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The Effect of Mushroom Management Perception on Burnout Level in Health Workers: The Case of a Public Hospital*◘

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Abstract

This study aimes to investigate the impact of mushroom management perception on burnout among healthcare workers. Among approximately 1700 healthcare workers working in a public hospital, 381 people were included in the study by convenience sampling method between December 28, 2023, and February 27, 2024. Parametric tests were used since they are suitable for normal distribution. As a result of the data analysis, it was determined that the perception of mushroom management was positively and moderately related to burnout, and the change in mushroom management explained 47% of the variance in the burnout variable. As a result, it was concluded that the mushroom management approach, which is the opposite of transparent and participatory management practices, is related to burnout in health workers. Therefore, it is recommended that managers should not prefer the mushroom management approach and prioritize a participatory management approach and open communication.

***Keywords**: Mushroom management, Health workers, Burnout*

***JEL Kodları**: D23, M10*

Sağlık Çalışanlarında Mantar Yönetim Algısının Tükenmişlik Düzeyi Üzerindeki Etkisinin İncelenmesi: Bir Kamu Hastanesi Örneği

Özet

Bu araştırmanın amacı sağlık çalışanlarında mantar yönetim algısının tükenmişlik durumu üzerindeki etkisinin incelenmesidir. Bir kamu hastanesinde görev yapan yaklaşık 1700 sağlık çalışanı içerisinden kolayda örnekleme metodu ile 28 Aralık 2023-27 Şubat 2024 tarihleri arasında 381 kişi araştırmaya dahil edilmiştir. Normal dağılıma uygun olan verilerin analizinde parametrik testlerden faydalanılmıştır. Veri analizi neticesinde mantar yönetim algısının tükenmişlik ile pozitif ve orta düzeyde ilişkili olduğu, tükenmişlik değişkenindeki varyansın %47'sinin mantar yönetimindeki değişim tarafından açıklandığı tespit edilmiştirSonuç olarak şeffaf ve katılımcı yönetim uygulamalarının tam tersi özellikleri olan mantar yönetim yaklaşımının sağlık çalışanlarında tükenmişlikle ilgili olduğu görülmüştür. Bu nedenle yöneticilerin mantar yönetim yaklaşımını tercih etmemeleri, katılımcı bir yönetim yaklaşımı ve açık iletişimi önceliklendirmeleri önerilir.

***Anahtar Kelimeler**: Mantar yönetim, Sağlık çalışanları, Tükenmişlik*

***JEL Classification**: D23, M10*

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* This study is derived from the master's thesis of the first author.

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1. Introduction

It is considered that practices such as creating a positive organizational climate, adopting open communication, and keeping employee motivation high can positively affect organizations, while the opposite practices can lead to negative organizational results. Although it may need to be employed under certain conditions, mushroom management is a management practice that is referred to negatively in the literature (Kılıç and Olgun, 2017). Mushroom management is a metaphor based on the idea that mushrooms are grown by exposing them to darkness and giving them only the materials they need, such as fertilizer (Aydın, 2023:4). As Baxter (2005) puts it, this approach is characterized by ambiguity, meaning that when employees do not receive clear instructions and regular feedback, they are left in a state of uncertainty, which leads to disruption and reduced productivity. Failure to share strategic decisions with employees leads to the information asymmetry that the management approach brings with it. This situation may cause problems in organizational functioning (Mar, 2011). Contrary to the mushroom management approach, modern management approaches support the participation of employees in decision-making processes, strategic planning, and performance evaluation, and focus on integrating employee goals with organizational goals. Thus, it is considered that an environment where managers and employees establish good relations and employees have positive feelings about the organization can be provided (Akduru and Aslantaş, 2021:69). However, the mushroom management style can be an important obstacle to the establishment of such relationships.

The studies conducted in the field of health are limited, but it has been reported that the mushroom management approach is associated with many negative organizational outcomes. Şener and Gündüzalp (2020) found that school administrators' adoption of the mushroom management approach was associated with inadequate school leadership behavior. Gündüz and Özyer (2022) determined in their study that the practice of the mushroom management approach is associated with results such as introversion, silence, and alienation among employees. In addition, it is also stated that it may lead to a decrease in organizational commitment (Ulun et al., 2022). Moreover, it is reported that the mushroom management approach is associated with increased organizational cynicism (Mumcu and Aras, 2021), increased organizational gossip (Öztürk and Aras, 2021), and decreased job satisfaction (Çetin, 2021) and organizational trust (Şeremet, 2024). In studies conducted in the health sector, it has been reported that there is a positive relationship between mushroom management and negative behaviors related to the organization (Akduru and Arslantaş, 2021) and a negative relationship between it and the perception of collective justice (Demir and Kılıç, 2023). Fettahlıoğlu and Erdoğan (2023) revealed that there is a negative relationship between mushroom management and organizational identity. Akduru and Arslantaş (2021) made comparisons between sectors and concluded that the perception of mushroom management in the health sector is higher than in other sectors. On the other hand,

although it was conducted in a different sector, Bozkır and Fidan (2021) found that mushroom management practice is associated with burnout in employees, and this finding constitutes the starting point of the current study.

The relationship that people have with their work and the difficulties that can arise when this relationship goes wrong have long been recognized as an important phenomenon of the modern age. The use of the term burnout for this phenomenon began to be seen regularly in the 1970s in the United States, especially among people working in the service sector (Maslach et al., 2001). Burnout is a very important problem that can cause individuals to have negative attitudes towards their work, life, or other people (Ardıç and Polatçı, 2009:22). Research has shown that this situation is common among health professionals (Çevik and Özbalcı, 2020:1784). Furthermore, when healthcare workers experience burnout, it may lead to a decrease in the quality of services provided and an increase in medical malpractice (Yıldırım et al., 2023:159). For this reason, it was considered that it may be important to address the situation of burnout. Similar studies in the healthcare sector and the relationship between the same two variables in other sectors constituted the rationale for this study. Based on the finding of Bozkır and Fidan (2021) that mushroom management practice is related to burnout, this study aimed to examine the effect of mushroom management perception on burnout in healthcare workers.

2. Materials and Methods

This is a quantitative and cross-sectional study. The main question of the study is “Is there a relationship between the perception of the mushroom management perception and burnout in healthcare workers?”. The other research questions are “Does the perception of mushroom management perception of healthcare workers differ according to their general characteristics?" and "Does the burnout level of healthcare workers differ according to their general characteristics?" respectively.

A questionnaire form was used as a data collection tool in the study. The questionnaire consisted of 3 parts. In the first part of the form, demographic variables such as gender, age, working time in the organization, total working time, educational status, and marital status were included. The second part of the questionnaire form included the “Mushroom Management Scale” developed by Birincioğlu and Tekin (2018). The scale is a 5-point Likert-type scale consisting of 4 sub-dimensions and 19 items (1: Strongly Disagree - 5: Strongly Agree). The sub-dimensions of the scale are inadequate information sharing, concern about loss of power, inadequate communication, and lack of participatory management. The internal consistency (Cronbach's alpha) coefficients of the sub-dimensions of the scale are 0.899, 0.879, 0.814, and 0.836, respectively. Therefore, the scale is considered reliable. The third part of the questionnaire form includes the “Maslach Burnout Scale” developed by Maslach and Jackson (1981), and the Turkish validity and reliability study was conducted by Ergin (1992). The scale is a 5-point Likert scale (0: Never - 4: Always) consisting of 22 items and three sub-dimensions: emotional exhaustion, depersonalization, and personal accomplishment. The internal consistency (Cronbach's alpha) coefficients of the sub-dimensions of the

scale are 0.83, 0.72, and 0.67, respectively. Therefore, the scale is considered reliable. In the current study, the internal consistencies of the scales were calculated. Cronbach's alpha coefficient was used here (Table 1).

Table 1. Cronbach's Alpha Coefficients for the Scales and Sub-dimensions

Varıable/Subdımensıon	Cronbach's alpha	Number of Items
Inadequate information sharing	0.852	6
Concern over loss of power	0.893	5
Inadequate communication	0.699	4
Lack of participatory management	0.846	4
Total	0.946	19
Emotional exhaustion	0.858	9
Depersonalization	0.615	5
Personal success	0.739	8
Total	0.920	14

The findings show that the scale and its sub-dimensions have acceptable levels of reliability (Kalaycı, 2008).

The study population of the research consists of healthcare professionals working in a public hospital. There are approximately 1700 health workers working in the hospital. When the sample is calculated using the formula "n = Nt2pq/d2 (N - 1) + t2pq (t: 1.96, d: 0.05, P = 50%, q = 1 - p)" for cases where the main mass is known, it is planned to include at least 314 health workers at 95% confidence level. The inclusion criteria were determined as working in the medical services side of the health institution, working in the relevant institution at the time of the study and voluntarily accepting to participate in the study. In order to reach the sample, an online questionnaire form was sent to all non-physician healthcare workers due to physicians' heavy workload and time constraints, and 381 healthcare workers who voluntarily agreed to participate in the study were reached after 2 reminders at 2-week interval.

Table 2. Skewness and Kurtosis Values

	Skewness	Kurtosis
Inadequate Information Sharing	0.237	-0.402
Concerned about Loss of Power	0.389	-0.672
Inadequate Communication	0.393	-0.110
Lack of Participatory Management	0.171	-0.429
Mushroom Management Total	0.385	-0.536
Emotional Exhaustion	-0.023	-0.664
Depersonalization	0.525	-0.243
Personal Success	-0.334	0.219
Burnout Total	0.401	-0.311

The data obtained were first organized in Microsoft Excel. Then, they were transferred to the SPSS 23.0 package program and summarized with descriptive

statistics. Categorical variables were summarized as numbers and percentages, whereas continuous variables were summarized as minimum and maximum values, mean and standard deviation. Following the calculation of descriptive statistics regarding the general information of the participants, the data were subjected to normal distribution evaluation. In the normal distribution evaluation, the skewness and kurtosis values for each variable and its sub-dimensions were examined. The values obtained are presented in Table 2.

It was determined that all skewness and kurtosis values of each variable and its sub-dimensions were within the range of ±1.5. Accordingly, it was determined that the data were normally distributed in all variables and sub-dimensions examined (Tabachnick and Fidell, 2013). It was determined that all skewness and kurtosis values of each variable and its sub-dimensions were within the range of ±1.5. Accordingly, it was determined that the data were normally distributed in all variables and sub-dimensions examined (Tabachnick and Fidell, 2013). After determining that the data were normally distributed, hypothesis tests were conducted using parametric hypothesis tests. Here, Pearson correlation analysis and simple linear regression analysis were used to analyze the relationships between continuous variables, independent samples t-test was used to analyze the differences between groups with two categories, and one-way analysis of variance was used to analyze the differences between groups with more than two categories. $p<0.05$ was considered statistically significant in the evaluation of hypothesis tests.

The ethics committee approval was obtained with the decision of Tarsus University Social and Human Sciences Research Ethics Committee dated 19/10/2023 and numbered 2023/08.

3. Results

Descriptive statistics regarding the general information of the participants were calculated in indicated in Table 3. Age, working time in the current organization, and total working time are presented in Table 4.

Table 3. General Characteristics of Participants

Variables		N	%
Gender	Female	273	71.7
	Male	108	28.3
Education	High school	6	1.6
	Associated degree	45	11.8
	Bachelors degree	306	80.3
	Post graduate degree	24	6.3
Marital status	Married	302	79.3
	Single	79	20.7
Total		381	100

71.7% of the participants were female, 80.3% had a bachelor's degree, and 79.3% were married.

Table 4. Age, Working Time in the Current Organization, and Total Working Time Statistics

Variables	Min	Max	Mean ±S.D.
Age	17 years	61 years	39.56±8.10
Working time in the current organization	1 year	41 years	11.40±9.09
Total working time	1 year	41 years	17.37±8.99

The mean age of the participants was 39.56±8.10 years, the mean duration of employment in the current organization was 11.40±9.09 years and the total duration of employment was 17.37±8.99 years.

Pearson correlation analysis was used to examine the relationships between the participants' age, total working time, working time in the current organization, mushroom management and its sub-dimensions, and burnout and its sub-dimensions. The results of the analysis are presented in Table 5.

The relationships between variables were analyzed by correlation analysis. A correlation coefficient between 0.70-1.00 is defined as a high-level relationship; between 0.70-0.30 is defined as a medium-level relationship; and between 0.30-0.00 is defined as a low-level relationship (Büyüköztürk, 2006).

According to the results of the Pearson correlation analysis, it was determined that there was a statistically significant, positive, and moderate relationship between mushroom management and burnout total scores ($p<0.01$, r: 0.686). Therefore, with the increase in the perceptions of healthcare professionals regarding the mushroom management approach, their burnout levels also increase. As a result of the analysis, significant relationships were also found between mushroom management sub-dimensions and burnout sub-dimensions. Accordingly, there was a statistically significant, positive, and moderate relationship between inadequate information sharing and emotional exhaustion and depersonalization, while there was a statistically significant, negative, and weak relationship with personal accomplishment ($p<0.01$, r: 0.605; 0.474 and -0.326, respectively). It was found that there were statistically significant, positive and moderate relationships between concern about loss of power and emotional exhaustion and depersonalization, and negative and moderate relationships between concern about loss of power and personal accomplishment ($p<0.01$, r: 0.683, 0.575 and -0.415, respectively). There were statistically significant, positive and moderate relationships between inadequate communication and emotional exhaustion, positive and weak relationships between inadequate communication and depersonalization, and negative and weak relationships between inadequate communication and personal accomplishment ($p<0.01$, r: 0.471; 0.397 and -0.350, respectively). Lastly, there were statistically significant, positive and moderate relationships between lack of

Table 5. Relationships Between Continuous Variables

	1	2	3	4	5	6	7	8	9	10	11
1.Age	1										
2. Working time in the current organization	0.701*	1									
3.Total working time	0.939*	0.748*	1								
4.Inadequate information sharing	0.031	-0.013	0.024	1							
5.Concern about loss of power	0.010	0.006	-0.011	0.834*	1						
6.Inadequate communication	-0.018	-0.089	-0.050	0.637*	0.702*	1					
7.Lack of participatory management	-0.023	-0.036	-0.033	0.790*	0.849*	0.613*	1				
8.Mushroom Management Total	0.004	-0.029	-0.014	0.926*	0.954*	0.789*	0.909*	1			
9.Emotional Exhaustion	0.026	0.021	0.013	0.605*	0.683*	0.471*	0.644*	0.677*	1		
10.Depersonalization	-0.157*	-0.139*	-.0182*	0.474*	0.575*	0.397*	0.550*	0.560*	0.707*	1	
11.Personal Success	0.044	0.091	0.071	-0.326*	-0.415*	-0.350*	-0.377*	-0.407*	-0.436*	-0.430*	1
12.Burnout Total	-0.047	-0.058	-0.070	0.593*	0.696*	0.499*	0.654*	0.686*	0.926*	0.846*	-0.682*

Note. p<0.01

participative management and emotional exhaustion and depersonalization, and negative and weak relationships between lack of participative management and personal accomplishment ($p<0.01$, r: 0.644; 0.550 and -0.377 respectively).

It was found that there was no statistically significant relationship between the participants' age, working time in the current organization, and total working time and mushroom management and its sub-dimensions ($p>0.05$). On the other hand, a statistically significant, negative, and weak relationship was found between the participants' age, working time in the current organization, and total working time and depersonalization ($p<0.01$, r: -0.157; -0.139; -0.182, respectively). There was no statistically significant relationship in the general scale and other sub-dimensions ($p>0.05$).

Within the framework of the findings obtained in the Pearson correlation analysis, simple linear regression analysis was performed in the next stage. Here, due to the high level of correlations between the sub-dimensions of each variable, the analysis was performed at the level of variables rather than at the level of sub-dimensions. The findings of the simple linear regression analysis are presented in Table 6.

Table 6. Simple Linear Regression Analysis

Variables*	B	S.E.	β	t	p	Tolerance	VIF
Constant	2.505	1.928		1.299	0.195		
Mushroom Management	0.597	0.033	0.686	18.336	0.000	1.000	1.000
ΔR^2=0.470; F=336.195; p<0.01. Durbin-Watson = 1.777							

Note. *Dependent variable: Burnout

As a result of the simple linear regression analysis, the regression model was found to be significant ($p<0.01$). Since there was only one independent variable in the model, tolerance and VIF values were determined as 1. Durbin-Watson coefficient was 1.777. The mushroom management explained 47% of the variance in the burnout variable. According to the B coefficient, a one-unit increase in the perception of mushroom management caused an increase of 0.59 in the burnout level.

It was examined whether the mushroom management and its sub-dimensions differed according to the gender, marital status and educational status of the participants. Independent samples t-test was used to compare groups with two categories and one-way analysis of variance was used to compare groups with more than two categories. The results of the analysis are presented in Table 7.

Table 7. Examination of Mushroom Management and its Sub-dimensions According to Gender, Marital Status and Educational Status

	Inadequate Information Sharing		Concern about Loss of Power		Inadequate Communication		Lack of Participatory Management		Mushroom Management Total	
	Mean±S.D.	Test Value	Mean±S.D.	Test Value	Mean±S.D.	Test Value	Mean±S.D.	Test Value	Mean±S.D.	Test Value
Gender										
Female	18.93±5.03	t: -1.063	14.55±4.97	t: -1.989*	10.83±2.86	t: -1.081	12.17±3.71	t:-1.374	15.09±0.91	t: -1.555
Male	19.52±4.60		15.67±4.95		11.19±2.95		12.74±3.62		14.46±1.39	
Marital Status										
Single	18.94±5.12	t: -0.310	14.86±5.31	t: -0.021	10.70±3.13	t: -0.796	12.35±3.73	t: 0.050	56.87±15.51	t: -0.251
Married	19.14±4.86		14.87±4.90		11±2.82		12.33±3.68		57.34±14.81	
Educational Status										
High school	18.16±6.40	F: 1.201	14.16±5.67	F:1.399	11.83	F: 0.326	11.33	F: 2.664*	55.50	F: 1.438
Associated degree	19.26±4.91		15.35±5.04		11.08		12.64		58.35	
Bachelors degree	19.23±4.84		14.96±4.98		10.92		12.46		57.58	
Post graduate degree	17.33±5.37		12.95±4.63		10.62		10.37		51.29	

Note. *p<0.05

Table 8. Examination of Mushroom Management and its Sub-dimensions According to Gender, Marital Status and Educational Status

	Emotional Exhaustion		Depersonalization		Personal Accomplishment		Burnout Total	
	Mean±S.D.	Test Value	Mean±S.D.	Test Value	Mean±S.D.	Test Value	Mean±S.D.	Test Value
Gender								
Female	16.76±7.48	t: 0.120	8.98±4.06	t: -1.464	21.61±3.92	t:3.298*	36.13±13.11	t: -1.352
Male	16.66±7.64		9.65±3.96		20.18±3.50		38.13±12.72	
Marital Status								
Single	15.74±7.20	t: -1.320	9.32±3.84	t: 0.378	21.72±3.48	t: 1.323	35.35±11.84	t: -1.036
Married	17±7.59		9.13±4.09		21.07±3.95		37.05±13.30	
Educational Status								
High school	12.16±15.59	F: 2.229	4.83±2.85	F:3.165*	19.66±4.32	F: 0.764	29.33±17.47	F:1.962
Associated degree	18.22±8.42		10.02±4.16		20.66±4.11		39.57±14.40	
Bachelors degree	16.80±7.19		9.17±4.05		21.28±3.82		36.70±12.65	
Post graduate degree	14.25±7.81		8.62±3.28		21.66±3.85		33.20±13.06	

Note. *p<0.05

According to the gender of the participants, a statistically significant difference was found only in the sub-dimension of concern about loss of power ($p<0.05$). Here, it was determined that men had a higher perception of concern about loss of power than women. It was determined that there was no significant difference in terms of other sub-dimensions and mushroom management variable according to gender ($p>0.05$). Similarly, it was determined that there was no statistically significant difference between mushroom management and its sub-dimensions according to the marital status of the participants ($p>0.05$). According to the educational status of the participants, a significant difference was found in the lack of participatory management sub-dimension ($p<0.05$), while the differences were not significant in terms of other dimensions ($p>0.05$). According to the post-hoc analysis, the difference in the lack of participatory management is due to the difference between undergraduate and graduate groups ($p<0.05$).

It was examined whether the burnout level and its sub-dimensions differed according to the participants' gender, marital status, and educational status. The results of the analysis are presented in Table 8.

According to the gender of the participants, there was a significant difference only in the personal accomplishment sub-dimension ($p<0.05$), while there was no significant difference in terms of other sub-dimensions and burnout total ($p>0.05$). According to the marital status of the participants, it was determined that there was no statistically significant difference in terms of burnout level and any of its sub-dimensions ($p>0.05$). While there was a statistically significant difference in terms of depersonalization according to the educational status of the participants ($p<0.05$), it was determined that there was no significant difference in burnout level and other sub-dimensions ($p>0.05$). According to the post-hoc analysis, it was determined that the difference in depersonalization was due to the fact that the high school education level group had a significantly lower score than the other groups ($p<0.05$).

4. Discussion and Conclusion

Although there are many studies on burnout in the literature, the literature on mushroom management is limited. Moreover, it is seen that there is no comparable study examining the relationship between mushroom management perception and burnout in healthcare workers. However, it has been widely reported in the literature that mushroom management is associated with many negative organizational outcomes. Çetin (2021) found that mushroom management negatively affected job satisfaction, while Aydın (2023) and Mumcu and Aras (2021) found that mushroom management was associated with organizational cynicism. Fettahlıoğlu and Erdoğan (2023) suggested that mushroom management may weaken the perception of corporate identity and reduce organizational commitment. Öztürk and Aras (2021) determined that mushroom management practice is related to organizational gossip. Şeremet (2024) showed that the perception of mushroom management is negatively correlated with organizational trust, and Yorgancioglu Tarcan et al. (2021) reported that the mushroom management perception is negatively correlated with perceived supervisor support.

Another study in the healthcare sector indicated that there is a negative relationship between the perception of mushroom management and the perception of collective justice (Demir and Kılıç, 2023). Bozkır and Fidan (2021), on the other hand, suggested that the mushroom management approach may have negative effects on employees and cause burnout. Akduru and Arslantaş (2021) found that the perception of mushroom management is highest in the health sector, followed by the banking sector, and lowest in the tourism sector. In the current study, parallel with the literature, it was concluded that perceptions of mushroom management were related to burnout in healthcare professionals. In another study, it was revealed that the perceptions of healthcare professionals working in public hospitals regarding mushroom management were higher than their colleagues in private hospitals. In the current study, the perception of mushroom management was examined in the context of public healthcare workers, and it was determined that it was related to burnout.

Dinç and Avanoğlu (2021) found that demographic variables such as working time, age, gender, and administrative position did not create a significant difference in the perception of mushroom management. Similarly, in the current study, it was found that age, education level, working time in the current organization, and total working time were not related to a significant difference in the perception of mushroom management, but women had a higher level of perception than men in the inadequate information sharing sub-dimension. On the other hand, Demir (2022) determined that the mushroom management approach differs depending on age and professional experience, while there was no difference related to the unit, title, and income. In the current study, it was observed that there was no statistically significant relationship between the participants' age, working time in the current organization, and total working time and mushroom management and its sub-dimensions. In this context, it is considered that mushroom management perceptions may be perceived differently in different sample groups in terms of demographic and socio-economic aspects.

In their study, Helvacı and Turhan (2013) found that the variables that caused differences in terms of burnout sub-dimensions were gender, age, education, occupation, and income, as well as professional variables such as workload and years of service. In the current study, it was determined that there was a significant difference only in the personal accomplishment sub-dimension according to the gender of the participants, while there was no significant difference in terms of other sub-dimensions and burnout. This finding shows that personal accomplishment perception may vary according to gender, but total burnout levels do not differ according to gender. In addition, it was determined that there was no statistically significant difference in terms of burnout level and any of its sub-dimensions according to the marital status of the participants. Cerit et al. (2016) reported that the depersonalization scores of nurses who were single, had sufficient monthly income, and worked in surgical intensive care were high, while the depersonalization scores of nurses with more years of service in the profession were

lower. In addition, it was found that nurses who worked in shifts and thought of changing jobs at the first opportunity had high emotional exhaustion scores. These findings draw attention to the effect of professional and personal living conditions on burnout. In the present study, a significant relationship was found only between age, working time in the current organization and total working time and depersonalization. Although this supports the existence of the effect of demographic factors on the depersonalization dimension in the current study, it shows that this relationship is at a weak level. In Yıldız et al.'s (2018) study, it was found that emotional exhaustion, one of the sub-dimensions of burnout, differed significantly according to gender; depersonalization differed significantly according to age, working time in the profession, having children and working style; and personal accomplishment differed significantly according to working time in the profession. These findings emphasize the effects of demographic factors on burnout. In the current study, a significant and weak relationship was found with the depersonalization sub-dimension, indicating that demographic factors may be effective on certain burnout dimensions. Therefore, it suggests that the burnout process is complex and multidimensional, and therefore, the effects of demographic factors may differ in different contexts and sub-dimensions. These results, which are partially consistent with the findings of Yıldız et al. (2018), indicate that factors such as age, professional experience, etc., should be taken into account to prevent or minimize burnout. In the current study, the relationships between the burnout levels of healthcare workers and age, working time in the current organization, and total working time were examined, and a statistically significant, negative, and weak relationship was found in the depersonalization sub-dimension. This finding overlaps with the findings of Çevik and Özbalcı (2020) at certain points. Çevik and Özbalcı (2020) stated that factors such as age, education level, marital status, total working time in the profession, working time in the organization and position in the organization had a significant effect on the burnout levels of healthcare workers, while gender, number of children and employment type did not have a significant effect on burnout. The findings of both studies reveal that burnout level is related to some demographic and occupational variables.

This study emphasizes that a more transparent and open management style should be adopted in organizations. Adopting a transparent and supportive management approach can prevent employees from experiencing burnout and pave the way for a healthier work environment. Furthermore, by increasing employees' access to information and involving them in decision-making processes, organizations can reduce the uncertainty and insecurity created by the mushroom management style. By protecting the psychological health of their employees, organizations can create a more productive and highly motivated work environment. Organizational success depends to a large extent on the health and satisfaction of employees. Therefore, it is important to be aware of the negative effects of mushroom management and to take measures in this regard. The current study contributes to the literature on how mushroom management is related to burnout and fills an important gap in the field of organizational management. Future research could examine in more detail how this relationship is shaped in different sectors and under different work conditions.

In conclusion, this research has clearly demonstrated the effects of mushroom management on employees that can lead to burnout. These findings suggest that organizations should adopt more transparent, communicative, and employee-oriented management strategies. Providing employees with access to information and involving them in management processes is critical for reducing burnout symptoms and increasing organizational success.

This study is limited to the employees of a public hospital in Mersin, the questionnaire forms applied within the scope of the research, and the answers given to these forms. Another limitation of the study is that the questionnaire forms were obtained online during the data collection process, taking into account the workload of healthcare professionals.

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