important dimensions that have the greatest impact on reducing the feeling of job burnout, especially during crises such as the Covid-19 crisis, and these dimensions are arranged from the most influential to the least influential. Institutional integrity, empowerment, leadership, adapting to the environment and problem solving, adequacy of communication, influence, motivation, job characteristics, morale, focus on a goal, Transparency, individual differences, cohesion, innovation, and resource use, and thus the study differs from the study (Abdul-Majid and Bashir (2020), which confirmed that the most influential dimensions (morale, the influence of the manager, institutional orientation, social relations, institutional integration), and the study (Abu Hajeer, 2020) arranged the dimensions as follows (institutional integrity, basic structure, morale). For (Khalaf, 2020) believes that (abilities, creativity, organizational adaptation, and communication) are the most influential in achieving organizational effectiveness.

Conclusion & Recommendation

The importance of organizational health stems from the importance of the human element, as it is the essential element of institutional success, which must be taken care of and invested in raising its efficiency. Therefore, organizational health, which represents the results of motivation, empowerment, and impact, is one of the most important means to raise the efficiency of human resources in the organization.
Improving organizational health and upgrading its level is related to developing all the resources and inputs of the organization. It leads to a change in its culture, the view of the higher management of the employees working within it, and the need to involve them in making decisions, developing proposals for improvement, and delegating powers and authorities by creating the appropriate environment for creativity. Therefore, the researcher prepared an executive plan to implement the dimensions of organizational health within hospitals, which appears in table 12.

Table 12: The executive plan for organizational health and its reflection on reducing the feeling of job burnout

The dimension	the mechanism	Implementation requirements	responsible for implementation
Institutional Integrity and Transparency	-Increasing the level of institutional integrity and administrative transparency by distributing tasks and responsibilities fairly to individuals according to the medical staff's capabilities. -The hospital administration sends an annual and semi-annual informational message to the medical staff about the mechanism approved for distributing the returns it achieves; To deepen the staff's vision of hospital policy. -Job rotation of the medical staff between different departments to reduce	-Workshops to clarify the working mechanism and evaluation systems. -Workshops between senior management and managers of human resources management. -Re-formulation of performance indicators and	-Top Management in coordination with the Human Resources Department and the Public Relations Department

	monotony, routine, and sometimes favouritism for some. -Promoting ethical practices and linking performance appraisal to ethical behaviour. -Review operational KPIs and take corrective action if necessary. -Determining the required job level more accurately and more transparently.	requirements of tasks and functions.	
Adequacy of Communication & Focus on Goals	-Supporting communication channels between employees and hospital administration. -Creating an organizational culture based on the development of communication skills. -Stimulating the expression of opinions, proposals, and ideas on the development of the institutional climate. -Reconsidering the organizational structure; This is based on good communication channels in different directions (horizontal-vertical), which achieves integration and coordination between different departments and sections, which is reflected in the effectiveness of communication channels.	-Holding monthly meetings between the hospital administration and its staff.	-Top management in coordination with the Human Resources Department and the Public Relations Department
Adaptation to The Environment and Problem Solving, especially in Times of Crisis	- Lifestyle modification training: Lifestyle represents the goals of the individual and the attempts he makes to achieve his goals and includes his ability and motives. Thus, the behavioural responses that the individual makes to stressful situations may weaken his ability to resist. So, if a change occurs in the individual's lifestyle and habits, for example, he practices walking and reducing stimuli, which helps him face stress and manage it effectively. -Flexibility training; Flexibility from individuals within organizations and to express changing conditions, then Hassan changes tasks and steps. Flexible people are more able to change and accept it and more able to face difficulties due to what he has of a relationship that helps them solve a problem and face it.	-Training courses and workshops. -Holding friendly meetings between management and employees to discuss the problems facing the health staff and work to solve them.	-Top Management Trainers in Human Development and Psychological Counselors from inside and outside the hospital
Motivation, Morale, Job Characteristics, Individual Differences&	-Reducing the burdens entrusted to the medical staff as much as possible. By preparing flexible work schedules, creating employee assistance programs, preparing recognized mental health elevation programs, redesigning jobs, and implementing organizational policies that encourage social support	-Holding regular meetings with the Human Resources Department in its various departments to discuss ways of development	-Trainers in human development and psychological counselors from inside and outside the hospital

Resource Utilization	among managers, supervisors, and co-workers. -Promote programs of organizational measures that reduce stress and prepare recreational programs for employees to eliminate stress and increase interaction with each other in positive ways. -Providing the health staff's restrooms with televisions or large screens showing landscapes of the countries of the world that doctors and nurses watch while drinking coffee; This is to create a positive mental distraction to separate thinking from the hospital environment into nature. Encourage them to practice deep breathing, quick relaxation exercises, and quick rest. -Positive behavior training: This means training in saying "no", rejecting unacceptable requests, being able to express both positive and negative emotions, and expressing ideas in a good way. -Providing doctors and psychiatrists next to the health staff to provide psychological support to their colleagues and relieve their feelings of exhaustion, fatigue, and frustration, and to spread psychological comfort and psychological adjustment.	and renewal in job descriptions and work systems. - Organizing recreational group trips. - training courses and workshops.	-Top Management -Human Resource Management -Trainers in human development and psychological counselors from inside and outside the hospital
Employee Empowerment& Cohesiveness	-Training for self-development and personal characteristics. Individuals who suffer from poor mental health, a feeling of stress and an unwillingness to participate are characterized by low levels of self-confidence. If there is no escaping the feeling of stress at all in the work environment, training for self-development increases the ability to adapt to Stressful cases and reduce the harmful effects resulting from the feeling of pressure and professional tension and act as a barrier to the development of job burnout in the long term. -Expanding the circle of participation in decision-making among the medical staff. Furthermore, strengthening the feeling of the medical staff that they are partners in success, an integral part of the institutional entity. -Improving social relations between employees, which helps in improving their psychological state.	-Training courses and workshops on and off the job site.	-Higher Management Trainers in Human Development and Psychological Counsellors from inside and outside the hospital -The medical staff themselves
	-Attention to successful administrative leadership that seeks to avoid the conflict between the tasks and responsibilities assigned to employees	-Careful selection of effective	-Top Management

Transformational Leadership and Optimal Power Equalization, Influence	-Give positive feedback to the medical staff that is respectful and appreciative of their work. Inspirational motivation: This dimension depends on the actions and behaviours of the leader that arouse in the followers a love of challenge. -Intellectual arousal: The transformational leader searches for new ideas, encourages creative problem solving with subordinates and supports new and creative models for work performance. -Individual consideration: This characteristic appears through the style of the leader who listens gently and pays special attention to the needs of the followers and their achievements through the adoption of strategies of appreciation and praise. -Attractiveness (ideal influence), as this dimension describes the leader's behaviour who is admired, respected, and appreciated by his subordinates, as this requires sharing risks by the leader, putting the needs of his subordinates ahead of his personal needs, and performing actions of an ethical nature.	administrative leaders.	

Acknowledgement
the Deanship of Scientific Research at King Khalid University for funding this work through General Research Project under grant number (GRP/315/43).

References

Abu Hajeer, I. M. (2020). The availability of dimensions of organizational health and its relationship to outstanding performance (an applied study on the Palestinian Islamic Bank) (in Arabic). *Al-Istiqlal University Journal of Research*, 5(1), 360-394. 10.36554/1796-005-001-011

Al-Safawi, p. Y, Zia El-Din, S. e & Shaker, S.M (2010). The Use of Partial Least Squares Method to Remove Multicollinearity (in Arabic). *Iraqi Journal of Statistical Sciences*, 10(17),115-128 10.33899/iqjoss.2010.29093

Al-Subaie, F. M. (2016). Organizational health in secondary schools in Jeddah and its relationship to teacher commitment (in Arabic). *Journal of the College of Education*, 168 (2), 325-384. 10.21608/JSREP.2016.31783

Ashour, A. (2021). The Range of Applying the Organizational Health in Health Center in Qalqilya City (in Arabic). ". *Arab Journal for Scientific Publishing (AJSP)*,37(2), 520-554.

Baker, L.M, O'Brien, K.M & Salahuddin, N .M (2007). Are Shelter Workers Burned Out? An Examination of Stress, Social Support, and Coping. *J Fam Viol*, 22, 465-474. https://doi.org/10.1007/s10896-007-9103-1

Beek, I.V., Hu, O., Schaufeli, W.B., Taris, T. W., & Schreurs, B. H.J. (2012). For Fun, Love, or Money: What Drives Workaholic, Engaged, And Burned-Out Employees at Work? *Applied Psychology: An International Review*, 61 (1), 30-55. DOI:10.1037/a0024392

Bekai,A.& El Bachir, S.M.(2020). Determinants of organizational health and their impact on achieving job satisfaction - a field study in the Directorate of Transport in Djelfa (in Arabic). *Mafa`am magazine for in-depth philosophical and human studies*, 7, 55-70. https://www.asjp.cerist.dz/en/article/111954

Bianchi, R., Schonfeld, I.S & Laurent, E. (2018). Burnout Syndrome and Depression. In Y.-K. Kim, Y.K. (ed.) *Springer Nature Singapore Pte Ltd*, Understanding Depression, 187. https://doi.org/10.1007/978-981-10-6577-4_14

Hawamdeh, N, & Abu-Shattal , M.(2011) . Organizational Health Dimensions and Their Effects on Decreasing Job Stress: A Field Study of Public Sector Physicians in Jordan (in Arabic). *Yarmouk Research "The Human and Social Sciences Seri "*,1809-1831.

International Labour Organization (ILO). (2020). *Managing work-related psychosocial risks during the COVID-19 pandemic*: Geneva.

Keinan, G., & Malach-Pines, A. (2007). Stress and burnout among prison personnel. *Criminal Justice and Behavior*, 34 ,380-398. https://doi.org/10.1177/0093854806290007

Kipfelsberger, P., Herhausen, D., & Bruch, H. (2016). How and when customer feedback influences organizational health. *Journal of Managerial Psychology* .31(2) ,624-640. https://doi.org/10.1108/JMP-09-2014-0262

Kroupis, I., Kouli, O., & Kourtessis, TH. (2019). Physical Education Teacher's Job Satisfaction and Burnout Levels in Relation to School's Sport Facilities. *International Journal of Instruction*, 12(4). DOI:10.29333/iji.2019.12437a

Lu, A. C., & Gursoy, D. (2016). Impact of job burnout on satisfaction and turnover intention: do generational differences matter? *J. of Hosp. & Tours. Res*., 40(2), 210-235. https://doi.org/10.1177/1096348013495696

Maslach, Ch & Leiter, M. P. (2007). Burnout. In book: Encyclopedia of Stress. Fink, G., *Elsevier Inc*., 358–362. DOI:10.1016/B978-0-12-800951-2.00044-3

Maslach, Ch., Schaufeli, W.B, & Leiter, M.P. (2001). JOB BURNOUT. *Annu. Rev. Psychol*. 52 397-422. https://doi.org/10.1146/annurev.psych.52.1.397

Melhem, M. a. (2020). The Effect of Organizational Justice on Professional Burnout in Government Palestinian Schools. IUGJEBS, 28(2), 51-77.

Min, H. & Su, Sh. (2020). Examining relationships between personality profiles and organizational health outcomes. *Personality and Individual Differences* .164: 1-9. https://doi.org/10.1016/j.paid.2020.110118

Mueller, F., Jenny, J. G., & Bauer, G. F. (2012). Individual and organizational health-oriented readiness for change -Conceptualization and validation of a measure within a large-scale comprehensive stress management intervention. *International Journal of Workplace Health Management*. 5 (3), 220-236 .

Papastylianou, A., Kaila, M. and Polychronopoulos, M. (2009), Teachers' burnout, depression, role ambiguity and conflict. *Social Psychology of Education*, 12 (3), 295-314. DOI:10.1007/s11218-008-9086-7

Schaufeli, W.B., Leiter, M.P., Maslach, Ch. (2009). Burnout: 35 years of research and practice. *Career Development International* ,14 (3), 204-220. DOI 10.1108/13620430910966406

Schaufeli, W.B., & Taris, T.W. (2014). A Critical Review of the Job Demands-Resources Model: Implications for Improving Work and Health. In Bridging Occupational, Organizational and Public Health: A Transdisciplinary Approach; Bauer, G.F., & Hämmig, O. (eds). *Springer Science &Business Media*: Berlin, Germany ,3-68. DOI 10.1007/978-94-007-5640-3_4

Singh, A., & Jha, S. (2017). Scale Development of Organizational Health Construct. *Global Business Review*. 19(2) ,357–375. https://doi.org/10.1177/0972150917713522

Singh, A., & Sumi Jha, S., (2018). Exploration of people centric organizational health dimensions: a study of Indian R&D organization. *Industrial and Commercial Training*, 50(7/8) , 393-408. DOI: 10.1108/ICT-04-2018-0038

Suwanyuha, K., & Rinthaisong, I. (2018). Structural equation modeling of organizational health in the marine fisheries management section under the fisheries management bureau. *Kasetsart Journal of Social Sciences*. 39, 387-392. DOI:10.1016/j.kjss.2018.06.007

Tuan, L. T. (2013). Underneath organizational health and knowledge sharing. *Journal of Organizational Change Management*. 26 (1) ,139-168. DOI:10.1108/09534811311307950