



The Relation Between The Levels of Burnout and Job Satisfaction of Health Personnel Working in a Maternity Hospital and Sociodemographic Factors

Esra Çınar Tanrıverdi¹, Levent Dikbaş², Elif Okşan Çalikoğlu³, Özlem Koca⁴, Berrin Göktuğ Kadioğlu¹

¹Ministry Of Health, Nene Hatun Maternity Hospital, Obstetrics and Gynecology Clinic, Erzurum

²Iğdır University, Health Services Vocational School, Medical Services & Techniques Division, Iğdır

³Atatürk University Medical Faculty, Department of Public Health, Erzurum

⁴Ministry Of Health Antalya Training And Research Hospital, Microbiology Lab, Antalya

ÖZET

Bir kadın doğum hastanesinde çalışan sağlık personelinin tükenmişlik ve iş doyumu düzeyleri ve sosyodemografik etkenlerle ilişkisi

Amaç: Çalışmamızın amacı, bir kadın doğum hastanesinde çalışan sağlık personelinin mesleki tükenmişlik durumu ve iş doyumu oranlarını incelemek. **Gereç ve Yöntem:** Hastanemiz çalışanlarına dağıtılan Maslach Tükenmişlik Ölçeği (MTÖ) ve Minnesota İş Doyumu Ölçeği (İD) anketi ile kişisel özellikler, alışkanlıklar ve koşullarını araştıran sosyodemografik veri toplama formuna verilen yanıtlar değerlendirilmeye alındı.

Bulgular: Araştırmaya katılan sağlık çalışanlarının MTÖ-duygusal tükenmişlik alt ölçeği oranları meslek gruplarına göre; kadın-doğum uzmanlarında 31.1±5.2, diğer doktorlar grubunda 30.8±8.3, yardımcı sağlık personelinde 30.2±6.7 olarak bulunmuş olup, hepsi yüksek derecede duygusal tükenmişlik grubundadır. İş doyumu skorları ise sırasıyla, 54.8±10.2, 52.6±11.1, 55.1±12.7 olarak hesaplanmış olup, orta derecede iş doyumu anlamına gelmektedir. Meslekte geçen süre, nöbet tutma, mesleğin toplumda hak ettiği değeri bulduğuna inanma, mesleğin doğru seçildiğine inanma, işin beklentileri karşılaması, son bir yılda hizmetiçi eğitim almak, mesleki akademik çalışmalara katılmak, tıbbi yayınları izlemek, sigara içmek tükenmişlik alt ölçekleri ve/veya iş doyumu puanları arasında anlamlı düzeyde ilişki olduğu saptanmıştır.

Sonuç: Bulgularımız hastane ölçeğinde doktor ve yardımcı sağlık elemanlarının yüksek derecede tükenmişlik olgusunu desteklemekte olup, iş doyumu açısından da sağlık çalışanlarının orta derecedeki memnuniyeti bu konuda önlemler alınması gerektiğini ortaya koymaktadır. Çalışanların iş-yaşam dengeleri acilen restore edilmelidir.

Anahtar kelimeler: Tükenmişlik, iş doyumu, sağlık çalışanları

ABSTRACT

The relation between the levels of burnout and job satisfaction of health personnel working in a maternity hospital and sociodemographic factors

Objective: It is aimed to identify the burnout levels of health personnel working in Nene Hatun Maternity Hospital, searching their relation with socio-demographic variables and discussing what can be done in company with the literature by examining the causes of burnout.

Material and Methods: Health personnel working in the hospital have been applied a questionnaire on a volunteer basis by using socio-demographic information form, Maslach Burnout Inventory and Minnesota Job Satisfaction Scale. The data has been analyzed with SPSS 20 statistics program.

Results: The subscale ratios of MBI-emotional burnout of health personnel participating in the study have been found as the following according to occupational groups: 31.1±5.2 in gynecologist, 30.8±8.3 in other doctors group, 30.2±6.7 in allied health personnel and all of them are in highly affective burnout group. The scores of job satisfaction have been calculated as 54.8±10.2, 52.6±11.1, 55.1±12.7 respectively and it means medium range job satisfaction. It has been detected that there is a meaningful relation between the burnout subscales of the work time, guarding, believing that the job gets what it deserves in the society, believing that the job is correctly chosen, job's meeting the expectations, getting in-service training over the past year, participating in occupational academic studies, following the medical publications, smoking and/or the scores of job satisfaction.

Conclusion: Our findings have supported that in hospital scale doctors and allied health personnel have burnout at high degrees and the medium-range satisfaction of health personnel revealed that it is necessary to take precautions to this issue. The burnout rate of health personnel has effects on service areas, decreases the productivity and increases the probability of error. The results of the burnout affecting physical, emotional and work life should be known, the personnel should be supported by administration scientifically and socially, work load should be balanced and burnout should be intervened by raising awareness in order to hinder individual and organizational harms.

Key words: Burnout, job satisfaction, health personnel

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Yazışma adresi / Address reprint requests to: Levent Dikbaş,
Iğdır University, Health Services Vocational School, Medical Services &
Techniques Division, Iğdır

Telefon / Phone: +90-476-226-1314

Elektronik posta adresi / E-mail address: ldikbas@hotmail.com

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INTRODUCTION

Burnout can be defined as losing eagerness to work, cynism feelings and decreasing personal agreement. The term, burnout, which was first defined by Herbert Freudenberger in 1974, progresses with emotional parameters in individuals such as emotional exhaustion, lack in personal accomplishments and desensitization.

Health personnel who have been pushed too far and experienced burnout are getting desensitized behaving in a careless way and not feeling empathy to service areas. Therefore they are not able to be successful in solving the problems they encounter on daily basis (1). Burnout is a syndrome characterized with physical, emotional and intellectual exhaustion. Also it shows progress in the work life of the individual with the development of loss of self confidence, chronic fatigue, desperation and hopelessness causing negative relations with people. It appears as a psychosocial phenomenon affecting the personnel negatively (2).

When the factors causing burnout were examined, the factors related to the job and organization were discussed in two aspects as individual and social factors (3). Health personnel are the members of the occupational group that are most likely to experience burnout after providing service to sick, helpless, weak people in pain due to their job. Studies have shown that burnout has a direct relation with the quality of the job (4).

Job satisfaction, the personal content of the personnel gained from the job, can be defined as the positive emotional state the personnel reach when he evaluate himself and his job (5).

The purpose of the study is to investigate the levels of burnout and job satisfaction of the health personnel in a region branch hospital where the birth rates are relatively higher than the other regions of the country and the factors affecting these levels.

MATERIAL AND METHODS

The study has been conducted in a maternity hospital in Erzurum. The necessary Ethics Committee approval has been supplied by Ministry of Health. The personnel working in the hospital have been classified in three groups as obstetrician and gynecologist, doctors who are not gynecologists and allied health personnel. Within the group of doctors who are not gynecologists, such as

pediatricians, radiologists, practitioners in emergency and neonatal unit, microbiology specialists and a practitioner with administrative responsibility have been participated in the study. Allied health personnel involves midwives, nurses and emergency medical technicians. 137 health personnel out of 160 personnel who have participated in the study have responded to the questionnaire. The participation rate was determined as 85.62%. The data of the study have been collected between the dates February 2014 and March 2014. The questionnaire form is composed of three parts in total. Various questions have been addressed in order to determine the demographic characteristics of the participants. Maslach Burnout Inventory for measuring the burnout and Minnesota Job Satisfaction Scale for measuring the job satisfaction have been used.

Maslach Burnout Inventory (MBI) comprises of three subscales. It includes 22 items, in total, a scale which has 9, 5, 8 questions respectively for the subscales of Emotional Exhaustion (EE), Desensitization (D), Personal Accomplishment (PA). The responses have been evaluated from 4 to 0 because the responses to propositions were answered with 5 point Likert type for each subscale comprises of PA contrary propositions as (0 point) for EE and D, (1 point) rarely, (2 point) sometimes, (3 point) usually, (4 point) always. The scores have been calculated between 0-36 for EE, 0-20 for D, 0-32 for PA by adding the points obtained for each subscale. The scores have been evaluated according to the Turkish adaptation for health personnel done by Ergin in 1992. The Turkey norms of Maslach Burnout Inventory subdimensions for health care providers as follows: 1. Emotional Exhaustion: Low 20 and lower Medium 21-27, High 28 and higher; 2. Desensitization: Low 8 and lower, medium 9 -12 and high 13 and higher; 3. Personal Accomplishment: Low 23 and lower, medium 24-27 and high 28 and higher.

Since there is not a cut-off for the scores obtained from the scale, a categorical evaluation cannot be done to come to such conclusion that burnout exists or not. The propositions comprises of negative statements for EE and D and positive statements for PA in Maslach scale. The scores are expected to be high in three areas in the presence of burnout. EE and D scores would be high and PA scores would be low in people having burnout at high rates. Each three subscale would be at medium scores in people having burnout at medium rates and for people experiencing low levels of burnout, EE and D

scores would be calculated as low and PA score would be high. Sub dimensions effective in burnout are EE, D, PA from high to low.

Minnesota Job Satisfaction Scale is calculated by the scoring as follows; not satisfied at all-1, not satisfied-2, undecided-3, satisfied-4, very satisfied-5. There is not a

Table 1: Socio-demographic characteristics of health personnel

Average of age: 31.5 7.2 (min.22- max.64)	< 29	58*	42.3**
	30-39	58	42.3
	> 40	21	15.3
Gender	Man	19	13.9
	Woman	118	86.1
Marital status	Married- widowed	102	74.5
	Single	35	25.5
Occupation	Gynecologist	11	8.0
	Other doctors	13	9.5
	Allied health personnel	113	82.5
Having an automobile	Yes	98	71.5
	No	39	28.5
Having a home	Yes	70	51.1
	No	67	48.9
Monthly income	1000-2000 TL	5	3.6
	2001-3000 TL	41	29.9
	3001 TL and more	91	66.4
Doing sports	Yes	18	13.1
	No	119	86.9
Taking a vacation	Yes	66	48.2
	No	71	51.8
Chronic disease	Yes	30	21.9
	No	107	78.1
Smoking	Still smoking	39	28.5
	Quit smoking	18	13.1
	Never smoked	80	58.4
Alcohol	Yes	3	2.2
	No	134	97.8
Administrative responsibility	Yes	4	2.9
	No	133	97.1
Total service time in the job (year)	≤ 6	57	41.6
	7-10	33	24.1
	11-17	22	16.1
	18 ≥	25	18.2
Taking night shifts	Yes	97	70.8
	No	40	29.2
Monthly shifting time	< 6	43	44.3
	≥ 6	54	55.7
Believing that the job gets what it deserves in the society	Yes	6	4.4
	No	131	95.6
Choosing the job	Right choice	28	20.4
	Sometimes false choice	67	48.9
	False choice	42	30.7
Whether the job meets the expectations or not	Yes	3	2.2
	Partially	69	50.4
	No	65	47.4
The physical condition of the work environment	Sufficient	2	1.5
	Partially sufficient	31	22.6
	Insufficient	104	75.9
In-service training taken in the last year	Yes	98	71.5
	No	39	28.5
Participation in the congress, course, seminar	Yes, frequently	8	5.8
	I do when I find a chance	69	50.4
	No, I don't	60	43.8
Following medical publications	Yes	19	13.9
	Sometimes	70	51.1
	No	48	35.0

*: n: the number of volunteer's, **: %

contrary question in the scale. It has a long version including 100 questions and a short version including 20 questions. We have preferred the short one in our study. Minnesota Job Satisfaction Scale is a scale of which reliability has been proved and giving information about job satisfaction of the person according to the scores obtained between 20 and 100 and including the sub dimensions of internal, external and general satisfaction. The higher the scores obtained in the scale are, the higher the job satisfaction will be. If the score is 25 or lower, job satisfaction is low; if the score is between 26 and 74, job satisfaction is at medium rate and if it is 75 or higher, job satisfaction is high.

The validity and reliability of Maslach Burnout Inventory and Minnesota Job Satisfaction Scale for Turkey have been proved by the studies (6,7).

Cronbach α values have been calculated by doing reliability analysis for each scale. Cronbach α coefficient of job satisfaction scale is 0.89 (highly reliable), Cronbach α coefficient of emotional exhaustion scale is 0.88 (highly reliable), Cronbach α coefficient of desensitization scale is 0.69 (quite reliable), Cronbach α coefficient of Lack of Personal Success scale is 0.72 (quite rather). The data analysis have been completed in SPSS for v 20 package. Data have been given in number, percentage, median, mean and standard deviation. The coherence to normal distribution have been evaluated with the Kolmogrov- Smirnov test. Student-t Test, one-way analysis of variance, Pearson Correlation Test have been used in the analysis. The level of significance was obtained as $p < 0.05$.

RESULTS

Sociodemographic characteristics of health personnel is shown at Table 1. There is a positive relation between emotional exhaustion and desensitization (Table 2). There is a negative relation between emotional exhaustion and personal success. As emotional exhaustion rises, desensitization increases, personal accomplishment and job satisfaction decrease. Personal accomplishment increases the job satisfaction. While a part of the health care providers in the questionnaire (66.4%) have emotional exhaustion at high degrees, a great majority of them have job satisfaction at medium rate (Table 3).

The following findings have been reached as the result of the examination of the factors affecting burnout and job satisfaction of the health personnel participating in the study (Table 4). There is a positive and statistically meaningful relation between desensitization and taking night shifts, taking in-service training in the last year, following the medical publications and choosing the right job. The factors that have positive relation with emotional exhaustion are smoking, believing that the job gets what it deserves in the society, not having taken in-service training in the last year, not having participated in the career development activities (congress, course, seminar), that the job doesn't meet the expectations and having a high number of children.

It has been shown that there are significant differences between specialization area and burnout for doctors. Although emergency medicine, internal

Table 2: The correlation of the sub dimensions of Maslach burnout inventory and Minnesota job satisfaction scale

Dimensions of the scale	EE	D	PS	JS
EE	1			
D	0.50	1		
PA	-0.26	-0.32	1	
JS	-0.61	-0.35	0.27	1

$p < 0.01$, EE: Emotional exhaustion, E: Desensitization, PS: Personal Success, JS: Job satisfaction

Table 3: The distribution of Burnout and Job Satisfaction of the health personnel in Erzurum Nenehatun Maternity Hospital Gynecology and Obstetrics

	Low		Medium		High		Total	
	n	%	n	%	n	%	n	%
EE	10	7.3	36	26.3	91	66.4	137	100
D	28	20.4	45	32.8	64	46.7	137	100
PA	27	19.7	43	31.4	67	48.9	137	100
JS	2	1.5	126	92.0	9	6.6	137	100

Table 4: The means of MBI and Job Satisfaction according to the sociodemographic characteristics of health personnel.

Category		MBI-EE SS	MBI-D SS	MBI-PS SS	JS SS
Age	< 29	30.4±6.3	13.1±3.3	26.9±4.0	55.4±13.5
	30-39	30.2±7.4	11.7±4.1	28.2±4.5	54.9±12.3
	> 40	30.1±5.8	11.7±3.5	28.0±4.7	53.2±8.9
		f=0.019	f=2.33	f=1.31	f=0.24
		p=0.98	p=0.1	p=0.27	p=0.78
Gender	Men	31.7±6.0	13.4±3.9	27.4±3.3	53.0±7.4
	Women	30.1±6.8	12.1±3.7	27.6±4.5	55.2±12.9
		t=0.97	t=1.40	t=-0.20	t=-0.71
		p=0.33	p=0.16	p=0.83	p=0.47
Marital status	Married	30.3±6.7	12.1±3.8	27.7±4.5	54.2±11.5
	Single	30.3±6.8	12.8±3.6	27.5±3.7	56.7±14.6
		t=-0.00	t=-0.81	t=0.23	t=-1.00
		p=0.99	p=0.41	p=0.81	p=0.31
Monthly income	1000-2000 TL	33.0±5.3	11.8±2.4	26.4±3.3	49.8±8.8
	2001-3000 TL	28.9±7.6	12.0±3.8	28.4±4.0	58.0±13.5
	3001 TL and more	30.8±6.2	12.5±3.8	27.3±4.5	53.7±11.7
		f=1.58	f=0.27	f=0.98	f=2.14
		p=0.20	p=0.76	p=0.37	p=0.12
Smoking	Still smoking	32.8±6.4	12.6±4.3	28.2±4.5	52.3±11.9
	Quit smoking	30.6±6.7	11.6±3.5	26.8±4.5	52.7±11.2
	Never smoked	29.6±6.6	12.3±3.5	27.5±4.2	56.6±12.6
		f=4.5	f=0.46	f=0.70	f=1.93
		p<0.01	p=0.63	p=0.49	p=0.14
Occupation	Gynecologist	31.1±5.2	13.3±3.8	28.5±3.2	54.8±10.2
	Other doctors	30.0±8.3	13.4±4.3	26.7±3.9	52.6±11.1
	Allied Personnel	30.2±6.7	12.1±3.6	27.6±4.5	55.1±12.7
		f=0.10	f=1.1	f=0.49	f=0.24
		p=0.90	p=0.31	p=0.61	p=0.78
Administrative responsibility	Yes	31.7±8.5	11.3±4.7	27.7±2.3	50.7±17.5
	No	30.2±6.6	12.3±3.7	27.6±4.4	55.0±12.2
		t=0.42	t=-0.59	t=0.04	t=-0.67
		p=0.67	p=0.55	p=0.96	p=0.49
Total service time in the job (year)	≤ 6	30.8±6.1	13.3±3.5	27.0±4.0	54.6±13.0
	7-10	28.8±6.9	11.7±4.0	28.6±4.0	57.5±13.6
	11-17	30.6±7.6	11.3±3.1	27.0±4.7	54.4±11.0
	18 ≥	31.1±6.7	12.0±4.1	28.6±4.9	52.5±10.3
		f=0.81	f=2.33	f=1.45	f=0.81
		p=0.48	p<0.05	p=0.22	p=0.48
Taking night shifts	Yes	31.1±6.1	13.0±3.6	27.1±4.5	54.4±12.8
	No	28.4±7.6	10.7±3.6	28.9±3.5	56.1±4.9
		t=2.10	t=3.30	t=-2.15	t=-0.72
		p<0.03	p<0.00	p<0.03	p=0.46
Monthly shift time	< 6	32.4±5.12	13.5±3.4	27.3±4.3	51.8±10.7
	≥ 6	30.0±6.7	12.5±3.7	27.0±4.7	56.4±14.1
		t=2.00	t=1.39	t=0.33	t=-1.78
		p<0.04	p=0.16	p=0.74	p=0.07
Believing that the job gets what it deserves in the society	Yes	26.1±4.3	10.3±4.3	30.5±3.9	65.1±18.6
	No	30.5±6.7	12.4±3.7	27.5±4.3	54.3±11.8
		t=-2.35	t=-1.34	t=1.63	t=2.24
		p<0.05	p=0.18	p=0.10	p<0.02
Choosing the job	Right choice	23.2±5.04	9.8±3.2	30.7±4.0	65.2±8.6
	Sometimes false choice	30.5±5.2	12.8±3.6	27.0±3.7	54.7±11.5
	False choice	34.6±6.0	13.2±3.6	26.5±4.5	48.1±11.1
		f=37.10	f=9.0	f=10.5	f=20.6
		p<0.00	p<0.00	p<0.00	p<0.00
Whether the job meets the expectations or not	Yes	26.6±4.5	10.6±3.05	32.3±5.6	73.0±4.5
	Partially	27.8±6.1	11.5±3.3	28.5±4.1	59.0±10.0
	No	33.1±6.2	13.2±4.0	26.5±4.2	49.7±12.4
		f=13.1	f=3.84	f=5.80	f=15.4
		p<0.00	p<0.02	p<0.00	p<0.00

Table 4: The means of MBI and Job Satisfaction according to the sociodemographic characteristics of health personnel. (continued)

Category		MBI-EE SS	MBI-D SS	MBI-PS SS	JS SS
The physical condition of the work environment	Sufficient	23.0±1.4	10.5±3.5	29.0±11.3	64.5±17.6
	Partially sufficient	29.6±7.0	11.5±4.3	28.7±4.8	56.1±14.0
	Insufficient	30.6±6.6	12.6±3.5	27.3±4.0	54.3±11.8
		f=1.52	f=1.30	f=1.37	f=0.86
		p=0.22	p=0.27	p=0.25	p=0.42
In-service training taken in the last year	Yes	29.8±6.7	11.8±3.6	27.9±4.4	55.5±12.7
	No	31.6±6.4	13.6±6.4	27.0±4.0	53.2±11.2
		t=-1.46	t=-2.63	t=1.03	t=0.97
		p=0.16	p=0.00	p=0.30	p=0.32
Participation in the congress, course, seminar	Yes, frequently	34.8±7.2	11.8±4.8	26.8±5.6	50.1±16.5
	I do when I find a chance	29.1±5.6	12.2±3.7	28.0±4.6	57.1±12.5
	No, I don't	31.1±7.4	12.5±3.6	27.3±3.8	53.0±11.3
		f=3.50	f=0.14	f=0.45	f=2.44
		p<0.03	p=0.87	p=0.63	p=0.09
Following medical publications	Yes	29.3±7.7	10.5±3.09	29.6±4.9	56.1±15.9
	Sometimes	30.5±6.39	12.8±4.07	27.6±4.1	54.2±11.5
	No	30.4±6.86	12.2±3.3	26.8±4.2	55.3±12.1
		f=0.22	f=2.89	f=2.83	f=0.21
		p=0.79	p=0.05	p=0.06	p=0.80

medicine, neurology and family practice show high burnout, pathology, dermatology, general pediatrics and preventive medicine have low rates (8).

In the study, health personnel have been classified in three groups as gynecologists, other doctors and allied health personnel. The group of gynecologists and other doctors have shown burnout and job satisfaction at the same level. Accordingly, the doctors having different areas of specialty haven't shown difference for the emotional exhaustion and desensitization which are the two sub dimensions of Maslach burnout inventory; all the doctors have shown high emotional exhaustion (28 and more points). As it comes to desensitization, all doctors have shown high desensitization (13 and more points); gynecologists have gotten high scores (28 and more points) and other doctors group have medium scores (24-27 points) in terms of the lack of personal success. It is obvious that the differences in the specialization areas of doctors do not make a difference in emotional exhaustion and desensitization. It can be said that the excessive workload and negative factors can affect by all the doctors and allied health personnel. However, the number of the doctors is not enough to justify this proposition. The decrease in the feeling of personal success has been seen in gynecologists most (28 and more points). Gynecologists who are showing the highest burnout are in the group feeling the highest personal success as expected. Even though a statistically meaningful difference hasn't been observed, the group

of other doctors and the group of allied health personnel have the lowest emotional exhaustion. The scores of the lack of personal success at medium rate in our study have shown that these groups are in a relatively better situation than gynecologists.

DISCUSSION

The scores of the group of doctors who work cooperatively with patients, make all the health decisions and take the responsibility are strikingly high. Medscape organization in USA publishes the quality of life of doctors according to their specialization areas every year. Accordingly, the scores of burnout have risen as the time passes and according to the report of 2013, burnout has affected the work life of gynecologists the most and it leads them to the point to quit work. In the study, the highest burnout scores have been in the group of gynecologists and it is compatible with the literature. According to Pines and Nune occupational burnout have been seen only in idealist people who have motivation at high levels (9). The exposure to strong emotional pressure and stress for a long time makes it easy for the doctors who are idealist, have high expectations and always work with the motivation to be the best to develop burnout syndrome. Burnout is more frequently seen in the people whose important area of interest is work life, doctors become good candidates for burnout with these characteristics of

them (10). Although the allied health personnel in our hospital have shown high burnout, they are in a relatively better situation than the doctors according to the scores of medium rate desensitization and personal success.

When it comes to the levels of job satisfaction, all the workers in the hospital have shown job satisfaction scores (24-74 points) at medium rate. High burnout seems not to lead job satisfaction to decrease extremely.

It has been claimed that the dimension of emotional exhaustion is in the foundation of the three dimensional burnout term of Maslach with the other two dimensions are supplementary (6). Emotional exhaustion is the lack of energy emerging while helping people because of the excessive emotional and psychological desires. It is the situation in which the individual has a feeling that the emotional resources of them are over (11). High burnout has been observed as the common feature of all the workers in our study.

It has been stated in the literature that younger workers experience burnout more and the older group shows less burnout because of the development of strategies to find solutions to problems and the decrease in the expectations as the time spent in the job increases (12). A difference like that could not be confirmed in our study. It has been expressed that women show burnout more than men and it stems from their roles in the society and personality characteristics (2,10). Desensitization and the lack of personal success are more of a problem of the men (2,6). There hasn't been any difference like that between men and women in our study. Although it has been stated that married people have higher burnout than single people, people having kids have higher burnout than the ones not having kids but we couldn't identify these differences in

our study (2,10,13). The level of burnout changes depend on the frequency of contact with the patients. Excessive workload, long working hours, dealing with chronic and fatal patients and working in emergency units make it easy to get burnout syndrome (14). Contrary to what is stated in the literature, there hasn't been a difference between the groups in direct contact with patients and the other groups in terms of burnout.

Whereas it has been proposed in the planning of the study that high burnout is accompanied with low job satisfaction, the findings have supported the hypothesis partially. Despite the emotional exhaustion rates at high levels in our hospital, job satisfaction at medium level has been determined. The reason for that is the acceptance of the situation as it is and the reflection of a belief that there will be better conditions. Factors such as cultural and religious features, not questioning the authority and being unorganized can be used in the explanation of this situation.

The limitation of the study is that the number of the doctors working in the hospital is less than the number of the allied health personnel. The number of the samples is not homogenous among the groups so it decreases the statistical power of the study.

Burnout syndrome is seen at gradually increasing rates among health personnel. Burnout situation of the health personnel has effects in service areas, decreasing the productivity and increasing the probability of error. The results of burnout affecting the physical, emotional and work life should be known; the personnel should be supported by the management scientifically and socially; workload should be balanced and burnout should be intervened by raising awareness in order to hinder individual and organizational harms.

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