

**Burnout Syndrome in Healthcare Employees: Symptoms, Demographic Variables, Consequences**

**Sureyya ECE\***

\*PhD, Assist. Prof., Şırnak University, Faculty of Economics and Administrative Sciences, Department of Business Administration, [sureyyaece@yahoo.com](mailto:sureyyaece@yahoo.com), [sece@sirnak.edu.tr](mailto:sece@sirnak.edu.tr)

**Abstract**

Burnout syndrome is a condition that, when ignored, can lead to damage both at the individual and the organizational level. Burnout syndrome can have serious consequences, especially in the healthcare field, which can lead to even loss of life. Hence, it is necessary to prevent burnout syndrome in healthcare employees and also to control it once it occurs. Therefore, it is crucial to determine who is more likely to get burned-out syndrome and those persons should be constantly checked for any signs of burnout syndrome.

The aim of this study is to determine who are more likely to have burnout syndrome among healthcare employees and to develop precautions for the syndrome. In this context, the studies searching the relationship between the demographic characteristics of healthcare employees and burnout syndrome have been investigated. Based on the results of the studies examined, the suggestions have been offered which might help to avoid burnout syndrome among the healthcare employees by taking into consideration the symptoms of burnout syndrome.

**Key words:** Burnout, Burnout Symptoms, Burnout Consequences, Healthcare Employees

**Burnout Syndrome and Its Symptoms**

The relationships that people have with their work and the difficulties that may arise when there is a problem in the workplace have been known for years as a phenomenological phenomenon in the modern age. The term "burnout" for this phenomenon began to be used for service workers in the 1970s (1). Burnout is an emotional exhaustion and cynicism

syndrome that often occurs among individuals who serve people (2).

Burnout is a prolonged reaction to emotional and interpersonal stress factors that can be counted chronic in the workplace. Burnout has three components: emotional exhausting, depersonalization (cynicism) and inefficacy (personal accomplishment). The emotional exhaustion component represents the basic

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individual stress dimension of burnout. In other words, emotional exhaustion refers to someone consuming all his/her emotional and physical resources. The cynicism component (depersonalization) represents the interpersonal context dimension of burnout. Depersonalization dimension means that the individual reacts negatively and numb to various aspects of his/her job. Finally, inefficacy or personal accomplishment represents the self-assessment dimension of burnout. This dimension refers to inadequacy and lack of sense of accomplishment in the workplace. It can be argued that it arises from the inadequacy of the resources needed. However, emotional exhausting and depersonalization are due to the excessive workloads and tense relationships (1).

Clinical fieldwork studies about burnout syndrome focus on burnout symptoms and mental health issues. The social focus of burnout syndrome and the research related to this syndrome, make a significant contribution to the health and well-being of people in the workplace (1).

Burnout does not appear suddenly, in fact burnout is a slow, last phase of an ongoing process (3, 4, 5). Burnout syndrome, which means that the energy resources of an individual are reduced under stressful conditions, can occur at different stages of the working life (6). Burnout usually reveals about one year after individual has begun working, because only then, some of the factors begin to involve (7). For example, when interpersonal relationships are negative, burnout syndrome is more likely to occur (3).

The burnout can be seen in many different symptomatic ways which vary in symptom and degree from person to person (7). The ignorance of burnout symptoms causes it to progress and become incomprehensible. For this reason, it is very important to know the burnout symptoms well and to take the necessary precautions by being diagnosed. Although the burnout symptoms differ from person to person, it is generally examined under three headings as physical, psychological and behavioral symptoms (4).

Physical symptoms include various problems and complaints such as chronic fatigue, weakness, energy loss, depression, more susceptibility to diseases, frequent headache, nausea, muscle cramps, back pain, sleep disorders. The other possible symptoms include stiff neck or shoulders, palpitations, clammy hands, dry mouth, diarrhea. Behavioral symptoms include depressive affect, feeling of insecurity and decreased support, hopelessness, increased tension at home, increased negative emotions such as anger, impatience, restlessness, decreased positive emotions such as courtesy, respect and friendship. Short attention span, blaming, taking risk, chattering and sense of infallibility and crying can also be observed. Psychological symptoms may include dissatisfaction, negative attitudes towards self, work and life in general. Also fear, isolation, anxiety are other psychological symptoms (8, 9).

Behavioral symptoms are signs of burnout that can be observed more easily by others, according to physical and psychological statements. These symptoms can be seen as general reactions in the

form of amnesia, feeling of failure, domestic conflicts, low concentration, rapid anger, sudden nervous bursts, frequent crying seizures, desire to be alone and susceptibility (10).

### **Burnout Syndrome Dimensions and Personal Variables**

Burnout syndrome can be observed in individuals working in all professions. However, given the definition of burnout syndrome, it is believed that the probability of occurrence in the service sector is higher. Among the service sectors, it is also believed that the probability of experiencing burnout syndrome is higher in the field of healthcare. Health service is a very sensitive and important field and does not accept mistakes. One of the concluding remark from the Hippocratic Oath “first do no harm” (or “primum non nocere,” the Latin translation from the original Greek) is very popular in areas such as health, medicine, bioethics and it is accepted as the fundamental principle in health care delivery (11) which emphasizes how sensitive healthcare provider is.

The health sector is working more intensely than the other occupations and the patients and / or relatives who get services can be more nervous and impatient due to health problems. Healthcare employees may have problems because patients and/or relatives reflect their feelings to doctors, nurses and other healthcare employees. In addition, healthcare employees are often witnesses of serious injuries, deaths, people suffering etc. When the intensive work tempos and the resource troubles in the health institution are added to these problems,

burnout syndrome seems to be inevitable in terms of healthcare employees. It may be useful to determine in which individuals the syndrome is seen so that it can be stopped before the burnout syndrome progresses. By focusing on the more vulnerable individuals to burnout syndrome, it is thought that it could help to overcome this situation.

In this context, the studies investigating burnout syndrome in healthcare employees are examined. The results of these studies comparing the demographic characteristics and occupation of healthcare employees in terms of burnout syndrome are summarized below.

#### *Gender*

Gender is the most important demographic characteristics that make a difference in terms of various variables, especially burnout syndrome. In a study conducted with assistant physicians at the medical faculty of Karadeniz Technical University, it was found that male physicians working at surgical units have higher emotional exhausting scores than female physicians (12). Another study including healthcare employees showed that female staffs have higher scores than male staffs by means of emotional exhausting (13). Similarly, a study involved 107 healthcare employees working in a dialysis unit showed that female workers' emotional exhausting score is higher than that of male workers (14). Empirical evidence of another research involving rehabilitation physicians showed that male were prone to higher levels of emotional exhausting and

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depersonalization than female (15). Another empirical evidence of a separate research, male healthcare employees have higher personal accomplishment than female healthcare employees (16). However, a study that was focused to determine the levels of the burnout syndrome among anesthesiologists in the Eastern Mediterranean Region revealed that there is no difference between male and female workers in terms of dimensions of burnout (17). In another study conducted in a medical faculty, no relationship between participants' gender and burnout scores was observed (18). This result was supported by another research involving 561 nurses (19), a research of 137 mental healthcare employees (20) and 440 hospital staff (21).

#### *Age*

Individuals' age also may be related to burnout syndrome. Kaya and his friends (2007) found that age of healthcare employees could affect burnout level. Their study revealed that older workers have lower burnout levels in terms of personal accomplishment dimension (13). On the contrary, Taycan and his friends (2006) reported that younger healthcare employees have lower scores than older healthcare employees in terms of personal accomplishment (19). In another study conducted in a medical faculty, no relationship between participants' age and burnout scores was observed (18). This result was also supported by other studies involving mental healthcare employees (16, 20).

#### *Marital status*

Different studies have been carried out to investigate the effect of marital status of employees on burnout syndrome dimensions. In some studies, involving healthcare employees, no relationship between marital status and burnout syndrome was reported (12, 14, 18, 21). However, another study revealed that single nurses have lower personal accomplishment (19). On the other hand, other studies showed that married healthcare employees have higher emotional exhausting (20, 22).

Another research conducted in Denizli Insurance Hospital showed that family type has effect on depersonalization dimension of burnout syndrome. According to the results, nurses having nuclear family have higher scores on depersonalization dimension of burnout. Nurses having only one kid have also higher depersonalization score than those having two or more children (23).

Nurses having kids have higher personal accomplishment than those who don't have kids (19). Healthcare employees having kids have lower emotional exhausting and depersonalization (21). Another study revealed that healthcare employees having kids have also lower depersonalization (22). Surprisingly, in a study conducted with assistant physicians at the medical faculty of Karadeniz Technical University, it was found that there is no relationship between having kids and burnout syndrome (12).

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*Salary*

It is believed that economic factors such as wage satisfaction, income levels etc. of employees may be related to burnout syndrome. The depersonalization score of the nurses who found the fee insufficient was found to be higher (23). This result was supported by another study involving mental healthcare employees (20). Besides, Taycan et al. (2006) reported that nurses who think their salary is not enough have higher emotional exhaustion, depersonalization and lower personal accomplishment (19). Similarly, Havle et al. (2008) determined that healthcare employees who do not satisfy with their salary have higher emotional exhaustion and lower personal accomplishment (16). However, another study conducted in a medical faculty showed there is no relationship between participants' salary and burnout scores (18). Although Ayraller and her friends (2011) found that healthcare employees who think they were paid a good salary have lower emotional exhaustion level than those who think their salary isn't enough, the relationship was not found significant (14).

*Profession*

Burnout syndrome level may vary that depends on profession. A study carried out with the doctors and nurses working at the hospital of the medical faculty of Ankara University showed that the burnout scores of nurses and doctors were different. Nurses have higher emotional exhaustion scores than doctors (24). On the other hand, Erol et al. (2012) found out doctors have higher depersonalization score than

nurses (21). According to empirical evidences of another study, nurses have higher emotional exhaustion than occupational psychologists. It was also reported that psychiatrists have higher depersonalization scores than nurses (20). The result of comparison of specialist, assistant and teaching staff showed that specialist workers have higher depersonalization scores. But it was found that teaching staff have higher personal accomplishment (16). Ayraller and her friends (2011) compared nurses and doctors' burnout levels in their research. Although nurses have higher level of burnout than doctors' have, that relationship was not found significant (14). Similarly, another study showed that there was no difference between nurses, doctors or other healthcare employees in terms of burnout (13). In another study, it was found that assistant anesthesiologists' scores are higher than professional anesthesiologists' score in terms of all dimensions of burnout syndrome (17).

Another finding is about hospital units. Nurses working at intensive care / emergency units have higher emotional scores as expected. The lowest emotional scores were observed in polyclinic/other units (23). Similarly, Taycan et al. (2006) stated that nurses working in surgical units have higher personal accomplishment (19). According to other study, healthcare employees working in surgical units have higher depersonalization and emotional exhaustion, lower personal accomplishment than those working in internal medicine unit (23). Interestingly, a study involving research assistants studying at a Medicine Faculty revealed

that there is no difference between their units and burnout scores (18).

*Other*

Besides all the factors mentioned above, there have been several literatures which reports that some other factors related to lifestyle and work is also associated with burnout syndrome. The results of these studies are summarized below.

In a study conducted with assistant physicians at the medical faculty of Karadeniz Technical University, there was found no relationship between alcohol usage, smoking and burnout syndrome (12). Marakoğlu and her colleagues did not find a relationship between smoking and burnout in their research with assistants of a medical school (18). However, another study showed that the anesthesiologists who smoke have higher emotional burnout than non-smoking ones, and it was also found that there is no significant relationship between alcohol usage and burnout syndrome (17). Similar results were obtained in another study, which showed that healthcare employees who smoke have higher emotional exhausting than those non-smokers (14). Havle et al. (2008) found that smoking healthcare employees have higher depersonalization scores (16).

Physicians, having work related issues, have higher emotional burnout scores than those who do not experience difficulties. In addition, those who have difficulty in living, education and family issues have higher emotional scores (12). According to a study, involving nurses and

doctors made by Sayil and his friends, (1997), health problems increases emotional exhaustion (24). Similar to these results, Beyhan et al. (2013) found that the anesthesiologists having sleeping disorders have higher emotional burnout scores than those who do not have such problems (17).

**Burnout Syndrome Consequences**

The fact that the individual's mind is distracted by both the job and the problems that he/she experiences, this also weakens the ability to work and as a result, the rate of job accidents increase. Although burnout is a syndrome that initially affects at the individual level, it goes beyond individual dimensions over time. Burnout syndrome, which causes the individual to lose health and deteriorate morale, also has some negative effects on working life (4).

Physicians experiencing burnout are more likely to make poor decisions and make medical mistakes. In the following periods, these doctors exhibit rude behavior towards the patients. They also have difficult relationships in the workplace (26).

Some of the most common consequences of burnout syndrome is high rate of absenteeism, increased periods of sick leave and a significant decline in organizational commitment and job performance. All these consequences have a negative economic impact on institutions (15, 6).

Emotional exhaustion can lead to consequences such as employees not being able to focus on work and not feeling responsible for themselves to their

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customers (6). Emotional exhaustion, as a way of coping with heavy workload, encourages movements that will keep one away from work both emotionally and mentally (26). Finally, behaviors such as quarreling or even quitting job can be seen (8).

When psychological symptoms are experienced, the individual's sense of accomplishment suffers. In the individual whose emotion is diminished, he/she becomes more vulnerable to the other statements of the burnout and it is much harder to get rid of it. Because the individual believes that, he/she is unsuccessful and worthless through the sense of frustration and guilt. As the individual feels himself worthless, his performance drops steadily (10).

When behavioral symptoms are experienced, individual starts to eat too much food, drink too much tea and coffee to threaten his/her health. Alcohol consumption up to alcoholism can also be listed. In addition to this, insomnia makes people uncomfortable and then in turn, they start to use sedative and narcotic drugs to reduce tension. All of these developments increase the individual's health problems and reduce their productivity in work (10).

The poor quality of service and non-humanitarian attitudes affects customers negatively. Individuals who have experienced burnout may have a tendency quit their job completely because they cannot find the energy to continue their work (10).

### **Suggestions**

The emergence of burnout syndrome can vary according to person and the occupation. Particularly in the service area, it is thought that the probability of emergence of burnout syndrome is higher. In the same way, some demographic features can affect the burnout syndrome. In this context, the results of research on the relationship between some demographic characteristics and burnout syndrome have been examined.

Studies investigating the relationship between gender and burnout syndrome in healthcare employees have yielded different results. Some studies (13, 14, 16) have found that female healthcare employees are more prone to burnout syndrome, in some studies (12, 15), male healthcare employees have been reported to be more prone to burnout syndrome. On the other hand, some studies have concluded no significant relationship between the two variables (17). Based on these research results, one would think that there is no significant difference between burnout syndrome and gender. For this reason, common practices can be used instead of different practices for male and female workers in order for healthcare employees to prevent or cope with burnout syndrome.

Different results were also found when burnout syndrome was examined in terms of age. Even though there are studies (13, 19) about the difference between healthcare employees' age and burnout syndrome, there are also studies showing that there is no difference (18, 20, 16).

Therefore, it is considered more appropriate to take precautions for burnout syndrome regardless of the age difference among the healthcare employees.

When the marital status and family structure were examined, different results were obtained. It was found that a single healthcare employee had a lower personal achievement score and a higher incidence of burnout syndrome (19), but on the contrary, there were also some studies suggests that the emotional exhaustion score of married healthcare employees is higher (20, 22). In some studies, no significant relationship was found between the two variables (12, 14, 18, 21). When family structures were investigated, healthcare employees with a core family structure and no children or only one child were found to be more prone to burnout syndrome (19, 21, 22, 23). Looking at the results of this study, more attention can be paid to the single healthcare employees and healthcare employees who have no kids in order to prevent burnout syndrome. Since these individuals do not have a family life, it can be said that they are prone to burnout syndrome at work. For this reason, it may be useful to take care of them so that they do not feel alone.

It can be noted that healthcare employees are working under stress because they serve an area where human health is a matter of concern. For this reason, it should be considered normal that healthcare employees compare the salary they receive and the service they provide. Healthcare employees who are satisfied with their wages were found to have lower rate of burnout syndrome than those who were not satisfied (16, 19, 20, 23).

According to these results, it is expected that a good satisfying salary to the healthcare employees will increase their economic prosperity and remove the sentiments of burnout from them.

Although there are a number of studies (13, 14, 16, 17, 20, 21, 24) that examine the relationship between specific occupations of healthcare employees (doctors, nurses, etc.) and burnout syndrome, there are no common results. For this reason, it can be said that all the healthcare employees who communicate directly with the patients are close to the burnout syndrome. Similarly, despite the many of studies (19, 23, 25) that have investigated the relationship between work unit of healthcare employees (doctors, nurses, etc.) and burnout syndrome, there are no common conclusions. In this respect, in order to prevent burnout syndrome, it is necessary to apply everyone regardless of occupation and unit difference.

Apart from the demographic factors mentioned above, some variables considered to be related to burnout syndrome were also examined. One of these variables is the use of alcohol and cigarettes. Some studies which conducted in order to see the effect of alcohol and smoking on burnout syndrome showed that alcohol and smoking did not have a significant effect on burnout (12, 18). However, some studies have found that healthcare employees using alcohol and smoking have higher scores on burnout than those who do not use alcohol and smoking (14, 16, 17). Undoubtedly, having direct contacts with people and/or their relatives with health problems, and the fact

that no mistakes are allowed in their jobs, and also heavy workloads have negative effects on healthcare professionals. Some healthcare employees also increase cigarette and alcohol consumption that could end up with burnout syndrome. To avoid this, it may be useful to apply rehabilitation programs for the healthcare employees using cigarettes and / or alcohol. These rehabilitation programs can prevent them from those harmful habits.

The healthcare employees who have education, family, health problems, etc. were found to have higher emotional exhaustion scores than the other workers (12, 17, 24). Taking care of employees and helping them to solve their problems might also prevent the burnout syndrome.

The education factor is thought to be effective in preventing burnout syndrome. In conclusion remark of a study, the nurses are more sensitive to the burnout syndrome if the politics and rules of the work are not known and tasks are not clearly understood (28). According to the study made by Kaya and his friends (2007), the score of depersonalization dimension of burnout for beginners is higher than the score for those who have worked for years (13). In agreement with this finding, other study has revealed that nurses working for 1-5 years have lower personal accomplishment than nurses working for 18 years and over (19). Evidence of other research showed that healthcare employees working more than 10 years have highest personal accomplishment than the other workers in terms of working time (16). As oppose to this result, Ayraler et al. (2011) found out that there was no significant difference

between working time and burnout level (14). For this reason, it is especially necessary to educate new recruits. The new recruits will more likely get burnout syndrome when they have to solve their problems their own (7). It was determined that the healthcare employees receiving postgraduate training have lower scores on depersonalization dimension of burnout scores than those who did not (13). Metin&Özer (2007) observed that nurses who could not use their knowledge at work had a low personal achievement score (23). However, it is necessary to organize training programs considering individual differences. Because the areas each individual could be missing and/or wants to develop can be different. The training offered must be an education that meets the needs of the individual so that the self-confidence of the individual will increase.

In this context it may be useful to allow employees to participate in workshops on their vocational training. This will provide a working rest period and make it easier to focus on the task (Freudenberger, 1974). It may be useful to also organize courses apart from vocational training. For example a study revealed that the anesthesiologists having a hobby have lower emotional burnout score (17).

In the training program which will be prepared for the healthcare employees, the case studies that have already been experienced can be told. It might be useful to train the healthcare employees about informing patients with critical injuries, diseases etc. about their health state and the treatment process and/or informing their relatives in case of patient loss. These are important for the prevention of psychological symptoms of burnout. In

other words, such activities would prevent the individual from having burnout syndrome in terms of personal accomplishment and emotional exhaustion.

Job pressure is also known to increase emotional exhaustion. On the other hand, it was determined that manager support decreased emotional exhaustion. Managers need to focus on developing supervisory skills to prevent burnout among employees. As a result, managers can recognize the signs of burnout and offer support to help employees to cope with. In addition, effective social support systems are also recommended as a tool to prevent work-related stress and burnout syndrome (28).

The physical health of new recruits should be determined and continuously checked with current employees (7). These are important for the detection of physical symptoms of burnout syndrome.

Another important factor in burnout syndrome is working conditions. An empirical research revealed that healthcare employees having more working hours (over 8 hours) and having over 30 patients

have higher emotional exhausting (20). In another study, it was found that, healthcare employees having more working hours (over 9 hours) have higher emotional exhausting and depersonalization (21). Rotation in the workplace can be effective. For example if someone shows a depletion in a particular job, giving him/her a completely different task from his/her usual job can yield good results. A shift change should be made, for example, no one should work continuously at night. Daily schedule should also be taken into consideration (7).

In conclusion, burnout syndrome is a condition that almost everyone can face with. However, healthcare employees are more vulnerable because of the nature of their work. Healthcare employees' burnout syndrome can lead to big medical errors. For this reason it is important to prevent burnout syndrome and to help the healthcare employees to fight against the syndrome. Healthcare employees who don't have burnout syndrome will be able to provide better and longer service.

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