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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

Comparison of the Sociodemographic Characteristics of Healthcare Personnel with High and Low Levels of Burnout in a Hospital in Van Province

Van İlinde Bir Hastanede Yüksek ve Düşük Tükenmişlik Düzeyi Olan Sağlık Personellerinin Sosyodemografik Özelliklerinin Karşılaştırılması

Sonnur Malkoç Arslanşen[1], Fahrettin Özbey[2]

Abstract:

This study was conducted to determine the burnout levels of healthcare professionals working in a public hospital in Van province and to examine the relationships of these levels with sociodemographic and occupational variables. In this context, the study aimed to identify the factors influencing burnout and contribute to developing institutional strategies for its prevention and intervention. The research employed a quantitative and descriptive design, with a population of 1,694 healthcare workers and a randomly selected sample of 248 participants. Data were collected using a sociodemographic information form prepared by the researchers and the Oldenburg Burnout Inventory (OLBI). Participants with an OLBI score of 35 or higher were classified as belonging to the high-risk group for burnout. According to the results, 87.5% of the participants were at high risk for burnout, with a mean score of 41.4. Data were analyzed using the Chi–square test, Mann–Whitney U test, Kruskal–Wallis test, and logistic regression analysis. The findings indicated that gender, marital status, years of employment, weekly working hours, and work unit had no significant effect on burnout levels. In contrast, age and occupational branch emerged as significant predictors. Logistic regression analyses revealed that the risk of burnout decreased with increasing age and that core clinical roles demonstrated a protective pattern. The results suggest that burnout is more closely associated with organizational factors, workload, role ambiguity, and insufficient social support than with individual predispositions. Therefore, strengthening support and balance programs for young employees is recommended.

Keywords: Healthcare personnel, Burnout, Sociodemographic characteristics.

[1]BSc., Van Tuşba District Health Directorate, Van, Türkiye, E-mail: sonnur212121@gmail.com, Orcid Id: 0009-0006-9733-880X

[2]Assoc. Prof., Bitlis Eren University, Department of Statistics, Bitlis, Türkiye, E-mail: fozbey2023@gmail.com, Orcid Id: 0000-0002-7847-739X

Address of Correspondence/Yazışma Adresi: Assoc. Prof., Fahrettin Özbey, Bitlis Eren University, Department of Statistics, Bitlis, Türkiye, e-mail: fozbey2023@gmail.com, ORCID: 0000-0002-7847-739X

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Öz:

Bu araştırma, Van ilinde bir kamu hastanesinde görev yapan sağlık çalışanlarının tükenmişlik düzeylerini belirlemek ve bu düzeylerin sosyodemografik ile mesleki değişkenlerle ilişkisini incelemek amacıyla gerçekleştirilmiştir. Bu doğrultuda araştırma, tükenmişliğe etki eden faktörleri belirleyerek kurumların önleme ve müdahale stratejileri geliştirmesine katkı sağlamayı amaçlamıştır. Araştırma nicel ve tanımlayıcı bir tasarımla yürütülmüş olup, evreni 1694 sağlık çalışanı oluşturmuştur. Rastgele örnekleme yöntemiyle seçilen 248 katılımcıdan veri toplanmıştır. Veriler, araştırmacılar tarafından hazırlanan sosyodemografik bilgi formu ve Oldenburg Tükenmişlik Ölçeği (OLTÖ) kullanılarak elde edilmiştir. OLTÖ puanı 35 ve üzerinde olan katılımcılar yüksek tükenmişlik riski grubunda sınıflandırılmıştır. Ölçekten elde edilen puanlara göre katılımcıların %87,5'inin yüksek tükenmişlik riski taşıdığı ve ortalama tükenmişlik puanının 41,4 olduğu belirlenmiştir. Veriler Ki-kare bağımsızlık testi, Mann-Whitney U, Kruskal-Wallis ve lojistik regresyon analizleri ile değerlendirilmiştir. Bulgular, cinsiyet, medeni durum, çocuk sahibi olma, çalışma yılı, haftalık çalışma süresi ve görev birimi değişkenlerinin tükenmişlik düzeyi üzerinde anlamlı bir etkisinin bulunmadığını göstermiştir. Buna karşın yaş ve mesleki branş değişkenlerinin tükenmişlikte anlamlı belirleyiciler olduğu saptanmıştır. Lojistik analiz sonuçları, yaşın artmasıyla tükenmişlik riskinin azaldığını ve klinik çekirdek rollerde koruyucu bir örüntü bulunduğunu ortaya koymuştur. Bulgular, tükenmişliğin bireysel eğilimlerden çok iş yükü, rol belirsizliği ve sosyal destek yetersizliğiyle ilişkili olduğunu göstermektedir. Bu nedenle genç çalışanlara yönelik destek ve denge programlarının güçlendirilmesi önerilmektedir.

Anahtar Kelimeler: Sağlık personelleri, Tükenmişlik, Sosyodemografik özellikler.

Introduction

The ability to provide quality healthcare is directly related to healthcare personnel's psychological and physiological health. In this context, burnout stands out as one of the most significant psychological challenges healthcare workers face. Burnout was first addressed in Green's novel, "A Burn-Out Case," published in 1961 (Başak, 2015). Scientifically, the concept of burnout was first defined by Freudenberger (1974), who associated it with exhaustion, emotional detachment, and self-doubt resulting from the intense emotional effort of professionals who assist others. According to a report published by the World Health Organization in 1998, burnout is a state of intense emotional exhaustion caused by overwork, leading to difficulty in fulfilling work and responsibilities (Gür Elez and Yılmaz, 2024).

Many factors influence burnout, and these effects can be broadly categorized into professional and individual impacts. Factors such as weekly working hours, the intensity of the work unit, the frequency of contact with chronic or terminal patients, and situational factors like fairness and equality affect burnout professionally. Other factors, including age, gender, marital status, education level, having children, professional experience, and job commitment, influence burnout as individual characteristics (Maslach, Schaufeli, and Leiter, 2001).

As with many professions, determining the burnout levels of healthcare workers attracts the interest of researchers. It is observed that the burnout of healthcare workers is examined using different methods and approaches. To better identify the factors that may lead to burnout among nurses, the fields of nursing with the most burnout research and various specialties are discussed. In this context, the burnout levels of intensive care, emergency services, radiology, palliative care, oncology, psychiatric nursing, and managerial nurses were examined. The impact of burnout on healthcare workers' alcohol and cigarette use has also been studied (Öz and Akbuğa, 2025; Tunçay and Çakıcı, 2024).

In recent years, studies on healthcare personnel burnout have increased, and research has been conducted on the challenges faced by healthcare workers and how burnout is affected. For example, the exposure of emergency department healthcare professionals to violence has been identified, and the impact of this situation on their burnout levels has been examined. The work-life balance and burnout levels of healthcare professionals working shifts and long hours have been evaluated (Bakır and Özcan, 2025). The effect of burnout levels on job satisfaction among emergency department staff has been investigated (Akpınar and Taş, 2011). The physical activity levels of nurses have been determined, and their impact on burnout has been studied (Aydın and Kamuk, 2021). Nurses' perceptions of changing day and night shifts regarding burnout and its effects on conflicts between work and family life have been examined (Daşbilek, Doğan Yüksekol, and Orhan, 2022). The burnout levels of healthcare workers working in intensive care units and their effects on intentions to leave the job have been researched (Öz and Akbuğa, 2025). The professional perceptions, attitudes, and approaches of nurses working in psychiatric clinics of hospitals have been identified, and their burnout levels have been compared with these attitudes. The effects of burnout levels and factors influencing burnout on quality of life have been evaluated (Gür Elez and Yılmaz, 2024). The relationship between healthcare workers' burnout levels and financial well-being has been examined (Kınış and Boztosun, 2022). The empathic tendencies of nurses and their burnout levels have been determined, and the relationship between these two variables has been investigated (Ünsal Çimen et al., 2024). The burnout levels of nurses working in COVID-19 wards and intensive care units have been studied (Toraman and Kısa, 2023). The connection between burnout levels, psychological resilience, and the risk of mental disorders among nurses working in intensive care units has been explored (Akan and Demir Korkmaz, 2024). The effects of burnout syndrome on healthcare workers' psychological resilience and defense mechanisms have been examined. The burnout levels of physicians working in Turkey and factors related to burnout have been researched (Özkula and Durukan, 2017).

Studies on burnout among healthcare personnel have shown that the Oldenburg Burnout Inventory (OLBI) is widely used. The studies mentioned above also utilized the OLBI, and the samples selected are generally obtained from geographically close locations. The scale used in this research is the Oldenburg Burnout Inventory (OLBI). The main advantage of this scale compared to the OLBI is its development method. While the OLBI was developed using an inductive approach (i.e., data-driven process), the OLBI was created using a deductive approach (i.e., theory-based process). Additionally, the OLBI is available as open access (Oldenburg Burnout Inventory, 2020). Some of the first OLBI studies were conducted on Greek and German workers from different occupational groups (Demerouti, Bakker, Nachreiner, and Schaufeli, 2001). Within twenty years, free versions of the OLBI have become accessible in various languages on many continents, such as Europe, North and South America, Asia, Africa, and Australia (Gruszczynska, Basinska, and Schaufeli, 2021). The scale has been adapted into Turkish, and the relationship between job insecurity and burnout has been investigated (Şeker, 2011).

Purpose and Contribution of the Research

The main aim of this study is to determine the burnout levels of healthcare personnel working at a public hospital in Van province. The research measures the burnout levels of healthcare staff and examines the relationship between these levels and various sociodemographic and job-related characteristics. A burnout score was obtained for each participant using the Oldenburg Burnout Inventory. A low score indicates a low level of burnout, while a high score indicates a high level of burnout. Participants were categorized into two groups—'high' or 'low' burnout—based on a cutoff point accepted in the literature, and the study investigated whether burnout levels depend on professional and individual factors. As far as we have researched, compared to those mentioned above or other studies in the literature, it can be said that burnout has been examined from a new perspective regarding both location and the methods used.

Method

Type of Research

This study aims to determine the opinions of healthcare personnel working at a hospital in Van regarding whether the burnout levels of healthcare workers show significant differences based on sociodemographic characteristics. It was conducted using comparative tests from quantitative research methods.

Population and Sample

This study's population consists of healthcare personnel working at a hospital in Van between June 2024 and July 2024. During the study period, 1,694 staff members, including 621 doctors, 642 nurses, and 431 auxiliary healthcare personnel, were actively working at the hospital.

To apply the Oldenburg Burnout Inventory to a universe of 1,694 individuals, a suitable sample size can be determined using sample size calculation formulas or a sample size table based on confidence levels and margin of error. In this study, to obtain a sample with a 90% confidence level, z = 1.645; for the maximum sample size, p = 0.5, and to have a 5% margin of error, e = 0.05, the following Cochran (1977) formula is used:rsa:

$$n_0 = \frac{Z^2\ p\ (1-p)}{e^2},$$

$$n = \frac{n_0}{1 + \frac{n_0 - 1}{N}}.$$

This research's population consists of 1,694 individuals, and the required sample size is 233. To ensure that the research findings are generalizable, a sample of 248 participants was created using simple random sampling, one of the non-probability sampling methods.

The researchers prepared this form, which includes an introductory text explaining the purpose of the research and what is expected from the participants. The form also contains questions about the participants' age, educational background, marital status, and whether they have children.

Oldenburg Burnout Scale

Burnout was assessed using the Oldenburg Burnout Inventory. This scale consists of 16 statements (Demerouti et al., 2001). Items 1, 5, 7, 10, 13, 14, 15, and 16 are scored as follows: Strongly Agree (+1); Agree (+2); Disagree (+3); Strongly Disagree (+4). For the other items—2, 3, 4, 6, 8, 9, 11, and 12—the scale is reverse-scored, with Strongly Agree responses receiving 4 points and Strongly Disagree responses receiving 1 point. The total burnout score is obtained by summing the scores of all items. The higher the score, the higher the level of burnout. When a total score reaches a cutoff point of 35, it is considered that the individual is at high risk of burnout (Alfadul et al., 2023).

Compliance with Ethical Principles

Before starting the research, ethical approval was obtained from the Ethics Committee of the Social and Human Sciences Research Ethics Board of Bitlis Eren University (Date: 05/31/2024, Number: 136807). Following the ethics approval, institutional permission was obtained from the institution where the study will be conducted.

Data Analysis Methods

Statistical analyses of the data obtained in the study were conducted using the R program. Descriptive statistics of the participants' individual and professional characteristics were obtained. Participants were divided into two categories based on the burnout scores obtained with the OLTO. Participants with a burnout score below 35 were labeled as 'low burnout risk' (0), and those with a burnout score of 35 or higher were labeled as 'high burnout risk' (1). Cross-tabulations were created between these categorical data and the participants' individual and professional characteristics. The Chi-square independence test was used to examine whether burnout is independent of individual and professional features (Alfadul et al., 2023). The normality of the burnout scores was assessed with the Shapiro-Wilk test ($p = 0.0001$ and $p < 0.05$). Since the burnout scores did not follow a normal distribution, non-parametric tests were used. The Kruskal-Wallis test was used to analyze data with three or more groups, while the Mann-Whitney U test was used for pairwise group comparisons (Babaoğlu and Ayar, 2024).

To examine the risk relationship between burnout levels among healthcare personnel and sociodemographic and occupational variables, odds ratios (OR) and 95% confidence intervals (CI) were calculated using 2×2 contingency tables. OR values indicate the ratio of burnout risk in one category of the relevant variable compared to

the other. An OR > 1 suggests that the factor increases the risk of burnout; an OR < 1 indicates a protective effect. For logistic regression, independent variables were defined as follows: gender (male/female), age (≤35/≥36), professional branch (doctors and nurses/others), marital status (single/married), having children (yes/no), years of work experience (≤15/≥16), weekly working hours (≤40/≥41 hours), work unit (health/administrative), exposure to mobbing and psychological violence (yes/no), and responsibility for elderly care at home (yes/no). Two categories were created for each variable, and the frequencies of high/low burnout for each category are provided in Table 2. Confidence intervals were calculated using the Wald method.

$$SE = \sqrt{\frac{1}{a} + \frac{1}{b} + \frac{1}{c} + \frac{1}{d}},$$

$$GA = \exp(\ln(OR) \pm 1{,}96 \cdot SE).$$

Here, a = high burnout in the first category, b = low burnout in the first category, c = high burnout in the other category, d = low burnout in the other category, frequencies are expressed (Wald, 1943).

Findings

87.5% of 248 healthcare workers are at high risk of burnout, and the average burnout score of the participants is 41.4. The study's findings are shown in Table 1.
Gender: 57.7% of the participants are women, and 42.3% are men. Among women, 88.1% experience burnout. The chi-square independence test value is p = 0.846 (p > 0.05). Gender and burnout are independent. In other words, it cannot be said that gender significantly affects burnout. Although male participants have higher burnout scores compared to female participants, this difference has not reached a statistically significant level (p > 0.05); the Mann-Whitney U comparison test value is p = 0.358 (Table 1).

Age: Most participants (45.6%) are between 26 and 35 years old. According to age, participants aged 25 and under are at the highest risk of burnout, with 92% of individuals in this age group being at risk. The chi-square independence test result was p = 0.078 (p > 0.05). This finding indicates no statistically significant relationship between age and burnout levels. Therefore, there is no evidence to suggest that age is a determining factor for burnout. According to the Kruskal-Wallis test result, p = 0.245 (p > 0.05); there is no statistically significant difference in burnout scores among different age groups (Table 1).

Professional branch: 48.4% of the sample are nurses, and 94.6% of health technicians are at high risk of burnout. The chi-square independence test result was p = 0.167 (p > 0.05), so it can be said that the branch has a low or negligible effect on burnout. According to the Kruskal-Wallis test statistic, p = 0.552 (p > 0.05), it is accepted that burnout scores are similar across branches (Table 1).

Marital status: The Chi-square independence test revealed that whether the participant in the studied sample is married or single has no significant effect on the level of burnout (p = 0.342; p > 0.05). The burnout scores of married and single participants were compared using the Mann-Whitney U test, and no significant difference was found (p = 0.12; p > 0.05) (Table 1).

Having children: 54.8% of the participants do not have children. Since the p-value obtained from the chi-square test is 0.247 (p > 0.05), it is concluded that whether or not participants have children has no significant effect on burnout risk. The Mann-Whitney U test also determined that there is no statistically significant difference between having children and burnout scores (p = 0.12; p > 0.05) (Table 1).

Working Year: According to the results of the Chi-square independence test, since (p = 0.119) p > 0.05, there is no statistically significant relationship between working duration and burnout risk. The Kruskal-Wallis test was applied to compare burnout scores among healthcare personnel with different working durations. Since the obtained p-value is 0.866 (p > 0.05), it was concluded that there is no statistically significant difference between working duration and burnout scores (Table 1).

Weekly working hours: According to the results of the Chi-square independence test, the p-value was found to be 0.361 (p > 0.05). This finding indicates that these two variables are independent and that weekly working hours and burnout levels do not influence each other. Based on the results of the Kruskal-Wallis test, there is no statistically significant difference between weekly working hours and burnout scores (p = 0.089; p > 0.05). This result suggests that weekly working hours do not significantly affect burnout scores (Table 1).

Unit of employment: 91.5% of healthcare personnel working in the administrative unit are at high risk of burnout. The chi-square independence test shows that the burnout risk levels of participants working in different units are not significantly affected and that there is independence between burnout risk and the unit worked in. According to the Kruskal-Wallis test results, it is concluded that the burnout scores of participants working in the service, emergency, intensive care, and administrative units do not differ significantly from each other (p = 0.540; p > 0.05) (Table 1).

The independence between the experience of mobbing by healthcare personnel within the last six months and the risk of burnout was evaluated using the Chi-square independence test. The test result (p = 0.079; p > 0.05) indicated that the experience of mobbing is independent of the risk of burnout. According to the Mann-Whitney U test results, there was no statistically significant difference in burnout risk levels based on mobbing experience within the last six months (p = 0.572; p > 0.05). It was also determined through the Chi-square independence test that experiencing psychological violence has no significant effect on the risk of burnout, and the two variables are independent of each other (p = 0.698; p > 0.05). Additionally, the Mann-Whitney U test showed that there is no statistically significant difference between psychological violence experience and burnout scores (p = 0.217; p > 0.05).

The Chi-square independence test was conducted to examine the relationship between whether an elderly individual requires care at the participants' homes and the risk of burnout, which was p = 0.942. This result indicates that the two variables are independent. Additionally, a comparison test was performed to examine the relationship between whether there is an elderly individual requiring care at the participants' homes and the burnout scores, and it was found that there was no significant difference in burnout scores based on whether there is an elderly individual requiring care at home (p = 0.217; p > 0.05) (Table 1).

Table 1. *Sociodemographic Data of Participants and Statistical Test Values*

Variable ***n* = 248**	***f***	**Low Risk of Burnout** ***31(%12.5)***	**High Risk of Burnout** ***217(%87.5)***	**Chi-Square Independence Test p-value**	**Average Burnout Score (41.40 ± 0.47)**	**Test p-value**
Gender	**248**					**Mann-Whitney U**
Men	105(%42.3)	14(%13.3)	91(%86.7)	0.846	42.20 ± 0.82	0.358
Woman	143(%57.7)	17(%11.9)	126(%88.1)		40.81 ± 0.54	
Age	**248**					**Kruskal-Wallis**
25 years old and under	75(%30.2)	6(%8.0)	69(%92.0)	0.078	41.01 ± 0.66	0.245
Between 26 and 35 years old	113(%45.6)	12(%10.6)	101(%89.4)		41.06 ± 0.68	
Between 36 and 45 years old	45(%18.1)	9(%20.0)	36(%80.0)		43.20 ± 1.42	
45 years and older	15(%6.0)	4(%26.7)	11(%73.3)		40.47 ± 2.15	
Professional Branch	**248**					**Kruskal-Wallis**
Doctor	37(%14.9)	7(%18.9)	30(%81.1)	0.167	40.59 ± 1.28	0.552
Nurse	120(%48.4)	18(%15.0)	102(%85.0)		41.94 ± 0.75	
Health Technician	37(%14.9)	2(%5.4)	35(%94.6)		40.24 ± 0.93	
Other	54(%21.8)	4(%7.4)	50(%92.6)		41.54 ± 0.82	
Marital Status	**248**					**Mann-Whitney U**
Single	117(%47.2)	12(%10.3)	105(%89.7)	0.342	40.57 ± 0.60	0.120
Married	131(%52.8)	19(%14.5)	112(%85.5)		42.14 ± 0.70	
Do you have children?	**248**					**Mann-Whitney U**
Yes	112(%45.2)	17(%15.2)	95(%84.8)	0.255	42.04 ± 0.76	0.194
No	136(%54.8)	14(%10.3)	122(%89.7)		40.88 ± 0.58	
Your working years?	**248**					**Kruskal-Wallis**
5 years and under	106(%42.7)	10(%9.4)	96(%90.6)	0.119	41.29 ± 0.61	0.866
Between 6 and 15 years	123(%49.6)	16(%13.0)	107(%87.0)		41.30 ± 0.70	
16 years and above	19(%7.7)	5(%26.3)	14(%73.7)		42.63 ± 2.30	
Weekly working hours?	**248**					**Kruskal-Wallis**
40 hours and under	130(%52.4)	13(%10.0)	117(%90.0)	0.361	41.60 ± 0.62	0.089
Between 41-45 hours	54(%21.8)	6(%11.1)	48(%88.9)		39.76 ± 0.67	
46-50 hours	34(%13.7)	6(%17.6)	28(%82.4)		43.00 ± 1.61	
51 hours and above	30(%12.1)	6(%20.0)	24(%80.0)		41.67 ± 1.74	
The unit you work in?	**248**					**Kruskal-Wallis**
Service	125(%50.4)	17(%13.6)	108(%86.4)	0.823	41.34 ± 0.69	0.540
Emergency	33(%13.3)	4(%12.1)	29(%87.9)		41.36 ± 1.23	
Intensive care	43(%17.3)	6(%14.0)	37(%86.0)		41.44 ± 1.10	
Administrative units	47(%19.0)	4(%8.5)	43(%91.5)		41.55 ± 1.01	
Have you experienced mobbing in the last 6 months?	**248**					**Mann-Whitney U**
Yes	105(%42.3)	18(%17.1)	87(%82.9)	0.079	41.26 ± 0.82	0.572
No	143(%57.7)	13(%9.1)	130(%90.9)		41.50 ± 0.55	
Have you been exposed to psychological violence in the last 6 months?	**248**					**Mann-Whitney U**
Yes	102(%41.1)	14(%13.7)	88(%86.3)	0.698	41.03 ± 0.71	0.217
No	146(%58.9)	17(%11.6)	129(%88.4)		41.66 ± 0.63	
Is there an elderly person in your home who needs care?	**248**					**Mann-Whitney U**
Yes	31(%12.5)	4(%12.9)	27(%87.1)	0.942	42.45 ± 1.45	0.406
No	217(%87.5)	27(%12.4)	190(%87.6)		41.25 ± 0.49	

Logistic regression findings indicate that age and professional branch variables statistically affect burnout ($p < 0.05$). When examining the age variable, it was found that participants aged 35 and under are approximately 2.6 times more likely to experience burnout compared to those aged 36 and above (OR = 2.61; 95% CI: 1.19–5.72; p = 0.02). Similarly, regarding the professional branch variable, staff other than doctors and nurses have a 2.7 times higher risk of burnout (OR = 2.68; 95% CI: 1.06–6.81; p = 0.03). Conversely, variables such as gender, marital status, having children, years of work, weekly working hours, and the unit worked in did not significantly affect burnout risk ($p > 0.05$). Similar rates were observed among male and female employees, married and single individuals, and those with and without children (Table 2).

Table 2. *Logistic Regression Findings*

Variable	***n* = 248**	**Low risk of burnout**	**High risk of burnout**	**Odds Ratio**	**Lower and upper limits in the 95% confidence interval**	***p* value**
Gender						
Woman		17(%11.9)	126(%88.1)	1.14	(0.53 – 2.43)	0.73
Man		14(%13.3)	91(%86.7)			
Age						
35 years and under		18(%9.6)	170(%90.4)	2.61	(1.19 – 5.72)	0.02
36 years and above		13 (%21.7)	47 (%78.3)			
Professional Branch						
Others		6(%6.6)	85(%93.4)	2.68	(1.06 – 6.81)	0.03
Doctors and nurses		25(%15.9)	132(%84.1)			
Marital Status						
Single		12(%10.3)	105(%89.7)	1.48	(0.69 – 3.21)	0.31
Married		19(%14.5)	112(%85.5)			
Do you have children?						
No		14(%10.3)	122(%89.7)	1.56	(0.73 – 3.32)	0.25
Yes		17(%15.2)	95(%84.8)			
Your working years?						
15 years and under		26(%11.4)	203(%88.6)	2.79	(0.93 – 8.37)	0.09
16 years and above		5(%26.3)	14(%73.7)			
Weekly working hours?						
40 years and under		13(%10.0)	117(%90.0)	1.62	(0.76– 3.47)	0.21
41 years and above		18(%15.3)	100(%84.7)			
The unit you work in?						
Administrative units		4(%8.5)	43(%91.5)	1.67	(0.55 – 5.02)	0.34
Health units		27(%13.4)	174(%86.6)			
Have you experienced mobbing in the last 6 months?						
No		13(%9.1)	130(%90.9)	2.07	(0.96 – 4.44)	0.06
Yes		18(%17.1)	87(%82.9)			
Have you been exposed to psychological violence in the last 6 months?						
No		17(%11.6)	129(%88.4)	1.21	(0.57 – 2.57)	0.63
Yes		14(%13.7)	88(%86.3)			
Is there an elderly person in your home who needs care?						
No		27(%12.4)	190(%87.6)	1.04	(0.34 – 3.21)	0.94
Yes		4(%12.9)	27(%87.1)			

When psychosocial factors were evaluated, participants experiencing mobbing and psychological violence had higher burnout rates; however, these variables did not have a significant effect on burnout risk ($p > 0.05$) (Table 2).

Discussion

It has been observed that burnout tends to be high across the institution, but age and professional role influence the risk of burnout. A pattern has been noted where younger employees are more likely to experience burnout; in clinical core roles (doctor/nurse), the incidence appears to be relatively lower compared to other staff groups. Conversely, gender, marital status, having children, years of service, and weekly working hours do not affect burnout within this sample.

Burnout among healthcare workers is increasingly recognized as a growing concern on international platforms. For example, during a forum held in Berlin in February 2003 by the World Health Organization (WHO) and European Medical Associations, the rise in burnout among medical professionals was emphasized. It was noted that this affects physicians and negatively impacts the quality of healthcare services and patient care (Çevik and Özbalcı, 2020). Additionally, the increase in burnout levels among healthcare workers during the COVID-19 pandemic has been examined in various studies. For instance, a report prepared by the Turkish Psychiatric Association highlighted that because healthcare workers tend to experience physical symptoms such as fatigue or illness less frequently when they are experiencing burnout, the recognition of burnout might be delayed (Arıkan, 2021; Ekiz, 2025).

In the early stages of a career, encountering high job demands before developing autonomy and coping skills increases the risk of burnout (Hablemitoğlu and Özmete, 2012). The low risk among doctors/nurses can be interpreted in two ways. First, this group has more systematic access to work resources such as education and in-service supervision opportunities, role clarity, and team support (West et al., 2016). Second, the fragmented nature of other staff members' job descriptions and fluctuating workload can reduce the sense of control and increase burnout (Günaydın, Gürgöze, and Erkan, 2023).

The high burnout rate in the sample is obscured by the 'ceiling effect' due to variables such as gender, marital status, having children, years of work experience, weekly working hours, the unit worked in, and elderly care responsibilities at home. As a result, even if there are actual differences, most of the distribution is concentrated in the high-risk category, making these differences less visible (Terwee et al., 2007).

Conclusion and Recommendations

This study shows that burnout is widespread among healthcare workers at a hospital in Van province; the risk particularly increases in the younger age group and varies by specialty. Conversely, most sociodemographic variables and psychosocial factors did not emerge as significant predictors.

Psychosocial Support Services: Psychological support programs and counseling services should be provided to reduce burnout levels among healthcare workers. These services can assist with stress management and emotional recovery processes. Workload Balancing: The workload of healthcare personnel should be regularly reviewed, and employees experiencing burnout due to excessive workload should be given more leave or rest periods. Education and Awareness Programs: Healthcare workers should receive training on burnout and stress management, and awareness should be raised on this issue. Employees should be able to recognize early signs of burnout. Improving Working Conditions: Enhancing the work environment can increase employee motivation and productivity. Better working conditions for employees can reduce burnout levels. Pre-Burnout Measures: Early diagnosis and prevention strategies should be developed to minimize the risk of burnout. This can help prevent the spread of burnout among healthcare workers. Implementing these recommended measures can increase staff motivation, reduce burnout, and improve the quality of healthcare services.

Declarations

Ethics Approval and Participation Approval
The research application has received approval from the Ethics Committee of Social and Human Sciences Research at Bitlis Eren University (Date: 05/31/2024 and Number: 136807).

Publication Permission
Not applicable.

Availability of Data and Materials
Not applicable.

Conflict of Interest
The authors declare that there is no conflict of interest.

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Author Contributions
FÖ and SMA designed the study. SMA conducted the data collection process and prepared the data for analysis. FÖ analyzed the data and wrote the statistical interpretations. FÖ and SMA took responsibility for writing the manuscript. All authors read and approved the final version of the manuscript.

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