

The determination of the levels of burnout syndrome, organizational commitment, and job satisfaction of the health workers

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Abstract

Context: The concept of burnout is an important element for efficiency in occupational groups such as health and education, which necessitate constant communication with people and have a busy schedule.

Aims: The determination of the levels of burnout syndrome, organizational commitment, and job satisfaction of the health workers.

Materials and Methods: A questionnaire consisting of four parts was prepared so as to measure the levels of organizational commitment, job satisfaction, and burnout of the medical staff of the institution. The data for this research were gained by a questionnaire sent to 370 medical staff (doctors, nurses, contract staff, and other employees).

Statistical Analysis Used: Kolmogorov Smirnov test, *t*-test, ANOVA, Tukey multiple comparison test and Pearson's correlation analysis were used to this study.

Results: The average age of the employees taking part in the questionnaire was calculated as 34.30 years (min: 18 years, max: 59 years). The proportional value of the individuals with their 0-5 years working period in the institution was observed as 58.1%. An individual's interior work satisfaction, education level, hours worked at the hospital and their titles are also statistically important ($P < 0.05$). There is a positive correlation and significant relation between medical staffs' emotional exhaustion and desensitization ($r = 0.573$). There is a positive correlation and significant relation between normative commitment sub dimension, interior and exterior job satisfaction ($r = 0.449$, $r = 0.472$).

Conclusions: Efforts to reduce the job burnout and psychological support for health care workers support motivation in order to provide better services to increase significantly. Thus, both personal productivity will be increased, and gain will be obtained in the institutional sense.

Key words: Burnout, health workers, job satisfaction, organizational commitment

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Introduction

“Burnout syndrome” develops as a result of negative circumstances such as excessive workload in certain

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occupational groups, which demand closer interaction with people. The problems people confront in their working life are important risk factors for their physical and mental health. In particular, the job environment of medical staff is characterized by constant change and shaped by emotional demand and excessive stress. Environmental and physical problems that are encountered can have a negative effect on the psychology of the employees. According to the World Health Organization, order and a healthy and secure workplace require a healthy job environment which can be created by reciprocal contributions of employees and administrators in the framework of cooperation.^[1,2] The problems encountered in the job environment cause personal exhaustion and at the same time have an impact on the performance and efficiency of the institution indirectly. People who have experienced the burnout syndrome are not able to fulfill their potential and as a result, the efficiency of their institution is negatively affected.

The burnout syndrome is heavily observed in working areas where there is close contact between people. This is particularly acute in the health field. Stress, busy schedule, and the increase in the emotional demands that medical staff are exposed to result in an increase in the feeling of burnout.^[3,4] Those negativities decrease the job satisfaction in institutional level and have a negative impact on the organizational commitment.

The scientific definition of "burnout" was given in 1974 by Herbert Freudenberger. Freudenberger defines burnout as the decrease in the power and energy of individuals who are faced with workload.^[5] In recent years, however, the "Maslach Burnout Inventory" has come to prominence. This was developed by Maslach and Jackson and is used in the scientific research that focuses on "burnout." Maslach and Jackson examine burnout in three subdimensions: Emotional exhaustion, desensitization, and personal success. According to them, increase in emotional exhaustion and desensitization along with the fall in the personal success cause burnout.^[6-8] One of the subdimensions of "Maslach Burnout Inventory" is the "emotional exhaustion." This symbolizes the emotional problems and hardships that workers experience and the exhaustion wrought on people's "emotional resources." Desensitization is the loss of emotions toward the individuals that the worker will serve, in other words, it is the worker's mistreatment of the people in a reckless and indifferent manner, without taking into consideration that they are individuals.^[9] "Personal success" is defined as the efficiency and the success the worker experiences in terms of his/her job.^[6,7,10,11] The factors that affect burnout can be scrutinized as individual and organizational factors.^[12,13]

Individual factors are characteristics such as gender, age, marital status, educational background, and other that have a role in burnout. People who have the same

working conditions can be exposed to burnout or may not be affected in any way, depending on those individual characteristics.^[13] Maslach and Leiter described in their studies that burnout not only as an individual-based problem but also as a problem consisting of occupational problems and organizational factors.^[14] Researchers examined organizational factors that cause burnout under six titles: "Work-load, control, awards, belonging, justice, and values." The research on burnout which examined medical staff show that the issue is becoming more of a problem; indeed, there is also an increase in and the number of scientific publications focusing on the issue.^[15-19]

Job satisfaction is an intuitive concept that consists of employee's experience of emotional reactions.^[20,21] The evaluation of employees' levels of job satisfaction is of utmost importance both for individuals and for institutions. If an employee is not satisfied with his/her job, he/she experiences a fall in job satisfaction; therefore, he/she decreases the efficiency of the institution due to low contribution along with the problems in his/her personal private life. In this framework, institutions have to take precautions against the negativities related with job satisfaction and make some improvements. The concept of job satisfaction can be examined in under two headings: "Intrinsic job satisfaction" consisting of emotional reactions such as success, and activity, and "extrinsic job satisfaction" consisting of features such as salary, working conditions, and other issues.^[20,22,23] Burnout among medical staff and job satisfaction are mutually related factors.^[24-26]

Organizational commitment refers to the attitude and manner of the individual toward his/her institution. In this regard, organizational commitment symbolizes the individual's commitment to the institution and hence not wanting to quit the job and their willingness to struggle for the fulfillment of the objectives and strategies of the institution.^[27,28] Meyer and Allen, in their studies, examined the organizational commitment under three headlines: "emotional commitment," "continuous commitment," and "normative commitment."^[29] Emotional commitment is described by Mowday *et al.*, as the individual's integration by adopting the objectives and values of the institution, struggle for those, and the will to stay in the institution.^[30] "Continuous commitment" is commitment stemming from the fear that when the individual quits his/her job, he will experience hardships as he/she will lose the effort, the money, and the status he/she has during his/her stay in the institution.^[31,32] The last headline of the organizational commitment, namely normative commitment, is feeling an obligation to stay in the institution due to the sense of responsibility. Individuals with normative commitments take the idea of working in a certain institution as a duty onto themselves, because of their feeling of loyalty toward their employer.^[31,33]

Studies which investigate the relation and interaction between job satisfaction levels, burnout and organizational commitment in the medical staff and medical institutions are very rare in Turkey. Gemlik *et al.* this study reviewed the relation between burnout and organizational commitment at medical staff with regression analyze.^[34] In their study, Gemlik *et al.* used the Maslach Burnout Inventory and Organizational Commitment Inventory, which was developed by Meyer and Allen.^[29] In the study, Gemlik *et al.* analysis relied on data from 459 medical staff.^[34] The results showed that major factors for burnout are work overload, inadequate staff, and time pressures. According to their results, researchers also imply that between emotional exhaustion and emotional commitment and normative commitment have a significant relation. Helvacı and Turhan reviewed burnout level of medical staff working at Silifke, Mersin, Turkey.^[35] Helvacı and Turhan used Maslach Burnout Inventory in their study. Statistical analysis was carried out within the perspective of demographic variables, difference resources related with sex, age, education level, salary, work overload considering to job, and work experience. In another study, Gökçen *et al.* focused on job satisfaction, burnout, and depression terms.^[36] They used Maslach Burnout Inventory for burnout and Minnesota Job Satisfaction Inventory for job satisfaction in the questionnaire. The focus was on emotion regulation (ER) Medical Staff from different hospitals. Results of the analysis showed that among those suffering burnout, job satisfaction, and depression levels, those individuals who worked voluntarily at ER had lower emotional exhaustion and desensitization and had high job satisfaction.

Materials and Methods

In this study, organizational commitment, job satisfaction, and levels of burnout felt by employees in Kırşehir Province, Union of Public Hospitals, Ahi Evran University Training and Research Hospital, are examined in terms of different variables. A questionnaire consisting of four parts was prepared so as to measure the levels of organizational commitment, job satisfaction, and burnout of the medical staff of the institution.

The first part of the questionnaire is made up of nine questions describing the demographic features of the workers. The second part consists of questions determining the level of organizational commitment while the third part dwells upon questions about the level of burnout and the last part questions about the level of job satisfaction.

Burnout levels among employees were determined according to the “Maslach Burnout Inventory,” which was put forward by Maslach and Jackson.^[6] In the inventory, twenty-two questions are addressed to determine the level of burnout. In the inventory, there are nine questions for emotional exhaustion, five questions for desensitization and eight

questions for personal success. The inventory used in the questionnaire was prepared using a 5 point Likert scale. The level of agreement on the statements of the questionnaire was graded between 1 and 5 and stood for (1) never, (2) seldom, (3) sometimes, (4) often, (5) always. Koçak states in her study that the level of emotional exhaustion is high if the score is 27 or more, normal if the score is “17–26” whereas a low score is one which is “0–16;” the level of desensitization is high if the score is thirteen or more, normal if the score is “7–12,” and low if the score is “0–6;” and the level of personal success is high if the score is “0–31,” normal if the score is “32–28” and low if the score is 39 or more.^[37]

The inventory used for the measurement of the organizational commitment is derived from the inventory prepared by Meyer and Allen.^[29] Out of seventeen questions in the questionnaire, six were about emotional commitment, five questions about continuous commitment, and six were for normative commitment. The questions in the inventory of the organizational commitment are scaled between “1 and 5” and serves as a 5-point Likert scale. The meaning of the scale goes like this: (1) I certainly do not agree, (2) I do not agree, (3) I am indecisive, (4) I agree, and (5) I totally agree.

To determine the level of job satisfaction, the questions derived from the “Minnesota Job Satisfaction Inventory” developed by Weiss *et al.*, were used.^[38] From the subdimensions of that inventory, intrinsic satisfaction consists of twelve questions and extrinsic satisfaction consists of eight questions. The questions for the job satisfaction inventory, as in the other inventories, are scaled between 1 and 5. Here, the definitions are as follows: (1) I am not satisfied in any way, (2) I am not satisfied, (3) I am indecisive, (4) I am satisfied, and (5) I am very pleased.^[24,38-40]

The data for this research were gained by a questionnaire sent to 370 medical staff (doctors, nurses, contract staff, and other employees) working in the Kırşehir Province, Union of Public Hospitals, Ahi Evran University Training and Research Hospital. At the hospital, individuals that work as corporate personnel are responsible for the cleaning, cooking, and maintenance. Other individuals who are stated in the title category, represent other medical workers (except doctors, nurses, and corporate personnel). As the questionnaire was applied to the whole target group, no exemplification method was utilized. Voluntariness is the basis of involvement in the questionnaire. As the distribution of the data is in compliance with the normal distribution assumptions and the number of the examples is big enough, Student’s *t*-test and one-way analysis of variance methods were used to determine if there was a difference among the groups in terms of variations in this survey. To determine from which group the striking difference comes from, after the analysis of variance, a “Tukey Multiple

Comparison test” was used. The compliance of the data with a normal distribution is analyzed via the Kolmogorov–Smirnov test. Furthermore, to determine the relation among the subdimensions of the inventories, correlation analysis is applied, and to this end, Pearson’s correlation coefficient was calculated. The analysis of the data was conducted using Statistical Package for Social Sciences version 20.0 software for Windows (IBM SPSS Statistics for Windows, version 20.0, Armonk, NY: IBM Corporation).

Results

In this survey, 380 employees were involved in the questionnaire; ten of them, however, were not included

in the survey due to deficient and erroneous observation. Descriptive statistical values of the demographical questions in the survey are attached in Table 1.

The average age of the employees taking part in the questionnaire is calculated as 34.30 years (minimum: 18 years, maximum: 59 years). As it is shown in Table 1, 64.6% of the employees are female and 35.4% are male. Proportional value of the married employees is 68.4% whereas that of the single employees is 31.6%. When the educational background is focused upon, we learn that 24.3% of the employees are undergraduate degree whereas 26.8% associate degree. When the total work experience of the employees is examined, the proportional value of the employees who have completed their 0–5 years in business life is 27.8% and when the total working period of the employees within the body of Kirsehir Province, Union of Public Hospitals, Ahi Evran University Training and Research Hospital is examined, the proportional value of the individuals with their 0–5 years working period in the institution is observed as 58.1%. The proportional value

Table 1: Results of the demographical questions		
Variable (n=370)	Frequency	Percentage
Sex		
Female	239	64.6
Male	131	35.4
Marital status		
Married	253	68.4
Single	117	31.6
Education status		
Elementary school	5	1.4
Secondary school	16	4.3
High school	86	23.2
Associate degree	99	26.8
Bachelor's degree	90	24.3
Postgraduate	74	20.0
Working time in employment (year)		
0-5	103	27.8
6-10	109	29.5
11-15	57	15.4
16-20	49	13.2
Upper 20	52	14.1
Total working time in this hospital (year)		
0-5	215	58.1
6-10	71	19.2
11-15	39	10.5
16-20	25	6.8
Upper 20	20	5.4
Title		
Physician	78	21.1
Nurse	138	37.3
Contract staff	58	15.7
Other	96	25.9
Is your preference to work in this hospital		
Yes	286	77.3
No	84	22.7
With whom do you share the problems you encounter in your working place?		
Managers	83	22.4
Friends	166	44.9
Family	68	18.4
Nobody	53	14.3

Table 2: Cronbach α reliability coefficient applied in the inventories		
Subdimensions of the inventories	Cronbach α reliability coefficient	
Maslach burnout inventory		
Emotional exhaustion	0.849	
Desensitization	0.726	
Personal success	0.781	
Job satisfaction inventory		
Intrinsic satisfaction	0.892	
Extrinsic satisfaction	0.825	
Organizational commitment inventory		
Emotional commitment	0.846	
Continuous commitment	0.731	
Normative commitment	0.734	

Table 3: Burnout, job satisfaction, and organizational commitment values		
Subdimensions of the inventories	Subdimensions levels	
Maslach burnout inventory		
Emotional exhaustion	25.79	
Desensitization	11.40	
Personal success	24.03	
General burnout level	61.22	
Job satisfaction inventory		
Intrinsic satisfaction	39.18	
Extrinsic satisfaction	24.01	
General job satisfaction level	63.19	
Organizational commitment inventory		
Emotional commitment	2.91	
Continuous commitment	3.15	
Normative commitment	2.88	
General organizational commitment level	2.97	

Table 4: Average score of burnout level according to demographic characteristic

Variable	n=370	Emotional exhaustion mean±SE	P	Desensitization mean±SE	P	Personal success mean±SE	P
Sex							
Female	239	26.33±0.4622	0.050*	11.33±0.2548	0.626	24.35±0.2893	0.093
Male	131	24.81±0.6519		11.54±0.3354		23.45±0.4952	
Marital status							
Married	253	25.41±0.4661	0.138	11.14±0.2472	0.057	24.23±0.3007	0.251
Single	117	26.62±0.6433		11.97±0.3500		23.59±0.4861	
Education status							
Elementary school	5	25.60±2.5612	0.545	13.20±1.2000	0.006**	19.20±2.0591	0.000**
Secondary school	16	26.00±1.5518		13.31±0.8694		21.37±1.5134	
High school	86	24.88±0.6946		12.22±0.3852		21.75±0.5894	
Associate degree	99	25.73±0.6650		11.42±0.4096		24.46±0.4343	
Bachelor's degree	90	25.58±0.7004		11.17±0.4058		24.80±0.3922	
Postgraduate	74	27.16±1.1314		10.18±0.4568		26.06±0.5637	
Working time in employment (year)							
0-5	103	25.93±0.6766	0.040*	12.00±0.3697	0.025*	23.40±0.4231	0.017*
6-10	109	26.76±0.6904		11.34±0.3865		23.94±0.4765	
11-15	57	25.96±0.9138		11.36±0.4461		23.75±0.6547	
16-20	49	26.18±1.0353		11.93±0.5665		23.59±0.7824	
Upper 20	52	22.96±1.1402		9.90±0.5702		26.17±0.7138	
Total working time in this hospital (year)							
0-5	215	26.65±0.5049	0.000**	11.44±0.2533	0.000**	24.17±0.2868	0.001**
6-10	71	25.78±0.8686		12.00±0.4917		22.50±0.7394	
11-15	39	25.15±1.7806		12.23±0.5974		23.56±0.6741	
16-20	25	24.80±1.3354		11.60±0.7724		24.96±1.0432	
Upper 20	20	19.15±1.6658		7.05±0.6090		27.70±1.3651	
Title							
Physician	78	26.30±1.0061	0.442	10.52±0.4435	0.016*	25.80±0.6096	0.000**
Nurse	138	26.31±0.5424		11.57±0.3315		23.95±0.3630	
Contract staff	58	24.81±0.8461		12.62±0.4881		21.91±0.6696	
Other	96	25.23±0.7718		11.15±0.3935		23.97±0.5015	
Is your preference to work in this hospital							
Yes	286	25.69±0.4056	0.610	11.09±0.2198	0.005**	24.25±0.2785	0.104
No	84	26.15±0.9401		12.46±0.4719		23.26±0.6128	
With whom do you share the problems you encounter in your working place?							
Managers	83	23.79±0.7501	0.004**	10.96±0.4438	0.117	24.00±0.5625	0.597
Friends	166	25.89±0.5598		11.25±0.2965		23.93±0.3585	
Family	68	28.14±0.7096		12.41±0.4144		23.66±0.5690	
Nobody	53	25.60±1.2298		11.30±0.6003		24.84±0.8105	

*P<0.05, **P<0.01. SE=Standard error

of the nurses working in the hospital and taking part in the questionnaire is 37.3%. When asked if working in the hospital was their own choice, 77.3% of employees answered “Yes” and 22.7% answered “No.” When they were asked “with whom do you share the problems you encounter in your working place?”, 44.9% of employees answered that they shared these with their friends.

To test the reliability of the inventory applied in the questionnaire used in the survey, the Cronbach α (alpha coefficient) is used. The Cronbach α -coefficient is used widely to test the reliability of the inventories such as the

Likert inventory (which is based on overall score) as in this survey.^[41] The results of the reliability analysis of the inventories applied in this survey are shown in Table 2.

The levels of burnout, job satisfaction, and organizational commitment of the employees that took part in the questionnaire are shown in Table 3.

According to the burnout subdimensions, job, and working hours of the hospital (which is the subject of this study) are shown in Table 4, it is stated that discrepancy is important for statistical basis ($P < 0.05$). It is noted that the lower

Table 5: Average score of job satisfaction level according to demographic characteristic

Variable	n=370	Intrinsic satisfaction mean ± SE	P	Extrinsic satisfaction mean ± SE	P
Sex					
Female	239	39.74±0.5819	0.127	24.43±0.3955	0.084
Male	131	38.18±0.8726		23.25±0.5767	
Marital status					
Married	253	39.41±0.5664	0.504	24.24±0.4022	0.314
Single	117	38.70±0.9379		23.52±0.5646	
Education status					
Elementary school	5	39.40±2.2045	0.011*	25.20±2.0347	0.180
Secondary school	16	33.75±2.0361		21.87±1.3161	
High school	86	37.08±0.9566		24.34±0.6234	
Associate degree	99	39.31±0.8658		24.12±0.6097	
Bachelor's degree	90	40.30±0.8918		24.97±0.5874	
Postgraduate	74	41.28±1.3410		22.70±0.9297	
Working time in employment (year)					
0-5	103	38.55±0.8493	0.366	24.17±0.5492	0.099
6-10	109	38.85±0.9099		23.11±0.6350	
11-15	57	38.14±1.2614		23.19±0.7704	
16-20	49	40.61±1.2208		24.85±0.8616	
Upper 20	52	40.96±1.5220		25.69±1.0302	
Total working time in this hospital (year)					
0-5	215	39.85±1.3128	0.001**	24.05±0.3961	0.080
6-10	71	36.16±0.7143		22.98±0.8282	
11-15	39	37.69±0.9940		23.46±0.8400	
16-20	25	39.48±2.0519		24.76±1.3543	
Upper 20	20	45.30±2.5599		27.40±2.0370	
Title					
Physician	78	41.38±1.3128	0.008**	23.29±0.8953	0.348
Nurse	138	39.39±0.7143		24.34±0.4872	
Contract staff	58	35.86±0.9940		23.18±0.7401	
Other	96	39.11±0.9449		24.63±0.6138	
Is your preference to work in this hospital					
Yes	286	39.93±0.5071	0.005**	24.53±0.3488	0.003**
No	84	36.66±1.2435		22.23±0.7963	
With whom do you share the problems you encounter in your working place?					
Managers	83	40.02±1.0910	0.421	25.45±0.7245	0.047*
Friends	166	39.16±0.6764		23.78±0.4846	
Family	68	37.64±1.1446		22.63±0.6457	
Nobody	53	39.92±1.4233		24.26±0.9452	

*P<0.05, **P<0.01. SE=Standard error

desensitization scores are from groups which have 20 years or more work experience. According to the burnout subdimensions, the working choices of the hospital which are the subject of this study, it is stated that discrepancy is important for statistical basis ($P < 0.05$). It is noted that individuals who kept their jobs due to their own choice experienced less emotional exhaustion and had a higher sense of achievement than their “unwilling” colleagues. It is stated that those findings are related to the work experience of the individuals. Besides these findings and regarding the variations found in this survey, it is noted that there are no significant statistical differences according to the burnout subdimensions ($P > 0.05$).

The work satisfaction level scores according to demographic features have been given in Table 5. In Table 5, it is noted that an individual’s interior work satisfaction, education level, hours worked at the hospital and their titles are also statistically important ($P < 0.05$). For the exterior work satisfaction, answers given to the question of “who are you sharing with your workplace problems?” are noted to be important for statistical basis ($P < 0.05$). For both interior and exterior work satisfaction, whether they worked at that hospital due to their own choice or not is also noted to be important for the statistical basis ($P < 0.05$). Besides these findings and regarding variations in this survey, it is noted that

Table 6: Average score of organizational commitment level according to demographic characteristic

Variables	n=370	Emotional commitment mean ± SE	P	Continuous commitment mean ± SE	P	Normative commitment mean ± SE	P
Sex							
Female	239	2.97±0.0552	0.089	3.24±0.0529	0.005**	2.94±0.0470	0.041*
Male	131	2.81±0.0818		2.98±0.0782		2.77±0.0747	
Marital status							
Married	253	2.90±0.0528	0.788	3.12±0.0514	0.326	2.86±0.0486	0.421
Single	117	2.93±0.0906		3.22±0.0858		2.93±0.0727	
Education status							
Elementary school	5	3.00±0.1972	0.007**	3.32±0.1743	0.001**	3.00±0.2415	0.111
Secondary school	16	2.67±0.3010		2.26±0.1546		2.60±0.2151	
High school	86	2.90±0.0890		3.17±0.0912		2.93±0.0893	
Associate Degree	99	2.98±0.0817		3.27±0.0851		2.88±0.0798	
Bachelor's Degree	90	3.13±0.0843		3.20±0.0845		3.02±0.0724	
Postgraduate	74	2.61±0.1178		3.10±0.1052		2.71±0.0895	
Working time in Employment (year)							
0-5	103	3.03±0.5022	0.000**	3.30±0.0806	0.076	2.98±0.0705	0.023*
6-10	109	2.65±0.5558		3.15±0.0826		2.77±0.0725	
11-15	57	2.81±0.7494		2.89±0.0968		2.84±0.0876	
16-20	49	2.84±0.7106		3.13±0.1299		2.72±0.1172	
Upper 20	52	3.39±0.7763		3.15±0.1300		3.12±0.1308	
Total working time in this hospital (year)							
0-5	215	2.85±0.0591	0.000**	3.20±0.0564	0.279	2.84±0.0496	0.025*
6-10	71	2.73±0.1012		3.16±0.1064		2.89±0.0942	
11-15	39	2.90±0.1213		2.95±0.1381		2.76±0.0941	
16-20	25	3.12±1.1847		3.24±0.1616		2.96±0.1963	
Upper 20	20	3.95±1.1617		2.89±0.2212		3.41±0.2440	
Title							
Physician	78	2.43±0.1137	0.001**	2.30±0.1040	0.129	2.30±0.0930	0.071
Nurse	138	3.55±0.0724		3.15±0.0676		2.15±0.0658	
Contract staff	58	2.27±0.1043		3.81±0.1199		2.81±0.0887	
Other	96	3.04±0.0835		3.04±0.0852		2.04±0.0805	
Is your preference to work in this hospital							
Yes	286	3.02±0.0508	0.000**	3.16±0.0510	0.630	2.91±0.0470	0.143
No	84	2.54±0.0958		3.11±0.0905		2.77±0.0770	
With whom do you share the problems you encounter in your working place?							
Managers	83	3.09±0.0850	0.004**	3.26±0.0968	0.530	2.86±0.0982	0.518
Friends	166	2.97±0.0700		3.13±0.0651		2.94±0.0598	
Family	68	2.59±0.1070		3.13±0.0991		2.77±0.0928	
Nobody	53	2.87±0.1263		3.05±0.1251		2.86±0.0829	

*P<0.05, **P<0.01. SE=Standard error

Table 7: Result of correlation analysis for burnout, organizational commitment inventory, and job satisfaction

	Maslach burnout inventory			Job satisfaction inventory		Organizational commitment inventory		
	1	2	3	4	5	6	7	8
Emotional exhaustion	-	0.573**	-0.165**	-0.405**	-0.464**	-0.330*	0.209**	-0.245**
Desensitization		-	-0.339**	-0.358**	-0.251**	-0.209**	0.088	-0.079
Personal success			-	0.433**	0.295**	0.305**	0.098	0.250**
Intrinsic satisfaction				-	0.783**	0.516**	0.085	0.449**
Extrinsic satisfaction					-	0.518**	0.052	0.472**
Emotional commitment						-	0.237**	0.555**
Continuous commitment							-	0.323**
Normative commitment								-

*P<0.05, **P<0.01

there are no significant statistical differences according to work satisfaction subdimensions ($P > 0.05$).

Organizational commitment level scores according to demographic features have been given in Table 6. According to the emotional commitment subdimension, it is apparent that variables between marital status and sex groups are significantly important for statistical basis ($P < 0.05$). For carry on commitment, it is seen that variables between education level and sex are significantly important for statistical basis ($P < 0.05$). For normative commitment, sex, total work experience, and work hours at the hospital are noted to be significantly important for the statistical basis ($P < 0.05$).

Correlation is used to determine the relation and direction between variables. Correlation analyzes the measure of subdimensions given in Table 7. When Table 7 is reviewed, it will be noted that there is a positive correlation and significant relation between medical staffs' emotional exhaustion and desensitization ($r = 0.573$). The increase in emotional exhaustion also affects the increase in desensitization as well. In the table, it is noted that there is a positive way and powerful relation between interior and exterior work satisfaction measure subdimensions ($r = 0.783$). For emotional commitment, which is a subdimension of organizational commitment, it is noted that there is a positive correlation in middle level and significant relation between emotional commitment and normative commitment ($r = 0.555$). Nonetheless, there is a positive correlation and significant relation between normative commitment subdimension, interior and exterior job satisfaction ($r = 0.449$, $r = 0.472$). This situation also bears an increase at normative commitment level and exterior job satisfaction as well. When the general situation of the results of correlation analysis has been reviewed, it can be seen that the variations in this survey subdimensions have significantly important relations for statistical basis.

Discussion

In this study, the levels of burnout, organizational commitment, and job satisfaction of the workers in Kırşehir Province, Union of Public Hospitals, Ahi Evran University Training and Research Hospital were examined according to different variables. Demographic variables including sex, marital status, educational level, work experience, work hours in the hospital, which is the subject of this study, title, work choices of free will, and who workplace problems are shared with. This study first looked to the demographic variables descriptive statistics, which were calculated and research data summarized. Second, the subjects of the study, considering to burnout, organizational commitment, and job satisfaction measurements' subdimensions, related to each demographic variable comparison between groups done via statistical methods. Finally, a correlation analysis

was done, and the Pearson Correlation Parameter calculated in order to determine the degree between the relations of the measurements' subdimension which was used in the study. The results of this study are compatible with other studies' results in the medical literature which emphasizes burnout, organizational commitment, and job satisfaction. In this study, job burnout, satisfaction, and organizational commitment were evaluated separately, and the analysis was carried out by considering these three terms together. Considering to results, it is noted that the results considering these terms have normal values. The emotional exhaustion from burnout subdimension score is 25.79, the desensitization score is 11.40, the personal achievement score is 24.30; job satisfaction subdimension inner job satisfaction score sits at 39.18, and the exterior job satisfaction score at 24.01; the organizational commitment subdimension emotional commitment score is 2.91, carry on commitment score is 3.15, and normative commitment score is 2.88 calculated.

Regarding measurement subdimensions, group comparisons according to the demographic variables have significant differences for statistical basis. For burnout, these are sex, educational level, title, working hours at the hospital (which is the subject of this study) if the work choices were their own or not. For job satisfaction, the question, whether the choice to work was their own at the hospital made a significant difference for statistical basis. For organizational commitment, educational level, working hours at the hospital, title and if the work choices are their own at the hospital have meant a significant difference for statistical basis. According to the correlation analysis results, three measurement types which are subject to this study, subdimensions provide substantially have led to a significant difference for statistical basis.

There are some limitations to this research, however. First, the research has been carried out at the Ahi Evran University Training and Research Hospital, which is in Kırşehir Province. Research results are considered under these specific circumstances. Second, the nonhomogeneity of the medical staff that participated in the survey is another issue.

In the field of medical study, studies which focused on organizational commitment are increasing day by day. With the increasing number of those studies, problems can be surpassed related to the terms of organizational and individual level burnout, job satisfaction, and organizational commitment. Medical staff is constantly interacting with people. They must therefore always provide both medical and moral support for people with whom they are in contact with. As they are working in an environment which requires responsibility, work overload, environmental problems, and heavy emotional demands create the risk of developing the burnout syndrome. Burnout decreases job satisfaction and makes deficits at organizational commitment. That situation

dramatically decreases the work quality of the institution, too. With such studies as this one, such negative scenarios could be overcome, and individual and organizational performance losses could be restrained. Through precautionary measures and improvements to working environment, such as offering psychological support for the workers, the risk of burnout can be decreased. Efforts to reduce the job burnout and psychological support for health care workers support motivation in order to provide better services to increase significantly. Thus, both personal productivity will be increased, and gain will be obtained in the institutional sense.

Considering the terms of burnout, job satisfaction, and organizational commitment, this study is a modest attempt to shed light on the issue and help future studies in the field.

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Conflicts of interest

There are no conflicts of interest.

References

- Burton J. World Health Organization Healthy Workplace Framework and Model: Background and Supporting Literature and Practices; 2010. Available from: http://www.who.int/occupational_health/healthy_workplace_framework.pdf. [Last accessed on 2016 Mar 08].
- Portoghese I, Galletta M, Coppola RC, Finco G, Campagna M. Burnout and workload among health care workers: The moderating role of job control. *Saf Health Work* 2014;5:152-7.
- Grunfeld E, Whelan TJ, Zitzelsberger L, Willan AR, Montesanto B, Evans WK. Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *CMAJ* 2000;163:166-9.
- Gillespie M, Melby V. Burnout among nursing staff in accident and emergency and acute medicine: A comparative study. *J Clin Nurs* 2003;12:842-51.
- Freudenberger H. Staff burnout. *J Soc Issues* 1974;30:159-65.
- Maslach C, Jackson SH. The measurement of experienced burnout. *J Occup Behav* 1981;2:99-113.
- Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Annu Rev Psychol* 2001;52:397-422.
- Leiter MP, Maslach C. A mediation model of job burnout. In: Antoniou AS, Cooper CL, editors. *Research Companion to Organizational Health Psychology*. 1st ed. Cheltenham, UK: Edward Elgar; 2005. p. 544-64.
- Kaçmaz N. Burnout syndrome. *Journal of Istanbul Faculty of Medicine* 2005;68:29-32.
- Leiter MP, Maslach C. The impact of interpersonal environment on burnout and organizational commitment. *J Organ Behav* 1988;9:297-308.
- Maslach C. Job burnout: New directions in research and intervention. *Curr Dir Psychol Sci* 2003;12:189-92.
- Budak G, Süregevil O. Burnout and the analysis of organizational factors affecting burnout an application for academic staff. *Dokuz Eylül Univ Fac Econ Adm Sci J* 2005;20:95-108.
- Ardıç K, Polatçı S. Burnout syndrome and the other side of medallion: Engagement. *Erciyes Univ Fac Econ Adm Sci J* 2009;32:21-46.
- Maslach C, Leiter MP. *The Truth About Burnout*. San Francisco, CA, USA: Jossey-Bass; 1997.
- Poncet MC, Toullic P, Papazian L, Kentish-Barnes N, Timsit JF, Pochard F, et al. Burnout syndrome in critical care nursing staff. *Am J Respir Crit Care Med* 2007;175:698-704.
- Yılmaz A, Soykan A, Ayaz T, Kale Eİ, Gürman G, Kumbasar H. Burnout at a bone marrow transplantation unit in Turkey: Effects of interactive psychoeducational seminars. *Turk J Med Sci* 2009;39:933-9.
- Losa Iglesias ME, Becerro de Bengoa Vallejo R, Salvadores Fuentes P. The relationship between experiential avoidance and burnout syndrome in critical care nurses: A cross-sectional questionnaire survey. *Int J Nurs Stud* 2010;47:30-7.
- Ksiazek I, Stefaniak TJ, Stadnyk M, Ksiazek J. Burnout syndrome in surgical oncology and general surgery nurses: A cross-sectional study. *Eur J Oncol Nurs* 2011;15:347-50.
- Porto GG, Carneiro SC, Vasconcelos BC, Nascimento MM, Leal JL. Burnout syndrome in oral and maxillofacial surgeons: A critical analysis. *Int J Oral Maxillofac Surg* 2014;43:894-9.
- Stride CB, Wall TD, Catley N. *Measures of Job Satisfaction, Organizational Commitment, Mental Health and Job-related Well-being: A Benchmarking Manual*. 2nd ed. West Sussex, England: John Wiley and Sons Ltd.; 2007.
- Broome KM, Knight DK, Edwards JR, Flynn PM. Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *J Subst Abuse Treat* 2009;37:160-70.
- Köroğlu Ö. Determination of the relationship between the levels of intrinsic and extrinsic job satisfaction with level of general job satisfaction: An investigation on tour guides. *Doğuş Univ J* 2012;13:275-89.
- Dias D, Machado-Taylor MD, Santiago R, Carvalho T, Sousa S. Portugal: Dimensions of academic job satisfaction. In: Bentley PJ, Coates H, Dobson I, Goedegebuure L, Meek VL, editors. *Job Satisfaction Around the Academic World*. 1st ed. Dordrecht, Netherlands: Springer; 2013. p. 187-208.
- Ozyurt A, Hayran O, Sur H. Predictors of burnout and job satisfaction among Turkish physicians. *QJM* 2006;99:161-9.
- Ogresta J, Rusac S, Zorec L. Relation between burnout syndrome and job satisfaction among mental health workers. *Croat Med J* 2008;49:364-74.
- Adwan JZ. Pediatric nurses' grief experience, burnout and job satisfaction. *J Pediatr Nurs* 2014;29:329-36.
- Allen NJ, Meyer JP. Affective, continuance, and normative commitment to the organization: An examination of construct validity. *J Vocat Behav* 1996;49:252-76.
- Meydan CH, Basım HN, Çetin F. The effect of organizational justice perception and organizational commitment on burnout: An investigation on Turkish public sector. *J Soc Sci Turk World* 2011;57:175-200.
- Meyer JP, Allen NJ. A three-component conceptualization of organizational commitment. *Hum Resour Manag* 1991;1:61-89.
- Mowday RT, Steers RM, Porter LW. The measurement of organizational commitment. *J Vocat Behav* 1979;14:224-47.
- Özkaya ÖM, Kocakoç DI, Kara E. Examining the relations between demographic factors and managers' organizational commitment: A field study. *Journal of Management and Economics* 2006;13:77-96.
- Özutkan H. An investigation of the relationship between job performance and affective, continuance and normative commitment to the organization. *Istanbul Univ J Sch Bus Adm* 2008;37:79-87.
- Allen NJ, Meyer JP. The measurement and antecedents of affective, continuance, and normative commitment to the organization. *J Occup Psychol* 1990;63:1-18.
- Gemlik N, Şişman FA, Ünsal S. The relationship between burnout and organizational commitment among health sector staff in Turkey. *J Glob Strateg Manage* 2010;8:147-59.
- Helvacı I, Turhan M. The examination of burnout levels: A study on healthcare staff working in Silifke. *J Econ Bus Stud* 2013;4:58-68.
- Gökçen C, Zengin S, Oktay MM, Alpak G, Al B, Yıldırım C. Burnout, job satisfaction and depression in the healthcare personnel who work in the emergency department. *Anatolian Journal of Psychiatry* 2013;14:122-8.
- Koçak R. Analysis of occupational burnout levels of school administrators according to various variables. *Firat Univ J Soc Sci* 2009;19:65-83.
- Weiss DJ, Dawis RV, England GW, Lofquist LH. *Manual for the Minnesota Satisfaction Questionnaire*. Minnesota Studies in Vocational Rehabilitation. Vol. 22. Minneapolis, USA: University of Minnesota, Industrial Relations Center; 1967.
- Tözün M, Çulhanlı A, Ünsal A. The job satisfaction of physicians that working in primary health care institutions in family medicine system (Eskisehir). *TAF Prev Med Bull* 2008;7:377-84.
- Çelen Ö, Teke A, Cihangiroğlu N. The effect of organizational commitment on job satisfaction: An application in Gulhane Military Medical Faculty Training Hospital. *Suleyman Demirel Univ J Econ Adm Sci* 2013;18:399-410.
- Alpar R. *Applied statistics and reliability – Validity with examples of sports, health and educational science*. Ankara, Turkey: Detay Publishing; 2014.