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DEMOGRAPHIC RESEARCH OF HEALTH WORKERS' BURNOUT LEVELS AND OCCUPATIONAL MOTIVATION: ERZINCAN CASE

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ABSTRACT

This study aims to empirically examine the relationships between burnout and occupational motivation levels of healthcare personnel during the COVID-19 pandemic. The study was conducted to explore the healthcare employees' burnout levels in Erzincan. The number of participants is 350. The study utilizes a "socio-demographic information form, burnout scale, and occupational motivation scale". To investigate the differences between demographic factors based on burnout and motivation levels of healthcare personnel, statistical analyses were conducted using the SPSS program. These analyses were also based on the relationship between burnout and the occupational motivation levels of healthcare personnel. The results determined that burnout and motivation levels of healthcare personnel were affected differently according to their socio-demographic characteristics. It was revealed that female healthcare employees experienced more burnout than males and healthcare employees with lower income levels experienced more burnout. As the age level of healthcare professionals heightens their occupational motivation also heightens. Their occupational motivation increases through the decrease in income level. The results reinforce the Hierarchy of Needs Theory, ERG Theory, Achievement Motivation Theory, Social Cognitive Theory, and Job Resource-Demand Theory. A practical perspective and recommendations are presented for the healthcare professionals in normal and crisis management processes.

Keywords: Health workers, COVID-19 pandemic, Burnout, Occupational motivation, Gender, Income level.
JEL Codes: M10, M12.

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INTRODUCTION

Working people may experience difficulties and distress in social and economic aspects at their workplaces. The difficult situations that individuals find themselves in may cause psychological distress, and depletion of their energy, causing them to feel helpless and defenseless.

The COVID-19 pandemic threatened all countries and spread rapidly (Dikmen et al., 2020). The biggest burden of this pandemic was observed on healthcare personnel. It caused burnout to emerge and an increase in healthcare workers who experienced high stress in their working conditions (Elahi et al., 2022).

Burnout is defined as employees becoming disconnected from the essence and purposes of their work and duties, no longer being able to care about the people they serve truly, and psychologically distancing themselves from their work tasks and responsibilities as a reaction to high levels of dissatisfaction and stress (Maslach, 1987). Professional/occupational motivation is defined as a person's dedication to their career and profession; believing in goals and ethical framework related to their profession and sincerely accepting them (Şimşek & Aslan, 2012). The literature explains that professional motivation is related to concepts such as "intention to enter and leave the job, burnout, absenteeism, and organizational commitment" (Tümkaya & Ulum, 2019; Duran et al., 2021). Studies show that work motivation and burnout are closely related to healthcare personnel (Gambino, 2010). However, how and to what extent the professional motivation of healthcare workers is affected based on socio-demographic characteristics during the COVID-19 pandemic has hardly been investigated until now. This research aims to reveal the differences in demographic features such as income level, age, gender, and marital status that affect burnout and occupational motivation levels. The original value of this research, which was conducted in line with the survey data collected during COVID-19, is the empirical investigation of burnout and professional motivation of healthcare professionals based on demographic factors. Thus, it might be possible to create more effective and efficient individual and organizational work processes for healthcare professionals during crisis periods.

Data were collected from 350 healthcare professionals. The aim is to examine how burnout and occupational motivation are affected by demographic variables. The SPSS program was used for statistical analyses. Accordingly, the conceptual framework, method, analysis, and findings are presented below. Then, a comprehensive discussion of the results and theoretical and practical contributions are presented. The theoretical foundations on which this study is based include the Hierarchy of Needs Theory (Maslow, 1969), ERG Theory (Alderfer, 1969), and Achievement Motivation Theory (McClelland's,1955). Maslow (1969) explains the hierarchy of needs in general. Alderfer's (1969) ERG theory expresses that existence (E), relatedness (R), and growth (G) are the core needs of people. Unlike Maslow, ERG theory states that a person can satisfy more than one need at a

given point. In addition, McClelland's (1955) theory of needs proposes three primary human motivations: the need for achievement, power, and affiliation. The theory suggests that managers should identify each individual's need to structure their approach to motivation.

The theories on burnout in this research are Social Cognitive Theory (SCT) (Bandura, 2001; Llorens, 2005) and Job Resource-Demand Theory (Bakker & Demeroutti, 2007). SCT emphasizes the dynamic interaction between people based on personal, behavioral, and environmental factors called Reciprocal Determinism. JD-R Theory explains that job demands and resources should be balanced. While job demands require sustained effort and are associated with physiological and psychological costs, job resources are the physical, social, or organizational factors that help the employee achieve goals and reduce stress.

1. CONCEPTUAL FRAMEWORK

1.1.Burnout

Burnout is defined as an individual's tiredness and unhappiness at work. The phenomenon of burnout was first examined in the 1970s in the context of the behavior and actions of substance addicts. It was later used to explain the decrease in the mental state level of these patients due to the surrounding workplace environment (Schaufeli et al., 2009).

Burnout is "a situation in which the person exhibits mental and physical negative attitudes due to the decrease in success and motivation at work, weakness, loss of energy, and unsatisfied desire" (Freudenberger, 1974). 'Maslach (1987; 2003) Professional/occupational burnout is the psychological discomfort of the problems the employee can no longer cope with at work, and the reasons that cause tension. They have suggested that individual burnout occurs in individuals working in jobs related to people. People working in jobs where personal services are provided require establishing mutual communication. For this reason, they experience negative feelings such as irritability, weakness, inadequacy in their work, and helplessness while looking for solutions to their problems. According to the conclusion drawn from all these, people consistently experience negative situations in their relationships, and exposure to stress increases their burnout levels (Maslach and Jackson, 1981). Accordingly, the burnout values of people working in face-to-face communication are higher.

Maslach (2003) states that burnout affects individuals physically and divides it into three categories: emotional exhaustion, being unresponsive to others, and individual dysfunction. It has been explained that burnout increases due to employees' job demands containing high levels of emotion and being in a constantly interactive work environment. In this case, it is known that employees are physically and psychologically in uncertainty, hopelessness, and depression (Maslach and Jackson, 1981). Thus, the individual's exposure to stress and increased psychological burnout reduce both work and life

enthusiasm and excitement. Burnout is a psychological emotional state that individuals feel due to their expectations and behaviors in response to their conditions. Since this negative situation of employees suffering from burnout syndrome reduces their professional performance, it causes negative effects and situations to emerge in the organization (Çapri, 2006).

The theories on burnout on which the research is based are Social Cognitive Theory (SCT) and Resource-Demand Theory. According to SCT, the threshold level of burnout occurs for employees who realize uncertainty in their individual or organizational competence (Bandura, 2001; Llorens, 2005). When exposed to similar conditions in the ongoing process, it is explained that job satisfaction decreases, emotional energy increases, fatigue increases, and desensitization occurs in stress-coping behaviors. Resources in work processes are examined in two categories: individual and organizational (Golparvar et al., 2012; Ogińska-Bulik et al., 2021; Edu-Valsania et al., 2022). Employees' need for resources and demand for them also contribute to the formation of fatigue. If this situation continues, the resulting fatigue becomes chronic and leads to burnout and its increase (Bakker & Demeroutti, 2017).

1.2.Motivation

A reason that drives a person to act in a certain way or at least to develop a tendency towards a certain behavior, "motivation" can be defined as the forces that drive or direct an individual to satisfy his basic needs or desires (Yorks, 1976, 21). The level of needs will determine what rewards will satisfy an employee. According to Dessler, psychologists generally think that all motivation ultimately results from stress when one or more important needs are not satisfied (Dessler, 1986, 332).

Motivation is a motivational energy that determines and directs individual behavior. Motivation is an internal feeling that supports people to work together for certain goals. Motivation includes three different powers, taking action, sustaining, and directing action positively. Behavior begins and is directed and sustained to achieve goals. The powers that a person possesses create movement, and environmental elements that reveal different behaviors and internal powers in each person (Tınaz, 2005). Motivation is the power that moves people and has different internal and external motives (Ryan & Deci, 2000; Deci & Ryan, 2008). Intrinsic motivation is an internal, instinct-based, and spontaneous power that enables individuals to be active until they reach their goals and provides internal calmness when they are satisfied. Motivation arises from needs and motives. The individuals are willing to satisfy their motives or needs is a sign that they are sincerely motivated (Ryan & Deci, 2000; Deci & Ryan, 2008).

Although individuals are different in terms of their needs and personalities, managers can strive to motivate individuals to create space for themselves in attitudes and behaviors that benefit the

organization for common needs that include everyone. The organization and employees benefit by meeting the needs (Hicks & Gullet, 1981).

According to Mottaz (1985), the dimensions of extrinsic motivation are related to social and organizational tools. Social motivation includes dynamics such as friendship, solidarity, and support from peers and superiors, and focuses on the quality of relationships created between individuals. The organizational dimension includes opportunities for increasing job performance. These include factors such as sufficient resources, wage equality, career opportunities, workplace security, etc. affecting employee performance (Mottaz, 1985, as cited in Dündar et al., 2007).

The dynamic that strengthens work-based motivation is that the goals shown to the employee are fulfilled by the employee intrinsically. Employees' intrinsic motivation towards organizational goals allows their efforts to emerge and sustain naturally (DuBrin, 1978; Başaran, 2000). Work motivation is a psychological state encompassing the employees' attitudes to achieve symbolic and instrumental task goals from a broad perspective (Zeynel, 2014).

1.2.1.Theories Based on the Motivation Research

These theories are Maslow's Hierarchy of Needs, Herzberg's Dual Factor Theory, and McClelland's Achievement Motivation Theory.

According to Maslow, needs are on five levels according to their priorities: Physiological, protection, belonging and love, feeling valued, and embodying (Maslow, 1969). While high-level needs such as social esteem and self-actualization are primarily met by internal factors, low-level needs such as physiological and desire for security are met by external factors (Robbins & Judge, 2013).

Herzberg (2003) explains that hygiene factors lead to job satisfaction, that the lack of other motivating factors also leads to dissatisfaction, and that these hygiene factors and motivators act independently. People's attitudes toward their jobs and the relationship between them and their jobs determine whether they are successful or unsuccessful (Robbins & Judge, 2013).

According to McClelland's (1985) Human Motivation Theory; people have one of these three needs based on affiliation, need for power, or success. These three basic powers, which develop with life experiences and the cultural codes they live in, can emerge differently in individuals. Those who are solution-oriented and visionary are based on the power to achieve. While those with a dominant sense of belonging focus on communication and group connections based on the need for attachment, those who want to develop their power level are motivated to establish a network of relationships and develop their behaviors in this direction. By choosing difficult goals and making efforts in this direction, these individuals try to have the power to achieve success (McClelland, 1980; Koçel, 2015). Development and prosperity at the national level benefit from the power of achievement of those living in that country (Şimşek et al., 2003).

1.2.2. Professional/Occupational Motivation

Professional motivation can be described as the motivational status of employees in organizations that is valid for their jobs. A broad definition of professional motivation is a situation that expresses the performance and efforts of the person working in that institution to achieve his/her goal. It also should be examined from a psychological perspective. (Zeynel, 2014). Factors affecting professional motivation include demographic factors such as gender, age, and income level (Weberova, 2017; Khim, 2016; Franco et al., 2004).

1.3.Research Hypotheses

The following hypotheses can be explained based on the literature and related theories in the conceptual framework section. Significant differences between motivation, burnout, and age were found (Brislin et al., 2005). This may give clues about demographic factors such as gender, age, marital status, etc. during the COVID-19 pandemic.

The COVID-19 pandemic process has caused negative psychological problems affecting people all over the world (Arslan et al., 2020 p. 3; Khasne et al., 2020 p. 666). Healthcare professionals who directly care for COVID-19 patients experience more burnout (Lasalvia et al., 2020). The anxiety and burnout of healthcare professionals have increased significantly during the COVID-19 period (Maunder et al., 2021). Therefore, H1a can be explained below:

H1a: *The COVID-19 pandemic has an increasing effect on the burnout level of healthcare workers.*

The results in the literature indicate that differing motivation and burnout perceptions are based on gender (Wiley, 1997; Purvanova and Muros, 2010; Naz, 2020). Female nurses had significantly higher personal burnout than male counterparts in US hospital example (Alenezi et al., 2024). A nationwide empirical research in China revealed that female and male healthcare personnel had different burnout levels related to working hours and marital status (Zhang et al., 2022; Çukurova et al., 2023). Thus, it is possible to claim the below hypothesis H1b:

H1b: *The COVID-19 pandemic creates more burnout effect in female healthcare workers than male healthcare workers.*

The studies examining the COVID-19 pandemic period based on various demographic factors such as gender, marital status, working hours, and age differences found that younger healthcare personnel have more burnout levels due to having more workload (Çukurova et al., 2023). However, Older ages (60 and above) are more sensitive and fragile in terms of health status, and as people approach these ages, this sensitivity and fragility increase during the COVID-19 period (CDC COVID-19 Response Team, 2020). Based on this explanaiton of CDC (Coronavirus Disease Characteristics) Team in the United

States, the healthcare personnel over the age 40 might be more sensitive to burnout syndrome. Therefore, H1c can be explained as follows:

H1c: The COVID-19 pandemic creates more burnout effect on healthcare workers over the age of 40 than on those under the age of 40.

While some research results explain that married employees experience higher burnout (Ifeagwasi, 2006), others explain that single and divorced people experience higher burnout (Cañadas-De la Fuente et al., 2018). It is known that married employees have lower motivation than single employees (Kurd et al., 2017) and experience more burnout (Gülbayrak, 2015; Yunusoğlu, 2018). It is also explained in the literature that employees with lower income levels experience lower motivation and higher burnout (Tung et al., 2020). The following hypotheses are aligned with the negative impact of the COVID-19 pandemic process, which will decrease motivation and increase burnout. Hence, H1d can be claimed as follows:

H1d: The COVID-19 pandemic creates more burnout effect on married healthcare workers than single healthcare workers.

A recent study explains that the burnout level of healthcare personnel was not affected by their income levels during the COVID-19 pandemic (Özkahraman et al., 2022). Physicians' level of satisfaction with their income is not effective in burnout (Dinibutun, 2020). However, gender, parental status, marriage status, and salary reduction were found to be significant factors for personal burnout of healthcare employees (Duarte et al., 2020). Also, some research revealed that the income level of healthcare employees significantly affects their burnout levels (Morgantini et al., 2020; Wahlster et al., 2021). Therefore, H1e can be explained as follows:

H1e: The COVID-19 pandemic creates more burnout effect on healthcare workers with a monthly income level below 10,000 TL than on healthcare workers with a monthly income level above 10,000 TL.

Research indicates that healthcare employees have experienced a decrease in their professional motivation during the COVID-19 pandemic. (Gürer & Gemlik, 2020). Another research explains that health workers are internally motivated to serve during the pandemic despite their difficulties. However, they think they should be provided with the declared facilities, incentives, and motivation plan to encourage them further (Pokharel et al., 2021, p.60). Thus, H2a can be claimed as follows:

H2a: The COVID-19 pandemic has a negative impact on the professional motivation of healthcare professionals.

Based on the hypothesis explaining that female healthcare workers experience more burnout during the COVID-19 pandemic (Zhang et al., 2022; Çukurova et al., 2023; Alenezi et al., 2024), it is possible to claim that female healthcare workers might be more demotivated, too. Research results also support the adverse effect of burnout on the occupational motivation of healthcare employees (Wu et al., 2022; Pauliene et al., 2024). Therefore, H2b is as follows:

H2b: The COVID-19 pandemic causes more demotivation in female healthcare professionals than male healthcare professionals.

Research explains that healthcare employees over 40 years of age had a decrease in their occupational motivation (Malik et al., 2022). Also, based on the hypothesis explaining that healthcare workers over 40 years of age experience more burnout during the COVID-19 pandemic (Çukurova et al., 2023; CDC COVID-19 Response Team, 2020), it is possible to claim that healthcare workers over 40 years of age might be more demotivated, too. Therefore, H2c is as follows:

H2c: The COVID-19 pandemic causes more demotivation in healthcare professionals over the age of 40 than below the age of 40.

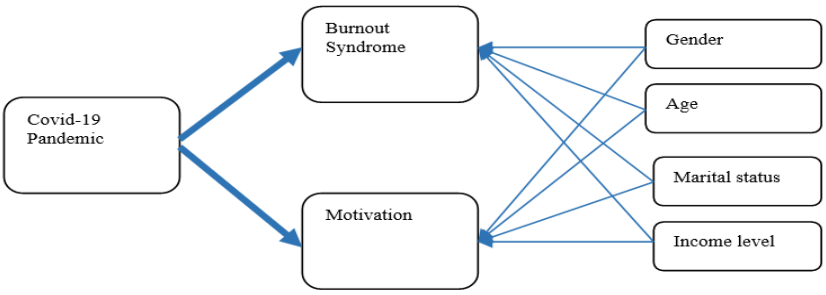
Some research results explain that married healthcare employees had lower occupational motivation (Çemberci et al., 2022; Malik et al., 2022). Also, based on the hypothesis explaining that married healthcare workers experience more burnout during the COVID-19 pandemic (Cañadas-De la Fuente et al., 2018; Tung et al., 2020), it is possible to claim that married healthcare workers might be more demotivated. Thus, H2d is as follows:

H2d: The COVID-19 pandemic causes more demotivation in married healthcare professionals than in single healthcare professionals.

The literature explaining that healthcare workers having monthly lower income levels experience more burnout than a monthly higher income level during the COVID-19 pandemic (Morishita et al., 2024; Cañadas-De la Fuente et al., 2018; Tung et al., 2020) supports the reason the lower income level causes lowered occupational motivation. Therefore, it is possible to claim that healthcare workers having a monthly income of less than 10,000 TL might be more demotivated. Hence, H2e is as follows:

H2e: The COVID-19 pandemic causes more demotivation in healthcare professionals with a monthly income of less than 10,000 TL than a monthly income of more than 10,000 TL.

Figure 1. Theoretical Research Model



2. METHOD

2.1. Research Design

A quantitative research design was adopted. Data was collected using a 5-point Likert-type survey. The purpose is to predict the relationships between variables and understand the direction and degree of these relationships. The statistical analysis and the results should be explained in the framework of literature and related theories (Watson, 2015; Bloomfield & Fisher, 2019).

2.2. Population and Sample

The population of this research is healthcare employees working in Erzincan, the total number of which is 2320. The sample is 350 people including these healthcare workers. The sample should represent more than 10% of the population. Thus, the basic condition for ensuring external validity, generalizability, is met (Hair et al., 2019b). It is also possible to obtain the sample size by multiplying the total number of scale items (52 item in this research) by 5 at minimum (Hair et al., 2019a). Therefore, the number of data collected (350) meets both conditions.

2.3. Data Collection Tools

Maslach Burnout Inventory (MBI) and Occupational Motivation Scale (OMS) were used. Cronbach's Alpha internal consistency coefficient was found as α=0.93 in Çapri (2006) study regarding MBI, which was developed by Maslach and Jackson (1981) and adapted to Turkish by Ergin (1992). The scale includes 9 emotional exhaustion items, 5 depersonalization items, and 8 personal failure items, thus there are three dimensions and a total of 22 items.

The Occupational Motivation Scale (OMS) was first developed by Engin and Çam (2009) to measure nurses' work motivation. The scale has 29 items including nurses' motivation levels. The Cronbach's Alpha coefficient of the scale is 0.84; its validity and reliability have been determined.

2.4.Data Collection and Analyses

Data was collected using a 5-question Likert-type survey from governmental health institutions in Erzincan. In total, 350 health employees were reached.

SPSS 22.0 program was used in the analysis of the data. Descriptive statistics were analyzed. Skewness and kurtosis values were examined and the Kolmogrov-Smirnov test was performed. The data has shown normal distribution. Independent samples t-test and ANOVA (One-way analysis of variance) test were performed. The group from which the positive significant difference between the groups originated was determined utilizing the Bonferroni test. The statistical significance level was selected as 0.05. Pearson Correlation analysis was performed.

3. FINDINGS

The research findings include the descriptive statistics and normality distribution analysis results of the Maslach Burnout Inventory (MBI) and Occupational Motivation Scale (OMS) and sub-dimension scores. Then, there are statistical analyses including the comparison of MBI and OMS scores separately according to gender, age, marital status, and income level. According to the results of these analyses, the data is normally distributed. Significant differences were found between the MBI scores and the gender and income variables ($p>0.05$). It was revealed that female healthcare workers experienced more burnout than male healthcare workers. It was determined that employees with an income of 10,000 TL and below (low-income group) experienced more burnout. No significant differences were found between the MBI scores and the age and marital status variables ($p>0.05$).

Significant differences were found between MBI scores and gender, age, and income ($p>0.05$). It was determined that female employees have more professional motivation than male employees; their motivation increases as employees get older and their professional motivation increases as their income decreases. The correlation analysis between MBI and OMS revealed a significant positive relationship ($r=.242$, $p<.002$).

Table 1. Demographics

Qualities		Number (n)	Frequency (%)
	Male	97	15,7
Gender	Female	253	84,3
	Total	350	100,0
	20-30	130	45,0
	21-40	160	40,0
Age			
	40-50	60	15,0
	Total	350	100,0
Marital Status	Single	126	24,0
	Married	224	76,0
	Total	350	100,0
Income Level	8000-12000	111	13,2
	12000-14000	25	12,0
	15000-25000	223	74,3
	Total	350	100

Demographics determined the sample was 253 female (84.3%) and 97 male (15.7%) participants. According to their ages, the participants were distributed as 130 between 20-30 (40.0%), 160 between 21-40 (40.0%), 60 between 51-60 and above (15.0%). According to their marital status, the participants were distributed as 26 single (24.0%), and 224 married (76.0%). According to their income level, the participants were distributed as 111 with an income between 8000 and 12000 (13.2%), 25 with an income between 12000 - 14000 (12.0%), and 223 with an income between 15000 and 25000 (74.3%). The sub-dimensions of the scales were compared with demographic variables. Since the sample size was n>350 and the skewness/kurtosis was in the range of ±1.5, it is possible to explain that the data of the 4-dimensional MBI sub-dimension scores and the 4-dimensional MBI data were normally distributed (Hair et al., 2019a).

Table 2. Comparison of Maslach Burnout Inventory Scores Based on Gender

.	**Gender**				**Statistical Analysis**	
	Female (n=253)		Male (n=97)		t-test	p
	Mean	SD	Mean	SD		
Maslach Burnout Inventory	**5 5,12**	**5,20**	**25,40**	**5,14**	**1,112**	**,078**
Gender	11,50	4,17	11,12	4,13	,514	,321

SD: Standard Deviation, Independent sample t-test

Table 2 compares MBI scores based on gender variable. The scale mean is 55.12±5.20. The scale mean for women is 11.50±4.17, and the scale mean for men is 11.12±4.13. It was determined that there was a positive difference between the total scores of the scale and the gender variable (p>0.05).

Table 3. Comparison of Maslach Burnout Inventory Scores Based on Income Level
SD: Standard Deviation, F: One Way Variance Analysis (ANOVA)

Income Level							**Statistical Analysis**	
	8000-12000 (n=111)		12000-14000 (n=25)		15000-2500 (n=223)			
	Mean	SD	Mean	SD	Mean	SD	F-test p	p
Maslach Burnout Inventory	**21,14**	**5,30**	**2,12**	**4,35**	**7,21**	**5,12**	**1,317**	**0,40**
Income level	12,14	4,14	**11,13**	**4,36**	**29,14**	**4,14**	**1,121**	**,029**

Table 3 compares MBI scores according to income levels. The scale mean is 26.12±5.40. The total scale score mean of the participants according to the 8000-12000 income level is 12.14±4.14, the scale score mean according to the 12000-14000 income level is 11.13±4.36 and the scale mean according to the 15000-25000 income level is 29.14±4.1. A significant difference was found between the MBI scores and the income level variable (p>0.05).

Table 4. Comparison of Occupational Motivation Scale Scores based on Gender

	Gender				**Statistical Analysis**	
	Female (n=253)		Male (n=97)			
	Mean	SD	Mean	SD	F test	p
Occupational Motivation Scale	**49,14**	**4,21**	**21,23**	**4,12**	**1,173**	**,082**
Gender	15,27	4,19	14,14	4,22	1,213	,065

SD: Standard Deviation, Independent Sample t-test.

Table 4 shows the OMS scores according to the gender variable. The scale mean is 49.14±4.21. The scale mean of women is 15.21±4.19, and the scale mean of men is 14.14±4.22. It was determined that there was a positive difference between the total scores of the scale and the gender variable (p>0.05).

Table 5. Comparison of Occupational Motivation Scale Scores Based on Age

	Age						Statistical Analysis	
	20–30 (n=130)		21-40 (n=160)		40-50 (n=60)			
	Mean	SD	Mean	SD	Mean	SD	F-test	p
Occupational Motivation Scale	**21,14**	**5,30**	**14,12**	**5,19**	**37,23**	**5,19**	**1,229**	**,052**
Age	12,34	4,13	13,17	5,21	26,11	5,10	1,121	,030

SS: Standard Deviation, F: One Way Variance Analysis (ANOVA)

Table 5 compares OMS scores according to the age variable. The mean of the scale is 21.14±5.30. The mean total scale score of the participants aged 20-30 is 12.34±4.13, the mean scale score of the participants aged 21-40 is 13.17±5.21 and the mean age of the participants aged 40-50 is 26.11±5.10. A significant difference was found between the OMS scores and the age variable (p>0.05).

Table 6. Comparison of Occupational Motivation Scale Scores based on Income Level

Income Level							**Statistical Analysis**	
	8000-12000 (n=111)		12000-14000 (n=25)		15000-25000 (n=223)			
	Mean	SD	Mean	SD	Mean	SD	F-test	p
Occupational Motivation Scale	**23,21**	**4,24**	**11,17**	**5,40**	**34,13**	**4,11**	**1,149**	**,037**
Income Level	13,19	4,21	12,17	4,16	32,07	4,33	1,117	,024

SD: Standard Deviation, F: One Way Variance Analysis (ANOVA)

Table 6 compares OMS scores according to income level. The scale mean was determined as 21.14±5.32. The total scale score mean of those in the 8000-12000 income group was 13.19±4.21, the scale score mean of those in the 12000-14000 income group was 12.17±4.16 and the mean of those in the 15000-2500 income group was 32.07±4.33. A significant difference was found between OMS scores and the income level variable (p>0.05).

Tablo 7. Occupational Motivation Scale and Maslach Burnout Inventory Correlation Analysis

		Maslach Burnout Scale			
Occupational Motivation Scale	r	,242**	,314**	,065	,221*
	p	,002	,000	,143	,034

**Significant at p<0.01 significance level

Based on the correlation analysis between OMS and MBI, there is a significant positive relationship between OMS and MBI (r=.242, p<.002).

As a result, the hypotheses H1a, H1c, H1e, H2a, H2b, H2c and H2e were supported.

4. CONCLUSION

In this study, it was determined that there was a positive difference between MBI scores and the gender variable. Similarly, during the COVID-19 pandemic, female healthcare workers' burnout levels were higher than male workers (Tohumcu & Tanrıverdi, 2023). In line with the results of this research, some studies reveal that the burnout levels of female healthcare workers are higher than those of male workers (Tung et al., 2020; Yıldız et al., 2018; Çakır & Tang, 2018). Dikmetaş et al. (2011) explained that female doctors experience more feelings of failure and are insensitive. Kılıç and Seymen (2011), and Yunusoğlu (2018) explained that the burnout levels of female healthcare workers are higher than those of male healthcare workers, in parallel with the findings of this study. In this direction, they revealed that symptoms of depression, anxiety, post-traumatic stress, and burnout are commonly seen in healthcare workers. Perceptions of social support, professional differences, and gender have led to differences in these results (Tuncay et al., 2020). Women experience more burnout than men because they react more emotionally to stress in the work environment and professionally (Alarcon et al., 2009).

There was no significant difference between the study's MBI scores and the age variable. This may be because the COVID-19 pandemic, a significant stress factor, has affected everyone intensely. The results revealed that the burnout levels of age groups under 46 were lower than those aged 46 and over. According to the literature, burnout levels of younger people are higher. Because young people have less professional experience (Öztürk et al., 2020).

No significant difference was found between the MBI scores and the marital status variables. In parallel with the research results (Bekker et al., 2005), there was no difference in the burnout levels of emergency service workers according to their marital status. It was explained that there was no significant difference in the marital status and burnout levels of healthcare workers (Öztürk et al., 2020; Çakır & Tang, 2018).

A significant difference was found between the MBI scores and the income status variable. It is explained in the literature that those with higher incomes experience less burnout and that the results create a significant difference based on income status (Yıldız et al., 2018; Gülbayrak, 2015; Tung et al., 2020).

It was determined that there was a positive difference in MBI total scores with the gender variable. Similar results are found in the literature. It was determined that female healthcare personnel have low professional motivation levels (Karaferis et al., 2022).

A significant difference was explored between OMS scores and the age variable. There are also parallel results in the literature. Stanetić & Tešanović (2013) found that healthcare personnel's professional motivations and burnout levels differ based on age. Wang et al. (2012) revealed that the professional motivation of nurses increases in parallel with their age. Job opportunities decrease with increasing age, which leads to an increase in employee motivation in the working environment (Sears, 2010).

There was no significant difference between the OMS score average and marital status variables. Accordingly, it is explained that there is no significant difference in the professional motivation levels of healthcare professionals according to their marital status (Derin et al., 2017; Kurd et al., 2017). Wang et al. (2012) revealed that single people have higher motivation levels than married people. It reveals that married healthcare professionals have higher motivation levels than single people. (Wang et al., 2012; Şimşek and Aslan, 2012; Stanetić, & Tešanović, 2013). A significant difference was found between the OMS scores and the income level variable. Similarly, in the literature, with a decrease in income level, the professional motivation level and professional commitment level also decrease with the belief of hopelessness and helplessness (Tohumcu & Tanrıverdi, 2023).

In line with the study results, some suggestions can be made to improve the working conditions of healthcare personnel: To reduce the burnout levels of healthcare workers, managers and the Ministry of Health can create a clear, easy-to-implement, constructive emergency action plan. It is important for the Ministry of Health to prepare an effective action plan in metropolitan municipalities and COVID-19 hospitals and to implement it gradually and continuously. In this context, psychological support should be provided to healthcare workers.

Since it is understood that healthcare workers' financial situation also affects their professional motivation, support should be provided in this direction in terms of wage increases, etc.

This study may have some limitations. It covers personnel in public healthcare institutions in Erzincan; new studies that include private institution healthcare workers are needed for the results to be more generalizable.

Future studies can be conducted to examine employees in different positions such as doctors, nurses, technicians, etc. separately and reveal which healthcare worker group experiences more burnout and low motivation in this regard.

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