

## Determining Burnout Levels of Personnel Working in Nursing Homes

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**Abstract:** The aim of the study is to determine the burnout levels of personnel working in the nursing homes. This is a cross-sectional study. Maslach's burnout inventory and personal information questionnaire prepared by researchers are used to collect data. Data in our research are obtained from staffs ( $n=109$ ) working in a nursing home. Data are summarized by numbers and percentages and normality assumption is seen to hold. Therefore, independent samples  $t$ -test and single-factor analysis of variance (ANOVA) are applied. Results of statistical analysis show that significant differences between burnout level and demographic properties such as being satisfied with elderly's attitude, desire to work in an another job, working period and income status. In conclusions, findings in this study reveal that burnout levels of the personnel working in the nursing home are high. Effective intervention about burnout should be done both individual and organisational basis. The most important one is to develop a solution approach towards reasons by detecting the factors caused burnout. It is very important to remove these problems in increasing the service quality provided to the elder.

**Key words:** Nursing Home • Burnout • Elderly • Nursing Home Personnel

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### INTRODUCTION

In Turkey, there are nursing homes and nursing and rehabilitation centers for the elderly run by public, local governments, foundations, associations, universities and the private sector. These institutions provide residential care services for dependent or independent elderly people who are in need of protection.

Care of the elderly is a demanding and laboring process. Especially any personnel who are responsible for the care of the elderly face significant distress. One of the most important problems that the personnel face is the burnout syndrome. The risk of experiencing burnout is very high for nursing home personnels for they provide services to elderly and people in need of care.

Initially Herbert Freudenberger defined the concept of burnout in 1974 as "to become exhausted due to excessive demands on energy, power or resources" [1]. One of the researchers prominent with his work on burnout, Maslach and Jackson made the definition of burnout [2], which is still used today and developed the

"Maslach Burnout Inventory." Today, the most accepted definition of burnout dates back to Maslach. Maslach and Jackson defined the burnout as "a syndrome with emotional and mental dimensions that includes physical exhaustion, long-lasting fatigue, emotions of despair and hopelessness, negative sense of self, uselessness and negative attitudes towards others" [2]. Thus, burnout has three dimensions of "emotional exhaustion," "depersonalization" and "reduced personal accomplishment." These dimensions formed the basis of Maslach Burnout Inventory, the most commonly used quantitative tool on burnout. The dimensions of burnout could be addressed as follows:

*Emotional exhaustion* is the beginning stage of burnout where the individuals begins to get tired of his or her occupation and could no longer find the emotional strength needed to fulfill the necessary tasks. Maslach and Jackson [2] defined this phase as the overloading of the employee on the occupation and resulting feeling of exhaustion. This stage reflects the personal stress dimension of burnout [3].

The phase of *depersonalization* includes the negative attitudes towards the people receiving service and unresponsiveness against the job. Maslach and Jackson [2] defined this period where the employee demonstrates strict, cold and indifferent behavior lacking emotions.

*Reduced personal accomplishment* phase is defined as a period when the employee has negative emotions about himself in his job, in other words, when the employee feels himself inadequate and unsuccessful in his occupation [2].

The reasons for burnout could be divided into three categories [4]: *Occupational Traits*: Employee-patient relations, role conflict, role ambiguity and extreme role overload are considered within this category. *Organizational Traits*: It entails the rewards and penalties related to job performance. *Personal Traits*: It includes various socio-demographical traits, self-efficacy and social support.

According to Khan, Yusoff and Khan [5] burnout is experienced by most of the workers in any sector but it is indicated that workers in areas such as nursing, home care and teaching are more prone to burnout. Also burnout is mostly observed in professionals like medical doctors, nurses, social workers and teachers, who work face to face with people, require an extensive effort with stressing work conditions and insufficient payment [6]. In other words, it is observed in the service sectors. Thus, it is known that health professionals are among the risk groups for burn out.

Studies conducted on occupational groups demonstrated that professionals like nurses, caregivers, social workers and psychologists working in health and social care sectors experienced more burnout and reported more problems on their fields of study [7-11]. "Health Workers Burnout Study in Turkey" conducted by Sağlık-Sen with 1060 healthcare workers in 2012 presented significant findings on burnout of healthcare workers. According to this study, it could be stated that healthcare workers experienced medium level of burnout in emotional exhaustion and depersonalization sub-dimensions and high level of burnout in personal accomplishment sub-dimension [12].

Nursing homes are considered among healthcare and social service institutions. Thus, it could be stated that the risk of experiencing burnout for nursing home personnel are quite high. Hence, in a study by Mandıracıoğlu and Çam [11] conducted in one private and one public nursing homes in İzmir with all nursing

home workers, the problems of the nursing home workers and their views on the elderly were scrutinized and the study reported that a high percentage of nursing home workers experienced occupation-related problems. Those who stated that they experienced problems argued that some of these problems were related to the characteristics of the group they served. These characteristics were; communication problems with the elderly, elderly disobeying institutional rules and negative personality traits of the elderly.

There are studies conducted with caretakers of the elderly population or with individuals working with the elderly especially in the international literature [13- 16].

In a study of Payne [14] conducted with nursing home nurses, burnout was defined as high emotional exhaustion, high rates of depersonalization against patients and reduction of personal accomplishment perception and it was stressed that burnout affected both physical and psychological health of the caregivers.

A study by Rodriguez and Small [15] demonstrated a similar effect on all three dimensions of the burnout inventory on the burnout of nursing home employees. Burnout of nursing home workers in emotional exhaustion sub-dimension was primarily affected by the workload expectations, the resources of the institution and psychosocial factors. In the study, the *workload expectations* of the employees connoted "the average number of elderly assigned within a workday and number of high-maintenance elderly assigned" (for instance patients with dementia, always screaming, patients with bedsores, patients whose resting positions should be changed frequently, etc.). *Institutional resources* represented "the frequency of the communications of nursing home personnel with the team responsible with the care plan, the length of in-service training on working with the elderly with physical impediments, the availability of required resources and the efficiency of the resources available for the personnel" (for instance, dining room). A positive relationship was observed between the number of elderly residents in a nursing home and the burnout level of the personnel. Hence, as the number of residents increased, the burnout level of the personnel increased as well. It was observed that the burnout level of the personnel who were unhappy with the availability and the efficiency of the resources were quite high.

In a study where Duffy *et al.* [13] attempted to determine the burnout level of the personnel providing care for patients with dementia, a relationship between the burnout level of the personnel and low self-efficacy.

Thus, a significant negative correlation was found between self-efficacy and emotional exhaustion and depersonalization sub-dimensions. In other words, personnel with low self-efficacy experienced higher levels of burnout.

In their study on stress, social support and burnout among long-term care nurses, Woodhead *et al.* [16] found that occupational stress was more related to burnout than personal stress among long-term care nurses. In addition, it was found that occupational demands were related to emotional exhaustion and depersonalization sub-dimensions.

There are studies in Turkey especially about the burnout levels of caregivers working in nursing homes and care centers with different occupational groups [9, 11, 17, 18].

Mandracioğlu and Çam [11] determined the problems of nursing home workers and their views on the elderly in their study. It was observed in this study that female workers complained more about serving the elderly. Nursing home workers expressed some of their negative views on the elderly. It was also stated that the personnel working in institutions that provide long-term care services experienced problems and difficulties associated with service to the elderly, institutional constraints and insufficient staff.

The study by Bektaş and İlhan [17] was related to the burnout levels of nurses working at nursing homes. This study was conducted with nurses employed in five public or private nursing homes in İstanbul province. Findings of this study demonstrated that the burnout levels of nurses who were not happy with the department they worked, worked for a less period of time than others and worked for longer years in the nursing home were higher than others.

The study by Çimen *et al.* [9] was conducted with the employees of a public special-care center in İstanbul. This study did not find the burnout and job satisfaction levels of the employees to be very high. Although the burnout levels of female workers were found to be higher than that of males, males demonstrated better levels in job satisfaction. In burnout sub-dimensions, only emotional exhaustion was found to predict job satisfaction effectively.

Another study by Akdemir *et al.* [7] was also related to the caregiving problems and burnout levels of nurses who work at nursing homes and elderly care centers. This study was conducted with nurses who work in nursing homes and elderly care and rehabilitation centers that belong to public sector, organizations and foundations,

natural persons and minorities Turkey-wide. The findings of this study demonstrated that nurses, who were not satisfied with working at a nursing home and who thought that occupation was not suitable for them, had higher emotional exhaustion and depersonalization scores. In addition, it was determined that the emotional exhaustion and depersonalization scores of nurses who experienced problems with working with elderly individuals, in caregiving, communication and teamwork were higher. Furthermore, it was determined that the burnout levels of nurses maintaining their occupation due to economical and social reasons were higher than the burnout levels of nurses who enjoyed their profession.

Özçakar *et al.* [18] conducted a study with the staff of a public nursing home in İzmir. The study investigated burnout and related factors in caregivers for the elderly. The findings demonstrated a relationship between the coping strategies of caregivers of elderly and self-efficacies and their burnout levels.

This study aimed to evaluate the burnout levels of the whole nursing home personnel working at a public nursing home in general and to determine whether the burnout levels of the personnel differed based on the socio-demographical attributes or not.

## MATERIALS AND METHODS

The population of this study, designed in relational screening model, consisted of the personnels of Dr. İsmail Işık Nursing Home and Elderly Care and Rehabilitation Center located in Konya province, Turkey. During the months of April-May 2013, when this study was conducted, 168 personnels were in the payroll of the nursing home. A sample was not determined for the study, all personnels were approached for participation, however only 109 responded the questionnaires. 30 respondents were female and 79 were male. The age range of the respondents was 23-58 and their average age was 36.31.

**Data Collection Tools:** The data were collected with the personal information questionnaire designed by the authors and the Maslach Burnout Inventory developed by Maslach and Jackson [2] and adapted to Turkish by Ergin [19] in the study. Maslach Burnout Inventory includes 22 items and 3 sub-dimensions of emotional exhaustion (9 items), depersonalization (5 items) and personal accomplishment (8 items). Scores were calculated separately for each sub-dimension. Personal accomplishment expressions in the survey form were

positive expressions contrary to other expressions and higher scores obtained from these expressions reflected high personal accomplishment and reflected low burnout levels at the same time. Thus, high scores obtained in sub-scales of emotional exhaustion and depersonalization and low score obtained in personal accomplishment sub-scale reflected high level of burnout.

The inability of the burnout inventory to provide a total score and the display of the relation of the scores for each three sub-dimensions with separate variables, were conditions proposed by the developers of the scale and its Turkish adapters. Ergin [19] stated that Maslach Burnout Inventory was not a diagnostic tool and it would be more appropriate to make comparisons to observe the relationships between the scores obtained in sub-dimensions (EE, D, PA) of the burnout inventory and socio-demographic variables. In the reliability analysis conducted during the Maslach Burnout Inventory adaptation study, the Cronbach Alpha coefficients were calculated for emotional exhaustion, depersonalization and personal accomplishment sub-dimensions as 0.82, 0.78 and 0.71, respectively. Chi-square degree of freedom of the inventory, 1.78 displayed perfect rapport while AGFI value was found as 0.85, GFI value was found as 0.85, CFI value was found as 0.95 [19].

Personal information questionnaire included questions to determine personal traits and burnout levels of the participants.

**The Process:** The inventory and personal information survey were applied to the personnels of all ranks working in the nursing home in 2013. The participation of the subjects was on voluntary basis. They were informed about the aim of the study and guidelines of the inventory. Data were collected during a period of 2-3 weeks.

The analysis of the data was conducted using the SPSS. Data were observed to hold normality assumptions, thus descriptive statistics analysis was carried out using *t*-test and one-way ANOVA for independent groups. Tukey-test was used to determine the source of the differentiation following ANOVA results.

## RESULTS

The findings of this study, conducted to determine the burnout levels of the personnel (administrator, health care workers, cafeteria staff, caregiver, etc.) working at Dr. İsmail Işık Nursing Home and Elderly Care and Rehabilitation Center in Konya, will be presented in two sections. Initially, informative characteristics of the

nursing home personnel will be presented and then the differentiation of the personnel's burnout levels based on these characteristics will be discussed.

**Socio-Demographic Traits of the Nursing Home Personnel:** Average age of the respondents is 36.3. 27.5% of the personnels are female, 72.5% are male. 48.6% have primary school degree, 24.8% have high school degree, 26.6% are college graduates and 82.6% are married. Average working period in the institution is 8 years and the shortest working period is 1 year and the longest is 30 years. Average salary is TRY 1,383, the minimum salary is TRY 900 and the maximum salary is TRY 3,000.

10.1% of the respondents are administrative personnel, 14.7% are healthcare workers, 17.4% are cafeteria staff, 45% are caregivers (that caters the physical needs of the elderly) and 12.8% are others (tailor, coiffeur and security personnel). Finally, 56.9% of the personnel are satisfied with the attitudes of the elderly in return for the services they provided, while 43.1% are not.

**Burnout Findings about Nursing Home Personnels:** This section contains analysis on whether the burnout levels differs based on the gender, age, elderly attitude, desire to work at a different occupation, working period and income status variables of the nursing home workers.

In the study, no significant difference was found on the *t*-test statistical analysis between the "emotional exhaustion," "depersonalization," and "reduced personal accomplishment" sub-dimension scores in Burnout Inventory applied to the nursing home workers according to gender ( $p > 0.05$ ).

When the variance analysis results were examined, a significant difference was observed in the "personal accomplishment" ( $F=5.07, p < 0.05$ ) sub-dimension between the score averages for the sub-dimensions of Burnout Inventory according to age variable of nursing home personnel (Table 1). In other words, the burnout levels of nursing home personnels differed significantly in "personal accomplishment" sub-dimension according to age. However, no significant difference was found in "emotional exhaustion" and "depersonalization" sub-dimensions.

Results of the Tukey-test conducted to determine the source of the differentiation (Table 2), demonstrated that in reduced personal accomplishment sub-dimension nursing home personnels between the ages of 31 and 40 experienced significantly more burnout when compared to personnels that were 41 years old or older ( $p < 0.05$ ). In other words, older nursing home workers had lower burnout levels than younger workers.

Table 1: Burnout subscale scores according to age

Dependent Variable	Age	N	$\bar{x}$	Ss	F
Emotional Exhaustion	<30	26	20.07	7.59	.334
	31-40	54	19.75	7.47	
	>41	29	21.24	9.07	
	Total	109	20.22	7.90	
Depersonalization	<30	26	10.57	4.26	.128
	31-40	54	11.01	4.44	
	>41	29	10.58	4.85	
	Total	109	10.79	4.47	
Personal Accomplishment	<30	26	34.38	3.95	5.079*
	31-40	54	31.72	5.90	
	>41	29	35.03	3.71	
	Total	109	33.23	5.16	

\* $p < 0.05$

Table 2: Tukey-test results according to age

Age (I)	Age (II)	Mean Difference	Std. Error	P
31-40	<30	-2.66	1.18	.069
	>41	-3.31*	1.14	.013*

\* $p < 0.05$

Table 3: *t*-Test results according to being satisfied with the elderly's attitude

Independent Variable	Attitude of the Elderly	N	$\bar{x}$	Ss	T	P
Emotional Exhaustion	Satisfied	62	18.69	7.30	-2.37	.019*
	Not Satisfied	47	22.25	8.28		
Depersonalization	Satisfied	62	9.33	3.54	-4.19	.000*
	Not Satisfied	47	12.72	4.87		
Personal Accomplishment	Satisfied	62	34.46	4.92	2.95	.004*
	Not Satisfied	47	31.61	5.07		

\* $p < 0.05$

Table 4: *t*-Test results according to desire to work at a different occupation

Independent Variable	Desire to work at a different occupation	N	$\bar{x}$	Ss	T	P
Emotional Exhaustion	Yes	40	25.27	8.58	5.78	.000*
	No	69	17.30	5.77		
Depersonalization	Yes	40	12.85	4.64	3.87	.000*
	No	69	9.60	3.94		
Personal Accomplishment	Yes	40	33.07	4.22	-.25	.803
	No	69	33.33	5.66		

\* $p < 0.05$

According to the *t*-test conducted as a part of the statistical analysis, the variable of being satisfied with the elderly's attitudes demonstrated a significant difference in "emotional exhaustion" ( $t = -2.37, p < 0.05$ ), "depersonalization" ( $t = -4.19, p < 0.05$ ) and "personal accomplishment" ( $t = 2.95, p < 0.05$ ) sub-dimensions of the Burnout Inventory (Table 3). Thus, in "emotional exhaustion" and "depersonalization" sub-dimensions, the burnout levels of the nursing home personnel, who are not satisfied with the attitudes of the elderly in response to the service they provided ( $\bar{x} = 22.25 / \bar{x} = 12.72$  respectively) were higher than the nursing home

personnel that were satisfied ( $\bar{x} = 18.69 / \bar{x} = 9.33$ ). In "personal accomplishment" sub-dimension, the personal accomplishment score of those that were satisfied ( $\bar{x} = 34.46$ ) with the elderly's attitudes were higher than the personnels who were not satisfied ( $\bar{x} = 31.61$ ). In other words, participants who were satisfied with the attitudes of the elderly experienced less burnout.

In Table 4 *t*-test statistical analysis showed that the variable of the desire to work at a different occupation with similar financial benefits demonstrated a significant difference in "emotional exhaustion" ( $t = 5.78, p < 0.05$ ) and "depersonalization" ( $t = 3.87, p < 0.05$ ) sub-dimensions of

Table 5: Burnout subscale scores according to working period

Dependent Variable	Working Period	N	$\bar{x}$	Ss	F
Emotional Exhaustion	< 5 year	37	19.37	7.69	4.268*
	6-15 year	60	19.53	7.40	
	> 16 year	12	26.33	8.92	
	Total	109	10.9	20.22	
Depersonalization	< 5 year	37	10.83	4.59	.282
	6-15 year	60	10.60	4.14	
	> 16 year	12	11.66	5.88	
	Total	109	10.79	4.47	
Personal Accomplishment	< 5 year	37	33.16	4.59	.007
	6-15 year	60	33.26	5.71	
	> 16 year	12	33.33	4.20	
	Total	109	33.23	5.16	

\* $p < 0.05$

Table 6: Tukey-test results according to working period

Working Period (I)	Working Period (II)	Mean Difference	Std. Error	P
> 16 year	< 5 year	6.95*	2.55	.020*
	6-15 year	6.80*	2.42	.017*

\* $p < 0.05$

the Burnout Inventory. Thus, in “emotional exhaustion” and “depersonalization” sub-dimensions, emotional exhaustion and depersonalization average scores ( $\bar{x}=25.27/\bar{x}=12.85$ , respectively) of nursing home personnel, who wanted to work at a different occupation with the same financial benefits, were higher than the nursing home personnel who did not want to work at a different occupation ( $\bar{x}=17.3/\bar{x}=9.60$ ).

When the participants were asked if they were happy with their jobs, 90% responded positively. When they were asked why they were happy with their jobs even though they have stated that they had experienced problems, they said, “They would be feared if the administrators heard about their responses.” Certain participants stated that being unhappy with their occupations would be a great ingratitude. They said that it would be a betrayal of the money/salary they were paid. Due to the perceptions they named as ingratitude and fear of dismissal, the information aimed by this question was not obtained. Instead the condition of being satisfied with the occupation was directed in another question, “Would you like to work in a different occupation with the same conditions?” Personnel who are satisfied with their occupations, hence desiring to continue to work at their occupations, experienced less burnout.

In Table 5 ANOVA results demonstrated a significant difference between the average scores of nursing home personnels in Burnout Inventory sub-dimensions in “emotional exhaustion” ( $F=4.26, p < .05$ ) sub-dimension based on working period in the nursing home. In other words, nursing home personnels’ levels of burnout

differed significantly based on their working period in “emotional exhaustion” sub-dimension. However, there was no significant difference observed in “depersonalization” and “personal accomplishment” sub-dimensions.

Results of Tukey-test conducted to determine the source of the differentiation (Table 6) determined that in emotional exhaustion sub-dimension, personnel who worked at the nursing home for 16 years or longer experienced significantly higher levels of burnout than personnel who worked for 5 years and less and personnel who worked between 6 and 15 years at the nursing home.

ANOVA results demonstrated a significant difference between the average scores of nursing home personnels in Burnout Inventory sub-dimensions in “emotional exhaustion” ( $F=5.13, p < .05$ ) sub-dimension based on the income status of nursing home personnel (Table 7). In other words, nursing home personnel’s levels of burnout differed significantly based on their income status in “emotional exhaustion” sub-dimension. However, no significant difference was observed in “depersonalization” and “personal accomplishment” sub-dimensions.

Results of Tukey-test conducted to determine the source of the differentiation (Table 8) indicated that in emotional exhaustion sub-dimension, personnel who earned better experienced significantly higher levels of burnout than personnel who earned less. It could be stated that working at the nursing home affected those with better income more adversely.

Table 7: Burnout subscale scores according to income status

Dependent Variable	Income Status	N	$\bar{x}$	Ss	F
Emotional Exhaustion	Good	15	25.20	9.42	5.13*
	Moderate	75	20.10	7.95	
	Bad	19	16.78	3.58	
	Total	109	20.22	7.90	
Depersonalization	Good	15	11.86	4.35	.96
	Moderate	75	10.85	4.78	
	Bad	19	9.73	3.03	
	Total	109	10.79	4.47	
Personal Accomplishment	Good	15	35.20	3.72	1.53
	Moderate	75	33.12	5.19	
	Bad	19	32.15	5.80	
	Total	109	33.23	5.16	

\* $p < 0.05$

Table 8: Tukey-test results according to income status

Income Status (I)	Income Status (II)	Mean Difference	Std. Error	P
Good	Moderate	5.09	2.15	.052*
	Bad	8.41*	2.63	.005*

\* $p < 0.05$

## DISCUSSION

In the study, no significant difference was found between the “emotional exhaustion,” “depersonalization,” and “low personal achievements” sub-dimension according to gender in the Burnout Scale applied to nursing home personnel. In similar burnout studies, though, a statistically significant difference was found between the gender of the employees and their burnout levels. In a study conducted by Çimen *et al.* [9] with the personnel working at a special care center on burnout and job satisfaction levels, it was found that the burnout levels and the levels of experience of the lack of personal achievement were higher in females than males. Furthermore, in similar studies it was demonstrated that female employees experienced emotional burnout more than males and the personal achievement levels of female employees were significantly lower than male employees [12, 18]. However, a study by Rai [20] argued that male employees experienced burnout more than females.

Age is a significant factor in burnout. Especially in important studies conducted with nursing home personnel and healthcare personnel, it was observed that age is related to all three sub-dimensions of burnout level [9, 13, 17, 18, 20]. In other words, older or elderly personnel had lower burnout levels than young personnel. The findings of this study that older personnel experienced less burnout than younger personnel in personal achievements sub-dimension of the Burnout Scale are similar to the other findings in the literature. Thus, it was determined that nursing home employees

between the ages of 31 and 40 experienced significantly more burnout than the employees who were 41 or older. Rai’s [20] study found significant negative relationships between the age of the respondents and emotional exhaustion and depersonalization sub-dimensions. Thus, elder care personnel experience emotional exhaustion and depersonalization sub-dimensions of burnout less than others. In that respect, it could be stressed that the emotional flexibility feelings of older health care personnel were more developed.

Another variable examined in the study was if the burnout sub-dimensions of nursing home personnel differentiated based on the attitudes of the elderly. Thus, *t*-test results demonstrated that nursing home personnel that are not happy with the attitudes of the elderly about the service they provide experienced higher emotion of burnout in emotional exhaustion and depersonalization sub-dimensions. Those who were satisfied with the attitudes of the elderly had higher “personal achievement” burnout sub-dimension points. In other words, nursing home personnel who were happy with the behavior of the elderly experienced less burnout. Similarly, burnout levels of personnel who had problems with the elderly while servicing them were found to be high in other studies. In a study with nurses working at nursing homes and elderly care and rehabilitation centers on burnout by Akdemir *et al.* [7], it was determined that nurses who had problems in working with elderly individuals, care, communications and team work had high emotional burnout and depersonalization points. Therefore, to increase the personnel’s awareness of the

negativity in the workplace, training the employees and providing opportunities about existing resources where they can get help when needed is crucial [5].

Another variable considered in the study was whether the respondents preferred to work in another occupation with the same financial benefits. Statistical analysis demonstrated that the variable of the desire to work at another occupation with the same financial benefits displayed a significant difference for the “emotional exhaustion” and “depersonalization” sub-dimensions of the burnout scale. Thus, in “emotional exhaustion” and “depersonalization” sub-dimensions, the burnout levels of the nursing home personnel who would desire to work in a different occupation with the same financial conditions were higher than the personnel who do not want to work at another occupation. This case is significant in the preference of personnel to prefer another occupation with the same financial benefits. Similarly, Akdemir *et al.* [7] found that there was a significant difference between the satisfaction of the nurses with their work at the institution and their “emotional exhaustion” and “depersonalization” sub-dimension points. Thus, it was determined that the burnout levels of the nurses who stay in their occupations for economic or social reasons were higher than those who enjoy their occupation. Likewise, in a study by Bektaş and İlhan [17] on the burnout levels of nurses working in nursing homes, it was found that the burnout levels of nurses, who were not satisfied with the section they worked at, were higher.

Another significant variable related to burnout is the working period. Studies show that as working period gets longer, desensitization and stress is experienced less [20]. Results of the ANOVA conducted in this study demonstrated that there was a significant difference between the points average of sub-dimensions of the Burnout Scale in “emotional exhaustion” sub-dimension according to working period in the nursing home of the nursing home personnel. In other words, the burnout levels of the nursing home personnel significantly change in “emotional exhaustion” sub-dimension according to their working period. Thus, nursing home personnel with a working period of 16 years and more experience significantly more burnout than personnel with 5 years and less and between 6 to 15 years in the nursing home. Similarly, in a study by Bektaş and İlhan [17] on burnout, conducted with nurses, showed that Burnout Scale total points average for respondents with 1-5 years and 6-10 years in the office were significantly higher than employees who were 11-15 years in service. Burnout scale

points averages of nurses who worked in the nursing home for 6-10 years were significantly higher than nurses with less than a year in service. In other words, burnout levels of nurses who were in the initial years of the service and those with high tenure were found to be higher. Some studies on the other hand, did not find any significant difference between the term of office and the levels of burnout [7, 9].

Income status of nursing home personnel and levels of burnout were compared in this study and a significant difference was found in “emotional burnout” sub-dimension based on nursing home employees’ income status variable. Thus, nursing home personnel with better income experience more emotional exhaustion than those with lower income. However, there was no significant difference observed in “depersonalization” and “low personal achievement” sub-dimensions. It could be stated that employees with higher income were affected in a negative way from working in a nursing home. Certain other studies did not find a statistically significant difference between the level of income and burnout [7].

Studies with employees in general and specifically the studies conducted with those who provide services to the elderly demonstrated that the most significant reasons for the burnout among employees were working conditions, workload, role conflict and stress [3, 8, 10, 13, 20]. Rai’s [20] study stressed that workload was a powerful determinant for emotional exhaustion and depersonalization, while the study by Green [10] stated that working conditions was a powerful determinant of burnout when working with elderly and their families.

Findings of the study demonstrated that those with low income, those who are not happy with the attitudes of the elderly towards them and those with a 16 years or longer working period had high levels of burnout. In parallel with the findings of this study, the following institutional measures were proposed to prevent the burnout of the personnel working in nursing homes:

- In order to improve and develop the attitudes of the elderly towards the nursing home personnel professional practices could be done. These practices could be designed to band nursing home personnel and the elderly together. For instance, the awareness of the elderly on the positive effects of the job satisfaction on the personnel could be heightened by organizing individual and group work.
- The burnout levels of employees with 16 years or over working period are higher. This fact demonstrates that personnel who have worked in



nursing homes for many years are under the risk of experiencing burnout. Preventive psychological efforts are required for the personnel who worked in nursing homes for many years. Arrangements such as improving and positive readjustment of working conditions in nursing homes and limiting the time that the personnel with longer tenure spend with the elderly could be beneficial.

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