

The Relationship of Stress and Workaholism to Demographic Variables and Occupational Status in Health Care Workers

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ABSTRACT

There is a lack of clarity in the job descriptions of health workers and the resulting excessive workload and uncertainty about tasks can lead to stress. The stress of living in this situation is ignored, neglected and if significant measures are not taken in time it can cause negative situations, especially workaholism. Workaholism can be a positive or negative phenomenon. Some have argued that workaholism is associated with a high level of stress; changes in behaviour, broken relationships with colleagues, tardiness, prolonged complaints, and decreasing of performance are indications of excessive work-related stress. The aim of this study was to examine the relationship between workaholism of health workers and work-related stress, and the associated stress significantly differed for the demographic variables. This study was carried out on 150 health workers at Istanbul Şişli Hamidiye Etfal Research and Training Public Hospital at University of Health Sciences, İstanbul-Turkey. The research data were collected between 01 and 30 April 2016 by means of a survey prepared by the researchers, and validated tests of stress (DASS) and Workaholism. T tests were used to assess stress and workaholism differences related to gender, age, marital status and occupational status. It was concluded from the analysis that there was a meaningful relationship between the levels of workaholism and stress. There is a positive relationship between the level of stress and workaholism. Statistically significant differences were found between male and female groups in terms of stress levels. Workaholism was found to differ by occupational status. Consideration should be given to the working conditions of hospital health care workers, providing the most suitable working conditions and support to help them cope with their workaholism and stress.

Keywords : Workaholism, stress, health workers, hospital.

Sağlık Çalışanlarının Stres ve İşkoliklik Düzeylerinin Demografik Değişkenler ve Mesleki Statüleri Açısından İlişkisi: İstanbul Şişli Hamidiye Etfal Eğitim ve Araştırma Hastanesi

ÖZ

Sağlık çalışanlarının iş tanımlarının belirsizliği nedeniyle ortaya çıkan aşırı iş yükü, çoğu kez uzun süre çalışmalarını gerektirmektedir. Tüm bunların sonucunda uzayan mesai saatleri ile çalışanlar kendilerine ve ailelerine yeterli zaman ayıramamakta ve sonuç olarak işkoliklik ve stres davranışları ortaya çıkabilmektedir. Sağlık kurumlarında verilen hizmetin gereği olarak dinamik yapısı, acil ve ertelenemez oluşu, yapılan hatanın genellikle geriye dönüşünün olmaması, hizmet sunma ve işin gerçekleştirilmesinin birbirine bağlı olması gibi nedenlerden dolayı, sağlık çalışanları daha fazla işkoliklik ve stresle yüz yüze kalabilmektedirler. Bu çalışmanın amacı, sağlık çalışanları arasında işkoliklik ve stres arasındaki ilişkileri; aynı zamanda işkoliklik ve stres düzeyinin cinsiyete, medeni duruma, yaş gruplarına ve yönetici pozisyonunu gibi değişkenlerine göre anlamlı olarak farklılık gösterip göstermediğini ortaya koymaktır. Çalışmanın evrenini, İstanbul Sağlık Bilimleri Üniversitesi Şişli Hamidiye Etfal Eğitim ve Araştırma Hastanesi'nde görev yapan 264 sağlık çalışanı oluşturmaktadır. Bu kapsamda 150 sağlık çalışanı örnekleme alınmıştır. Veri toplama aracı olarak demografik bilgilere yönelik olarak hazırlanan anket sorularının yanısıra, Akın, Hamedoglu, Sarıcam, Akın, Kılıç, Ozendir and Bayrakçı, (2013) tarafından geçerlik ve güvenilirlik çalışması yapılan İşkoliklik Ölçeği ve Depresyon Anksiyete Stres Ölçeği (DASÖ) kullanılmıştır. Çalışma, 01-30 Nisan 2016 tarihleri arasında gerçekleştirilmiştir. Yapılan analizinde, sağlık çalışanlarının işkoliklik ve stres düzeyleri arasında anlamlı bir ilişki olduğu sonucuna varılmıştır. Kadın ile erkek sağlık çalışanları arasında, stres düzeyleri açısından istatistiksel olarak anlamlı farklılık görülmüştür. Buna göre, kadınlar erkeklere göre daha stresli

oldukları ortaya çıkmıştır. Öte yandan, hastanedeki yönetici olan ile yöneticilik görevi olmayan sağlık çalışanları arasında işkoliklik açısından istatistiksel olarak anlamlı farklılık bulunmuştur. Buna göre, hastanede yönetici pozisyonunda olmayan çalışanların, yönetici pozisyonu olan sağlık çalışanlara göre daha fazla işkolik olduğu ortaya çıkmıştır. Hastane sağlık çalışanlarının çalışma koşullarının düzeltilmesi yönünde adımlar atılmalı, uygun çalışma koşulları sağlanmalı ve sağlık çalışanlarının işkoliklik ve stresle başa çıkmalarına yardımcı olacak destekler sağlanmalıdır.

Anahtar Kelimeler: İşkoliklik, stres, sağlık çalışanları, hastane.

Introduction

Porter's categorizing "one of every four workers" as workaholic as a result of his research on the concept of "workaholism" has attracted attention to the issue (Porter, 2001). The term "workaholism" was first used by Oates (1968) and is defined as a sort of obsessive behavior. The situation can be evaluated as positive or negative according to satisfaction or dissatisfaction with the work of the person showing workaholic behaviors (Oates, 1968).

Workaholism has also been defined as "being overly concerned about work, driven by an uncontrollable work motivation, and to investing so much time and effort to work that it impairs other important life areas" (Andreassen, Hetland and Pallesen, 2014, p.8). Many people invest a great amount of time and effort in their work. For instance, in the US, 25 percent of men and 11 percent of woman work more than 50 hours per week, whereas Japanese work even harder; 28 percent of the Japanese workforce works more than 50 hours per week and 12 percent even more than 60 hours (Van Wijhe, 2012). Research into this timely topic has heavily expanded over the past few decades (Clark, Michel, Zhdanova, Pui and Baltes, 2016; Harpaz and Snir, 2015) and concerns have been raised regarding the downsides of workaholism is related to many negative outcomes, such as burnout, job stress, work-life conflict, and decreased physical and mental health (Clark et al., 2016; Shimazu, Schaufeli, Kamiyama and Kawakami, 2015). Workaholism can be best conceptualized as an addiction to work that leads to many negative individual, interpersonal, and organizational outcomes.

In contrast, the definition of workaholic, according to researchers who think of this as a positive addiction in general, is somebody's loving his work very much and at the same time being dedicated to his work and having job satisfaction by increasing job creativity and productivity (Akdag and Yuksel, 2010). Workaholics are people who consider work as the only motivating factor of life and make success at work as the main goal of their lives. Workaholism may not only lead to health problems but also to poor social relations outside working life. Therefore, workaholics may harm themselves, their colleagues, their families as well as the institutions they work in, consciously or unconsciously. Probably one of the most important problems, which decreases efficiency in modern organizations in our day, is workaholism (Ince, Gül, Oktay and Candan, 2015).

Contemporary researches made on the issue of workaholism consider this situation as a negative mood, which harms the individual. According to Bardakcı and Baloglu (2012) and Harpaz and Snir (2015) although workaholism is described as positive because it can increase performance, the adverse effects observed over time indicate that it is a condition that harms a person's health as well as their social relations. Health care workers have to work long hours since their job descriptions are not based on objective criteria and the boundaries of their jobs are not clear or specific, or due to their excessive workload or the ambiguity of their roles (Bayraktaroglu, Yılmaz and Cetinel, 2015).

Stress, in the general sense, denotes changes caused by psychological, social, cultural, or physical agents (Celikkol, 2001). Work life directly affects individuals' physical and mental health (Simsek, 2005). Work stress, which is also called organizational stress, can be positive and lead to success when experienced at a certain level by motivating the person. However, when it is experienced at an intense level, it can affect work efficiency and job satisfaction negatively by affecting the health of individuals (Balcı, 1993; Celikkol, 2000; Ceylan and Uluturk, 2006).

When reviewing literature related to stress it is observed that comparisons between occupations are commonly made and certain occupations are accepted as being more stressful than others (Tansu, 2009). Health care workers can be exposed to stress because health care services are multifaceted and complicated as well as being urgent and not able to be postponed (Tengilimoglu, Isik, and Akbolat, 2015). Reasons such as the intensive workload of health care workers also leads to stress and tension related to the work (Simsek, 2005; Sunter, Canbaz, Dabak, Oz and Peksen, 2006).

The aim of this study is to examine the relationship of workaholism and stress among health care workers and at the same time to reveal if levels of workaholism and stress differ significantly according to variables such as gender, marital status, age groups and management positions.

The hypotheses on the relationship between workaholism and stress levels in health care workers are provided below:

H₀. There is no significant difference in terms of gender between the levels of workaholism and stress of health care workers.

H₁. There is significant difference in terms of age between the levels of workaholism and stress of health care workers

H₂. There is significant difference in terms of marital status between the levels of workaholism and stress of health care workers.

H₃. There is significant difference in terms of occupational status, such as being manager (head of clinic, polyclinic and unit) or staff between the levels of workaholism and stress of health care workers.

Method

The study is a descriptive research whether there is a meaningful difference between the levels of workaholism and stress according to some variables for the health care workers who work the Etfal Training and Research Hospital in Sisli Hamidiye, Istanbul, and, also based on the literature investigation. The target population of the study comprises public workers working in the Hospital between March 01 and April 30, 2016. The sample of the research comprises 150-selected health care workers from the 264 staff working in the hospital during the mentioned period.

Data collection tools

The research analyses differences in stress and workaholism between workers with different demographic and occupational status characteristics, and the relationship between stress and workaholism. The survey was carried out between 01 April- 30, 2016 with the health care workers. In addition, to the questions prepared by the researcher for demographic information, a Workaholism Scale and the DASS (Depression Anxiety Stress Scale) were used in the study. DASS: tests on the validity and reliability of DASS, developed by Lovibond and Lovibond in 1995, were conducted by Akın and Çetin in 2007. DASS is a Likert type scale consisting of 42 items. Each item in the measure has a 4-point Likert type rating measure as follows: "0"= not suitable for me at all, "1" = a little suitable for me, "2" =generally suitable for me and "3"= completely suitable for me. DASS Cronbach Alpha internal consistency coefficient has been found as 0.89, Cronbach Alpha internal consistency coefficient for depression subscale was 0.90, Cronbach Alpha internal consistency coefficient for anxiety subscale was 0.92 and Cronbach Alpha internal consistency coefficient for stress subscale was 0.92. In addition, Akın and Çetin (2007) applied the scale to determine the test-retest reliability score again to 157 university students with an interval of 21 days and found that the correlation coefficients between the two applications were 0.98 ($p < 0.001$) for each of the three subscales and 0.99 for the overall scale ($p < 0.001$).

The Workaholism Scale was developed by Schaufeli, Shimazu, and Taris in 2009. Validity and reliability tests of the scale were carried out by Akın et al., in Turkish in 2013. The results of the confirmatory factor analysis indicated that the 10 items loaded on one factor (NFI= 0.93, CFI= 0.93,

IFI= 0.93, RFI= 0.90, SRMR= 0.042). The relationship between workaholism and work addiction was .59. The Cronbach Alfa internal consistency coefficient was 0.97. The test re-test reliability coefficient of the scale was 0.51. The corrected item-total correlations of Workaholism Scale ranged from 0.65 to 0.93.

Data Analysis

Analysis of the data was performed using SPSS 23.0. The compliance of the stress and workaholism scales to the normal distribution was examined by the Shapiro-Wilk test. As a result of this it was determined that the workaholism scores had a normal distribution, (SW=0.968; (p=0.002) but the stress score did not show normal distribution (SW=0.989; p=0.318). Comparison of workaholism scores for gender, age, marital status, and the work status in the hospital was made by t and ANOVA test and comparison of stress scores was analysed by Mann-Whitney and Kruskal-Wallis tests in the study.

The Kruskal-Wallis test is a nonparametric (distribution free) test, and is used when the assumptions of one-way ANOVA are not met. Both the Kruskal-Wallis test and the one-way ANOVA assessed the significant differences on a continuous variable by a categorical independent variable (with two or more groups). In the ANOVA that the dependent variable is normally distributed and there is approximately equal variance on the scores across groups. However, when using the Kruskal-Wallis Test, has been not make any of these assumptions. Therefore, the Kruskal-Wallis test has been used for both continuous and ordinal level dependent variables.

Mann-Whitney U test is a non-parametric test, so it does not assume any assumptions related to the distribution of scores. There are, some assumptions that are assumed; in order to the sample drawn from the population is random; independence within the samples and mutual independence is assumed. That means that an observation is in one group or the other and, ordinal measurement scale is assumed.

Limitations of the study

This research is limited to the data obtained from 150 healthcare workers at the University of Health Sciences İstanbul Sisli Hamidiye Etfal Training and Research Hospital.

Findings

The Socio-demographic profile of the participants is set out in Table 1. The majority (72%) of the participants were female. Almost half (46%) were in the age group 26-35. Almost two thirds had an average monthly income between 2000 and 3999 (Turkish Liras) the largest group of the participants were nurses (40.7%), followed by physicians (37%). Most (77.3%) were University graduate, the majority of these having an MSc or PhD. Almost two thirds had six or more years of work experience. Most were staff members with around 20% holding managerial positions.

Table 1
Socio-demographic profile of the participants

		N	%
Gender	Female	108	72.0
	Male	42	28.0
Age	19-25	29	19.3
	26-35	69	46.0
	36-45	39	26.0
	46+	13	8.7
Marital status	Married	75	50.0
	Single	75	50.0
Monthly Income	2000-3999	98	65.3
	4000-5999	27	18.0
	5000+	25	16.7

Education	High School	34	22.7
	University	50	33.3
	MSc	43	28.7
	PhD	23	15.3
Job	Physician	47	37.0
	Nurse	61	40.7
	Technician	26	17.3
	Other	17	11.3
Work Experience (year)	0-1	16	10.7
	2-5	40	26.7
	6-10	49	32.7
	11-20	24	16.0
	21+	21	14.0
Years of Works	0-1	23	15.3
	2-5	68	45.3
	6-10	36	24.0
	11-20	10	6.7
	21+	13	8.7
Department	Clinic	75	50.0
	Policlinic	14	9.3
	lab	13	8.7
	Operation	18	12.0
	Administration	14	9.3
	Emergency	16	10.7
Job Title	Manager	3	2.0
	Head of Clinic	28	18.7
	Staff	119	79.3

The Socio-demographic profile of the participants is set out in Table 1. The majority (72%) of the participants were female. Almost half (46%) were in the age group 26-35. Half were married. Almost two thirds had an average monthly income between 2000 and 3999 (Turkish Liras) The largest group of the participants were nurses (40.7%), followed by physicians (37%). Most (77.3%) were University graduate, the majority of these having an MSc or PhD. Almost two thirds had six or more years of work experience. Most were staff members with around 20% holding managerial positions.

Stress and workaholism relationship and differences between groups

The average score of participants was 20.58, and SD, (4.84) while their stress level score average is 18.13 (9.99). The study found a relationship between the level of workaholism and the stress level of the health workers ($r = 0.332$, $p < 0.001$) as a result of the study. According to this result, as the stress increases, the workaholism also increases.

Table 2

Differentiation Analysis of Stress Score in terms of Gender, Age and Marital Status

Gender	n	Median	U	p
Female	108	19,50	1.721.500	0,022
Male	42	13,00		
Age	n	Median	X²	p
19-25	29	16,00	4.602	0.203
26-35	69	19,00		
36-45	39	12,00		
46 and more	13	19,00		
Marital status	n	Median	U	p
Married	75	17,00	2.558.000	0,338
Single	75	18,00		

U: Mann-Whitney U Test; n: Number; p: P value; X²: Kruskal Wallis

The results obtained from Mann-Whitney U test indicate a statistically significant difference in stress level between male and female participants ($U=1721.5$, $p=0.022$). Women's average stress level is 80.56; while the stress level average of men 62.49. According to this, it is observed that women are more stressed than men (Table 2). Stress scores do not show statistically significant differences in terms of age and marital status.

Table 3
Differentiation Analysis of Workaholism Score in terms of Gender, Age, Marital Status and Position in the Hospital

Gender	n	Average	sd	t	p
Female	108	20.84	4,90	1.067	0.288
Male	42	19.90	4,66		
Age	n	Average	sd	F	p
19-25	29	21.28	4,70	1.360	0.257
26-35	69	21.10	5,13		
36-45	39	19.59	4,78		
46 and over	13	19.23	3,14		
Marital status	n	Average	sd	t	p
Married	75	20.16	4,48	-1.064	0.289
Single	75	21.00	5,16		
Position in the Hospital	n	Average	sd	t	p
Manager	28	19.07	4,83	0.995	0.048
Workers	119	21.07	4,75		

n: Number; *SD*: Standard Deviation; *t*: T test; *p*: P value

Statistically significant differences were found between the managers and health care workers in the hospital in terms of workaholism ($p<0.048$). The average level of workaholism of the managers in the hospital at various levels was 19.07; while that of the staff was 21.07 percent. As seen in Table 3, it is observed that health care workers in the hospital are more workaholic compared to health care managers. However, workaholism does not show statistically significant differences in terms of gender, age and marital status.

Discussion

It was concluded, in the correlation analysis carried out, that there is significant relation between health care workers' workaholism and stress levels ($\rho=0.332$; $p<0.001$). There is no significant difference in the workaholism levels in relation to gender when the differences between male and female health care workers are examined in terms of workaholism ($p>0.05$). The hypothesis (H_0) "there is no significant difference in terms of gender between the workaholism and stress levels of health care workers" does support our hypothesis in terms of stress. It is observed that previous research findings have varying results regarding the relationship between gender and workaholism when the literature is examined. It is seen that there is no significant difference between workaholism and gender in the study conducted by Naktiyok and Karabey (2005). It is observed that there are significant differences between the workaholism levels of male and female health care workers' in the study carried out by Akduman, Akduman, Simsek Yüksekbilgili and Yüksekbilgili, (2015). However, Akduman et al., (2015) found that a significant difference in the level of workaholism between women and men in their research. Similarly, Karaeminogulları, Bozkurt, Dogan, and Bozkurt, (2014), it was found also that the behavior of workaholism did not differ in terms of gender.

On the other hand, there was a statistically significant difference between male and female health care workers in terms of stress levels ($p=0.022$). Accordingly, women were found to be more

stressed than men. As is known, the vast majority of health care workers consist of women. The situation that creates more stress in women can be explained by the health services' being for 24 hours in an uninterrupted manner, involving working on shifts, working on holidays, which are significant stress factors especially on women workers. Women's maternal roles and domestic responsibilities can also make women's working life more stressful than that of men. Similarly, research conducted by Cınar (2010) on health care workers, the stress level of women has been found to be higher than men. However, conducted by Gulova, Ispirli and Eryılmaz, (2014) in terms of marital status change, there is a significant difference in job excellence and dissatisfaction dimensions and in average of workaholism.

Additionally, there were no statistically significant level differences between age groups in terms of stress ($p > 0.05$). In this context, the hypothesis (H_1) has not been accepted. It was also observed that there was no significant difference in stress levels between married and single participants ($p > 0.05$). Although no differences were found in our study, when the literature was examined, it was found in the study of Erkmen and Cetin (2008) that marriage was determined to affect stress in relation to studying positively. This study, we found that there is no significant difference between the level of workaholism and the level of stress of health care workers with regard to being married or unmarried. Moreover, a statistically significant difference was found between the health care workers working as manager and staff in the hospital. Naktiyok and Karabey (2005) found that the teachers who are in responsible of management, are more of a workaholism than the non-managerial teachers. Accordingly, this, it was observed that staff is more workaholics than managers. In this context, our hypothesis (H_3) is accepted in terms of workaholism.

Conclusion

Stress and workaholism are concepts that have sustained the interest of health care workers and researchers for several decades. These concepts are highly relevant to the workforce health care workers in particular. Health care workers experience excessive working and stress factors in their work-life. In the analysis it was concluded that there is positive relation between the levels of workaholism and stress. Our study was found two important outputs. One of them was stress levels of female health care workers are higher than male and health care workers who are in managerial position are less workaholic than staff. Hospital managers must help health care workers to improve their coping skills with the stress they encounter in their lives and provide educational support (time management, meditation, fitness and breathing exercises, etc.) so that health care workers can put into practice coping with these kinds of problems. If the required measure are not taken in time for the problems arising whatever the cause is, deterioration of working relationships, tardiness, unending complaints and declining productivity and performance will be inevitable.

Longitudinal research is required in order to examine the effects of workaholism and stress on health care workers over time. It would also be useful to use not only data collected from the individual but also the data collected from the individual's family, colleagues, and managers in research carried out on workaholism and stress.

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Genişletilmiş Özet

Giriş

İşkolizm, genel anlamda bir çeşit saplantılı davranış şekli olarak tanımlanmaktadır. İşkolikler, yaşamdaki tek motive edici etkenin işi olduğunu düşünen ve başarılı olmayı da yaşamın temel amacı haline getirmiş kişilerdir. İşkoliklerin aşırı çalışma eğilimleri, onları iş için daha fazla zaman ayırmaya yönlendirirken, iş dışındaki yaşamlarını sıkça ihmal etmelerine neden olmaktadır.

İşkoliklik konusunda yapılan çağdaş araştırmaların, işkolikliği, olumsuz ve kişiye zarar veren bir ruh hali olarak ele aldığı görülmektedir. Araştırmacılar tarafından yapılan farklı tanımları incelendiğinde, işkolikliğin işlerine ve çalışmaya karşı geliştirilen kontrolsüz ve aşırı bir bağımlılık olduğu ifade edilmektedir. Bireylerin yaşamı sadece işten ibaret görmeleri durumunda zihinsel ve fiziksel sağlıklarının olumsuz etkilenmesi kaçınılmaz olabilmektedir. Diğer taraftan, işkolikliği olumlu bir özellik olarak düşünen araştırmacılara göre; işini çok sevmek, işine bağlı olmak, işindeki yaratıcılığını ve verimliliğini arttırarak iş doyumunu artırdığı öne sürülmektedir.

Sağlık hizmeti sektöründe mevcut işgücünün sayısal eksikliği, sağlık çalışanlarının aşırı çalışma koşulları ile karşı karşıya kalmasına neden olabilmektedir. Bununla birlikte, sağlık çalışanlarının iş tanımlarının belirsizliği nedeniyle ortaya çıkan aşırı iş yükü çoğu kez uzun süre çalışmalarını gerektirmektedir. Tüm bunların sonucunda uzayan mesai saatleri ile çalışanlar kendilerine ve ailelerine yeterli zaman ayıramamakta ve sonuç olarak işkoliklik davranışları ortaya çıkabilmektedir.

Öte yandan, bireylerin iş yaşamındaki stresleri bireylerin bedensel ve ruhsal sağlıklarını doğrudan etkilemektedir. İşe ilişkin stres, belli bir seviyede yaşandığında olumlu yönü ile kişiyi motive ederek başarıya ulaştırabilmektedir. Ancak yoğun düzeyde yaşandığında, bireylerin sağlığını etkileyerek iş verimini ve iş doyumunu olumsuz yönde etkileyebilmektedir. Sağlık kurumlarında verilen hizmetin gereği olarak dinamik yapısı, acil ve ertelenemez oluşu, yapılan hatanın genellikle geriye dönüşünün olmaması, hizmet sunma ve işin gerçekleştirilmesinin birbirine bağlı olması gibi nedenlerden dolayı, sağlık çalışanları daha fazla işkoliklik ve stresle yüz yüze kalabilmektedirler.

Bu çalışmanın amacı, sağlık çalışanları arasında işkoliklik ve stres arasındaki ilişkileri; aynı zamanda işkoliklik ve stres düzeyinin cinsiyete, medeni duruma, yaş gruplarına ve yönetici pozisyonunu gibi değişkenlerine göre anlamlı olarak farklılık gösterip göstermediğini ortaya koymaktır.

Yöntem

Çalışmanın evrenini, İstanbul Sağlık Bilimleri Üniversitesi Şişli Hamidiye Etfal Eğitim ve Araştırma Hastanesi'nde görev yapan 264 sağlık çalışanıdır. Bu kapsamda 150 sağlık çalışanı çalışmamızda yer almıştır. Araştırma, niceliksel araştırma modeli içerisinde yer alan ilişkisel bir tanımlayıcı bir araştırma modeline uygun yapılandırılmıştır. Veri toplama aracı olarak demografik bilgilere yönelik olarak hazırlanan anket sorularının yanısıra, Akın ve diğerleri (2013) tarafından geçerlik ve güvenilirlik çalışması yapılan İşkoliklik Ölçeği ve DASÖ'nün (Depresyon Anksiyete Stres Ölçeği) kullanılmıştır. Çalışma, sağlık çalışanlarına 01-30 Nisan 2016 tarihleri arasında uygulanmıştır.

Verilerin analizi: İşkoliklik ve stres düzeyleri arasında anlamlı bir ilişki olup olmadığını belirlemek amacıyla, Pearson Korelasyon katsayısı incelenmiştir. Katılımcıların işkoliklik ve stres düzeyleri arasında cinsiyet, medeni durum, fiziki durum algısı ve çalışma pozisyonuna göre anlamlı bir farklılık olup olmadığını belirlemek için "t testi" kullanılmıştır. İşkoliklik ve stres düzeylerinin arasında yaş ve gelir düzeylerine göre anlamlı bir farklılık olup olmadığını belirlemek için ANOVA kullanılmıştır. Verilerin analizi SPSS 23 programı ile yapılmış ve %95 güven düzeyi ile çalışılmıştır.

Araştırmanın Hipotezleri: Sağlık çalışanlarında işkoliklik ve stres düzeyleri arasındaki ilişkiyi belirlemeyi amaçlayan hipotezler aşağıda sunulmuştur:

H₀. Sađlık alıřanlarının, iřkolluk ile stres dzeyi arasında cinsiyetleri aısından anlamlı farklılık yoktur.

H₁. Sađlık alıřanlarının, iřkolluk ile stres dzeyi arasında yařları aısından anlamlı farklılık yoktur.

H₂. Sađlık alıřanlarının, iřkolluk ile stres dzeyi arasında medeni durumları aısından anlamlı farklılık yoktur.

H₃. Sađlık alıřanlarının, iřkolluk ile stres dzeyi ynetici veya alıřanlara gre (klinik, poliklinik ve birim sorumlusu) anlamlı bir farklılık yoktur.

Arařtırmanın sınırlılıkları: Bu arařtırma; İstanbul İlinde Sađlık Bilimleri niversitesi řiřli Hamidiye Etfal Eđitim ve Arařtırma Hastanesi'nde grev yapan 150 sađlık alıřanından (hekim, hemřire, ynetici, vb) elde edilen verilerle sınırlıdır.

Bulgular

Ankete katılan sađlık alıřanlarının %72'si kadın; %28'i erkektir. 26-35 yař arası olanların oranı %46,0; ortalama aylık gelir 2000-3999 TL arası olanların oranı %65,3; niversite mezunu olanların oranı %33,3; yksek lisans mezunu olanların oranı %28,7; Hastanede klinik/polikliniklerde alıřanların oranı ise %79,3. İdari ve klinik sorumluluđu olan alıřanların oranı ise %18,7 olarak bulunmuřtur. Yapılan korelasyon analizinde, sađlık alıřanlarının iřkolluk ve stres dzeyleri arasında anlamlı bir iliřki olduđu sonucuna varılmıřtır ($p < 0.05$ $\rho = ,332$). İřkolluk aısından kadın ve erkek sađlık alıřanları arasında anlamlı bir farklılık bulunmamıřtır ($p > 0.05$). Diđer taraftan, kadın ile erkek sađlık alıřanları arasında, stres dzeyleri aısından istatistiksel olarak anlamlı farklılık grlmřtr ($p < 0.05$). Buna gre, kadınlar erkeklere gre daha stresli oldukları ortaya ıkmıřtır. Bilindiđi gibi, sađlık alıřanlarının byk ođunluđu kadınlardan oluřmaktadır. Sađlık hizmetlerinin kesintisiz olması, vardiyalı ve tatil/bayram gnlerinde alıřma zellikle kadın alıřanlar zerinde nemli bir stres oluřturduđu ile aıklanabilir. te yandan, kadınların annelik rolleri, ev sorumluluklarının da alıřma hayatı iinde erkeklere gre daha fazla stres kaynađı olabilmektedir. Yař grupları arasında, stres dzeyleri bakımından istatistiksel aıdan anlamlı farklılıklar bulunmamıřtır. ($p > 0.05$).

Hastanede ki ynetici olan ile yneticilik grevi olmayan sađlık alıřanları arasında iřkolluk aısından istatistiksel olarak anlamlı farklılık bulunmuřtur ($p < 0.05$). Buna gre, hastanede ynetici pozisyonunda olmayan alıřanların, ynetici pozisyonu olan sađlık alıřanlara gre daha fazla iřkolluk olduđu ortaya ıkmıřtır.

Sonuç ve neriler

alıřmamızda, iřkolluk ve stres arasında anlamlı bir iliřki olduđu, kadınların erkeklere gre daha fazla strese maruz kaldıkları ve alıřanların ynetici pozisyonda olan sađlık alıřanlara gre daha fazla iřkolluk davranıřı sergiledikleri grlmřtr. Hastane yneticilerinin sađlık hizmetleri alanında iř ve sorumluluk alanlarındaki belirsizliđi azaltacak ve alıřma hayatında karřılařılan sayı bakımından yetersiz iřgcne karřı nlemler almalı; iř yařamında karřılařılan sorunlara ynelik hizmet ii eđitimlerle alıřanların stresle bařetme becerilerini artırmaları sađlanmalıdır.