



## INVESTIGATION OF THE FACTORS WHICH IS DUE TO BURNOUT SYNDROME FOR WORKERS IN THE HEALTH SECTOR

Sağlık Sektöründe Çalışanlara Yönelik Tükenmişlik Sendromunun Bağlı Olduğu Etkenlerin İncelenmesi

Lec. Hatice Elçin ÖZBEK

Hitit University, Osmancık Ömer Derindere Vocational School, Department of Medical Services and Techniques, Çorum/Turkey  
ORCID: <https://orcid.org/0000-0002-8027-7995>

Asst. Prof. Şenol YAVUZ

Hitit University, Osmancık Ömer Derindere Vocational School, Department of Property Protection and Security, Çorum/Turkey  
ORCID: <https://orcid.org/0000-0001-6261-9296>

Asst. Prof. Demet TATAR

Hitit University, Osmancık Ömer Derindere Vocational School, Department of Medical Services and Techniques, Çorum/Turkey  
ORCID: <https://orcid.org/0000-0002-9317-3263>

**Cite As:** Özbek, H.E., Yavuz, Ş. & Tatar, D. (2021). "Investigation Of The Factors Which Is Due To Burnout Syndrome For Workers In The Health Sector", International Social Mentality and Researcher Thinkers Journal, (Issn:2630-631X) 7(50): 2370-2381

### ABSTRACT

Occupational Health and Safety Law No. 6331, the employer is obliged to provide a healthy working environment for its employees. One of the many risk factors affecting employees is psychosocial risk factor. Psychosocial risk factor consists of factors such as role ambiguity, mobbing, insufficient wages, career development and burnout syndrome. One of these factors is burnout. It has been defined in various ways in the literature. In short, burnout can be defined as an internal psychological experience that negatively affects the performance of the employee and occurs at the personal level and as a result of chronic work-related stress. This study was conducted on 445 employees working in the health sector. A Google form questionnaire that measure their demographic characteristics and burnout perceptions was applied to the employees. The answers given by the healthcare professionals were analyzed with the "IBM SPSS Statistics 26.0" program and the Cronbach Alpha value ( $\alpha$ ) was found to be 0.826. This value indicates that the study is reliable. Descriptive statistics such as frequency, percentage, mean and standard deviation were used in the evaluation of the data. The normal distribution of the data and the homogeneity of the variances were examined. Parametric tests (t-test and Anova test) were applied for normally distributed items. The nonparametric test (Wann Whitney-U) was used for items in which the data were not normally distributed. When we examine the results obtained from the study, the burnout level of health workers is high in those who do not have an ideal profession and low in those who do. As age and years of service increase, the level of burnout increases. It also varies depending on the type of institution. The burnout level of those working in units such as Provincial/District Health Directorate, Community Health Center, Family Health Centers and Emergency Health Services is high, while the burnout level of those working in medical faculties is low. The majority of the participants are nurses, bachelor's degree, married, working in the public sector and participants who have served for more than 20 years.

**Keywords:** Occupational Health and Safety, Healthcare Professionals, Risk Factor, Burnout Syndrome

### ÖZET

Kamu ve özelde çalışan tüm çalışanları etkileyen birçok risk etmeni mevcuttur. 6331 sayılı İş Sağlığı ve Güvenliği Kanunu'na göre işveren çalışanlarına sağlıklı bir çalışma ortamı sağlamak ile yükümlüdür. Çalışanları etkileyen birçok risk etmeninden birisi psikososyal risk etmenidir. Psikososyal risk etmeni, rol belirsizliği, mobbing, ücret yetersizliği, kariyer gelişimi, tükenmişlik sendromu gibi etkenlerden oluşmaktadır. Bu etkenlerden biri ise tükenmişliktir. Literatürde çeşitli şekillerde tanımlanmıştır. Kısacası, tükenmişlik çalışanın performansını olumsuz yönde etkileyen ve kişisel düzeyde ortaya çıkan, içsel psikolojik bir deneyim olduğu ve işle ilgili kronik stresin bir sonucu şeklinde tanımlanabilmektedir. Bu çalışma, sağlık sektöründe görev yapan 445 çalışan üzerinde yapılmıştır. Çalışanlara demografik özelliklerini ve tükenmişlik algılarını ölçen Google form anketi uygulanmıştır. Sağlık çalışanlarının verdiği cevaplar "IBM SPSS Statistics 26.0" programı ile analiz edilerek Cronbach Alpha değeri ( $\alpha$ ) 0,826 bulunmuştur. Elde edilen bu değer çalışmanın güvenilir olduğunu ifade etmektedir. Verilerin değerlendirilmesinde frekans, yüzde, ortalama ve standart sapma gibi tanımlayıcı istatistikler kullanılmıştır. Verilerin normal dağılımına ve varyansların homojenliğine bakılmıştır. Normal dağılan maddeler için parametrik testler (t-testi ve Anova testi) uygulanmıştır. Verilerin normal dağılmadığı maddelerde ise nonparametrik test (Wann Whitney-U) yapılmıştır. Çalışmadan elde sonuçları incelediğimizde, sağlık çalışanlarının tükenmişlik düzeyi, ideal meslek olamayanlarda yüksek, olanlarda düşüktür. Yaşa ve hizmet yılı arttıkça tükenmişlik düzeyi artmaktadır. Kurumun türüne bağlı olarak da değişmektedir. İl/İlçe Sağlık Müdürlüğü, Toplum Sağlığı Merkezi, Aile Sağlığı Merkezleri ve Acil Sağlık Hizmetleri gibi birimlerde çalışanların tükenmişlik düzeyi yüksek, tıp fakültelerinde çalışanların ise tükenmişlik düzeyi düşük çıkmaktadır. Katılımcıların çoğunluğu, hemşire, lisans mezunu, evli, kamuda çalışan ve 20 yıldan fazla hizmet eden katılımcılardan oluşmaktadır.

**Anahtar Kelimeler:** İş Sağlığı ve Güvenliği, Sağlık Çalışanları, Risk Etmeni, Tükenmişlik Sendromu

## 1. INTRODUCTION

With the development of the industry, the workforce dependent on human power has become important. Work accidents and occupational diseases occur during the work of people. Occupational health and safety practices have gained importance in order to protect work safety and employee health as a result of work accidents and occupational diseases. On 30 June 2012, the Occupational Health and Safety Law No. 6331 was published in the Official Gazette and some duties and responsibilities were given to the employer in order to protect the employees against work accidents and occupational diseases. With the Occupational Health and Safety Law No. 6331, the duties and obligations of employers, employees and the state are specified (Cetin & Özcan, 2013; Gür & Yavuz, 2019).

During the execution of the work, employees are exposed to various dangers and risks. Various occupational diseases occur depending on the type and duration of exposure, age and physical condition of the employee. As a result of dangerous actions and situations originating from the employee and workplace environment, work accidents occur and result in fatal consequences. Employers and employees will fulfill their responsibilities against work accidents and occupational diseases, will show proactive approaches that should be taken before an accident occurs, and reactive solutions will be used to prevent similar situations from occurring as a result of work accidents (Koç & Akbıyık, 2011; Yavuz, Gür & Yavuz, 2020).

According to the definitions made by the World Health Organization (WHO) and the International Labor Organization (ILO), it is stated that a healthy working environment is provided to the employee by ensuring the complete social, physical and mental well-being of the employees. The possibility of experiencing the factors that the employees will be exposed to during the execution of the work is called risk. There are various risk factors in the literature and in the working environment. It is exposed to physical, chemical, ergonomic, biological and psychosocial risk factors in the working environment that affect the employee (Şahin, Özkan & İlhan, 2019). While working, the employee is exposed to psychosocial risk factors such as stress, role ambiguity, insufficient wages, mobbing, and burnout syndrome. The risk factor changes depending on whether the sector is public or private, the danger of the work is very dangerous, dangerous or less dangerous. The possibility of burnout syndrome is higher as a result of the problems experienced by the employees in the public sector constantly doing the same job and the working environment (Yavuz, Çakan & Gür, 2020).

Recently, working conditions such as the way production is organized, the presence of high quantitative and qualitative demands, the preference for multifunctional workers, or the instability in working relationships have fundamentally changed (Mero, 2018; Llorca-Pellicer, Soto-Rubio & Gil-Monte, 2021).

Burnout syndrome occurs as a result of work-related stress (Maslach, Schaufeliu, & Leiter, 2001; Elshaer, Moustafa, Aiad & Ramadan, 2018). Maslach et al. (2001) defined burnout syndrome as a psychological syndrome that occurs as a chronic response to interpersonal and emotional stressors in the work environment.

Burnout Syndrome is characterized by influencing the service sector employees such as teachers, police, nurses, doctors, etc. (Sarısık, Bogan, Zengin & Dedeoğlu, 2019). Emotional stressors in face-to-face jobs are thought to be related to burnout in a different way than other factors (Maslach, Schaufeliu & Leiter, 2001: 398).

Emotional stress factors are of greater importance in the field of health. Creating a good working environment for healthcare professionals will enable them to be more friendly towards patients and to provide a better service. Experiencing the burnout syndrome of those working in professions related to the health sector can lead to the inability to meet the needs of the patients, decrease in productivity and entrepreneurship, that is, deteriorate the quality of health care (Şenturan, Gülseven-Karabacak, Ecevit-Alpar & Sabuncu, 2009: 34; Aslan, Kiper, Karağaoğlu, Topal, Guduk & Cengiz, 2005; Karsavuran 2014).

The World Health Organization defines burnout as a result of chronic workplace stress that employees cannot manage, according to the International Classification of Diseases (ICD) 11 code (World Health Organization, 2019).

Burnout syndrome is associated with results such as absenteeism (Maslach, 2017; Gusy, Lesener & Wolter, 2019), health problems (Maslach, 2017; Simionato, Simpson & Reid, 2019), increased errors during the shift (Stehman, Testo & Gershaw, 2019; Bakker & Wang, 2020), employee's job performance (Bakker & Demerouti, 2017; Bakker & Wang, 2020) and depression (Gil-Monte, 2012; Nagy, Fang, Hish, Kelly,

Nicchitta, Dzirasa & Rosenthal, 2018; Hatch, Potter, Martus, Rose & Freude, 2019) (Llorca-Pellicer, Soto-Rubio & Gil-Monte., 2021).

Burnout syndrome includes signs and symptoms in three different areas: physical, emotional and mental. People may first be exposed to physical exhaustion. People who experience physical exhaustion have low energy and feel tired most of the day. Such people may complain of nausea, frequent headaches, sleep disturbance and changes in eating habits. The second form of burnout is emotional exhaustion. In this burnout, emotional states such as depression and helplessness are seen. An increase in negative mood states such as restlessness, feeling insecure, hopelessness, anger, impatience, depressive affect, and a decrease in positive mood states such as kindness, respect and friendship are observed in people with emotional exhaustion. Thirdly, in mental exhaustion, people often exhibit negative behavior towards other people. This period is also called the period of depersonalization. These people may despise those around them, themselves, their work and their whole life. People who experience these emotional states may exhibit behaviors such as quitting their job and doing their job sloppy (Seta, Paulus & Baron, 2000, Ersoy, Yıldırım & Edirne, 2001; Akbolat & Işık, 2008, Yıldırım, Köse, Yavuz & Çelik, 2021).

In this study; it is aimed to examine the change of burnout levels according to the years of service and demographic data of the employees in the health sector, which is a service sector and the number of employees is high. For this purpose, the following hypotheses were determined:

H1; there are differences in the perceptions of burnout depending on the gender of the employees in the health sector.

H2; there are differences in the perceptions of burnout depending on the marital status of those employees in the health sector.

H3; there are differences in burnout perceptions of health care workers according to their ideal profession.

H4; there are differences in the perception of burnout depending on having the work accident or occupational disease of the employees in the health sector.

H5; there are differences in the perceptions of burnout depending on the covid-19 employees in the health sector.

H6; there are differences in the perceptions of burnout depending on the health sector employees' acceptance of Covid-19 as a work accident/occupational disease.

H7; there are differences in the perceptions of burnout depending on the place of residence of the employees in the health sector.

H8; there are differences in the perceptions of burnout depending on the type of institution in which the employees in the health sector.

H9; there are differences in the perceptions of burnout depending on the previous psychological support status of those working in the health sector.

H10; there are differences in the perceptions of burnout depending on the age of the employees in the health sector.

H11; there are differences in the perceptions of burnout depending on the monthly income of the employees in the health sector.

H12; there are differences in the perceptions of burnout depending on the education level of employees in the health sector.

H13; there are differences in the perceptions of burnout depending on the institution in which the employees work in the health sector.

H14; there are differences in the perceptions of burnout depending on the profession of employees in the health sector.

H15; there are differences in the perceptions of burnout depending on the years of service of employees in the health sector.

H16; there are differences in the perceptions of burnout depending on the weekly working hours of the employees in the health sector.

H17; there are differences in the perceptions of burnout depending on the unit in which the employees in the health sector work.

## 2. METHOD

### 2.1. Population and Sample of the Research

The population of this descriptive study consists of employees working in the health sector. The sample consists of 445 people who voluntarily participated in the study and worked in the health sector.

### 2.2. Data collection tool

The study was implemented via Google Form Questionnaire. In the study; a 20-question questionnaire including the demographic characteristics of the participants and the "Burnout Syndrome Scale" were used to measure their burnout perception levels. The scale consists of 16 items and is in the form of a 5-point Likert. The answers given to the scale are "1-Definitely Yes, 2-Yes, 3-Undecided, 4-No, 5-Absolutely No".

## 3. ANALYSIS OF DATA

The data were analyzed using the "IBM SPSS Statistics 26.0" program. The validity and reliability analyzes of the study were performed and the Cronbach Alpha value ( $\alpha$ ) was found to be 0.826. Descriptive statistics such as frequency, percentage, mean and standard deviation were used in the evaluation of the data. The normal distribution of the data and the homogeneity of the variances were examined. Parametric tests (t-test and Anova test) were applied for normally distributed items. The nonparametric test (Wann Whitney-U) was used for items in which the data were not normally distributed. Obtaining  $p < 0.05$  as a result of these tests indicates that there is a significant difference.

Demographic characteristics of the participants are indicated in the table. According to the table; 84.3% of the participants are female and 15.7% are male. 8.8% of the participants are 20-28 years old, 27.9% are 29-38 years old, 56.4% are 39-49 years old, 7% are 50-59 years old. 15.5% of the participants are single and 84.5% are married. Considering the education level of the participants; 0.4% are primary school graduates, 6.1% high school, 22.7% associate degree, 60.9% bachelor's degree, 8.5% master's degree, 1.3% doctorate. 99.8% of the participants work in a public institution and 0.2% in a private institution. 2% of the participants were doctors, 50.8% nurses, 16.4% midwives, 10.43% health officers, 9.4% assistant health personnel, 1.6% administrative personnel, 1.6% technical personnel and 7.9% other profession groups. 5.4% of the employees in the health sector receive a salary of 3000-4000 TL, 36.6% of them 4000-5000 TL, 44.3% of them 5000-6000 TL, 7.6% of them between 6000-7000 TL and 6.1% of them over 7000 TL. 47.2% of the participants work in a state hospital, 18.7% in a training and research hospital, 4% in a medical faculty, 5.6% in a city hospital, 6.1% in a dental hospital and 18.4% in other health institutions. 7.9% of those working have 0-5 years, 9.4% have 6-10 years, 21.3% have 11-15 years, 18.4% have 16-20 years, 42.9% have more than 20 years of service. 14.6% of the participants work in the emergency room, 11.5% in the covid-19 unit, 7.2% in the intensive care unit, 3.4% in the delivery room, 5.6% in the operating room, 19.3% in the clinical services, 38.4% in other units. 60.4% of the participants live in the city center and 39.6% live in the districts. While 40% of the participants see their profession as the ideal profession, 60% do not see their profession as the ideal profession. 35.1% of those working in the health sector had covid-19 during the pandemic process while 64.9% did not. 42% of the participants had a work accident or occupational disease, and 58% did not. While 13% of the participants see covid-19 as a work accident, 87% see it as an occupational disease. 35.1% of the participants stated that they had received psychological support before while 64.9% stated that they did not. While 91.2% of the participants stated that the thought of leaving the profession due to years of service increased, 8.8% stated that it did not.

Table 1. Demographic Table of Employees in the Health Sector

	N	%		N	%
<b>Gender</b>			<b>Institution Type</b>		
Woman	375	84.3	Public	444	99.8
Man	70	15.7	Private	1	,2
<b>Age</b>			<b>Level of education</b>		
20-28	39	8.8	Primary education	2	,4
29-38	124	27.9	High school	27	6.1
39-49	251	56.4	Associate Degree	101	22.7
50-59	31	7.0	Bachelor's degree	271	60.9
			Master's degree	38	8.5
			Doctorate	6	1.3

<b>Marital status</b>				<b>Residential area</b>	
Single	69	15.5	Province	269	60.4
Married	376	84.5	District	176	39.6
<b>Monthly Income Level</b>				<b>Occupation</b>	
3000-4000	24	5.4	Doctor	9	2.0
4000-5000	163	36.6	Nurse	226	50.8
5000-6000	197	44.3	midwife	73	16.4
6000-7000	34	7.6	Health Officer	46	10.3
and over 7000	27	6.1	Assistant Health Personnel	42	9.4
			Administrative Staff	7	1.6
			Technical Staff	7	1.6
			Other	35	7.9
<b>Year of Service</b>				<b>Assigned Institution</b>	
0-5	35	7.9	Public Hospital	210	47.2
6-10	42	9.4	Training and Research Hospital	83	18.7
11-15	95	21.3	Medical Faculty	18	4.0
16-20	82	18.4	City Hospital	25	5.6
over 20	191	42.9	Dental Hospital	27	6.1
			Other	82	18.4
<b>Assigned Unit</b>				<b>Is your profession your ideal profession?</b>	
Emergency	65	14.6	Yeah	178	40.0
Covid-19 Unit	51	11.5	No	267	60.0
(Emergency/Service/Filiation)			<b>Have you experienced a work accident/occupational disease?</b>		
Intensive care	32	7.2	Yes	187	42.0
Delivery room	15	3.4	No	258	58.0
Operating room	25	5.6			
Clinical Services	86	19.3			
Other	171	38.4			
<b>Have you caught the Covid-19 Virus during the pandemic process? Have you received psychological support before?</b>					
Yes	156	35.1	Yes	156	35.1
No	289	64.9	No	289	64.9
<b>Do you think Covid-19 is a work accident/occupational disease?</b>				<b>Increase in the thought of leaving the profession due to years of service</b>	
Work accident	58	13.0	Yes	406	91.2
Occupational disease	387	87.0	No	39	8.8

Normality and homogeneity of variances were tested for items with two group variances in demographic data. As a result of the test, t-test analysis was used for items with  $p > 0.05$  and Mann Whitney-U test was used for items with  $p < 0.05$ .

Table 2. T-Test Analysis of Demographic Data

	N	X	SS	Sd	t	p
<b>Gender</b>						
Woman	375	2.46	,56	443	1,510	,132
Man	70	2.35	,54			
<b>Marital status</b>						
Single	69	2.37	,59	443	1,224	,222
Married	376	2.46	,55			
<b>The ideal of the profession</b>						
Yes	178	2.56	,59	346,134	3,600	,000*
No	267	2.37	,52			
<b>Having work accident/occupational disease</b>						
Yes	187	2.43	,54	443	-,416	,678
No	258	2.45	,57			
<b>Passing Covid-19</b>						
Yes	156	2.44	,57	443	-,013	,999
No	289	2.44	,56			
<b>Considering Covid-19 as a work accident or occupational disease</b>						
Yes	58	2.47	,55	443	,371	,711
No	387	2.44	,56			
<b>Place of assignment</b>						
Province	269	2.46	,57	443	,623	,253
District	176	2,42	,54			

Considering the burnout perceptions of health care workers by gender,  $t(443)=1,510$ ;  $p=.132$  was found. Since  $p>0.05$ , it was observed that there was no significant difference in the burnout perceptions of health workers and the H1 hypothesis was rejected.

When the marital status and burnout perceptions of health workers were examined,  $t(443)=-1,224$ ;  $p=.222$  was obtained. Since  $P>0.05$ , H2 Hypothesis was rejected as there was no significant difference between marital status and burnout perceptions of healthcare professionals.

When the relationship between the ideal profession of health workers and their perception of burnout is examined,  $t(443)=3,692$ ;  $p=0.000$  is obtained. Since  $P<0.005$ , there is a significant difference in the health workers' ideal job performance and burnout perceptions. It has been revealed that the burnout perception of those who do their ideal profession ( $X=2.56$ ) is higher than those who do not have their ideal profession ( $X=2.46$ ) and the H3 hypothesis is accepted.

When the relationship between the work accident or occupational disease status of the health sector workers and the perception of burnout is examined,  $t(443)=-.416$ ;  $p=.678$  was obtained. As a result of  $P>0.05$ , it was observed that there was no significant difference between the burnout perceptions of health workers according to the status of having an work accident or occupational disease and the H4 hypothesis was rejected.

When the perception of burnout and Covid-19 transmission status of health care workers are examined,  $t(443)=-.013$ ;  $p=.999$  was found. Since  $P>0.05$  was obtained, it was observed that there was no significant difference between the Covid-19 state of employees in the health sector and their burnout levels and the H5 hypothesis was rejected.

When the health sector workers' acceptance of Covid-19 as a work accident or occupational disease is examined, according to the t test,  $t(443)=.371$ ;  $p=0.711$  was obtained. It was observed that there was no significant difference between the acceptance of Covid-19 as a work accident or occupational disease and the perceptions of burnout in the health sector which was obtained as a result of  $P>0.05$ , and the H6 hypothesis was rejected.

When the place of residence and the perception of burnout of the employees in the health sector are examined,  $t(443)=.623$ ;  $p=.253$  was obtained. Since  $P>0.05$ , it was seen that there was no significant difference between the place of residence of health workers and their burnout perceptions, and the H7 hypothesis was rejected.

The Mann-Whitney U test was applied in the analysis of the items with  $p>.05$  as a result of the homogeneity test of the variances of the data. According to this result; the type of institution in which health workers work and the status of receiving psychological support before were analyzed and the results were indicated in the Mann-Whitney U test analysis table.

Table 3. Mann-Whitney U Test Analysis Table Depending on the Type of Institution and the Previous Psychological Support Receipt of Healthcare Professionals

Type of Institution Served	N	Median	Mean Rank	U	p
Public	444	2.43	222,83	296,00	,564
Private	1	2.68	297,00		
Previous Psychological Support Status					
Yes	156	2.43	215,05	23782,0	,338
No	289	2.43	227,29		

According to the results of the Mann-Whitney U test, there is no significant difference between the burnout perception of the health sector employees working in a public institution ( $Avg=2.43$ ) and the burnout perception of those working in a private institution in the health sector ( $Mv=2.68$ ) ( $p=.564$ ). Since  $P>.05$ , the H8 hypothesis was rejected.

According to the results of Mann-Whitney U test, there is no significant difference between the previous psychological support status of healthcare workers and the perception of burnout ( $p=.338$ ). Since  $P>.05$ , the H9 hypothesis was rejected.

In the items with more than two groups, the questions of age, monthly income, education level, institution, occupation, year of service, weekly working time, unit worked in line with the normality and homogeneity tests ( $p>0.05$ ) were analyzed with the Anova test and to find the difference between the groups Bonferroni test was used as a post-hoc test.

Table 4. Age-Related Analysis Table of Employees in the Health Sector

Age	N	X	SS
20-28	39	2.18	,575
29-38	124	2.34	,591
39-49	251	2.50	,524
50-59	31	2.78	,535

Age	KT	sd	KO	F	P	Significant differences
Intergroup	8,350	3	2,783	9,231	<b>,000*</b>	20-28 years /50-59 years 29-38 years /50-59 years
In-group	132,975	441	,302			
Total	141,326	444	Total			

As a result of the test performed to determine whether there is a difference in the age-related burnout levels of health workers,  $F(3,441)=9,231$ ;  $p=0.000$  was found. Since  $P<.05$ , it was observed that there was a significant difference in age-related burnout levels in healthcare workers and the H10 hypothesis was accepted. The Bonferroni test was used as a post-hoc test to determine between which groups the difference was. According to the results of this test, the burnout perceptions of the health sector workers in the 50-59 age group ( $X= 2.78$ ) was found to be higher than the burnout perceptions of the health sector workers in the 20-28 age group ( $X= 2.18$ ) and the burnout perceptions of the health sector workers in the 29-38 age group ( $X= 2.34$ ).

Table 5. Analysis Table Based on Monthly Income Level of Employees in the Health Sector

Montly Income	N	X	SS
3000-4000 TL	24	2,27	,681
4000-5000 TL	163	2,43	,586
5000-6000 TL	197	2,45	,487
6000-7000 TL	34	2,52	,728
<b>over 7000 TL</b>	<b>27</b>	<b>2,55</b>	<b>,606</b>

  

Montly Income	KT	sd	KO	F	P
Intergroup	1,276	4	,319	1,002	,406
In-group	140,050	440	,318		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

One-Way ANOVA test was conducted to examine the relationship between the monthly income level of individuals working in the health sector and their burnout perceptions. As a result,  $F(4,440)=1.002$ ;  $P=.406$  was obtained. Since  $P>.05$ , it was seen that there was no significant difference between burnout perceptions depending on the monthly income level of the health sector workers and the H11 hypothesis was rejected.

Table 6. Analysis Table Based on Education Level of Employees in the Health Sector

Level of Education	N	X	SS
Primary Education	2	2,62	,687
High School	27	2,41	,583
Associate Degree	101	2,43	,534
Bachelor's Degree	271	2,43	,553
Master's Degree	38	2,64	,643
<b>Doctorate</b>	<b>6</b>	<b>2,45</b>	<b>,828</b>

  

Level of Education	KT	sd	KO	F	P
Intergroup	1,642	5	,328	1,032	,398
In-group	139,684	439	,318		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

As a result of the ANOVA test, which was conducted to determine whether there is a difference between the burnout perceptions of the employees in the health sector depending on the education level,  $F(5,439) = 1.032$ ;  $p=.398$  was obtained. Since  $P>.05$ , it was seen that there was no significant difference between the education levels of health workers and their burnout perceptions and the H12 hypothesis was rejected.

Table 7. Analysis Table based on the type of institution in which employees in the health sector work

Type of Institution Served	N	X	SS
Public Hospital	210	2,38	,513
Trainig and Research Hospital	83	2,52	,545
Medical Faculty	18	2,22	,461
City Hospital	25	2,54	,680
Dental Hospital	27	2,32	,731
<b>Other</b>	<b>82</b>	<b>2,59</b>	<b>,593</b>

Type of Institution Served	KT	sd	KO	F	P
Intergroup	4,624	5	,925	2,970	<b>,012*</b>
In-group	136,702	439	,311		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

F(5,439)=2,970;p=,012 was obtained as a result of the test to determine whether there is a difference between the institution in which the employees work in the health sector and their perceptions of burnout. Since  $P < .05$ , it was seen that there was a significant difference between the type of institution in which health workers work and their perceptions of burnout and the H13 hypothesis was accepted. The Bonferroni test was used as a post-hoc test to determine between which groups the difference was. According to the results of this test, the burnout perceptions ( $X=2.59$ ) of the employees in the institutions in the other category (Provincial Health Directorate, 112 Emergency Health Services, Public Health institutions) ( $X=2.22$ ) were found to be higher than the burnout perceptions of the employees at the State Hospital ( $X=2.38$ ) and the burnout perceptions of the employees at the Medicine Faculty ( $X=2.22$ ).

Table 8. Analysis Table Depending on the Occupation of the Health Sector Employees

Occupation	N	X	SS
Doctor	9	2,50	,762
Nurse	226	2,41	,556
Midwife	73	2,62	,563
Health Officer	46	2,50	,514
Assistant Health Personnel	42	2,29	,565
Administrative Staff	7	2,53	,672
Technical Staff	7	2,39	,347
<b>Other</b>	<b>35</b>	<b>2,42</b>	<b>,589</b>

Type of Institution Served	KT	sd	KO	F	P
Intergroup	3,772	7	,539	1,712	,104
In-group	137,554	437	,315		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

As a result of the test to determine whether there is a difference between the occupations of health workers and their perceptions of burnout  $F(7,437)=1.712$ ;  $p=.104$  was obtained. Since  $P > .05$ , there wasn't seen a significant difference between the professions of health workers and their burnout perceptions and the H14 hypothesis was rejected.

Table 9. Analysis Table of Employees in the Health Sector Based on Years of Service

Year of Service	N	X	SS
0-5 years	35	2,22	,579
6-10 years	42	2,26	,579
11-15 years	95	2,43	,560
16-20 years	82	2,50	,541
<b>Over 20</b>	<b>191</b>	<b>2,51</b>	<b>,555</b>

Year of Service	KT	sd	KO	F	P
Intergroup	4,209	4	1,052	3,376	<b>,010*</b>
In-group	137,117	440	,312		
<b>Total</b>	<b>141,326</b>	<b>444</b>			



As a result of the test carried out to determine whether there is a difference between the years of service and the perception of burnout of those working in the health sector  $F(4,440)=3,376$ ;  $p=.010$  was obtained. Since  $P<.05$ , it was seen that there was a significant difference between the years of service and burnout perceptions of health workers and the H15 hypothesis was accepted. Bonferroni and Dunn tests were used as a post-hoc test to determine between which groups the difference was. According to the results of this test, the burnout perceptions of the employees in the health sector with more than 20 years of service ( $X=2.51$ ) were seen to be higher than the burnout perceptions of the employees with 0-5 years of service ( $X=2.22$ ) and the burnout perceptions of the employees with 6-10 years of service ( $X=2.26$ ).

Table 10. Analysis Table Based on Weekly Working Hours of Employees in the Health Sector

Weekly Working Hours	N	X	SS
39 hours and below	12	2,44	,558
40-45 hours	220	2,43	,564
46-50 hours	111	2,43	,539
51-55 hours	25	2,37	,539
56-60 hours	26	2,64	,611
<b>Over 60</b>	<b>51</b>	<b>2,46</b>	<b>,607</b>

Weekly Working Hours	KT	sd	KO	F	P
Intergroup	1,169	5	,234	,732	,599
In-group	140,157	439	,319		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

As a result of the test conducted to determine whether there is a difference between the weekly working hours of the health sector workers and their burnout perceptions  $F(5,439)=,732$ ;  $p=.599$  was obtained. Since  $P>.05$ , it was seen that there was no significant difference between the weekly working hours of the health sector workers and their burnout perceptions, and the H16 hypothesis was rejected.

Table 11. Analysis Table Depended on the Unit in which Health Sector Employees Work

Assigned Unit	N	X	SS
Emergency	65	2,44	,552
Covid-19 Unit	51	2,50	,528
Intensive care	35	2,44	,579
Delivery room	15	2,39	,575
Operating room	25	2,23	,495
Clinical Services	86	2,44	,574
<b>Other Units</b>	<b>171</b>	<b>2,47</b>	<b>,581</b>

Assigned Unit	KT	sd	KO	F	P
Intergroup	1,442	6	,240	,752	,608
In-group	139,884	438	,319		
<b>Total</b>	<b>141,326</b>	<b>444</b>			

$F(6,438)$ ;  $p=.608$  was obtained when the relationship between the unit in which the employees in the health sector worked and their perceptions of burnout was examined. Since  $P>.05$ , there was no significant difference between the unit in which the health sector workers worked and their burnout perceptions and the H17 hypothesis was rejected.

#### 4. CONCLUSION and RECOMMENDATIONS

In this study, It was seen that the majority of the participants were female, between the ages of 39-49, married, bachelor's degree, working in the public sector, receiving wages between 5000-6000 TL, having more than 20 years of service, working in a state hospital, most of them working as nurses, most of them living in the city center. It is seen that most of the employees in the health sector do not see their profession as the ideal profession, most of them do not have covid-19 during the pandemic process, covid-19 should be thought as an occupational disease and as the years of service increase, the thought of leaving the profession increases.

Burnout perceptions of employees in the health sector; it has been determined that it varies depending on the age of the employee, the year of service, the type of institution, and whether they see their profession as the ideal profession. It is observed that the perception of burnout increases as the age range of employees in the

health sector increases. While the perception of burnout is highest in the 50-59 age range, it is the lowest in the 20-28 age range. It is seen that there is an increase in the perception of burnout as the years of service of the participants increase. It is seen that employees with more than 20 years of service have the highest perception of burnout, and employees between 0-5 years have the lowest perception score. It is seen that the type of institution in which the employees in the health sector work affects the perception of burnout. City Hospital and other (Provincial/District Health Directorate, Community Health Center, Family Health Centers, Emergency Health Services) institutions have the highest score. The institution with the lowest score is the Faculty of Medicine. The burnout perceptions of those who see their profession as the ideal profession are higher. It is thought that the main reason for this result is that the expectation from the profession is high and this expectation cannot be met.

When the answers given by the participants to the questions in the scale are examined; the respondents to the question "Do you recommend your profession to your children/relatives?" 51.72 % absolutely no, to the question "Would you like to change the branch/profession you work in?" 43.1% absolutely yes, to the question "Have you ever thought of resigning from your profession when you have problems with patients?" 32.8% no, to the question "Do you think that you are indifferent to the problems of the patients depend on the increase in your years of service?" 44.3% no, to the question "Do you feel like you are trapped while you are faced with problems in the hospital?" 41.6% yes, to the question of whether there is an increase in cases such as not wanting to go to the hospital, going late and hating the hospital as your years of experience increase? 36.9% definitely yes, to the question "Do you experience deterioration in relations with the work environment and the external environment over time?" 50.3% yes, to the question "Do you think that patience and interest against patients' complaints and problems decrease over time?" 43.4% yes, to the question "Do you feel that you experience a decrease in positive attitudes such as friendship, respect and kindness over time?" 45.6% yes, to the question "Do you think you keep patients distance as your years of service increase?" 42.5% no, to the question "Do you think that your life becomes monotonous as your years of service increase and that your level of interest in your profession decreases because of doing the same work all the time?" 41.8% yes, to the question "Do you feel mentally exhausted by patient problems, excessive workload and long working hours?" 56% absolutely yes, to the question "Does the physical conditions of the institution you work for affect your determination to work negatively?" 40% yes, to the question "Do you think that your mental basic teaching skills have decreased over time?" 39.3% yes, to the question "Do you think that the desire to smoke is related to taking care of people due to the increase in service years?" %35.1'i no, to the question "Do you think that problems such as physical fatigue, low energy, sleep disturbance, shortness of breath, and stomach ailment increase due to the increase in years of service?" 49% answered absolutely yes.

In the study conducted by Yıldırım et al. (2021), the increase in burnout syndrome with the increase in the years of service of teachers in national education is also seen in the health sector. With the increase in years of service, the level of burnout increases in every sector (Yıldırım, Köse, Yavuz & Çelik, 2021). In the study conducted by Yavuz et al. (2020), the level of burnout also increases depending on the years of service (Yavuz, Gür & Yavuz, 2020).

Employees being satisfied with their work, being their ideal profession prevent burnout and increase their performance. Therefore, more care should be taken in choosing a profession. The type, location and physical conditions of the institution are also important factors affecting burnout. Since these factors are situations that are beyond our will and difficult to change, as long as we are able to be happy in such situations, we don't be psychosocially exhausted and we become successful. Employees become happier spiritually when institutions carry out various social activities.

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