INFLUENCE OF PERSONAL ORGANIZATIONAL FIT ON AFFECTIVE COMMITMENT AND MEDIATING ROLE OF EMOTIONAL EXHAUSTED AND PROFESSIONAL INEFFICACY AMONG NURSES AT LUWU TIMUR REGENCY.

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ABSTRACT

Nursing research in relation to emotional experience suggests that inadequate Personal Organisational Fit (POF) may be very substantial in understanding burnout rates. Burnout is a reaction that comes after a prolonged period of stress in the workplace. Most burnout studies indicate three components related to such emotional experience viz., exhaustion, depersonalization, and personal negative attainment. The employee may engage into dysfunctional behaviour if they cannot control the effect of such exhaustion. A study was conducted to analyze the effect of personal organizational fit on affective commitment. To arrive at the theoretical explanation study followed the theory of burnout. This research is quantitative research with survey data collecting method with questionnaire instrument, and descriptive and inferential data analysis method with inferential method includes ANOVA method and structural equation modeling. Results found that POF has a significant negative effect on inefficacy. POF has a significant negative effect on emotional exhaustion. While POF does not have significant effect on affective commitment in this research. Another result reports that inefficacy does not affect affective
commitment and emotional exhaustion has insignificant effect on affective commitment.

**Key words:** Person organisation fit, emotional exhausted, affective commitment, nursing studies

**INTRODUCTION**

The issue of burnout among nurses is quite common. The nurse's burnout is marked by nurses who are constantly sick and exhausted, feeling unappreciated, uncomfortable when going to work, feeling empty at work, and becoming insensitive to the patient (Fink, 2016). This situation if it continues will result in adverse health effects, careers of nurses as well as on patients service (University Alliance, 2016). According to Maslach and Leiter (1997, p.24) there are three dimensions of burnout. The first dimension is exhaustion - feeling too heavy, both emotionally and physically. The second dimension is cynicism - taking a cold, cynical attitude towards responsibility. Third dimension is ineffectiveness - is when people feel ineffective, feel the sense of inadequacy. Researching the scope of the nurse's emotional experience suggests that this experience may be very consequential to understanding burnout rates (Erickson and Grove, 2008). Although it is well known that emotions play a role in the concept of burnout studies show that experience and emotional management are essential for nursing practice (Aiken et al. 2001). Though such evidences are existing, research on how the emotional experience between nurses or whether the experience is directly correlated with job burnout has not been widely studied (Henderson, 2001; Bolton, 2000; Smith, 1992).

**Burnout**

Burnout is a reaction that comes after a prolonged period of stress at work (Lopez, 2013: 21). Ray et al (2013: 259) defines burnout as "feelings of helplessness and difficulty in dealing with work". It is a physical experience and an emotional and mental exhaustion that
comes along with continuing stress (Aghael et al, 2012: 2439). As a stress syndrome, burnout is characterized by high levels of exhaustion. Moreover, this high level of exhaustion persists, so it is seen as the core quality of burnout (Ter Hoeven et al, 2016: 3). In addition, it is also related to the dimensions of inefficacy or negative personal achievement. Unlike the exhaustion and depersonalization that comes from the workload and social conflict, Maslach et al (2001) comes from the depletion of resources in a person, henceforth he no longer feels any achievement. Another view suggests that inefficacy is a consequence of exhaustion and depersonalization. That is, someone who is exhausted, eventually depersonalized, then in turn loses a sense of achievement (Maslach et al (2001)

In parallel to the argument above, most burnout studies see this syndrome consisting of three components: emotional exhaustion (feeling emotionally overwhelmed and exhausted with work), depersonalization (negative and indifferent attitudes toward others), and negative personal achievement (loss feelings of self-competence and dissatisfaction with own achievement) (MacBeath, 2012: 27). Indeed, Agius and Formosa (2014) looked at it from another perspective by dividing burnout into two types: burnout due to personal problems and burnout due to work problems. The developed questionnaire, however, actually measures only the burnout of the emotional exhausted dimension and does not touch personalized depersonalization and personal achievement.

According to the authors, findings Brotheridge and Grandey (2002) support the importance of the role of perception of organizational fit in emotional work. A nurse who sees 'self-deception' as a professional ultimate feels that he or she has matched up to his/her job so that he/she looks positive on the aspect of his job and thereby lowers burnout. Similarly, the significance of patient care is evidenced that the nurse has matched his organization to feel that his/her work is of high significance to himself/herself (in Rushton et al (2015).
**Person-Organization Fit (POF)**

POF is defined as "the alignment between the pattern of organizational value and the pattern of personal value" (van Vuuren, 2006: 8). This alignment is considered important because the value of motivating a person to behave certain and motivation would be stronger if the same value is shared by others. If the value is embraced by the organization where it works, then the motivation will be even stronger. Meanwhile, van Vuuren (2006: 137) notes that POF affects the organizational commitment of employees.

Commitment is related to the attachment of employees to the organization. If employees do not intend to actually stop, then employees can show dysfunctional behavior or often do work trespassing. The most influenced commitment is affective commitment, namely the emotional attachment of employees with the organization (Papavero, 2009: 24). Correspondingly, POF affects job satisfaction and employee performance positively.

Papavero (2009) also reported that POF in terms of ethics affects employee interest and retention. Employee interest and retention come from CSR programs run by the company. Employees are even willing to be underpaid if the organization that employs it demonstrates moral conformity with it. This ethical conformity is measured using the stages of personal and organizational moral development.

**Affective Commitment**

Affective commitment is "affection of employees to their work, interpret the emotional attachment to, identify with, and involvement in the organization" (Yoveline, 2015: 355). Affective commitment is a desirable form of commitment because personals live with the organization because they want it (Engle, 2010: 116). This commitment is emotionally meaningful reflecting the emotional attachment of employees to their organizations (Hanisch, 2008: 8). Affective
commitment develops when employees are able to meet their own expectations and meet their needs within the organization (Bull, 2005: 54). The above revelations have shown various research variables along with the accompanying theories. Some have a strong conceptualization in scientific circles (affective commitment and Person-Organization Fit) while others lack a clear conception but are used in theories such as emotional desires and emotional resources.

**RESEARCH QUESTIONS**

Based on the background information and the situation identified above, the study pose following research questions.

1. Does Person Organization Fit (POF) affect the emotional exhaustion and professional inefficacy of health care nurses in East Luwu, South Sulawesi?
2. Does commitment affects emotional exhausted and professional inefficacy among health care nurses in East Luwu, South Sulawesi?

**RESEARCH HYPOTHESIS**

H1a: Increased Person-Organization Fit results in low emotional exhaustion.

H1b: Increased Person-Organization Fit results in low professional inefficacy.

H2a: High emotional exhaustion will result in low affective commitment

H2b: High professional inefficacy will result in low affective commitment

H3: Increased Person-Organization Fit will result in a high affective commitment
RESEARCH MODEL

The conceptual diagram for this study (Fig. 3.1) is adapted from the various theories already mentioned. The main theory is burnout theory from Maslach et al (2001). Burnout is then conceptually influenced by three things: Person-Organization Fit (van Vuuren, 2006). Each is drawn from the theory of Person-Organization Fit, Self-Efficacy, and Job Demand-Resource. Three variables are used because they are targeted at the emotional element and each is different from the source. In turn, burnout is conceived to affect affective commitment (Allen and Meyer, 1990) and health of nurses (Consiglio, 2014).

Figure 1. Theoretical frame

RESEARCH METHODOLOGY

This research is quantitative research with survey data collecting method with questionnaire instrument, and descriptive and inferential data analysis method with inferential method includes ANOVA
method and structural equation modeling. The study sites were selected health centre and hospitals in East Luwu Regency.

**Population and Sampling**

Sampling It is estimated that the total population of 8 services and 2 hospitals is 287 nurses. According to Krejcie and Morgan (1970) the number of suitable samples for respondents between 260-270 people is 155-159 people. Hence it is decided to use a sample of 156 people. But it is estimated that the response rate of nursing questionnaires is only 10-15%. Therefore, the value of 234 should be considered to cover only 15% of the total sample. To obtain a sample of this size, it takes the entire population of nurses offered to fill in the questionnaire. Through this way, a target of nurse 234 can be obtained. Target nurse for each hospital is distributed proportionally. Respondents were asked to fill in demographic information consisting of sex, age, and duration of work, as well as hospital / health centre where to work.

**Instrumentation**

As a form of compatibility between two things, the indicator of this suitability is the suitability between the indicators in both comparable terms, in this case, the organization and the employee. One popular measure used for POF is the OCP (Organizational Culture Profile) (O’Reilly et al, 1991). Unal and Turgut (2015) used 39 items from the original 40 items from O’Reilly et al (1991) by removing the "job enthusiasm" item that has the same meaning as the "I am enthusiastic with my work" item in the job involvement variable. The 39 items failed to load perfectly, and became 28 items in the final analysis. Interestingly, this amount is similar to that found by Sarros et al (2005). The 28 items are also contained in three groups. The first group is humanity, which corresponds to humanity in the study of Sarros et al (2005). The second dimension, responsibility and innovation, placing the environmental aspect of Sarros et al (2005) joining the dimensions of innovation. The final dimension is a stand-alone assertiveness with
three indicators. Taking into account the three developments in the POF measurements above, the researchers chose to use indicators from Unal and Turgut (2015). These indicators are more representative of POF, since the Unal and Turgut studies are directly directed towards the examination of POF variables rather than Sarros et al (2005) which focus only on organizational culture. Explanation of each dimension as follows:

a. Humanity

Humanity is the appropriateness between personals and organizations against values related to the handling of human resources within the organization.

b. Responsibility and Innovation

This dimension emphasizes the suitability of the values of the relationship between the organization and its environment, in response to the demands of contemporary business that demand the organization to be socially responsible and also develop innovations to enhance competitiveness.

c. Assertiveness

This dimension includes the suitability of personal and organizational values in moving forward; beyond what is a common requirement in general business practice. Respondents are asked to fill out a questionnaire, for example, with the question "how important are these values of life to you?" With the choice between "very much unimportant, unimportant, neutral, important, and very much important" in the choice of given value.

As discussed earlier, burnout can be operated into three dimensions, namely depersonalization, inefficacy, and emotional exhausted. Study Singh et al (1994) divides indicators based on role members (consumers, superiors, co-workers, and top management). That is,
there is depersonalization to consumers, depersonalization of superiors, depersonalization of co-workers, and depersonalization of top management. These indicators are highly relevant to the situation of emotional resources in accordance with the JD-R theory which looks at aspects in a person's social relations. This indicator can then be modified for the nurse's needs by replacing the role of top manager with the organization, i.e. the hospital in general. The three-dimensional burnout questionnaire was taken from Singh et al (1994: 11). Each scale consists of eight items so the total consists of 24 items. The scale is measured by the agreement of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

The most commonly used affective commitment indicators were derive from the concepts of Allen and Meyer (1990) which suggest the concept of organizational commitment in three dimensions: affective commitment, continuance commitment, and normative commitment. These indicators are still in use today (eg Zenker et al, 2017) The affective commitment questionnaire used a questionnaire developed by Allen and Meyer (1990: 6). The questionnaire consists of eight items with four of them being reversed items. The scale is measured by agreement of strongly disagree (1), disagree (2), neutral (3), agree (4), and strongly agree (5).

DATA ANALYSIS

Hypothesis testing is done with SEM as it can compare various models based on model fit indicator. SEM allows interconnected patterns between research constructs to be specified and based on a particular theory (Hoe, 2008). According to Hoe (2008), the SEM method can be used with a minimum sample of 200 respondents. Therefore this research can use SEM method for data analysis.
Table 1. Descriptive Statistics - Health facility - Difference Value of POF

<table>
<thead>
<tr>
<th>Code</th>
<th>Health facility</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>RSUD I Lagaligo</td>
<td>3,89</td>
</tr>
<tr>
<td>4</td>
<td>FKTP Wawondula</td>
<td>4,18</td>
</tr>
<tr>
<td>5</td>
<td>FKTP Sorowako</td>
<td>3,66</td>
</tr>
<tr>
<td>7</td>
<td>Health centersSorowako</td>
<td>3,78</td>
</tr>
<tr>
<td>8</td>
<td>Health centersWasuponda</td>
<td>3,69</td>
</tr>
</tbody>
</table>

From the above results it is known that the nurses from FKTP Wawondula has the highest POF value when compared to other facilities, while FKTP Sorowako has the lowest POF value compared to other facilities. The ANOVA test on the facilities type did not show significant values in the POF variables. Similarly, in the age group and age group and shift type, there were no significant differences.

ANOVA assay on emotional exhausted variables with differentiated names of fasyankes found no significant association, nor did the facilities and age groups. However, there are significant differences in the working group. Test found significant value (p = 0.018) with Levene test was not significant (p = 0.465). Post hoc tests are not executed because of two groups with one member i.e., the old working experience group (4 dna 5). The average emotional exhaustion value of this group is shown in the table.

Table 2. Descriptive Statistics - Differences in Emotional Exhaustion Rate based on length of service

<table>
<thead>
<tr>
<th>Code</th>
<th>Health facility</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-4 year</td>
<td>2.10</td>
</tr>
<tr>
<td>2</td>
<td>5-9 year</td>
<td>2.28</td>
</tr>
<tr>
<td>3</td>
<td>10-14 year</td>
<td>1.67</td>
</tr>
</tbody>
</table>
From the results it is known that nurses with work experience between 5 to 9 years have the highest emotional exhausted value compared to nurses in other work experience groups, while nurses with 10-14 years’ work experience have the lowest emotional exhaustion value compared to other work experience groups. The ANOVA test on the shift type did not show significant value in the emotional exhaustion variable.

ANOVA test on professional ineffectiveness variable with differentiator name of facilities found significant value ($p = 0.089$) with Levene test was not significant ($p = 0.827$). The LSD post hoc test found that differences existed in 1 and 8, 2 and 4, 4 and 5, and 6 and 8. The mean emotional resource values of this group are shown in Table.

Table 3. Descriptive Statistics - Differences in Professional Inefficacy Value based on the facility

<table>
<thead>
<tr>
<th>Kode</th>
<th>Health facility</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RS Inco</td>
<td>1.966</td>
</tr>
<tr>
<td>2</td>
<td>RSUD I Lagaligo</td>
<td>2.066</td>
</tr>
<tr>
<td>4</td>
<td>FKTP Wawondula</td>
<td>1.732</td>
</tr>
<tr>
<td>5</td>
<td>FKTP Sorowako</td>
<td>2.325</td>
</tr>
<tr>
<td>6</td>
<td>Health centersWawondula</td>
<td>1.925</td>
</tr>
<tr>
<td>8</td>
<td>Health centersWasuponda</td>
<td>2.333</td>
</tr>
</tbody>
</table>

From the above results it is known that nurses from Wasuponda Health Center have the highest professional inefficacy value compared to other facilities nurses, while nurses from Health centers Wawondula have the least professional inefficacy value compared to other facilities. The ANOVA test on facility type did not show significant value in professional inefficacy variables. Similarly, in the age group there was
no significant difference. However, there are significant differences in the working group. Test found significant value (p = 0.085) with Levene test was not significant (p = 0.710). Post hoc tests are not executed because of two groups with one member of the old work experience group (4 and 5).

Table 4. Descriptive Statistics - Differences in Professional Inefficacy Value based on length of service

<table>
<thead>
<tr>
<th>Kode</th>
<th>Health facility</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-4 tahun</td>
<td>2.06</td>
</tr>
<tr>
<td>2</td>
<td>5-9 tahun</td>
<td>2.11</td>
</tr>
<tr>
<td>3</td>
<td>10-14 tahun</td>
<td>1.86</td>
</tr>
</tbody>
</table>

From the above results it is known that nurses with work experience between 5 to 9 years have the highest professional inefficacy value compared to nurses in other work experience groups, while nurses with 10-14 years’ work experience have the least professional inefficacy value compared to other work experience groups. The ANOVA test on the shift type did not show significant value in the emotional exhaustion variable.

Based on the model of this structural equation, it is known as follows:

a. POF has a significant negative effect on inefficacy.
b. POF has a significant negative effect on emotional exhaustion.
c. POF has no effect on affective commitment.
d. Inefficacy does not affect affective commitment.
e. Emotional exhaustion has no effect on affective commitment.

As a final result, the above hypothesis test results show the following results.
H1a: A high Person-Organization Fit will result in low emotional exhaustion. This hypothesis is accepted because POF is known to be negatively related to emotional exhausted.

H1b: Increased Person-Organization Fit results in low professional inefficacy. This hypothesis is accepted because POF is known to be negatively related to professional inefficacy.

H2a: High emotional exhausted will result in low affective commitment. This hypothesis is rejected because emotional exhausted has no effect on affective commitment.

H2b: High professional inefficacy will result in low affective commitment. This hypothesis is rejected because professional inefficacy has no effect on affective commitment.

H3: Increased Person-Organization Fit will result in a high affective commitment. This hypothesis is rejected because the POF has no effect on affective commitment.

**DISCUSSION**

Study found no real differences based on type of hospital, age group, length of service, and shift type, on personal-organizational fit. This confirms that certain types of nurses may be suitable for a particular hospital while other nurses are suitable for different hospitals. Similarly, personal fit - the organization does not vary according to one's age. Older nurses and young nurses are capable of having personal fit - low or high organizations. Similarly, personal fit - the organization does not vary based on work experience. New nurses and old nurses can both sense personal fit - a high organization. Correspondingly, personal-organizational fit is also not significantly differentiated by shift; consequently day or night shift nurses alike can sense personal fit in weak or strong organizations. This confirms that a
personal-organizational fit may vary unpredictably over time or in different organizational and work styles.

These results confirm the findings of Lasalvia et al (2009) that work experience has an influence on burnout. The higher the nurse’s work experience, the lower the burnout experienced in the form of emotional exhaustion. However, this result is different from the findings of Lasalvia et al (2009) in terms of the higher the work experience, the more burnout perceived it should be. This may be because at a higher age, employees begin to accept their fate and have built a good relationship with the organization so that personal and organizational fit becomes high, which in turn reduces burnout.

However, this study contradicts Alhajjar (2013) who found that emotional exhausted associated with hospital type and shift, and vice versa actually associated with experience as found in professional inefficacy. This can be explained because emotional exhausted is stronger influenced by emotional interactions between nurses rather than by physical and physiological factors such as night and hospital type.

This finding partially supports the findings of Lasalvia et al (2009) and Alhajjar (2013) that work experience has an effect on burnout. But as with emotional exhaustion, professional inefficacy is also low as nurses' work experience increases, in contrast to findings of Lasalvia et al (2009). This can happen if the nurse also experiences an increase in professional skills over time, resulting in greater work experience, less feelings of inefficacy.

Meanwhile, this study is consistent with Alhajjar (2013) research that professional inefficacy is influenced by the name of the hospital. Hospital-type nurses have professional inefficacy of nurses in hospitals lower than nurses at FKTP and the highest at nurses at Puskesmas. This can be explained by the high specialization and complexity of hospital care. This provides many professional challenges to nurses.
rather than the monotony of work at FKTP and health centers. The nurse feels that the knowledge she obtains is more useful in the hospital than in the Health centers which only deals with mild complaints from patients.

However, this study contradicts the findings of Alhajjar (2013) that shifts have an effect on professional inefficacy. There was no real difference between normal shift nurses and night shift nurses on aspects of professional inefficacy. This can be due to measurement problems because the night shift nurses do not fully work at night. They have alternate hose schemes so sometimes work in the daytime anyway, same as nurses on normal shift. Therefore, it cannot be fully concluded that this study is different from Alhajjar’s research (2013).

The study found that the relationship of POF to emotional exhausted has a degree of significance of 0.046 <0.050 and C.R -2,000 indicating that there is a significant negative relationship between POF and Emotional Exhausted. Therefore, the higher the personal fit with the organization, the lower the emotional exhausted of the nurse. Conversely, the less suitable personals with the organization, the higher the emotional exhausted felt by the nurse. These findings support the hypothesis that high POF results in low emotional exhausted.

Personal fit - organization is a form of harmony between the organization's value pattern and the personal value pattern of the nurse. This study confirms the selection of personal-organizational fit theory (Kilroy et al, 2015) used by current research to be the theoretical foundation for nurse burnout. Therefore, personal-organizational fit theory is more appropriate and worthy of being used as a basis for wider burnout, while self-efficacy theory only applies to one-dimensional burnout ie professional inefficacy.

This study found that the relationship of POF to Professional inefficacy has a degree of significance of 0.002 <0.010 and C.R -3.141 <-2.00
indicating that there is a significant negative relationship between POF and professional inefficacy. Therefore, the higher the personal fit with the organization.

The fit of personal organizations is the harmony between the health service organization's value pattern and the personal value pattern of the nurses in terms of humanity, responsibility and innovation, and assertiveness. This study confirms findings from Lasalvia et al (2009) that work experience has an influence on burnout. Work experience determines decisions for the nurses whether the organization in which he or she is working is appropriate. If appropriate, the burnout can be suppressed as found in this study. Along with this also, this study confirms the findings of Alhajjar (2013) that burnout is associated with the type of hospital. Certain nurses fit certain types of hospitals while others do not. As a result, non-matching nurses experience burnout while those who do not feel burned fit.

The study further found that the association of emotional exhaustion to affective commitment has a degree of significance of 0.291 > 0.050 and C.R 1.057 <2.00 indicating that there is no significant relationship between emotional exhaustion and affective commitment. Therefore, higher level of emotional exhaustion of the nurse does not have implications for the high level of affective commitment of the nurse. This finding rejects the hypothesis that high emotional exhausted will result in a low affective commitment.

These findings add to the controversy in the study of the relationship between burnout and affective commitment because emotional exhausted and affective commitment has no significant effect on burnout. Previously, there has been controversy over whether burnout affects affective commitment (Colquitt et al, 2011) or affective commitment that affects burnout (Meyer et al., 2002; Lapointe et al., 2012; Marmaya et al., 2011). This study takes the first perspective, that burnout affects affective commitment, but even if the direction of the
relationship is reversed, the coefficients will only change marks, not change the degree of significance. This can be explained if there is a variable that mediates in full the relationship between burnout and affective commitment. This variable may be a nurse's performance (Colquitt et al, 2011). This means that only if the nurse's performance after a burnout changes, then the affective commitment changes.

This study found that the relationship of professional inefficacy to affective commitment has a degree of significance of 0.678> 0.050 and C.R -0.415> -2.00 indicating that there is no significant relationship between professional inefficacy and affective commitment. Therefore, the high level of professional nurse’s inefficacy does not have implications on the high low affective commitment of nurses. This finding rejects the hypothesis that a high Professional Inefficacy will result in a low affective commitment. These results differ from those of Meyer et al (2002), Lapointe et al (2012), Marmaya et al (2011), and Laschinger et al (2009). An insignificant relationship can occur if the burnout is mediated by a full mediator such as the performance of the nurse. That is, only if the nurse’s performance after experiencing professional inefficacy changes, then the affective commitment changes.

This study found that the relationship of Person-Organization Fit to Affective Commitment has a significance degree of 0.250> 0.050 and C.R -1,149> -2.00 indicating that there is no significant relationship between Person-Organization Fit and Affective Commitment. Similarly, the results of the mediation test indicate that the Fit-to-Organization relationship to the Affective Commitment through Professional Inefficacy has a Sobel (Z) value of 0.174 with a degree of significance of 0.862> 0.050, indicating no indirect association between Person-Organization Fit and Affective Commitment through Professional Inefficacy. The results of the mediation test also show that the Fit-Organization Relationship to Affective Commitment through Emotional exhausted has a Sobel (Z) value of -0.936 with a significance
degree of 0.349 > 0.050, indicating no indirect association between Person-Organization Fit and Affective Commitment through Emotional exhaustion. Therefore, the high level of Personal Compatibility with the nursing Organization does not imply the high nuisance of the nurse’s Affective Commitment. This finding rejects the hypothesis that a high Person-Organization Fit will result in a high Affective Commitment. This result contradicts the research of O’Reilly et al (1991) that personal-organizational fit affects work commitment. This difference may be due to aspects of the research design. The study used a cross sectional approach, while ideally, studies that tested personal organizations fit with longitudinal commitments such as O’Reilly et al’s (1991) study. Longitudinal research selects the commitment factor so it must have happened in the past. The present study cannot separate between the commitment an aspect caused by temporal differences and hence, is less able to explain the dynamics that can occur between personal fit - organization with work commitment.

This study found that the relationship of Emotional Resources to affective commitment has a degree of significance of 0.043 > 0.050 and C.R -2.023 < -2.00 indicates that there is a significant negative relationship between Emotional Resources and Affective Commitment. Meanwhile, the results of the mediation test show that the relationship of Emotional Resources to affective commitment through profession inefficacy has Sobel (Z) value of 0.173 with the degree of significance of 0.862 > 0.050, indicating no indirect relationship between emotional resource and affective commitment through Professional Inefficacy. The results of the mediation test also show the relationship of emotional resources to affective commitment through emotional exhaustion has Sobel (Z) value of 0.469 with the degree of significance of 0.639 > 0.050, indicating no indirect relationship between emotional resource and affective commitment through emotional exhausted. Therefore, the high Emotional Sources of the nurse result in the lower.
IMPLICATIONS OF THE STUDY

The theoretical implications resulting from this research are as follows:

Since personal-organizational fit also affects professional inefficacy, it can be argued that personal-organizational fit theory is also a suitable theory as the basis of burnout. When compared between the two theories, personal-organizational fit theory is a theory that is better able to explain burnout because personal-organizational fit also has a significant effect on emotional exhausted, in contrast to self-efficacy theory that has no impact on emotional exhausted.

This research does show some insignificant relationship of the model. This study found that one's self efficacy can affect its affective commitment, even though it is mediated by burnout. A person with low self-efficacy may be highly committed to the organization, as well as someone who has high self-efficacy. Meanwhile, the personal fit of an organization has no effect on affective commitment and emotional resources have no effect on burnout. This may lead to the need for some particular mediation variables that can fully mediate the relationship of predictor variables. Employee performance variables can mediate the influence of personal-affinity variables - organizations with affective commitment while other variables may mediate the influence of emotional resource variables on burnout.

CONCLUSION

In this study, the researcher examined the relationship between the personal fit of the nurse with the health care organization he / she worked. As expected, the personal nurse's suitability with the organization had a significant negative effect on emotional exhausted and professional inefficacy of the nurse. The results indicates that high Person-Organization Fit results in low emotional exhausted; high Person-Organization Fit results in low professional inefficacy; high emotional exhausted does not result in low affective commitment; high
professional inefficacy does not result in low affective commitment; and no significant correlation of mediation is found through Profession Inefficacy. The study provide better insight into the relationship between person organisation fit and affective commitment and the mediating role of emotional exhaustion and professional inefficacy, among nurses in the health facilities of Luwu Timur regency.

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