**Perceived Organizational Support moderates the effect of Job Demands on outcomes: testing the JD-R model in Italian oncology nurses**

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*Author contribution statements*

TR and MB worked on the original idea and carried out the detailed conceptualization and investigation of this research. MB finalized the methodology. KC carried out the data collection. MB carried out data analysis and wrote the results section. TR, GS, and MB carried out the write-up of this project, including the writing of the original draft. The authors declare that there are no potential conflicts of interest concerning the research, authorship, and/or publication of this article.

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**Abstract**

Objectives: The research aimed to test the JD-R model on a sample of Italian oncology workers, and the role of POS as a moderator of the effects of Job Demands on outcomes (job satisfaction and burnout).

Methods: Basing on the JD-R (Job Demands-Resources model), a correlational study was designed to investigate the relationships between JD, Perceived Organizational Support (POS) as a job resource, Self-Esteem (as a personal resource), and job outcomes (burnout and job satisfaction); the research involved a sample of oncology nurses (N = 235) from an Italian public hospital, who completed a questionnaire during working hours. Relationships between variables were investigated with multiple regressions and moderation analysis.

Results: Results confirmed that Job Demands predict both burnout and job satisfaction; the Perceived Organizational Support is a weak predictor of job outcomes, but its mediator role in the JD-outcomes relationship was confirmed: the more the nurses perceive a supportive organization, the weaker the positive relationship between job demands and burnout.

Significance of Results: Findings are consistent with other contributions that highlighted that organizational job resources may attenuate the adverse effect of job demands on positive and negative outcomes: perceived organizational support may play a central role in employee’s well-being and health, acting as a possible moderator, and somehow defusing the positive association between Job Demands and outcomes.

Keywords: Job Demand, Perceived Organizational Support, Burnout, Oncology, Nurse.

**Introduction**

Nurses in healthcare environments, in daily contact with suffering patients, terminal situations, and impacting treatments, are one of the categories most exposed to the risk of work stress, turnover, dissatisfaction, and burnout (e.g., Gama et al. 2014; Jennings 2008; Gómez-Urquiza et al. 2020); among the main organizational determinants of negative work outcomes between healthcare workers are the quality of working conditions, interpersonal relationships, role conflict, and high work demands (e.g., Maslach et al. 2001; Rizo-Baeza et al. 2018; Gómez-Urquiza et al. 2020); among the organizational factors that are instead considered protective of negative outcomes, the perception by employees of how attentive the organization is in evaluating and enhancing both the contributions received from its workers and their state of well-being (Perceived Organizational Support - POS) appears to have a relevant role (Bao & Zhong 2019; Xu & Yang 2021; Yi et al. 2018; Zeng et al. 2020).

Numerous studies have explored the role of cognitive and emotional demands and resources on workers’ outcomes (i.e., emotional exhaustion, commitment, job satisfaction, etc.) within the Job Demand Resources (JD-R) model (e.g., Bakker & Demerouti 2017; Li et al. 2022;)

the model (Shaufeli & Taris 2014; Xanthopoulou et al. 2012) hypothesizes the development of job strain and burnout when the individual perceives an imbalance between Job Demands and Resources at work (Bakker & Demerouti 2017); the JD-R model, furthermore, theorizes that work outcomes are the result of the interaction between work demands and resources (i.e., support) to deal with them.

Basing on the JD-R model, correlational research was designed with the participation of a homogeneous sample of oncology nurses from an Italian public hospital, who filled out a questionnaire that investigated the relationships between Job Demands, POS, intended as Job resource, Self-Esteem, as Personal resource, and job outcomes (burnout and job satisfaction). More specifically, as regards the theoretical contribution, the research aimed to test the JD-R model on the sample of Italian oncology workers, and the role of POS as a moderator of the effects of Job Demands on outcomes.

The results of the research can provide indications both for the development of practices for managerial and peer support, the implementation of policies for the prevention of burnout (e.g., training, empowerment, prevention, team building, operational solutions, etc.), and one-to-one support tools (e.g., sick days, absences, turnover, etc.) (Ahmad et al. 2022; Crawford et al. 2010; Serban et al. 2022).

**Job Demands-Resources Model in the Oncology setting**

The Job Demands-Resources Model (JD-R) (Bakker & Demerouti 2017; Brauchli et al. 2015; Xanthopoulou et al. 2009) is one of the most used conceptual frameworks in the study of the relationship between organizational factors, personal factors, and job outcomes. According to this model, the work environment is composed of: (a) Job Demands (physical, social, and organisational factors that require effort and costs) (Bakker & de Vries 2021; Bakker & Demerouti 2017) which are not necessarily negative but may require an activation effort; (b) Job Resources which represent a set of variables of different nature (organisational, relational, psychological) that have a positive relationship with work outcomes, but an inverse relationship with work demands (Bakker et al. 2007; Broetje et al. 2020; Xanthopoulou et al. 2009).

There are a limited number of studies that have used the JD-R model on samples of oncology healthcare workers, despite they are considered among the categories with the highest levels of job demands (Costeira et al. 2022; Wazqar 2018), burnout and dissatisfaction (Adil & Baig 2018; Lazarescu et al. 2018).

**Job Resources and the role of Perceived Organization Support**

Recent studies underline that Perceived organizational support (POS), as organizational resource (Kurtessis et al. 2017; Lee & Peccei 2007), may impact work outcomes, and play a role in perceptions related to Job Demands.

The POS represents the set of perceptions of the worker relating to how attentive the organization is to the aspects of well-being, operational support, and staff development (Zeng et al. 2020). Organizational support theory (Caesens & Stinglhamer 2020; Rhoades & Eisenberger 2002) theorizes that perceptions of support are determined not only by aspects of operational management support, but also by environmental, remuneration, and fairness aspects.

In healthcare workers, a high level of POS seems generally associated with better job outcomes and positive psychological state (e.g., Zeng et al. 2020), lower strain symptoms such as anxiety, fatigue, and burnout (Grama & Băiaș 2018; Lecca et al. 2020; Rhoades & Eisenberger 2002; Wu et al. 2016), and higher job satisfaction (Canboyet al. 2021; Kurtessis et al. 2017). Similar indications have been provided by other research on nurses in public and private hospitals (Özyer, Berk & Polatcı 2016; Riggle et al. 2009); however, few studies have explored the relationship between POS and job outcomes in oncology workers (Guveli et al. 2015; Head 2019; Yi et al. 2018).

Referring to recent evolutions of the JD-R model, furthermore, some job resources seem to have a possible moderating role on the effects of job demands on outcomes (e.g., Bao & Zhang 2019; Tummers & Bakker 2021; Xu & Yang 2021); ); anyway, very few contributions on the healthcare sector have tested it, and equally few with a sample of nurses; since several studies in other work sectors have confirmed the role of POS as a possible moderator between some organizational determinants of stress and outcomes, it appears useful to explore these relationships in samples of oncology nurses (Canboy et al. 2021; Serban et al. 2022). **Personal Resources: the role of Self-Esteem**

Among the so-called personal resources, self-esteem has developed some interest in the JD-R model of work outcomes; healthcare workers with higher self-esteem seem to better cope with job stress, as having a healthy confidence in one's skills and self-concept helps them to put in place efficient stress management with clarity and composure of thought. Since it is clear that self-esteem affects the way people consider themselves, and influences their professional development some studies have investigated its relationship with work outcomes (Johnson et al. 2020; Kupcewicz & Jóźwik 2020; Molero Jurado et al., 2018). In HCWs, self-esteem is proven to be positively associated with job satisfaction (Lee & Peccei 2007), as well as for intensive care unit nurses (ICU) (Liu et al. 2017); nevertheless, as yet no research has looked at the role of self-esteem on the outcomes of oncology nurses. Based on the above-described framework and rationale (Bakker & Demerouti 2017), the present research integrated insights provided by literature (Serban, et al. 2022; Turnell et al. 2016; Zeng et al. 2020) in a model in which Job Demands, POS (as an organizational resource) and Self-esteem (as a personal resource) are considered as antecedents, and burnout and job satisfaction as the outcomes (Figure 1).

Given the assumptions of the JD-R model (Bakker & Demerouti 2017), and based on the evidence provided in the literature, we, therefore, hypothesized as follows:

*Hp1***:** *Job Demands will significantly predict job outcomes*; more specifically, we expect that high levels of Job Demands will positively predict high burnout levels (*Hp1a*), and negatively high job satisfaction levels (*Hp1b*).

Overall, from a review of the literature, it is clear that in HCWs, support from colleagues and from management is negatively associated with burnout (Rizo-Baeza 2018; Wazqar, 2018), and positively with job satisfaction (Assiri et al. 2020; Courtnage et al. 2020; Kitajima et al. 2020). Consequently, it seems correct to assume that:

*Hp 2***:** *POS will significantly predict job outcomes*; more specifically, we hypothesize that high levels of POS will negatively predict high burnout levels (*Hp1a*), and positively high job satisfaction levels (*Hp2b*).

Based on the indications provided by the theoretical framework and previous research (Costeira et al. 2022; Gama et al. 2014), it is possible to assume that:

*Hp 3*: *Self-esteem will significantly predict job outcomes*; more specifically, we hypothesize that high levels of Self-Esteem will negatively predict high burnout levels (*Hp3a*), and positively high job satisfaction levels (*Hp3b*).

As a result of the above-mentioned indications and again referring to the JD-R model, we hypothesized as follows:

*Hp 4:* *the interaction effect of JD x POS will be significant* both for burnout (*Hp4a*) and job satisfaction (*Hp4b*). The association between Job Demands and Outcomes will vary as a function ofPOS levels.The tested model and research assumptions are shown in Figure 1.

**Methods**

**Research design**

This research adopts a quantitative approach with a cross-sectional design.

**Participants**

The Italian National Health Service guarantees healthcare for cancer patients, the provision of palliative care, and through collaboration with the rich network of voluntary associations, also guarantees home care. The hospital, with over 1500 employees, operates in an area with a high population density. The oncology department is organized into three services: an oncology hospital, an operational unit, and a hospice.

**Measures**

Participants completed the first section of the questionnaire with socio-demographic information and then they filled out a questionnaire made up of the following measures:

*The Perceived Organizational Support scale*, originally developed by Eisenberger et al. 2014, and based on literature indications (the majority of studies on POS use a short form developed from the 17 highest-loading items in the POS; Eisenberger et al. 2020), is a scale that measures the perceptions of beneficial treatment received by employees (e.g., “The organization where I work cares about my mental and physical well-being”). In the present study, POS was measured by the Italian version (eight items) (Di Stefano et al., 2020; Muse and Stamper, 2007). All items were on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Cronbach’s alpha coefficient was .95.

*The Rosenberg Self-Esteem Scale* (Rosenberg 1965; Italian adaptation by Sartirana et al. 2013), is a 10-item scale that estimates global self-worth by measuring positive and negative feelings about the self (e.g., “I feel that I have a number of good qualities”). Items are answered using a 4-point Likert scale format ranging from “strongly agree” to “strongly disagree”. Cronbach’s alpha coefficient was .79.

*The Professional Quality of Life Scale* (ProQoL; Stamm 2009; Italian adaptation by Palestini et al. 2009), aims to gauge the professional quality of life, through the measurement of three aspects of professional quality of life: Compassion Satisfaction (CS), Compassion Fatigue (CF) and Burnout (BO). In the present study, only the CS and BO dimensions of the ProQOL were utilized. The Satisfaction subscale (8 items) measures the employees’ satisfaction with their ability (e.g., “My work makes me feel satisfied”). The burnout sub-scale (7 items) measures if the worker is experiencing symptoms of burnout (e.g., “I feel worn out because of my work”). Items were rated on a 5-point scale. Participants were asked: *in the last month how many times,* ranging from 1 (never) to 5 (very often). Cronbach’s alpha coefficient for Compassion Satisfaction was .86, and .88 for Burnout.

*Job Demands* were measured with a *scale* from the literature (Bakker & Demerouti 2017; Lesener et al. 2019), that measures work pressure and emotional demands. (e.g., “I have to work very fast/My job requires me to keep a lot of information in mind at once”). In the present study, JD was measured by the Job Demands Italian 27-item scale version (De Carlo et al., 2008). The items were rated on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree.) The scale is believed to be unidimensional. Cronbach’s alpha coefficient was .83.

*Socio-demographic variables,* participants were asked to give information on theirsocio-demographic characteristics, such as gender, age, education, marital status, shift work, and seniority.

In order to address response bias and common method variance, we recurred to the suggested methods in literature (Baumgartner et al. 2021; Kock et al. 2021; Podsakoff et al. 2003) and various scale endpoints and formats for the measured variables were used to reduce method biases caused by commonalities in scale endpoints and anchoring effects, and scales were graphically separated.

**Data analyses**

The analytical approach was correlational. Cronbach’s alphas and zero-order correlations were used to assess the scales’ internal consistencies and examine associations between pairs of continuous variables; with the purpose of exploring the differences in the measured variables related to socio-demographical and work variables, independent sample t-tests, ANOVAs, and correlational analysis were carried out, using IBM SPSS 23. Relationships between measured variables were examined through correlation analysis and multiple regressions, using SPSS 23 and SPSS PROCESS Macro 3.3.

More specifically, two moderation analyses were run to verify whether POS moderated the relationship between Job Demands (and vice versa) and outcomes (burnout and job satisfaction). For each analysis, PROCESS model number 1 with the macro developed by Hayes was run, estimating the relationship between the predictor and the criterion at low, medium, and high levels; the PROCESS macro allows bootstrapping (Hayes 2018), a nonparametric resampling procedure that does not assume normality and involves the extraction of several thousand subsamples (5,000, in the present case) from a dataset. Through bootstrapping, the distribution of effects is empirically approximated and used for calculating confidence intervals (Preacher & Hayes 2004). For each association, the unstandardized B coefficient along with the 90% lower and upper limits of its respective confidence interval will be provided. Interactions were probed through the Johnson-Neyman technique. This technique provides a region of significance of the effect of X on Y; that is, it provides a continuum where the conditional effect of X on Y transitions between statistically significant and not significant at the alpha level of significance (Hayes 2018).

Ethical Consideration

Before administration of the questionnaire, according to the Helsinki Declaration and APA ethical standards, employees (a) were advised about their right to decline or withdraw to participate at any time, (b) confirmed that the instructions were clear, (c) were informed about all relevant aspects of the study and (d) agreed to participate in the study. Data were managed in line with the EU General Data Protection Regulation (GDPR); the study was approved by the ethics committee of the Faculty of Human and Social Sciences at the “Kore” University of Enna with code: UKE-IRBPSY-09.22.02.

**Results**

*Recruitment.* The Hospital was approached through a formal request to participate in the project, which was presented to managers and the head of the unit. A project on “Work-related stress and organizational resources” dedicated to all the nurses (N = 275) in the oncology ward of a Sicilian public hospital started in June 2021; a cross-sectional study was then carried out from 10 September 2022 to the end of December 2023, involving 262 voluntarily participating nurses from three different units: oncology hospital, hospice, and operational unit, from the same geographical area (southern Italy) (Table 1). At the end of a short training meeting conducted by two researchers relating to the aforementioned project, during working hours, the nurses were given a paper and pencil questionnaire to complete and return in 5 days. To those absent from the meeting, a link was sent to complete the questionnaire online via Google form.

*Descriptives.*

No gender differences occurred for any of the variables, and no relationships between age or seniority and measured variables resulted from statistical analyses. Moreover, the ANOVA did not reveal any significant differences between groups regarding the level of education, marital status, and work structure for any of the considered variables. A barely significant difference between nurses with night and day shifts was found for Job Demands (t233 = -2.1; *p* < .05; day shift, mean = 4.02, *SD* = .98; night shift, mean = 4.39, *SD* = .87).

*Correlational analysis.* Job Demands resulted significantly positively correlated with burnout and negatively with job satisfaction; moreover, both POS and Self-Esteem were significantly negatively correlated with burnout and positively with job satisfaction. Table 2 depicts descriptive statistics and correlations between study variables.

*Regression analysis.* With the aim of testing hypotheses, two multiple linear regressions including burnout and job satisfaction as criterion variables, Job Demands, POS, and Self-Esteem as main predictors, were performed (Table 3).

Burnout was positively predicted by Job Demands, and negatively by POS and Self-Esteem, confirming hypotheses 1a, 2a, and 3a. The interaction term (POS X JD) was statistically significant (Table 3), therefore, confirming Hypothesis 4a. Predictors explained about 27% of the burnout’s variance.

Regression analysis revealed that job satisfaction was positively predicted by POS and Self-Esteem, and negatively by Job Demands, thus confirming hypothesis 1b, 2b, and 3b. The interaction term (POS x JD) was statistically significant, confirming hypothesis 4b. Predictors explained about 23% of the job satisfaction’s variance.

*Moderation role of POS between JD and outcomes.* The interaction between Job Demands and POS, with respect to outcomes, was probed through the Johnson-Neyman technique (value = 30.03). The positive association between Job Demands and Burnout was significant at low (b = .69, CI: [0.379, 1.011]) and medium levels of POS (b = .43, CI: [.246, .631], while it was not significant at high levels of POS (b = .22, CI: [-.016, .464]) (Table 4 and Figure 2); the overall equation was significant (R2 = .16; F(3, 230) = 33.01; *p* < .000), and the Job Demands by POS interaction significantly increased the explained variance (R2 change = .027, F (1, 232) = 5.40; *p* = .021). This outcome indicates that the more the nurses perceive a supportive organization, the weaker the positive relationship between Job Demands and Burnout (Figure 2).

The negative association between Job Demands and Satisfaction was significant at low (b = .49, CI: [0.308, .688]) and medium levels of POS (b = .29, CI: [.179, .41], while it was not significant at high levels of POS (b = .125, CI: [-.018, .269]) (Table 5 and Figure 3); the overall equation was significant (R2 = .18; F(3, 230) = 12.42; *p* < .000), and the Job Demands by POS interaction significantly increased the explained variance (R2 change = .047, F (1, 232) = 9.37; *p* = .0026). This outcome indicates that the more the nurses perceive a supportive organization, the weaker the negative relationship between Job Demands and Satisfaction (Figure 3).

**Discussion**

Oncology nurses are particularly prone to burnout and dissatisfaction due to various professional practice circumstances and working conditions that can lead to physical and emotional exhaustion, turnover, or sick leave (e.g., Woo et al. 2020): they are asked to provide care with patience and empathy (Khamisa et al. 2015) and at the same time, must cope with a stressful environment as a result of daily contact with patient suffering and emotional demands.

In line with the theoretical framework, results confirmed that Job Demands predict both Burnout and Job Satisfaction, in the present sample of oncology nurses; POS, on the other hand, is a weak predictor of job outcomes, but the results confirm the possible mediator role proposed by the JD-R model and the references in the literature (e.g., Serban et al. 2022); self-esteem, furthermore, proves to be a predictor of burnout, in particular (Johnson et al. 2020). Overall, the most significant result appears to be the interaction between the Job Demands and POS: this latter may be responsible for a possible buffer effect on the relationship between Job Demands and outcomes.

*Theoretical implications.* The present results are in line with the JD-R theory (Bakker et al. 2022; Li et al. 2022), confirming that outcomes are predicted by job demands and consistently with the idea that high demands at work are related to poorer outcomes (e.g., satisfaction, burnout) (e.g., Li et al. 2022), and performance (Rao & Krishna 2021).

Always in line with the JD-R Model, as regards self-esteem, findings suggests that personal resources predict burnout and, to a lesser extent, satisfaction levels.; from an empirical standpoint, our findings are also consistent with other contributions that have shown that organizational job resources may attenuate the adverse effect of Job Demands on positive and negative outcomes: POS may play a central role in employee’s well-being and health, acting as a possible moderator, and somehow defusing the positive association between job demands and outcomes, also in oncology setting; POS is considered an organizational resource that can generate a range of positive emotional perceptions and experiences in the workplace (Özyer, Berk & Polatcı 2016), and can replenish resources consumed by emotional labour and counter time pressure (Riggle et al. 2009); as also reported by other studies on oncology workers, Human Resource (HR) management focused on support and team collaboration will lead to workers perceiving high level of job satisfaction and lower level of burnout (Courtnage et al. 2020).

In work contexts with high emotional demands, POS appears to be able to modulate the effects of JDs on outcomes with a sort of buffer effect; according to the organizational support theory (e.g., Eisenberger et al. 2020; Xu & Yang 2021), POS has been shown to have significant benefits for workers and organizations: high POS workers suffer less burnout at work, are more inclined to return to work after injury, and show better performance indicators (Kurtessis et al. 2017; Rhoades & Eisenberger 2002), possibly because employees value POS partly because it meets their needs for approval, esteem, and affiliation, and provides comfort during times of stress (Lecca et al. 2020). Overall, the present research provides a valuable contribution to the literature on the relationship between the main organizational and personal factors considered in the JD-R model, on positive and negative outcomes among oncology nurses.

*Practical Implications*.

The results provide indications to HR managers in oncology departments and institutions. It seems clear that it is possible to intervene on organizational and personal variables to weaken the natural impact of Job Demands on outcomes in oncology settings. Measures should focus on primary and secondary prevention and be aimed at avoiding negative consequences for nurses and their patient’s quality care, such as job burnout, as well as reduced nurse satisfaction (Riggle et al. 2009). Furthermore, both training and individual and organizational interventions (e.g., job design, empowerment, increasing job control, etc.), in addition to burnout prevention, should focus on the optimization of the balance between job demands and resources.

The need to ensure oncology workers’ well-being should involve the periodic monitoring of specific psychosocial and organizational factors linked to outcomes and motivation. Flexible training designed to generate a high level of work engagement and self-esteem (e.g., emotional strength, coping strategies, acceptance, etc.), by virtue of the feedback effect of these outcomes on organizational perceptions (e.g., perceptions of management support) and Job Demands (Crawford et al. 2010; Serban et al. 2022), should be implemented by healthcare institutions. Moreover, since the type of behaviour triggered by resources would lead to advantages both for the individual and the organization (Schaufeli & Taris 2014), measures should focus on the exploration of emotional demands, enhancement of management-supporting activities, and personal resources (e.g., self-esteem). In organizations characterized by supportive management and sustainable human resource management, workers have higher levels of job satisfaction, sense of citizenship, and loyalty, and are more inclined to share corporate values and goals; the POS as evidence that the organization intends to assist everyone's work, but also a tool to take care of performance

 (Eisenberger et al. 2016).

**Limitations and further research**

It is important to underline that the results of this study are to be considered with caution and at the same time it is necessary to consider its various limitations.

First, the cross-sectional design of the study precludes conclusions about the possible causal direction of the observed relationships between variables. The nature (of convenience), the extension, and the homogeneity of the sample, moreover, limit the generalizability of the results, which should certainly be confirmed in similar samples in other cultural and organizational contexts. Considering some indications in the literature (Johnson et al. 2020; Kupcewicz & Jóźwik 2020), we preferred not to explore the possible role of moderator of self-esteem between JD and outcomes; however, given that self-esteem is also clearly related to perceptions of the work environment and good relationships at work, it is possible that the research has missed an opportunity to better explore its role in the reference model.

It is therefore necessary that future studies should: (a) given that past research suggested that these constructs may influence each other over time (e.g., Xu & Yang 2021; Bakker et al. 2022), investigate with longitudinal studies the relationships and interactions between Job Demands, resources, and outcomes; (b) consider the differential role of specific dimensions of Job Demands (e.g., cognitive, emotional, physical, etc.), different job resources (e.g., autonomy, leadership, role ambiguity, leader-member exchange, etc. ), and personal resources (e.g., self-efficacy, optimism, resilience, flexibility) that may be relevant for oncology workers; (c) although the indications in the literature seem to be in line with our assumptions (e.g., Li et al. 2022), it appears fundamental to explore the tested causal direction through studies with larger samples, experimental or longitudinal designs, and in different geographical and cultural contexts; (d) to overcome the limitations imposed by self-report measures, consider implementing third-party evaluations by supervisors or colleagues as well as objective data and possibly measurements of variables at different level (individual, group, team, organizational, etc.).

**Conclusions**

Oncology nurses are a population of workers exposed to multiple risk factors for psychological health, both environmental, relational, and role-related. The results of the present study support the need for organizations to create work environments that through favourable relationships and support at work can improve dedication to organizational objectives, prevent negative outcomes, and increase performance (Baran et al. 2012; Barattucci et al. 2020).

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**Table 1**

*Sample description*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Gender | Age (years) | Seniority (years) | Night shift |
| Ward | N (%) | Woman | Man | Mean (*SD*) | Mean (*SD*) | N (%) |
| Oncology hospital | 63 (27%) | 37 (58%) | 26 (42%) | 48.4 (7.4) | 14.3 (9.0) | 43 (68%) |
| Hospice | 145 (62%) | 74 (51%) | 71 (49%) | 42.9 (9.2) | 12.4 (9.8) | 96 (66%) |
| Operational unit | 27 (11%) | 13 (48%) | 14 (52%) | 48.2 (8.1) | 15.6 (7.9) | 19 (70%) |
| Total sample | 235 | 124 (53%) | 111 (47%) | 46.5 (8.4) | 14.1 (9.2) | 158 (67.5%) |

**Table 2**

*Descriptive statistics (Mean and Standard Deviation) and correlations between measured variables*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | M (*SD*) | 1 | 2 | 3 | 4 | 5 |
| 1. Job Demands | 4.21 (.90) | - |  |  |  |  |
| 2. POS | 3.38 (*1.49*) | -.283\*\* | - |  |  |  |
| 3. Self-Esteem | 3.39 (.4*3*) | -.055 | -.057 | - |  |  |
| 4. Burnout | .49 (.*42*) | .376\*\*\* | -.252\*\* | -.364\*\*\* | - |  |
| 5. Job Satisfaction | 3.99 (.70) | -.292\*\* | .208\* | .251\*\* | -.042 | - |

Note: *r,* Pearson correlation coefficient; \* = *p* < .05, \*\* = *p* < .01, \*\*\* = *p* < .001

**Table 3**

*Outcomes regressed on measured antecedents*

|  |  |  |
| --- | --- | --- |
|  | Burnout | Job satisfaction |
|  | B 95% CI (LL, UL) | B 95% CI (LL, UL) |
| Job demands | .374\*\*\* (.14, .59) | -.274\*\*\* (.15, .41) |
| POS | -.15\*\* (-.25, -.01) | .16\*\*\* (.07, .21) |
| Self-Esteem  | -.314\*\*\* (-.64, -.46) | .220\*\* (.16, .50) |
| Job Demands X POS | -.224\*\*\* (-.24, -.02) | -.118\*\*\* (-.20, -.13) |
| R2 | .27\*\*\* | .23\*\*\* |

*Note*: \*\* = *p* < .01, \*\*\* = *p* < .001.

**Table 4**

*Result of regression analysis concerning the moderation effect of POS on the Job Demands-Burnout relationship and the conditional influence of POS based on the Johnson-Neyman technique*

|  |  |  |  |
| --- | --- | --- | --- |
| Variables > Burnout | Coefficient | SE | *p* |
| Job Demands | .43 | .097 | .000 |
| POS | -.08 | .059 | n.s. |
| Job Demands X POS | -.13 | .055 | .021 |
| Constant | 1.88 | .085 | .001 |
| R2 = .16; F = 10.79; *p* = .000.R2 chng = .027; F = 5.40; *p* = 0.21. |  |  |  |

**Table 5**

*Result of regression analysis concerning the moderation effect of POS on the Job Demands-Satisfaction relationship and the conditional influence of POS based on the Johnson-Neyman technique.*

|  |  |  |  |
| --- | --- | --- | --- |
| Variables > Satisfaction | Coefficient | SE | *P* |
| Job Demands | .29 | .058 | .000 |
| POS | .16 | .035 | .000 |
| Job Demands X POS | -.10 | .033 | .026 |
| Constant | 3.95 | .051 | .000 |
| R2 = .18; F = 12.42; *p* = .000.R2 chng = .047; F = 9.37; *p* = 0.26. |  |  |  |

**Figure 1.** *Tested conceptual model (the coloured lines refer to moderated effects: moderation model in which the effect of both determinants (JD and POS) on outcomes is moderated by the other determinant*

 

**Figure 2**

*The association between Job Demands and Burnout as a function of POS*

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**Figure 3**

*The association between Job Demands and Satisfaction as a function of POS*****