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The evaluation of Burnout level among nurses giving care to postwar Syrian refugee patients

Nilgun ULUTASDEMIR[1*], [PhD]
Mehmet DOKUR[2], [MD] [PhD]
Ebru OZTURK COPUR[3], [Msc]

1 Faculty of Health Sciences, Zirve University, Kizilhisar Campus, 27260-Sahinbey, Gaziantep, Turkey.

2 EBN Medical School, Zirve University, Kizilhisar Campus, Gaziantep, Turkey.

3 Faculty of Nursing, Hacettepe University, Sihhiye Campus, Ankara, Turkey.

* *Corresponding Author: Nilgun Ulutasdemir, Assistant Professor. Faculty of Health Sciences, Zirve University, Kizilhisar Campus, 27260-Sahinbey, Gaziantep, Turkey.*

e-mail: nilgun.ulutasdemir@zirve.edu.tr

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ABSTRACT

Background: Burnout is a physical and psychological syndrome. It involves fatigue, emotional exhaustion, depersonalization, and negative attitudes towards work and life. The aim of this study was to evaluate the burnout level of nurses dealing with increasing patient load due to the influx of postwar Syrian Refugees in Turkey.

Material and Methods: This study was conducted on a total of 42 nurses working in the Surgical Services and Intensive Care Units of Killis State Hospital. The data of the study were a collection of survey questions prepared by the researchers to determine the sociodemographic characteristics of nurses and the determination of burnout using the Maslach Burnout Inventory. These questions were divided into three components, and scored for Emotional Exhaustion (EE), Depersonalization (D) and Personal Accomplisment (PA).

Results: In this study, 88.1% of nurses were female (37 staff) and 11.9% were male (5 staff). The mean age was 28.35 ±5.73. 49.9% of the nurses had worked 40 hours a week, 50.1% had worked for more than 40 hours a week. 78.6% stated that they perceive their socioeconomic status as average. EE score of Maslach Burnout Inventory components of nurses was 20.26 ±6.12 (Normal values of the EE score: 0-36). The D score was 7.00 ±3.65 (Normal values of the D score: 0-20). and PA score was 3.75 ±13.47 (Normal values of the PA score: 0-32). EE score was higher among women than that of men ($p < 0.05$). 76.2% of the nurses described their relations with patients as "bad". 52.4% of the nurses stated that they were satisfied with their profession in overall.

Conclusion: Emotional Exhaustion levels were found moderate while depersonalization and diminished personal accomplishment levels were low among nurses serving Syrian war refugees.

Key words: Refugee patients, civil war, Syria, nurses, burnout level

Introduction

The term burnout was first used by Herbert Freudenberger in 1974 and it is defined as a state of failure, fatigue or frustration that resulted from professional relationships that failed to produce the expected rewards [1]. Later, in 1981, Maslach and Jackson defined burnout as a physical and psychological syndrome involving fatigue, Emotional Exhaustion (EE), Depersonalization (D), negative attitudes against work, life and a diminished sense of Personal Accomplishment (PA) that occurs among various professionals who work with other people in challenging situations [2]. Many researchers have the same view about burnout. Burnout is an internal psychological experience, which occurs on personal level including expectations, attitudes and senses [3].

Burnout is a gradual process that occurs over an extended period of time with the effects of some factors. When burnout occurs, it can cause important problems at work, family and social life by impairing the mental health of a person [4,5]. Nursing is described as a stressful job that has a heavy workload caused by negative factors in the working environment. On this issue, World Health Organization's (WHO) data, which reflect global workload in health sector, is quite noteworthy [6]. Burnout causes psychological and physical strains and results in higher absenteeism in the general population as well as in nurses [7,8].

According to Maslach, the term burnout means a combination of emotional exhaustion, depersonalization and perceived lack of personal accomplishment [2]. Emotional Exhaustion defines burnout as

the state of being physically fatigue and feeling psychologically and emotionally drained. It occurs as a result of feeling lack of energy and being completely emotionally worn out [9]. In fact, the underlying secret of these behaviors is a sense of alienation and defense mechanism. Depersonalization; represents the interpersonal dimension of burnout and indicates a negative, obdurate stance against customers, and being an unresponsive staff at work. Emotionally and physically exhausted people, who have negative attitudes to both themselves and others, have decreased feelings of personal competence due to difficulty in fulfilling the requirements of their job**.** Decreasing personal accomplishment occurs together with the two other components (EE and D). These components represent "the tendency of negative self-assessment of an individual" [4,10].

Burnout syndrome is examined in three symptoms; physical (feeling tired and drained most of the time, lowered immunity, often feeling of sickness, frequent headaches, back pain, muscle aches, change in sleep habits and similar signs and symptoms), emotional (Sense of failure and self-doubt, feeling helpless, trapped, and defeated, increased debated and tension at home, decreased positive emotions like courtesy, respect and friendship) and mental (Dissatisfaction, negative attitudes against selfpersonality, job and in general life) [11]. Schmitz et al. found that nurses, who believe they have little or no control over events in their lives, may be more vulnerable to stress and burnout compared to the nurses who are believed to have personal control [12].

Studies on burnout revealed that interpersonal relations, excessive workload and the success of the person to deal with stress are linked to burnout. Burnout has been found as a vocational damage on people who have human oriented jobs related to human services, education and medical services [13].

Burnout Syndrome is a multifaceted psychosocial clinical phenomenon with multiple sub-components and it affects workers in different fields. Many studies in this field have been conducted, especially in the areas of education and health care.

The Syrian Civil War began in 2012, and it has been seriously affecting the civilian population. A large number of Syrian refugees seeking secondary protection have migrated to neighboring countries. In this process, approximately 1100 Syrian refugees were hospitalized in Kilis State Hospital due to their injuries. 674 of them underwent surgery, and they were later monitored in the intensive care units of Kilis State Hospital. Unfortunately this civil war in Syria and its multifaceted effects are still ongoing.

In this study, we evaluated the burnout levels of the dedicated nurses that work at in Kilis State Hospital's Surgical services and ICU's between the years 2012 and 2015 during the Civil War in Syria.

MATERIAL AND METHODS

Study design and the participants

The necessary official permissions for this scientific study were obtained from local authorities in Kilis City. Also the Ethics Committee Approval was given with 2015/09 numbered decision of Zirve University Ethics Committee. This cross-sectional study consisted of 42 nurses who worked at Kilis State Hospital's Surgery Services and ICU's and 674 Syrian Refugee Patients who were treated surgically in this process. The survey consists of 50 questions improved by researchers in accordance with the current literature in March 2015 and Maslach Burnout Inventory (MBI) that determined the level of burnout among nurses, and it was applied to the nurses who participated in the study with face to face meeting method. MBI with 22 items is a scale developed by Maslach and Jackson, and it consists of three components: EE, D and PA [14]. MBI was adapted to Turkish by Ergin et al. conducted on doctors and nurses. Cronbach alpha was found as 0.83, 0.65 and 0.72 for subcomponents EE, D and PA respectively [15]. Scores in the range of 0-36, 0-20 and 0-32 are acquired respectively for EE, PA and D by giving points between 0 and 4 to each item. The study by Ergin et al. of the Turkish adaptation PA component consisted of positive statements and it was pointed inversely and commented as "personal failure."

Statistical Analysis

Data were analyzed by t test and one way analysis of variance. Higher scores in EE, PA and D components meant burnout. "t test" and "one way analysis of variance" were applied in compliance with characteristics of the variables in statistical evaluation of gathered data. Means were given together with standard deviation and $p<0.05$ was accepted as statistical meaningfulness.

RESULTS

The average age of the nurses who participated in the study was 28.35±5.73. 88.1% (n=37) of them were women, 11.9% (n=5) were men. 26.2% of them

worked in general surgery units, 26.2% of them worked in microsurgery units and 47.6% worked in general surgery intensive care units. 81.0% stated that they were on duty regularly, 59.5% stated that they opted for their jobs willingly, 33.3% stated that they were glad with the work place, 42.9% stated that they were pleased with work hours, 97.6% stated that they were not satisfied with working conditions and experienced stress. 49.9% of the nurses worked for 40 hours per week, 50.1% worked over 40 per week. 78.6% described their socioeconomic level as average.

Distribution of scores in EE, D and PA components according to their work conditions can be seen in Table 1. MBI scores of nurses were found in EE component as 20.26±6.12, in D component as 7.00±3.65, in PA component as 13.47±3.75 (Table 1). EE score in women was higher when compared to men ($p<0.05$). Diminished personal accomplishment is experienced at a higher level as the duration of employment decreases ($p<0.05$).

Table 1. The distribution of score averages of Maslach Burnout Inventory (MBI) sub-components in the nurses

MBI sub-components	(Mean±SD)	(Min-Max)
Emotional Exhaustion	20.26±6.12	(6-34)
Depersonalization	7.00±3.65	(0-18)
Personal Accomplisment	13.47±3.75	(3-24)

The distribution of scores of EE, D and PA components of MBI according to their vocational, social and physical characteristics is revealed in Table 2. No relationship between nurses' burnout level and their age, marital status, a balanced diet or regular exercise was detected ($p>0.05$). Distribution of scores of nurses in EE, D and PA components according to their vocational satisfaction is demonstrated in Table 3. 76.2% of the nurses described their relations with Syrian patients as "bad". EE levels decrease in their evaluation of their relations with Syrian patients changes from bad to good, their

Table 2. The distribution of scores of Emotional Exhaustion (EE), Depersonalization (D) and Personal Accomplisment (PA) Maslach Burnout Inventory (MBI) sub-components in the nurses according to their work conditions (ICU; Intensive care unit, SD; Standart Deviation).

Working Conditions of the nurses	N	EE (mean±SD)	D (mean±SD)	PA (mean±SD)
Workplaces				
General surgery service	11	22.63±5.85	6.81±4.35	13.36±2.57
Other surgery services	11	22.45±5.80	8.27±3.13	13.45±2.50
Surgical ICU	20	17.75±5.70	6.40±3.51	13.55±4.86
Shift status				
Working in shifts	34	20.35±5.93	7.26±3.69	13.17±3.80
Not working in shifts	8	19.87±7.29	5.87±3.48	14.75±3.49
Adequacy of working conditions				
Adequate	1	21.00±.0.00	11.00±.0.00	11.00±.0.00
Inadequate	41	20.24±6.19	6.90±3.64	13.53±3.78
Satisfied with their working hours				
Satisfied	18	17.38±5.45	6.27±3.15	13.11±4.40
Unsatisfied	41	22.41±5.79	7.54±3.96	13.75±3.26

Table 3. The distribution of scores of Emotional Exhaustion (EE), Depersonalization (D) and Personal Accomplisment (PA) Maslach Burnout Inventory (MBI) sub-components in the nurses according to their vocational, social and physical characteristics (SD; Standart Deviation).

Professional characteristics	N	EE (mean±SD)	D (mean±SD)	PA (mean±SD)
Choice of profession				
Willingly	25	18.84±5.85	6.36±2.97	12.92±3.69
Unwillingly	17	22.35±6.07	7.94±4.40	14.29±3.80
Appreciated by their supervisors				
Appreciated	14	17.07±5.92	6.28±3.45	13.21±4.52
Unappreciated	28	21.85±5.66	7.35±3.76	13.60±3.39
Relations with their counterparts				
Positive	34	15.55±3.92	5.15±2.51	9.64±1.67
Negative	8	22.50±5.63	8.37±2.72	15.50±4.59
Relations with the authorities				
Positive	31	17.05±5.08	5.86±3.23	10.61±3.05
Negative	11	18.90±6.39	6.72±2.83	15.72±4.67
Relations with the Syrian Refugee Patients				
Positive	10	27.00±2.44	7.33±2.51	15.33±0.82
Negative	32	21.00±4.39	6.64±3.53	13.74±2.85
The state of work-related stress				
Stressful	41	20.60±5.76	7.12±3.61	13.73±3.41
Stress-free	1	6.00±0.00	2.00±0.00	3.00±0.00

perception of their socioeconomic levels turns from low to high, and their perception of their own health situation turns from bad to good ($p<0.05$) (Table 3).

52.4% of the nurses stated that they were generally pleased with their job, however; 100% of them stated that their job was not valued in the society. 57.1% stated that they were unsatisfied with working (Table 4) and 97.6% expressed that the working conditions were not adequate and they experienced stress. When compared with nonsmokers, EE levels were found higher in smokers. ($p<0.05$) (Table 4). We found that nurses are exposed to burnout more as the assessment degree of nurses about their own health status increases in the 'bad' direction.

In this study, smokers have higher EE levels when compared to non-smokers and it was found that participants who are not satisfied with working environment in comparison with the ones who are satisfied have higher EE, D and PA scores. In addition, it was found among the nurses who can not see their professions as a deserved place in the community, that they experienced greater EE than the ones

Table 4. The distribution of scores of Emotional Exhaustion (EE), Depersonalization (D) and Personal Accomplisment (PA) Maslach Burnout Inventory (MBI) sub-components in the nurses according to their vocational satisfaction (SD; Standart Deviation)

Professional characteristics	N	EE (mean±SD)	D (mean±SD)	PA (mean±SD)
The state of being satisfied with their job.				
Satisfied	22	17.81±5.43	6.18±3.09	13.72±4.40
Unsatisfied	20	22.95±5.81	7.90±4.07	13.20±2.96
Work environment satisfaction				
Satisfied	14	17.28±5.59	6.71±4.69	11.85±4.18
Unsatisfied	28	21.75±5.91	7.14±3.09	14.28±3.30
The thought of leaving their profession				
Yes	20	23.30±5.26	8.45±3.74	14.25±3.93
No	22	17.50±5.60	5.68±3.09	12.77±3.59
The level to be productive in their job				
Yes	23	20.30±6.86	7.21±4.08	12.60±3.28
No	19	20.21±5.27	6.73±3.14	14.52±4.10
To see appopriate their profession for himself				
Appopriate	27	18.44±5.75	6.74±3.79	12.92±3.41
İnappopriate	15	23.53±5.52	7.46±3.46	14.46±4.24
To see as a respectable their profession in society				
Yes	0	0.00±0.00	0.00±0.00	0.00±0.00
No	42	20.26±6.12	7.00±3.65	13.47±3.75

who see their professions as a deserved place in the community (Table 4). Individuals experiencing sleep disorders and alcohol users were found to have higher levels of D ($p<0.05$).

Distribution of the scores of nurses in D and PA components according to their vocational satisfaction is demonstrated in Table 5. It has been determined in this study that when total number of year of experience increases, PA levels decrease (Table 5). It has been determined that the more the nurses who enroled in our study consider resignation from their jobs, the more their EE and D levels increase (Table 6). They were observed to experience EE at a higher level as nurses' evaluation of their own health condition scaled up towards bad (Table 7).

DISCUSSION

The EE level (20.26) of nurses, who took care of the postwar Syrian immigrants that were surgically treated, was determined as average, and their D (7.00) and diminished PA (13.47) levels were found as low. In studies assessing nurses' burnout levels, differences have been observed among professions [16-21]. Nurses have been found to have lower burnout levels, and this could be considered as a positive result in terms of the nursing profession.

In studies consistent to the findings of our research, it was found that burnout is correlated negatively with work experience [15,16]. The reason why burnout is seen more in young people can be explained by the fact that they have not acquired certain features necessary to deal with the problems at work or they have high expectations from their occupation. In this study, it was determined that when the total number of year of experience increases, D and PA levels decrease and EE level rises. In the study of Ulutasdemir and Deveci, in which they studied burnout levels of the teachers working in

Table 5. The relationship between Maslach Burnout Inventory (MBI) sub-components and working status of the nurses

Working Status	EE r p	D r p	PA r p
Education levels		0.383 0.012**	0.482 0.001**
Total working life time (year)			–0.342 0.027*
Weekly working time (hour/week)	0.346 0.025*		

*p<0.05, **p<0.01, EE; Emotional Exhaustion, D; Depersonalization, PA; Personal Accomplisment

Table 6. The relationship between Maslach Burnout Inventory (MBI) sub-components with professional satisfaction status of the nurses

Professional satisfaction status	EE r p	D r p	PA r p
Professional satisfaction	0.424 0.005**		
Work environment satisfaction	0.348 0.024*		0.308 0.047*
Working hour satisfaction	0.411 0.007**		
The resignation idea of profession	–0.479 0.001**	–0.383 0.012**	
The status of approve their own profession	0.403 0.008**		

*p<0.05, **p<0.01, EE; Emotional Exhaustion, D; Depersonalization, PA; Personal Accomplisment

Table 7. The relationship between Maslach Burnout Inventory (MBI) sub-components and perception of their health status and behaviors of the nurses

Perception of their Health Status and Behaviours	EE r p	D r p	PA r p
The assessment their own health status	0.345 0.025*		
The status of access to health service		0.314 0.043*	0.386 0.012*
The status of exercising		0.339 0.028*	0.327 0.034*
The hobbies		–0.458 0.002**	

*p<0.05, **p<0.01, EE; Emotional Exhaustion, D; Depersonalization, PA; Personal Accomplisment

Kilis city center and factors affecting it, it was found that when teachers' number of year of experience increases, their sentitiveness and the personal level of success decrease while their emotional burnout increases [20]. According to Segmenli, school counselors with five years of experience sense more personal failure [22].

Also, in literature there are studies stating that if socio-economic level increases, the burnout level decreases [23]. Nurses' perception of having poor socio economic status may cause them to feel inadequate and this may increase their workload. This situation is thought to result in higher burnout. It was shown that the participants experience higher level of burnout in EE, D and PA subcomponents as their perception of their socioeconomic levels change from high to low. There are studies that express burnout level decrease as socioeconomic situation rises [24]. According to the findings of our study, when compared with nurses who think they are adequate for their working conditions, EE and PA scores were found to be higher in nurses who think they are not adequate for their job conditions. In a study conducted by Polat et al. among high school teachers; teachers stating that their working conditions were inadequate have been reported to have higher EE, D and PA scores than that of those stating that their working conditions were adequate [25].

According to the findings of our study, the nurses, who were not satisfied with the working hours, were found to have more EE than those who were satisfied ($p<0.05$). Our research has shown a correlation between burnout and working hours because of the reason that higher average of weekly working hours of the majority of the nurses were included in this study and they may feel excessively workloaded.

In our study, EE, D and PA scores were found higher among the nurses who unwillingly chose their profession than that of those who chose their profession willingly. Besides, the nurses who are not satisfied with the professional status of workers in sub-component of MBI scores are higher than those who are satisfied with their profession [16]. Nurses who maintain their professions willingly since their first day at work can overcome the adaptation problem since nursing requires a great amount of devotion and patience. The decrease of employing the mechanisms to overcome problems in nurses who opted for their job unwillingly may raise burnout level. Furthermore it may be expressed that nurses who are not satisfied with their job are more prone to burnout [26]. In a study conducted by Dolunay in Ankara among teachers who were considering switching to another profession were reported like our study to have higher EE, D and PA scores [16]. These notifications can be interpreted as a sign of burnout's development as a result of negative attitudes towards work. The nurses among those having participated in this study and thinking they are not appropriate for their profession were found to have higher EE, D and PA scores than the ones who thought they were appropriate for their professions. Among teachers working in primary schools (Girgin), high school teachers (Dolunay) were found to have higher EE, D and PA levels [16,17]. So, it is said that there is an inverse relation between of burnout levels and approval status of themselves for their profession in all areas.

In our study, among the nurses who could not see their professions as deserved place in the community, it was found that they experienced greater EE than the ones who did see their professions as deserved place in the community. In the work of Girgin, higher D levels were reported [17]. Considering that nursing as a profession has been increasingly losing its value it deserves in the society and hereby this increase can be said to be experienced as a possible burnout. According to the findings of the studies on teachers and nurses conducted by different researchers in different cities of Turkey, EE and D scores were higher than those who are not appreciated by their superiors [17,20,26,27]. It can be said that it can affect the professional enthusiasm and is likely to be able to motivate them. Equality in employee's perception leads to increase emotional satisfaction. If the employee's perception of inequality increases, it will cause stress. In our study, it was found that when the total number of years of experience increases, PA levels decrease. In the study of Dolunay that was carried out on high school teachers, it was noticed that when the total number of years of experience increases, the feeling of personal success increases [16]. It can be thought that one is more connected to his or her job, he or she internalizes the job more, he or she integrates more to work conditions and gains more experience in dealing with stress as the total number of year of experience increases.

When nurses' assessment of their own health status increases in a "bad" direction, they live more burnout in EE, D and PA levels. In Deveci's study among nurses, it was found that when nurses' assessment of their own health status gets worse, their EE scores increase [27]. Some authors state that there is a relationship between depression and burnout, but some others state that these two concepts are two clinic appearances which are different from each other [15,28,29]. As long as the importance given to health decreases, it could be said that people develop negative behaviors, become desensitized to events/individuals, and experience decline in their personal success. This can be explained by the effect of increase in professional success. Among the nurses who were willing and who like their jobs, EE levels were found significantly higher. This situation can be explained by increasing effect on burnout levels of eagerness and enjoyment in the job. When nurses' perceptions of their own health status increase in the good direction, EE levels are increasing. The hospitals' being a war hospital, which is a special condition, and the full participation of nurses in the study working at the hospital demonstrate the powerful side of this study.

In conclusion, the level of emotional exhaustion of nurses, who care for the postwar Syrian immigrants that were surgically treated, was determined as middle, their depersonalization and diminished personal accomplishment levels were found as low. Nurses' burnout level is raised by problems related to health, social structure and working conditions. In unusual circumstances where employees

are in the forefront of the human factor burnout syndrome prevalence in staff is higher. Therefore, health personnel working under these conditions are at high risk for burnout. Transcultural nursing is an important factor that can affect various degrees of burnout syndrome. Improving working conditions and providing adequate psychosocial support can reduce the effects of burnout syndrome.

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