

**EXAMINATION OF BURNOUT LEVELS OF NURSES IN TERMS OF SOME VARIABLES: A CASE OF FOUNDATION UNIVERSITY****Burak Karataş\***

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**ABSTRACT**

**Background:** Health care is a field that every individual frequently needs or refers to. Both the long working and the hierarchy between colleagues create a pressure on sub-ordinates. Nurses, who are one of the most important performers of the health care system nourish a feeling of exasperation and feel no longer committed to their job. This state, which is defined as a burnout syndrome does not only affect the individual but also the whole organization. **Method:** A cross-sectional survey was conducted in this research aimed burnout levels of nurses working in different clinics to come to know if there are differences of levels among the nurses. The data of this study were collected from the nurses working in a charity hospital in Ankara, Turkey by a 2-part measurement tool developed by the researcher. **Results:** The burnout levels of the nurses differ significantly in the total score of MBI as a whole, according to get permission from the workplace, frequency of get into trouble with the fellow workers, unauthorized tasks, presence of motivational elements at their institution variables. The burn-out syndrome has no relation with the nurses' marital statues or having children or their income state, their working time nor the division they are working at. The burnout level of the nurses researched are at a midlevel. **Conclusions:** Situations such as staying at weekend breaks, problems with other workers, conflicts with colleagues cause high level of burnout in nurses.

**Key words:** Nurse, burn-out syndrome, depersonalization, emotional exhaustion, reduced personal achievement.

**HEMŞİRELERİN TÜKENMİŞLİK DÜZEYLERİNİN BAZI DEĞİŞKENLER AÇISINDAN İNCELENMESİ: BİR VAKIF ÜNİVERSİTESİ HASTANESİ ÖRNEĞİ****ÖZET**

**Giriş:** Sağlık hizmetleri her bireyin sıklıkla ihtiyaç duyduğu veya duyabileceği bir alandır. Hem uzun çalışma süreleri hem de çalışanlar arası ast-üst ilişkileri altlar üzerinde baskı yaratmaktadır. Sağlık hizmetlerinin en önemli elemanlarından biri olan hemşirelerde de stres artmakta ve böylece tükenmişlik duyguları ortaya çıkmaktadır. Tükenmişlik sendromu olarak tanımlanan bu durum, sadece bireyi değil, tüm organizasyonu da etkilemektedir. **Yöntem:** Farklı kliniklerde görev yapan hemşirelerin tükenmişlik düzeyleri arasında anlamlı bir fark olup olmadığının belirlenmesini amaçlayan bu çalışmada kesitsel bir saha araştırması yapılmıştır. Araştırmanın verileri, 2 bölümden oluşan bir ölçme aracının Ankara'da yer alan bir vakıf üniversite hastanesinde çalışan hemşirelere uygulanması yoluyla toplanmıştır. **Bulgular:** Hemşirelerin tükenmişlik düzeyleri MTÖ toplam puanlarında işyerinden izin alabilme durumları, işyerinde çalıştığı insanlarla sorun yaşama sıklıkları, yetki dışı görev verilme durumları ve çalıştıkları kurumda motivasyon unsurlarının varlığı değişkenlerine göre anlamlı biçimde farklılaşmaktadır. Hemşirelerin tükenmişlik düzeylerinde medeni durum, çocuk sahibi olma durumu, gelir durumu, meslekteki çalışma süresi ve çalıştıkları bölüm değişkenlerine göre anlamlı farklılık görülmemektedir. Araştırma kapsamında yer alan hemşirelerin tükenmişlik düzeyleri "orta" seviyededir. **Sonuç:** Hafta sonu nöbetlere kalma, iş yerinde sorun yaşama sıklığının artması, diğer çalışanlarla yaşanan sorunlar, meslektaşlarla çatışmalar gibi durumlar hemşirelerde tükenmişliğe neden olmaktadır.

**Anahtar kelimeler:** Hemşire, tükenmişlik sendromu, duyarsızlaşma, duygusal tükenme, kişisel başarı hissi azalması.

**INTRODUCTION**

Maslach et al. (2001) stated that one of the most important phenomena of modern times, burnout, was first used in the 1970s to describe the occupational crisis experienced by the people working in customer service in America. However, originally called "A Burnt-Out Case," which Greene published in 1961, experienced a psychological depression and abandoned the work of a frustrated architect and exploded his way to African forests. This popular use is described as "a great boredom and a loss of idealism with the devotion of one's work". The concept of burnout is a concept that is used to express the long-standing chronic stress situation, and at the same time it implies work dissatisfaction in working life (Dalkılıç, 2014).

Maslach dealt with Burnout Syndrome in 3 dimensions. These are emotional exhaustion, depersonalization and personal achievement (Maslach & Jackson, 1981). Emotional exhaustion is the main image of exhaustion and leads to the end of one's emotional resources. The depersonalization is that the person's feelings and behaviors towards other people take a negative form or do not react to the person. The decrease in personal success is due to an increase in the sense of inadequacy, which tends to negatively evaluate the person himself / herself (Aslan & Özata, 2008).

A study was conducted to determine the levels of depression and burnout in research-assisted physicians working in radiation oncology (RO) clinics in Turkey (Aktürk, Akman, Ellidokuz, & Kınay, 2015). It is seen that burnout is a major problem among radiation oncology assistants according to the result of this study with the perspective of burnout syndrome. Burnout and depression disrupt the individual's work, social and family life (Aktürk et al., 2015). Burnout, when it occurs, may have wide-ranging consequences such as lower staff empathy and poorer patient experience (Vahey, Aiken, Sloane, Clarke, & Vargas, 2004; Leiter, Harvie, & Frizzell, 1998; Passalacqua & Segrin, 2012). According to Aktürk et al. (2015) more work should be done and solution recommendations should be increased to avoid adverse outcomes. If exhaustion prevention is carried out at the level of state administration, new and effective regulations should be made in order to (i) determine the powers and responsibilities of employees in legal regulations, (ii) support democratic responsibility and authority sharing, (iii) increase social opportunities, (iv) stop restrictions on assistant recruitment, (v) arrange long working hours and (vi) solve low wage problems (Aktürk et al., 2015).

Studies show that 13%–27% of the general working population in western countries experienced burnout symptoms, while among the health and human service workers, the rate ranged from 20% to 50% (Guo, et al., 2017). Laschinger, Leiter, Day, & Gilin (2009) reported that 47.3% of staff nurses presented a high level of burnout and Zhou et al. (2015) reported that up to 35.5% of nurses had severe burnout symptoms. Given that burnout is a major psychological problem among nursing groups, investigating its state and association with some personal and work-related variables are of particular interest. Therefore, it is important to study on this subject. In this study, the burnout levels of the nurses as one of the health staff were investigated taking into consideration the purpose of contributing to the literature.

The purpose of this research is to determine the burnout level of nurses working in a foundation university hospital in Ankara, Turkey, whether the burnout levels differ according to some independent variables, and whether there is a significant difference between the burnout levels of nurses working at different clinics.

According to the results of researches, one of the occupational groups with high levels of burnout is nursing. The studies investigated whether there was a significant difference in the level of burnout among all hospital nurses or nurses working in certain clinics. In this study it was specially researched the burnout levels of the nurses between the divisions. Thus, it will be possible for hospital administrations to develop separate policies for divisions rather applying general policies on burnout. This will result in more effective reduction of burnout.

## **METHOD**

A cross-sectional survey was conducted in this research. The universe of this research is nurses working in a foundation university hospital in Ankara, Turkey between 29 May and 6 April 2018. It has been tried to reach all the nurses who are in the study universe. A questionnaire was applied to 118 nurses.

### *Collection and Evaluation of Data*

The data of this study were collected by a 2-part measurement tool. The first part of measurement tool consists of questions to determine the socio-demographic characteristics of the nurses and the second part consists of the Maslach Burnout Inventory (MBI), which was conducted by Ergin (1992) in

Turkish validity and reliability studies. The Maslach Burnout Inventory consists of 22 items with three subscales. There are 9 items related to Emotional Exhaustion, 8 items related to Reduced Personal Achievement and 5 items related to Depersonalization. The MBI used in the study is a 5-point Likert scale (0: never, 1: very rare, 2: sometimes, 3: often, 4: always). In the subscale of EE, scores between 0 and 11 mean low level, scores between 12 and 17 mean medium level and scores 18 and above mean high level. In the subscale of D, scores between 0 and 5 means low level, scores between 6 and 9 means medium level and scores 10 and above mean high level. In the subscale of RPA scores between 0 and 21 mean high level, score between 22 and 25 mean medium level and scores 26 and above mean low level. For the Maslach Burnout Inventory, Cronbach's alpha coefficients were .83 for Emotional Exhaustion, .71 for Depersonalization, and .72 for Reduced Personal Achievement (Oruç, 2007).

Table 1 lists the levels corresponding to the scores of subscales of the MBI. The high level of Emotional Exhaustion and Depersonalization and the low level of Reduced Personal Achievement indicates that the employee has burnout. The lowest score that can be obtained from the MBI is 0 and the highest score is 88.

**Table 1:** Standardized score ranges of MBI

MBI Sub-dimensions	High	Medium	Low
Emotional Exhaustion	≥ 18	12-17	0-11
Depersonalization	≥ 10	6-9	0-5
Reduced Personal Achievement	0-21	22-25	≥ 26

The measurement tool used to obtain the data of this study for the determination of burnout levels of nurses in a foundation hospital in Ankara was performed face to face by researchers. Surveys were conducted by obtaining permission from the ethics committee. The statistical analyzes of the data were tested with version 17.0 of SPSS package program (the significance level was accepted as .05). Before the difference between the arithmetic means was tested, the hypothesis that the variances of the two distributions are homogeneous has been tested by Levene's test. After these procedures, the process of testing the difference between the means has been started. The difference between the independent groups was evaluated using t-test and ANOVA for normal distributed datas. Bonnferroni and Dunnet's C tests were used for multiple comparisons.

#### Problem Statements

- What are the burnout levels of nurses?
- Are the burnout levels of nurses significantly differentiated according to their ability to get permission from the workplace?
- Are burnout levels of nurses significantly differentiated by the frequency of get into trouble with the fellow workers?
- Are the burnout levels of the nurses significantly differentiated according to the situations of unauthorized tasks?
- Are burnout levels of nurses significantly differentiated according to the presence of motivational elements in the institution?
- Are the burnout levels of the nurses significantly differentiated according to the state of staying at weekend breaks?
- Are burnout levels of nurses significantly differentiated according to their clinics?
- Are burnout levels of nurses significantly differentiated according to their marital status?
- Are the burnout levels of the nurses significantly differentiated according to their childhood ownership?
- Are burnout levels of nurses significantly differentiated according to their income status?
- Are the burnout levels of the nurses significantly differentiated according to their working time in the profession?

## RESULTS

In order to determine the burnout levels of the nurses descriptive statistical analyzes were performed. The burnout levels of nurses are compared with the standardized score ranges of the MBI.

**Table 2:** Analysis results of burnout levels of nurses

MBI Sub-dimensions	$\bar{x}$	SD	Min.	Max.
Emotional Exhaustion	21.03	8.16	3	36
Depersonalization	7.11	4.21	0	20
Reduced Personal Achievement	10.41	4.94	1	29
<b>MBI Total</b>	<b>38.56</b>	<b>12.98</b>	<b>5</b>	<b>72</b>

When the findings in Table 2 are examined, it is seen that the Emotional Exhaustion levels of the nurses are "high", the Depersonalization levels are "medium" and the Reduced Personal Achievement levels are "high". The average burnout level of the nurses involved in the research is "middle". It can be said that despite the high scores on Emotional Exhaustion and Depersonalization, the nurses' high scores on the Reduced Personal Achievement lowered their overall burnout scores.

Information on the distribution of the nurses in the sample according to the marital status, the department they worked for, the child's ownership status, the income status, the duration of the job, the status of staying at the weekend breaks, the permission to get permission from the workplace, the frequency of problems with people working at the workplace are presented at the Table 3.

**Table 3:** Information about the distribution of participants by demographic variables

Variables		f	%
Marital status	Married	27	22.9
	Single	91	77.1
Divisions	Emergency Department	35	29.6
	Intensive Care Unit	46	39.1
	General Surgery Service	28	23.7
	Maternity Services	9	7.6
Childhood ownership	At least one child	20	17
	No children	98	83
Income status	The income is more than outgo	7	6
	The income is equal of outgo	45	38.8
	The income is less than outgo	64	55.2
Working time in the profession	5 years or less	92	78
	More than 5 years	26	22
Staying at weekend breaks	Be on call at weekends	98	83
	Not to be on call at weekends	20	17
Get permission from the workplace	Get permission from work at any time they need	30	25.4
	Sometimes get permission	53	45
	Not get permission	35	29.6
Frequency of get into trouble with the fellow workers	Mostly have problems	13	11
	Occasionally have problems	83	70.4
	Never have problems	22	18.6
Unauthorized tasks	Yes	51	44.3
	No	64	55.7
Presence of motivational elements at their institution	Yes	16	13.7
	No	101	86.3

T test and F test were conducted to determine whether the burnout levels of the nurses significantly differed according to variables. Results are given in Table 4. When the findings in Table 4 are examined, according to the marital status, childhood ownership, income status, working time in the profession and division variables, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole.

**Table 4:** Analysis results of nurses burnout level according to the variables

Characteristics	Sub-dimensions	Categories	Burnout		
			Mean±SD	t or F	P Bonferro ni /Dunnet' s C
Marital status	Emotional Exhaustion	Married	22.29±7.30	.914	.363
		Single	20.65±8.40		
	Depersonalization	Married	6.22±3.80	1.26	.209
		Single	7.38±4.30		
	Reduced Personal Achievement	Married	11.51±4.97	1.32	.188
		Single	10.08±4.92		
<b>MBI Total</b>	Married	40.03±12.18	.668	.505	
	Single	38.13±13.24			
Childhood ownership	Emotional Exhaustion	At least one child	20.95±8.64	.050	.960
		No children	21.05±8.11		
	Depersonalization	At least one child	6.40±4.34	.836	.405
		No children	7.26±4.19		
	Reduced Personal Achievement	At least one child	10.35±4.78	.064	.949
		No children	10.42±5.00		
<b>MBI Total</b>	At least one child	37.70±14.27	.327	.744	
	No children	38.74±12.77			
Income status	Emotional Exhaustion	The income is more than outgo <sup>a</sup>	23.57±8.56	2.600	.079
		The income is equal of outgo <sup>b</sup>	19.20±7.77		
		The income is less than outgo <sup>c</sup>	22.48±7.91		
	Depersonalization	The income is more than outgo <sup>a</sup>	10.14±4.48	2.602	.079
		The income is equal of outgo <sup>b</sup>	6.42±3.86		
		The income is less than outgo <sup>c</sup>	7.39±4.32		
	Reduced Personal Achievement	The income is more than outgo <sup>a</sup>	11.28±5.52	.179	.837
		The income is equal of outgo <sup>b</sup>	10.60±4.34		
		The income is less than outgo <sup>c</sup>	10.23±5.32		
<b>MBI Total</b>	The income is more than outgo <sup>a</sup>	45.00±17.96	2.089	.129	
	The income is equal of outgo <sup>b</sup>	36.22±12.96			
	The income is less than outgo <sup>c</sup>	40.10±11.93			
Working time in the profession	Emotional Exhaustion	5 years or less	20.73±8.24	.736	.463
		More than 5 years	22.07±7.94		
	Depersonalization	5 years or less	7.42±4.31	1.48	.139
		More than 5 years	6.03±3.71		
	Reduced Personal Achievement	5 years or less	10.48±4.91	.304	.762
		More than 5 years	10.15±5.15		
<b>MBI Total</b>	5 years or less	38.65±13.09	.132	.895	
	More than 5 years	38.26±12.83			

\* p<.05 \*\* p<.01 \*\*\*p<.001

a, b, c, d: Classification of Bonferro ni /Dunnet' s C tests

**Table 4 (continued):** Analysis results of nurses burnout level according to the variables

Characteristics	Sub-dimensions	Categories	Burnout		
			Mean±SD	t or F	P Bonferro ni /Dunnet' s C
Staying at weekend breaks	Emotional Exhaustion	Be on call at weekends	21.46±7.97	1.28	.201
		Not to be on call at weekends	18.90±8.97		
	Depersonalization	Be on call at weekends	7.60±4.18	2.84	.005**
		Not to be on call at weekends	4.75±3.55		
	Reduced Personal Achievement	Be on call at weekends	10.36±4.98	.232	.817
		Not to be on call at weekends	10.65±4.91		
	<b>MBI Total</b>	Be on call at weekends	39.43±12.79	1.624	.107
		Not to be on call at weekends	34.30±13.38		
Get permission from the workplace	Emotional Exhaustion	Get permission from work at any time they need <sup>a</sup>	18.93±8.40	6.198	.003** b>a,c
		Not get permission <sup>b</sup>	24.91±7.54		
		Sometimes get permission <sup>c</sup>	19.66±7.66		
	Depersonalization	Get permission from work at any time they need <sup>a</sup>	6.30±.786	2.569	.081
		Not get permission <sup>b</sup>	8.42±.876		
		Sometimes get permission <sup>c</sup>	6.71±.439		
	Reduced Personal Achievement	Get permission from work at any time they need <sup>a</sup>	9.06±4.55	1.642	.198
		Not get permission <sup>b</sup>	10.54±4.25		
		Sometimes get permission <sup>c</sup>	11.09±5.49		
	<b>MBI Total</b>	Get permission from work at any time they need <sup>a</sup>	34.30±12.40	5.077	.008** b>a
		Not get permission <sup>b</sup>	43.88±13.09		
		Sometimes get permission <sup>c</sup>	37.47±12.27		
Frequency of get into trouble with the fellow workers	Emotional Exhaustion	Mostly <sup>a</sup>	30.15±4.91	28.94	.000**** a>b,c b>c
		Occasionally <sup>b</sup>	21.78±6.70		
		Never <sup>c</sup>	12.81±7.61		
	Depersonalization	Mostly <sup>a</sup>	11.53±4.69	16.81	.000**** a>b,c b>c
		Occasionally <sup>b</sup>	7.25±3.78		
		Never	4.00±2.52		
	Reduced Personal Achievement	Mostly <sup>a</sup>	11.30±6.32	2.330	.102
		Occasionally <sup>b</sup>	10.80±4.87		
		Never <sup>c</sup>	8.40±3.94		
	<b>MBI Total</b>	Mostly <sup>a</sup>	53.00±12.61	29.97	.000**** a>b,c b>c
		Occasionally <sup>b</sup>	39.84±10.63		
		Never <sup>c</sup>	25.22±9.21		

\* p<.05 \*\* p<.01 \*\*\*p<.001

a, b, c, d: Classification of Bonferro ni /Dunnet's C tests

**Table 4 (continued):** Analysis results of nurses burnout level according to the variables

Characteristics	Sub-dimensions	Categories	Burnout		P Bonferro ni /Dunnet' s C
			Mean±SD	t or F	
Unauthorized tasks	Emotional Exhaustion	Yes	23.49±8.11	3.04	.003**
		No	19.04±7.44		
	Depersonalization	Yes	7.92±4.52	1.95	.053
		No	6.42±3.71		
	Reduced Personal Achievement	Yes	10.72±5.58	.699	.487
		No	10.06±4.30		
	<b>MBI Total</b>	Yes	42.13±13.45	2.891	.005**
		No	35.53±11.04		
Presence of motivational elements at their institution	Emotional Exhaustion	Yes	16.31±7.94	2.55	.012*
		No	21.81±8.01		
	Depersonalization	Yes	5.31±3.45	1.87	.063
		No	7.42±4.27		
	Reduced Personal Achievement	Yes	10.12±4.24	.261	.795
		No	10.47±5.09		
	<b>MBI Total</b>	Yes	31.75±13.07	2.314	.022*
		No	39.71±12.74		
Divisions	Emotional Exhaustion	Emergency Department <sup>a</sup>	20.31±8.44	.917	.435
		Intensive Care Unit <sup>b</sup>	21.13±8.16		
		General Surgery Service <sup>c</sup>	22.75±8.41		
		Maternity Services <sup>d</sup>	18.00±5.93		
	Depersonalization	Emergency Department <sup>a</sup>	7.02±4.59	.314	.815
		Intensive Care Unit <sup>b</sup>	7.45±3.41		
		General Surgery Service <sup>c</sup>	7.03±5.19		
		Maternity Services <sup>d</sup>	6.00±3.27		
	Reduced Personal Achievement	Emergency Department <sup>a</sup>	10.22±5.26	1.104	.351
		Intensive Care Unit <sup>b</sup>	9.63±4.59		
		General Surgery Service <sup>c</sup>	11.42±5.12		
		Maternity Services <sup>d</sup>	12.00±4.76		
	<b>MBI Total</b>	Emergency Department <sup>a</sup>	35.57±14.06	.579	.630
		Intensive Care Unit <sup>b</sup>	38.21±11.70		
		General Surgery Service <sup>c</sup>	41.21±14.42		
		Maternity Services <sup>d</sup>	36.00±10.71		

\* p&lt;.05 \*\* p&lt;.01 \*\*\*p&lt;.001

a, b, c, d: Classification of Bonferro ni /Dunnet's C tests

It was found that there was a significant difference in the burnout levels of the nurses only in the subscale of depersonalization according to the variable of staying at the weekend breaks (p<.01). When the group mean is taken into consideration, the group mean of the nurses who are on call at weekends ( $\bar{x}$  = 7.60) is higher than the group mean of the nurses who are not on call at weekends ( $\bar{x}$  = 4.75).

The burnout levels of the nurses differ significantly in the Emotional Exhaustion subscale and the total score of MBI, according to get permission from the workplace variable (p<.01). When the group averages are taken into consideration, at the Emotional Exhaustion subscale the group average of nurses who can't get permission ( $\bar{x}$  = 24.91) is higher than the average of nurses who can get permission

from work at any time they need ( $\bar{x} = 18.93$ ) and sometimes get permission from the workplace ( $\bar{x} = 19.66$ ). In addition, based on the total score of MBI, the burnout average of nurses who can't get permission ( $\bar{x} = 43.88$ ) are higher than the burnout averages of nurses who can get permission from work at any time they need ( $\bar{x} = 34.30$ ).

The burnout levels of the nurses differ significantly in the Emotional Exhaustion and Depersonalization subscales and the total of MBI as a whole according to the frequency of get into trouble with the fellow workers variable ( $p < .001$ ). When the group average is taken into consideration, it is observed that in the Emotional Exhaustion subscale, the group average of the nurses who mostly get into trouble with the fellow workers ( $\bar{x} = 30.15$ ), is higher than the average of nurses who occasionally ( $\bar{x} = 21.78$ ) and never get into trouble with the fellow workers ( $\bar{x} = 12.81$ ). Similarly, in the Emotional Exhaustion subscale, the group average of the nurses who occasionally get into trouble with the fellow workers, is higher than the average of nurses who never get into trouble with the fellow workers. In the Depersonalization subscale, the group average of the nurses who mostly get into trouble with the fellow workers ( $\bar{x} = 11.53$ ), is higher than the average of nurses who occasionally ( $\bar{x} = 7.25$ ) and never get into trouble with the fellow workers ( $\bar{x} = 4.00$ ). Similarly, in the Depersonalization subscale, the group average of the nurses who occasionally get into trouble with the fellow workers is higher than the average of nurses who never get into trouble with the fellow workers. In addition, at the total score of MBI as a whole, the burnout average of nurses who mostly get into trouble with the fellow workers ( $\bar{x} = 53.00$ ) is higher than the average of nurses who occasionally ( $\bar{x} = 39.84$ ) and never get into trouble with the fellow workers ( $\bar{x} = 25.22$ ). Similarly at the total score of MBI as a whole, the burnout average of nurses who occasionally get into trouble with the fellow workers is higher than the average of nurses who never get into trouble with the fellow workers.

According to the variable of the status of unauthorized tasks, the burnout levels of the nurses differ significantly in the Emotional Exhaustion subdimension and the total burnout total scores as a whole ( $p < .001$ ). When group averages are taken into consideration, in the Emotional Exhaustion subscale the group average of nurses assigned unauthorized tasks ( $\bar{x} = 23.49$ ) is higher than the average of the nurses who are not assigned unauthorized tasks ( $\bar{x} = 19.04$ ). As a whole of MBI the total burnout scores of nurses who are assigned unauthorized tasks ( $\bar{x} = 42.13$ ) are higher than the total burnout scores of nurses who are not assigned unauthorized tasks ( $\bar{x} = 35.53$ ).

According to the variable of the the presence of motivational elements at their institution, the burnout levels of the nurses differ significantly in the Emotional Exhaustion subdimension and the total burnout total scores as a whole ( $p < .05$ ). When group averages are taken into consideration, in the Emotional Exhaustion subscale the group average of nurses who stated that they did not have any motivational elements ( $\bar{x} = 21.81$ ) is higher than the average of the nurses who stated that they have motivational elements at their institution ( $\bar{x} = 16.31$ ). As a whole of MBI the total burnout scores of nurses who stated that they did not have any motivational elements ( $\bar{x} = 39.71$ ) is higher than the average of the nurses who stated that they have motivational elements at their institution ( $\bar{x} = 31.75$ ).

## **DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

This research aimed to determine the level of burnout of nurses working in a foundation hospital in Ankara, whether the burnout levels differ according to some independent variables and whether there is a significant difference between the burnout levels of the nurses working in different clinics. The results of the research are summarized as follows:

According to the marital status variable, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole. Kebapçı and Akyolcu (2011) reached the conclusion that married nurses working in emergency service have more burnout than single nurses in Emotional Exhaustion subscale. Öztürk, et al. (2014) found that the Depersonalization scores of single nurses were higher than married nurses in a university hospital. Sünter, Canbaz, Dabak, Öz, & Pekşen (2006), Kurçer (2005) and Lee, et al. (2016) stated that there was no significant difference between the married and singles at sub-dimensions of MBI.

In this study, it is found that according to the childhood ownership variable, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole. Öztürk et al. (2014) found that the mean scores of Emotional Exhaustion and Depersonalization scores of nurses with no children were higher than the other groups, but that the difference was not statistically significant. Karadağ, Karagöz, Ateşçi, Varma, & Oğuzhanoglu (2001) found that nurses who have children in particular experience less emotional exhaustion and that they perceive themselves as



successful. Demir, Ulusoy, & Ulusoy (2003) indicate that Emotional Exhaustion is high for nurses who have problems with child care. Choi, Park, & Cho (2016) found that single nurses experience more burnout than married nurses. As seen in the study results, one of the most important factors affecting the burnout level of the nurses is the private living conditions. However, some studies indicate that these conditions increase or decrease burnout levels. The way in which private living conditions affect the burnout depends on how people perceive those conditions.

According to the income status variable, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole. Metin & Gök-Özer (2007) stated that nurses who found the fees not enough had more burnout in the Depersonalization sub-dimension. Choi, Park, & Cho (2016) found that nurses have medium salary experience more burnout than nurses have less and more salary.

According to the working time in the profession variable, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole. Kebapçı & Akyolcu (2011) found that the levels of Emotional Exhaustion and Depersonalization of nurses with a higher seniority were lower. Öztürk, et al. (2014) have reached the result that Emotional Exhaustion and Depersonalization scores of nurses are increasing as the seniority increases at their research.

There was a significant difference in the burnout levels of the nurses only in the subscale of depersonalization according to the variable of staying at the weekend breaks. When the group mean is taken into consideration, the group average of the nurses who are on call at weekends is higher than the group average of the nurses who are not on call at weekends. Choi, Park, & Cho (2016) found that night shift working nurses and 3-shift working nurses experience more burnout than full time working nurses. Öztürk, et al. (2014) stated that the scores of the Depersonalization subscale of the nurses staying at night duty were significantly higher than those of nurses working day. Many researchers such as Arı & Bal (2008), Serinken, Erdur, Tomruk, Cokun, & Kuru (2004), Altay, Gönener, & Demirkıran (2010) have reported that increase in the monthly working time of nurses is decreasing the time to rest. Because of this reason the levels of Emotional Exhaustion and Depersonalization of the nurses are increasing. It can be said that situations such as staying at weekend breaks that increase the monthly working time cause physical and psychological fatigue in the nurses and thus cause a high level of burnout.

The burnout levels of the nurses differ significantly in the Emotional Exhaustion and Depersonalization subscales and the total of MBI as a whole according to the frequency of get into trouble with the fellow workers variable. In the study conducted by Kebapçı & Akyolcu (2011) it was aimed to determine how the burnout levels of nurses working in the emergency units were affected by the working environment. Sun et al. (2017) stated that more job stressors, such as heavy workloads and conflicts with nursing leaders, are likely to cause fatigue, exhaustion and burnout. As a result of this study, the average scores of Emotional Exhaustion and Depersonalization scores of nurses who had problems with doctors and other health personnel were found to be significantly higher than those who had no problems. It can be said that due to intensive work tempo, nurses' problems with other workers, conflicts with colleagues, and disagreements with their superiors can create a source of stress. And that these problems lead to burnout of nurses, can be interpreted as a natural result.

According to the divisions, the burnout levels of the nurses do not differ significantly in any of the sub-dimensions and the total score of MBI as a whole. Barutçu & Serinkan (2008) point out in the study conducted in Denizli province that at all subscales the burnout levels of nurses working in intensive care and emergency services are higher than the other nurses. In the same way, Öztürk, et al. (2014) have found that nurses working in intensive care units have higher Emotional Exhaustion and Depersonalization scores than nurses working in polyclinics and clinics. Kebapçı & Akyolcu (2011) stated that nurses working in emergency and intensive care units can experience more burnout due to hospitalization care to the patients who are usually at the risk of death, and heavy workload and time-consuming work. However, in this study there is no significant difference between the burnout levels of the nurses and the divisions they were working. This can lead to the conclusion that nurses burnout does not depend only on work stress.

As a result of this research, the Emotional Exhaustion levels of the nurses are "high", the Depersonalization levels are "medium" and the Reduced Personal Achievement levels are "high". The burnout levels of the nurses involved in the research are "middle". These results are similar to other study results (Öztürk, et al., 2014; Metin & Gök-Özer, 2007; Karadağ, Karagöz, Ateşçi, Varma, & Oğuzhanoğlu, 2001; Harran, Özgüven, & Ölmez, 1998).

In this study, various suggestions were developed in accordance with the results. Hospital administrations should make some regulations on how employees stay on weekends and should be

more sensitive about getting permits when nurses are in need. In addition to perform the tasks effectively, the effectiveness of the social life at work must also be monitored by the hospital management. Occasional social activities may be included to strengthen communication among employees. Making clear job descriptions for nurses will help them to understand whether the jobs they are doing are unauthorized tasks or not. In cases where unauthorized work is given to the employees, it is important for the hospital management to base this on voluntary basis rather than on forced or oppressive ones, which may be a factor that increases the burnout in the nurses. Also hospital administrations should increase the motivation elements within the hospital.

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### **Conflict of interest statement**

The authors declare that they have no conflict of interests associated with this study.

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