

## Burnout, Intention to Resign and Related Factors among Health Professionals

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### ABSTRACT

**Aim:** The purpose of this study was to put forth the exhaustion state of healthcare professionals providing healthcare services in the city of Bitlis located in eastern Turkey and to compare the states of exhaustion of the healthcare professionals providing pre-hospital, first level and second level services. Additionally, determining the ratio of the intention to resign and the factors affect their intentions are among the aims of this study.

**Material and Methods:** The study's target population comprised of all healthcare professionals working in Bitlis between 01.11.2018-01.01.2019. Age, gender, place of work, duty, marital status, number of children, smoking status, years of experience and whether they intend to resign or not of all participants were asked and Maslach burnout inventory (MBI) were filled after their consent. Data were analyzed with SPSS. P values <0.05 were considered significant.

**Results:** A total of 490 individuals participated in the study. The average score of the participants was 21.6±5.42 for emotional exhaustion, 6.32±4.15 for depersonalization and 20.74±9.45 for personal failure. Of the participants, 40% had an intention to resign.

**Conclusion:** Burnout was found to be at a moderate level among healthcare workers. Burnout has a negative effect on intention to quit. Increasing financial satisfaction, taking into account the preferences of individuals when choosing the unit to start the profession, providing in-service training on ways to cope with stress and providing a peaceful working environment by establishing close contact with employees can be offered as solutions to burnout.

**Keywords:** Burnout; healthcare professionals; intention to resign.

### Sağlık Çalışanlarında Tükenmişlik, İstifa Niyeti ve İlişkili Faktörler

#### ÖZ

**Amaç:** Bu çalışmanın amacı, Türkiye'nin doğusunda yer alan Bitlis ilinde sağlık hizmeti sunan sağlık çalışanlarının tükenmişlik durumlarını ortaya koymak ve hastane öncesi, birinci basamak ve ikinci basamak sağlık hizmeti sunan sağlık çalışanlarının tükenmişlik durumlarını karşılaştırmaktır. Ayrıca, istifa etme niyetlerinin oranını ve niyetlerini etkileyen faktörleri belirlemek de bu çalışmanın sekonder amaçları arasındadır.

**Gereç ve Yöntemler:** Araştırmanın evrenini 01.11.2018-01.01.2019 tarihleri arasında Bitlis'te görev yapan tüm sağlık çalışanları oluşturmaktadır. Tüm katılımcılara yaş, cinsiyet, çalışma yeri, görev, medeni durum, çocuk sayısı, sigara içme durumu, deneyim yılı, istifa etme niyetlerinin olup olmadığı sorulmuş ve onayları alındıktan sonra Maslach tükenmişlik envanteri (MBI) doldurulmuştur. Veriler SPSS ile analiz edildi. P değerleri <0,05 olarak anlamlı kabul edildi.

**Bulgular:** Bu çalışmaya toplam 490 kişi katılmıştır. Katılımcıların duygusal tükenme puan ortalaması 21,6±5,42, duyarsızlaşma puan ortalaması 6,32±4,15 ve kişisel başarısızlık puan ortalaması 20,74±9,45 olarak bulunmuştur. Katılımcıların %40'ının istifa etme niyetine sahip olduğu tespit edildi.

**Sonuç:** Çalışmada sağlık çalışanları arasında tükenmişlik orta düzey olarak bulunmuştur. Tükenmişlik durumunun istifa etme niyeti üzerinde olumsuz bir etkiye sahip olduğu görüldü. Maddi tatminin artırılması, mesleğe başlanacak birim seçilirken bireylerin tercihlerinin dikkate alınması, stresle başa çıkma yolları konusunda hizmet içi eğitimler verilmesi ve çalışanlarla yakın temas kurularak huzurlu bir çalışma ortamı sunulması tükenmişliğe çözüm önerileri olarak sunulabilir.

**Anahtar Kelimeler:** Tükenmişlik; sağlık çalışanları; istifa niyeti.

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**INTRODUCTION**

Burnout is defined as the depletion of both physical and mental resources and occurs when individuals spend excessive energy (1). According to the Maslach burnout model, these responses are classified into three dimensions: emotional exhaustion (EE), depersonalization (DP), and reduced sense of personal accomplishment (PA) (2). Burnout occurs more frequently among individuals who work continuously face-to-face with people, including doctors, nurses, and physiotherapists (3). Burnout is considered a social problem since individuals work with lower performance and fewer working hours and fail to meet work-related requirements due to exhaustion (4). There is a rich body of literature on exhaustion worldwide.

Due to negative and longer winter conditions, a limited social environment, and a low sociocultural patient profile, burnout is expected to be more common among healthcare professionals in eastern Turkey (5). The purpose of this study was to investigate the burnout levels of healthcare professionals and to compare the burnout status of healthcare professionals practicing in different positions. Additional objectives were to determine the proportions of intentions to resign and the underlying factors.

**MATERIAL AND METHODS**

The target population of the study was healthcare professionals. Between 01.11.2018 and 01.01.2019, healthcare professionals aged 18 and above were invited to join the study. There were 3100 healthcare professionals who met the inclusion criteria. Among them, 490 volunteers agreed to participate in the study.

The questionnaire was conducted face-to-face at various healthcare facilities in a single provincial center. The participants in the study were healthcare professionals working in different settings, including hospital emergency departments, administrative units, emergency ambulance services, and primary healthcare providers.

To prevent institutional or administrator impact during data acquisition, support was not taken from the chief physician, chief nurse, or hospital managers during the form distribution and collection. All participants were asked to read the consent form before participating in the survey, and written consent was obtained. The survey included 3 sections. The 1<sup>st</sup> section was the consent form, and the 2<sup>nd</sup> section included a total of 11 questions on age, sex, place of work, duty, marital status, number of children, smoking status, years of experience, intention to resign, and frequency of thinking about resignation. The 3<sup>rd</sup> section was composed of the Maslach Burnout Inventory (MBI). This scale has been widely accepted and used in more than 90% of the studies on burnout.

The Maslach Burnout Inventory (MBI) was adapted into Turkish, and its validity and reliability were assessed by Ergin Canan in 1992. The MBI was originally developed by Susan Jackson and Christina Maslach (10). The scale consists of a total of 22 items. Participants evaluate each statement using a 5-point Likert scale. The response options ranged from 0 (never) to 4 (always). The MBI measures three subscales: personal accomplishment, emotional exhaustion, and depersonalization.

Ethical approval for the study was obtained from the Bitlis University Ethics Committee (Approval date: 20.09.2018 and Approval number: 2018/7-II).

**Statistical Analysis**

The data were analyzed using IBM SPSS v.23.0 package program. Numerical data are presented as the means and standard deviations, while categorical data are expressed as numbers and percentages. Histogram graphs were generated to evaluate the distribution of the numerical data. Student's T Test was used to compare the means of two independent groups for numerical variables. The chi-square test was used for comparing independent categorical data. Moreover, Pearson correlation analysis was used to evaluate the associations between two numerical data sets.  $p < 0.05$  was considered to indicate statistical significance.

**RESULTS**

Individuals participated in the study 60 (53.1%) females and 230 (46.9%) males). The ages of the participants varied between 19 and 59 years, with a mean (standard deviation) of 27.84 (5.13). While 40.4% (n=198) of the participants worked at the primary level, the lowest number of participants was from the provincial health directorate (8.6%). The number of specialist physicians among the participants was 2 (n=10). The proportion of supporting healthcare staff was 69.2% (n=339). Among the participants, 50.8% (n=249) were married, 64.7% (n=317) were nonsmokers, and 37.3% (n=183) had been working in their profession for 2-5 years (Table 1).

**Table 1.** Sociodemographic data

		n (%)
Age	Mean±Sdandard deviation	27.84 ±5.13
Sex	Female	260 (53.1)
	Male	230 (46.9)
Marital status	Married	249 (50.8)
	Single	241 (49.2)
Smoking	No	317 (64.7)
	Yes	173 (35.3)
Institution	1 <sup>st</sup> step	198 (40.4)
	2 <sup>nd</sup> step	138 (28.2)
	Emergency health service	112 (22.9)
	Health directorate	42 (8.6)
Status	Manager	13 (2.7)
	Specialist	10 (2.0)
	Doctor	128 (26.1)
	Health staff	339 (69.2)
Time of service (year)	0-1 year	132 (26.9)
	2-5 years	183 (37.3)
	5-10 years	123 (25.1)
	>10 years	52 (10.6)

When the exhaustion scores were evaluated with regard to demographic characteristics a positive and statistically significant correlation was observed between age and

mean EE score, and a negative and statistically significant weak correlation was observed between personal failure score and EE score ( $r=0.204$ ;  $p<0.001$ ). There was no significant correlation between age and DP score ( $r=0.088$ ;  $p=0.051$ ).

Although no statistically significant difference was observed between the mean EE scores according to sex, the mean PA and DP scores of the men were significantly

greater than those of the female participants ( $p=0.005$  and  $p<0.001$ , respectively) (Table 2).

In the study, there was no statistically significant difference in mean EE scores according to marital status ( $p=0.911$ ). However the mean PA and DP scores of single individuals were significantly greater than those of married individuals ( $P=0.033$  and  $p=0.002$  respectively) (Table 3).

**Table 2.** Evaluation of emotional exhaustion, personal accomplishment and depersonalization outcomes by sex

	Sex	n	Mean	SD	p
Emotional exhaustion	Female	260	21.25	5.434	0.399
	Male	230	20.83	5.427	
Personal accomplishment	Female	260	19.63	8.850	<b>0.005</b>
	Male	230	22.00	9.965	
Depersonalization	Female	260	5.66	3.614	<b>&lt;0.001</b>
	Male	230	7.07	4.580	

SD: Standard Deviation

**Table 3.** Evaluation of emotional exhaustion, personal accomplishment and depersonalization outcomes by marital status

	Marital status	n	Mean	SD	p
Emotional exhaustion	Married	246	21.07	5.321	0.911
	Single	241	21.12	5.537	
Personal accomplishment	Married	246	19.85	9.763	<b>0.033</b>
	Single	241	21.68	9.107	
Depersonalization	Married	246	5.74	4.103	<b>0.002</b>
	Single	241	6.90	4.137	

SD: Standard Deviation

No significant difference was detected between the number of children and the mean EE or DP scores of the participants ( $r=0.061$ ;  $p=0.178$  and  $r=-0.084$ ;  $p=0.063$  respectively). However a negative and statistically significant weak correlation was observed between the number of children and mean PA score ( $r=0.209$ ;  $p<0.001$ ). Among the participants, 40% ( $n=196$ ) intended to resign, and 60% ( $n=294$ ) did not consider resigning. When considering resignation, 43.9% ( $n=87$ ) of those who thought of resigning every time, 4.5% ( $n=9$ ) once a day, 17.2% ( $n=34$ ) once a week, 15.2% ( $n=30$ ) once a month, and 19.2% ( $n=38$ ) stated that they thought of resigning more rarely. All properties of the participants other than their titles affected their intention to resign. The mean age of those who did not intend to resign was 28.64 years, the average age of those who had intentions to resign was 26.64 years and this difference was statistically significant ( $p<0.001$ ). With regard to gender, 44% of the females and 35% of the males were willing to resign, indicating that the intention to resign was significantly greater among females ( $p=0.042$ ). Additionally, intention to resign was significantly greater among married individuals (46%) than among single individuals (33%) and smokers (49%) compared to

nonsmokers (34%) ( $p=0.002$  and  $p=0.001$  respectively). On the other hand, the intention to resign was 44% among those with 0-1 year of experience in the profession, 39% among those with 2-5 years of experience, 43% among those with 5-10 years of experience and 23% among those with >10 years of experience. The intention to resign of professionals working for >10 years was significantly lower than that of professionals with <10 years of experience ( $p=0.047$ ). The intention to resign was greater among Emergency health service staff than among other professionals ( $p<0.001$ ) (Table 4).

Intention to resign was significantly lower in participants with low EE and DP scores, whereas it was significantly lower in participants with high PA scores ( $p<0.001$ ,  $p=0.002$  and  $p<0.001$  respectively) (Table 5).

**Table 4.** Comparison of the participants' intentions to resign in terms of demographics

		Intention to resign [n (%)]		
		No	Yes	p value
Institution	1 <sup>st</sup> step	153 (78)	45 (22)	<b>&lt;0.001</b>
	2 <sup>nd</sup> step	89 (65)	49 (35)	
	Emergency health service	26 (23)	86 (77)	
	Health directorate	26 (62)	16 (38)	
Status	Manager	10 (77)	3 (23)	0.654
	Specialist	6 (60)	4 (40)	
	Doctor	77 (60)	51(40)	
	Health staff	201 (59)	138 (41)	
Sex	Female	145 (56)	115 (44)	<b>0.042</b>
	Male	149 (65)	81 (35)	
Marital status	Married	133 (53)	116 (47)	<b>0.002</b>
	Single	161 (67)	80 (33)	
Smoking	No	207 (65)	110 (35)	<b>0.001</b>
	Yes	87 (50)	86 (50)	
Time of service (year)	0-1 year	73 (55)	59 (45)	<b>0.047</b>
	2-5 years	111 (61)	72 (39)	
	5-10 years	70 (57)	53 (43)	
	>10 years	40 (77)	12 (23)	

**Table 5.** Comparisons of the participants mean scores on the emotional exhaustion, personal accomplishment and depersonalization subscales in terms of intentions to resign

	Intention to resign	n	Mean	SD	p value
Emotional exhaustion	No	294	22.09	5.59	<b>&lt;0.001</b>
	Yes	196	19.50	4.77	
	Total	490	21.06	5.42	
Depersonalization	No	294	5.86	4.33	<b>0.002</b>
	Yes	196	7.02	3.77	
	Total	490	6.32	4.15	
Personal accomplishment	No	294	16.90	8.87	<b>&lt;0.001</b>
	Yes	196	26.52	7.07	
	Total	490	20.74	9.45	

## DISCUSSION

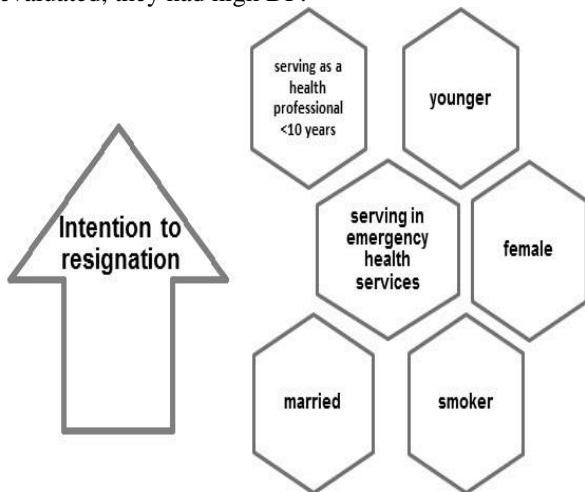
This study demonstrated moderate burnout levels in the participants. It has been shown that healthcare professionals are more prone to burnout than are professionals in other professions. According to a study in the USA, 45.8% of all doctors had at least one burnout symptom (6). A similar study carried out in the United Kingdom showed symptoms of burnout in at least 1/3 of all doctors (7). Similar results have been observed in all developing countries, such as Yemen, Qatar, and Saudi Arabia (8,9). The inclusion of physicians as well as assistant healthcare workers and managers in this study may have affected the moderate burnout levels. Moderate burnout refers to an individual's average score on the emotional exhaustion, depersonalization and reduced personal accomplishment dimensions (10). Evaluating the

factors that affect burnout revealed that there are striking parallels between age and burnout levels. According to Maslach, age is the variable that provides the most consistent results in studies examining the factors that affect burnout. Many studies have reported that all three burnout subdimensions decrease with increasing age (11,12,13). The predisposition of young professionals to burnout can be explained by experience and personal expectations. As age advances, professional experience and more refined personal professional expectations increase. The EE subscale decreased with increasing age in our study, which is in accordance with the literature. However, contrary to the literature data, no correlation was observed between the DP concentration and age. Many studies have indicated that EE and a sense of

personal failure are more common in women (11,12). The emotional perspectives and levels of acceptance of female professionals may explain this result. However, there are also studies reporting that EE levels are greater in males (14-16). Additionally, some studies report no difference between the sexes, contrary to all the aforementioned studies (17).

Studies indicate that unmarried or divorced individuals feel more EE (11,18). According to Maslach, marital status has a significant relationship with EE, and many studies have shown that single individuals have greater burnout levels than married individuals and that studies have reported no relationship between marital status and burnout (18,19). We concluded in our study that the sense of personal failure is stronger for single individuals. However, when the DP is lower, the EE is not significantly different from that of married individuals. The lower social support of single individuals compared to married professionals and the higher expectations of single individuals during the first years when they start their profession can be considered reasons why they experience exhaustion more frequently.

Younger age, female sex, being married, smoking, having fewer than 10 years of experience and working in emergency settings were determined to be factors that increase the intention to resign (Figure 1). When the burnout of individuals with an intention to resign was evaluated, they had high DP.



**Figure 1.** Distribution of the factors increasing the intention to resign

The relationship between stress and intention to resign has been observed not only among healthcare professionals but also in many other professions, it was determined to be greater in individuals with higher stress levels (3,20,21). However, few studies have evaluated the correlation between the MBI score and the intention to resign. Variables that had an adverse impact on the intention to resign in our study were already considered factors that increase burnout. Furthermore, the MBI scores of these individuals were high in all three subcategories and in 1 or 2 subcategories in some studies (22). It was concluded that the intention to resign is greater for individuals experiencing burnout. Moreover, the high intention to resign among emergency healthcare professionals may be attributed to working in shifts, working in regions where it

is difficult to provide security, or facing patients and their relatives in the most acute periods of accident or disease. The number of employees for 10 years or more is low because the region is suitable for newly appointed employees. This limits the study. In the present study, smokers were not asked about their previous smoking status, which was recorded for current smokers. In addition, the fact that the study is limited to one region is another limitation.

## CONCLUSION

Burnout was moderate among the healthcare professionals in this study. Burnout status has an adverse impact on the intention to resign. The intention to resign is greater for young, married, and smoking individuals and those with less than 10 years of experience in the health sector. DP was greater among individuals who intended to resign. Increasing financial satisfaction, taking into account the preferences of individuals when choosing the unit where they will start their careers, providing in-service training on ways to cope with stress and providing a peaceful working environment by establishing close contact with employees can reduce burnout and the intention to resign.

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