



Original Research / Orijinal Araştırma

Evaluation of Job Satisfaction and Burnout of Home Health Care Workers, Samsun Province Sample

Evde Sağlık Hizmeti Çalışanlarının İş Tatmini ve Tükenmişliklerinin Değerlendirilmesi, Samsun İl Örneği

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Abstract

Aim: This study aimed to evaluate the levels of job satisfaction and professional burnout among healthcare workers (HCWs) providing home health care services (HHS).

Materials and Methods: A cross-sectional, descriptive design was employed. Data were collected through an online questionnaire administered to HCWs assigned to HHS units of public hospitals in Samsun Province, Türkiye. The first six items of the questionnaire assessed participants' sociodemographic characteristics and duration of service, followed by the Maslach Burnout Inventory and the Minnesota Satisfaction Questionnaire.

Results: Eighty five participants completed the survey, with a mean age of 35.71 ± 8.74 years. Gender, age, professional category, and duration of service—both overall and within HHS—had statistically significant effects on burnout levels. Age was positively correlated with emotional exhaustion and personal accomplishment scores (p = 0.027 and p = 0.002, respectively). Internal satisfaction scores of the Minnesota Satisfaction Questionnaire also showed a positive correlation with age (p = 0.035). Emotional exhaustion and depersonalization subscales of the Maslach Burnout Inventory were negatively correlated with all Minnesota Satisfaction Questionnaire subscales (p < 0.001), whereas the personal accomplishment subscale demonstrated a positive correlation with Minnesota Satisfaction Questionnaire scores (all p < 0.001).

Conclusion: Higher job satisfaction among HCWs was associated with lower levels of emotional exhaustion and depersonalization and with greater perceived personal accomplishment. Enhancing job satisfaction through organizational and psychosocial support interventions may help reduce burnout and improve overall well-being among professionals working in home health care services.

Keywords: home health care; job satisfaction; burnout

Özet

Amaç: Bu çalışma ile evde sağlık hizmetleri (ESH) sunumunda görev alan sağlık çalışanlarının iş tatmini ve mesleki tükenmişliklerinin incelenmesi amaçlanmıştır.

Gereç ve Yöntemler: Çalışmamız kesitsel, tanımlayıcı bir çalışmadır. Samsun ilindeki kamu hastanelerinin evde sağlık hizmetlerinde görevlendirilmiş sağlık çalışanlarına uygulanan çevrimiçi anket ile veriler toplanmıştır. Hazırlanan anketin ilk 6 sorusu katılımcıların sosyodemografik özellikleri ve görev sürelerini içermektedir, daha sonra Maslach Tükenmişlik Ölçeği ve Minesota İş Tatmin Ölçeği uygulanmıştır.

Bulgular: Çalışmaya 85 kişi katılmıştır. Yaş ortalaması 35,71 ± 8,74 yıldır. Çalışmamızda cinsiyet, yaş, meslek grubu ile meslekte ve ESH'de çalışma süresinin tükenmişlik düzeyleri üzerinde anlamlı etkileri olduğu ortaya konmuştur. Yaş ile duygusal tükenme ve kişisel başarı puanlarının pozitif korelasyon gösterdiği tespit edilmiştir (sırasıyla; p=0,027, p=0,002). Minesota İş Tatmin Ölçeği alt gruplarından iç doyum puanları ile yaş pozitif korelasyon göstermekteydi (p=0,035). Maslach Tükenmişlik Ölçeğinin duygusal tükenme ve duyarsızlaşma alt grupları ile Minesota İş Doyum Ölçeğinin tüm alt grupları negatif korelasyon göstermekteydi (p<0,001). Maslach Tükenmişlik Ölçeğinin kişisel başarı alt grubu ile Minesota İş Doyum Ölçek puanlarının pozitif korelasyon gösterdiği bulundu (tümü için p<0,001).

Sonuç: ESH çalışanlarının iş doyumunu arttıkça duygusal tükenmişlik ve duyarsızlaşma düzeylerinin azaldığı, kişisel başarı algılarının ise yükseldiği saptanmıştır. Yapılan düzenlemeler ile bu birimde görev yapan sağlık çalışanlarının iş tatmin düzeylerinin artırılmasının tükenmişliklerinin üzerinde olumlu etkileri olacağı söylenebilir.

Anahtar Kelimeler: evde sağlık hizmeti; iş tatmini; tükenmişlik

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Introduction:

Home health care consists of examination, testing, analysis, treatment, medical care, follow-up, and rehabilitation services provided to individuals who need home health care services (HHS) due to various diseases, including social and psychological counseling services at home and in the family environment.¹ Home health care teams are composed of three people: a physician, an elderly care technician, and a nurse. If needed, psychologists, gerontologists, social workers, physiotherapists, dieticians, and similar support staff are also involved in the provision of the service.¹

The majority of patients enrolled in HHS are patients with comorbid diseases, aged 65 and over, and fully and severely dependent patients. In addition, HHS can be provided to all age groups; adults, infants, or children who are home-dependent due to chronic diseases or devices (oxygen concentrator, mechanical ventilator, etc.), as well as to ensure that terminal cancer patients can spend their last days of life better. In particular, such a population of seriously ill patients frequently needs healthcare services due to both their physical condition and the diseases they have. While home health care units try to meet the health needs of these patients directly in the home environment as much as possible, they also ensure the follow-up of the treatment processes carried out at the hospital level and coordination with the relevant units. Dealing with the health needs of this patient group, both at home and in the hospital, places a significant burden on healthcare professionals. One study suggests that unpredictable working conditions in patients' homes can negatively affect the safety, health, and well-being of healthcare workers (HCWs).² HCWs, who visit patients anywhere and in any season, may face many factors such as transport problems, hygiene, infection, heavy lifting, and aggression.³ In another study, it was shown that almost half of these workers were exposed to verbal violence, and this was associated with depression and burnout.⁴ These data show that HCWs work under both physically and mentally challenging conditions. Therefore, evaluating the job satisfaction and burnout levels of healthcare workers providing this service has become a current and important research area in terms of both improving service quality and protecting the well-being of healthcare professionals. A literature review revealed that burnout and job satisfaction among nurses working in HHSs have been previously investigated; however, no such study encompassing all healthcare professionals has been found. This study aims to explore job satisfaction and burnout across different professional groups working in these units.

Material And Methods

Our study is a cross-sectional, descriptive study. The study was conducted between April 1, 2025, and May 1, 2025. Healthcare workers assigned to HHSs at public hospitals in Samsun province were included in the study. A Google Form link was sent to participants using online communication tools. Healthcare workers who refused to participate in the study or did not complete the questionnaire form completely were excluded from the study. A total of 113 healthcare workers were assigned to home healthcare services in Samsun's public hospitals. 7 of these individuals declined to participate in the study, 5 had incomplete survey forms, and 16 could not be reached. A total of 85 individuals were included in the study. The first 6 questions of the questionnaire included the sociodemographic characteristics of the participants (age, gender, marital status), their occupations, and the duration of their service in the HHS.

After the demographic data, the Maslach Burnout Scale was first used in the questionnaire. This 7-point Likert-type burnout scale, developed by Maslach and Jackson, consists of 22 items.⁵ The scale consists of response options "never, a few times a year, once a month, a few times a month, once a week, a few times a week, and every day". The Turkish validity and reliability study of this scale was conducted by Ergin et al. in 1992. Ergin made some changes to the scale in the adaptation study. The 7-point response options in the scale were changed to a 5-point scale as "1 never, 2 rarely, 3 sometimes, 4 often, 5 always".⁶ In this study, a 5-point Likert scale was used. Each item of the subscales was scored 1-5 point. The scale is scored in three subscales as "Emotional Exhaustion (9 items)", "Depersonalization (5 items)", and "Personal Achievement (8 items)".

The short version of the Minnesota Job Satisfaction Scale was used to determine the occupational satisfaction of the participants. In 1967, Weiss et al. developed the short version of the Minnesota Job Satisfaction Scale, a 5-point Likert-type scale consisting of 20 items where 1 indicates "not at all satisfied", 2 "dissatisfied", 3 "undecided", 4 "satisfied", 5 "very satisfied".⁷ Item responses are summed to create a total score, the lower the score, the lower the level of job satisfaction. This scale has been widely used in the literature and is a well-known and stable instrument over time, with previous research yielding excellent alpha coefficients.⁸ The Turkish validity and reliability study of this scale was conducted by Baycan in 1985.⁹ The scores of this scale are divided into three subgroups as "Internal Satisfaction (12 items)", "External Satisfaction (6 items)", and "Total Satisfaction (20 items)". The data collected online were transferred to the SPSS package program.

IBM SPSS (Statistical Package for the Social Sciences, Chicago, IL, USA) program version 21.0 was used for statistical analyses. The conformity of the numerical data in the study to normal distribution was evaluated by the Shapiro-Wilks test. Student's t-test was used to examine the differences between two groups of continuous

variables. Pearson's correlation analysis was used to assess associations between quantitative data. Chi-square test was used to compare the groups in terms of categorical variables. The results were evaluated at $p < 0.05$ significance level and 95% confidence interval.

Results

The mean age was 35.71 ± 8.74 years. Of the participants, 77.6% were female, 62.4% were married, and 35.3% were nurses. 47.1% of the participants had been practicing their profession for more than 10 years, while 44 of them had been working in HHS for 1-5 years. The distribution of the sociodemographic characteristics of the participants, their occupations, and the duration of their service in home health services is given in Table 1.

Age was positively correlated with emotional exhaustion and personal accomplishment scores from Maslach burnout scale subgroups and internal satisfaction scores from Minnesota job satisfaction scale subgroups ($p=0.027$, $p=0.002$, $p=0.035$, respectively). Both burnout and feelings of job satisfaction and personal accomplishment increased with increasing age.

Depersonalization scores from the Maslach Burnout Scale subgroups were higher in males than females ($p=0.004$). Emotional burnout of nurses was statistically significantly higher than that of technicians ($p=0.038$), while personal accomplishment scores of nurses and other health personnel (secretaries, gerontologists, physiotherapists, psychologists, dieticians, etc.) were statistically significantly higher than those of general practitioners ($p=0.007$). The personal accomplishment scores of those who had been working in their own profession for more than 10 years were statistically significantly higher than those who had been working between 1 and 5 years ($p=0.004$). Emotional exhaustion of those who had been working in HHSs for more than 10 years was found to be statistically higher than those in their first year of service, while personal accomplishment scores of those who had been working in HHSs for more than 5 years were found to be statistically significantly higher than those who had been working between 1-5 years ($p=0.028$, $p=0.001$, respectively) (Table 1).

The emotional exhaustion and depersonalization subgroups of the Maslach Burnout Scale and all subgroups of the Minnesota Job Satisfaction Scale were negatively correlated. The personal accomplishment subgroup of the Maslach Burnout scale and the Minnesota Job Satisfaction scale scores were positively correlated (all $p < 0.001$) (Table 2).

Table 1. Comparison of demographic data with the Maslach Burnout Scale subgroup scores and the Minnesota Job Satisfaction Scale subgroup scores

		n (%)	Maslach Burnout Scale Subgrubs			Minnesota Job Satisfaction Scale Subgrubs		
			Emotional Exhaustion Mean ± SD	Depersonalization Mean ± SD	Personal Achievement Mean ± SD	Internal Satisfaction Mean ± SD	External Satisfaction Mean ± SD	Total Satisfaction Mean ± SD
Gender	Female	66 (77,6)	21,48±7,94	8,98±3,03	30,09±5,25	44,35±7,89	19,02±5,67	69,83±14,15
	Male	19 (22,4)	20,42±8,19	10,05±4,84	30,16±4,98	43,58±8,48	18,95±6,01	69,32±14,24
	P^a		0,611	0,004	0,961	0,982	0,862	0,726
Marital Status	Married	53 (62,4)	21,15±7,78	8,83±3,07	31,06±4,44	45,53±7,43	19,09±5,63	70,87±13,88
	Single	32 (37,6)	21,41±8,37	9,88±4,11	28,53±5,90	41,94±8,46	18,84±5,93	67,81±14,44
	P^a		0,887	0,186	0,074	0,804	0,945	0,772
Profession	Specialist	20 (23,5)	22,80±9,09	9,90±4,42	29,40±4,54	42,80±9,31	18,90±6,12	67,40±16,58
	General practitioner	8 (9,4)	21,63±6,09	9,38±3,50	25,00±5,39	41,00±6,80	20,38±4,40	68,88±10,97
	Nurse	30 (35,3)	23,60±7,12	9,43±3,13	30,90±4,31	44,40±7,16	17,63±5,41	68,37±12,99
	Technician	17 (20,0)	17,00±6,68	8,18±2,67	29,88±5,89	44,88±8,20	19,00±6,64	70,76±15,22
	Others*	10 (11,8)	18,00±8,67	8,90±4,09	33,60±4,52	47,60±7,97	22,20±4,23	77,30±11,75
	P^b		0,038	0,662	0,007	0,433	0,258	0,436
Years in the Profession	0-1 year	4 (4,7)	19,75±5,43	8,25±2,36	29,00±2,58	40,00±3,16	19,50±0,57	66,00±2,44
	1-5 years	19 (22,4)	18,26±6,79	9,58±3,50	26,74±5,63	42,89±8,10	20,42±6,34	70,26±14,96
	5-10 years	22 (25,9)	19,91±6,87	8,68±2,57	30,18±3,72	43,59±8,09	18,36±5,68	68,23±14,58
	>10 years	40 (47,1)	23,55±8,74	9,45±4,07	31,78±5,12	45,53±8,14	18,63±5,73	70,65±14,33
	P^b		0,077	0,762	0,004	0,422	0,655	0,871
Years in the HHS	0-1 year	18 (21,2)	17,72±5,58	7,83±2,17	30,44±4,65	46,44±6,86	21,67±3,98	75,61±10,38
	1-5 years	44 (51,8)	20,82±7,40	9,80±3,82	28,27±5,05	42,43±8,19	18,16±5,98	66,84±14,78
	5-10 years	16 (18,8)	24,00±9,79	9,63±3,94	33,25±3,94	46,50±7,23	19,31±6,26	72,44±14,03
	>10 years	7 (8,2)	26,71±8,51	8,29±2,49	33,57±4,96	44,00±9,71	16,71±4,88	66,43±14,77
	P^b		0,028	0,197	0,001	0,178	0,108	0,112

*Others: secretaries, gerontologists, physiotherapists, psychologists, dieticians

^a Student t-test

HHS: Home Healthcare Services

Table 2. Correlation analysis results of the Maslach Burnout Scale subgroups and the Minnesota Job Satisfaction Scale subgroups

Maslach Burnout Scale Subgrubs	Correlation coefficient and p values*	Minnesota Job Satisfaction Scale Subgrubs		
		Internal Satisfaction	External Satisfaction	Total Satisfaction
Emotional Exhaustion	r	- 0,276	- 0,363	- 0,327
	p	0,011	< 0,001	0,002
Depersonalization	r	- 0,324	-0,285	- 0,337
	p	0,002	0,008	0,002
Personal Achievement	r	0,665	0,363	0,578
	p	< 0,001	< 0,001	< 0,001

*Correlation analysis

Discussion

In this study, it was revealed that gender, age, occupational group, and the duration of working in the profession and HHSs had significant effects on burnout levels. It was determined that as the emotional exhaustion and depersonalization of the employees increased, their job satisfaction levels decreased; on the other hand, as their personal achievement increased, their professional satisfaction increased.

Many studies on healthcare professionals have found that burnout is high in this occupational group.^{10,11} Burnout is even higher in healthcare professionals who deal with patients with an impaired state of consciousness.¹² HHSs deal with a group of patients, most of whom are elderly, who are often unable to express themselves and need mental and physical support. In the environment where these patients live, their health needs are met with limited facilities. This situation increases the burden on healthcare professionals. Worldwide studies show that burnout is common among staff working in nursing homes and retirement homes caring for older people.¹³

The majority of the participants in our study were women, and in studies conducted in HHSs, it is often seen that female personnel are more concentrated.¹⁴⁻¹⁶ In studies conducted with HCWs in the literature, it has been found that women often have higher levels of burnout.^{17,18} In our study, it was observed that the depersonalization of men was higher than that of women. This may be due to the fact that there are fewer male personnel in these units, and more physically demanding tasks are assigned to these personnel. Previous studies have also shown that limited resources and high work demand are effective on burnout in HHSs.¹⁹ Increasing the number of male staff working in these units will reduce the workload of these employees, and their burnout may decrease.

When burnout is evaluated according to occupational groups, it is seen that nurses are at the forefront. When the studies conducted with healthcare professionals in the literature are examined, burnout levels of nurses were generally found to be high.^{11,20} In the context of home health services, the studies in the literature were generally conducted with nurses, and their burnout levels were found to be high.^{21,22} However, a study covering all of the different occupational groups working in home health services and comparing burnout levels among these occupations was not found in the literature. In this respect, our study is important in terms of being one of the first examples in the field and contributing to the literature.

It was observed that as age and length of service in HHS increased, emotional exhaustion increased, and personal accomplishment also increased. Internal satisfaction scores also increased with age. In a study examining burnout and professional satisfaction of health care workers in Iran, it was found that age affected personal achievement, and length of service was effective on job satisfaction.²³ These findings show that as age and experience increase, HCWs are more emotionally challenged, but their perceptions of professional competence and intrinsic satisfaction are also strengthened. Therefore, it can be said that assigning less physically and emotionally challenging tasks to the staff with increasing age and tenure may have a positive effect on the burnout of the employees.

In our study, it was found that as burnout increased, job satisfaction decreased. Similar results were obtained in a study conducted with home care personnel in China.²⁴ In different studies conducted with healthcare workers, being satisfied with the current job was found to be associated with low burnout.^{15,23} Therefore, trying to increase the professional satisfaction of HCWs working in these units will have a positive effect on burnout. In a study conducted with healthcare workers, the positive effects of emotional labor on job satisfaction were shown.²⁵ In our study, it was observed that job satisfaction increased as the perception of personal achievement increased. Improvement studies that can be carried out at the institutional level in order to increase professional satisfaction will reduce the burnout of healthcare workers working in these units.

Our study has limitations because it was conducted in a single province with a small number of health workers. Many different factors that may affect occupational burnout and job satisfaction could not be studied. On the other hand, it is thought that the findings will contribute to the literature since it is the first study conducted with all healthcare professionals working in HHSs.

Conclusion

HHS is a challenging unit considering both the patient population and the physical conditions of the working environment. In our study, it was observed that while the burnout of those working in this unit increased over the years, their personal achievement scores also increased. It was also found that emotional exhaustion and depersonalization levels of HCWs decreased as their job satisfaction increased, while their perception of personal achievement increased. It can be said that the arrangements made will increase the job satisfaction of health workers in this unit and have positive effects on burnout.

The study was approved by the Ethics Committee of Samsun Training and Research Hospital, Department of Non-interventional Clinical Research (Protocol code: GOKAEK/2025/7/1).

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