

Analysis of Demographic, Working, Sector, Income Status and Pandemic Findings of Individuals Working During the Covid-19 Period According To Maslach Burnout Model

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Abstract : *Pandemics deeply affect individuals and societies and create radical changes in their lives. With the disruption of a habitual order, individuals and societies are exposed to social, physical, economic, psychological, political and cultural changes and their life views and behaviors change. Uncertainties during the pandemic period create a feeling of burnout in individuals. In this study, 19-pandemic period in Turkey's demographic data of individuals living, working conditions were examined according to income status and process data Maslach Burnout Model pandemic. 536 people were reached with the online survey method and the questionnaire of 483 people was accepted as valid. The collected data were evaluated by social sciences statistical programs and as a result of the analysis, a statistically significant difference was found in the emotional exhaustion sub-dimension by gender. A statistically significant difference was found in the emotional exhaustion sub-dimension according to the institution title and income level, and a statistically significant difference was found in the personal achievement sub-dimension according to title and income status. As a result of the paired comparisons between the groups, it was determined that those with very poor and bad income experience more emotional exhaustion than the groups with middle and above income compared to the other occupational groups of the public sector, private and other sectors. It has been determined that healthcare professionals have higher personal success dimensions than other occupational groups and those with very good income than other income groups. Statistically significant differences were found in the emotional exhaustion dimension in terms of living with the family during the pandemic process and having PCR testing, being in contact with covid-19 (+) and adapting to the quarantine process. It was determined that those who did not live with their family during the pandemic process, had covid-19 (+) patient contact, had a PCR test, and those who could not adapt to the quarantine process had higher levels of emotional burnout.*

Keywords: *Covid-19 pandemic, burnout, emotional exhaustion, depersonalization, personal success*

I. INTRODUCTION

Work is very important in terms of providing a certain status, role, social security and economic power to the individual in the society and private life. In this context, although business life has a determining role on the individual's value judgments, attitudes and behaviors, it also affects his social life and this is not unidirectional (Sezici, 2014). In addition, working conditions, job satisfaction, organizational trust, sense of achievement, manager and employee behavior, competitive environment, workload, role ambiguity, conflicts affect people physiologically, psychologically and sociologically (Güven & Sezici, 2016). With the Covid-19 pandemic, difficulties have increased even more when uncertainties are added to the difficult working conditions. Psychological reactions that occur in individuals during the pandemic can range from extreme fear to apathy. These reactions are not short-lived and can lead to severe and permanent mental problems. The most common mental disorders; mood disorders, anxiety disorders and post-traumatic stress disorder (Tükel, 2020). Employees experience stress at various levels both in business and daily life. In fact, it is a natural phenomenon

that people experience stress in life. However, everyone perceives stress differently (Kıral, 2008). Stress creates physical, mental and emotional pressure on human life and eventually causes burnout (Çapri, 2006).

Burnout, which is an ever-increasing and almost continuous concept, entered the literature in 1974 as a result of the researches on stress. The concept of burnout syndrome has been defined as the deterioration of the well-being of the individual, the decrease in intrinsic sources of motivation, energy, wear, and job satisfaction (Freudenberger, 1974; Dworkin et al., 2003; Schepman & Zorate, 2008; Keleş & Aydın Göktepe, 2020). Burnout syndrome is one of the most important problems of today's business world and has a negative effect on both the health of the worker and the performance of the business. It is observed that burnout tendency is higher in customer-centered professions where interpersonal communication and interaction frequency is high (Jaramillo et al., 2011). The most frequently used measurement tool in field studies is the "Maslach Burnout Inventory (MTE)" developed by Maslach and Jackson (1981). This is often used to evaluate burnout syndromes of those working in the service sector (Çapri et al., 2011).

II. BURNOUT

When studies on burnout were examined, a consensus was reached on the fact that burnout is a psychological condition, but no consensus was reached on defining the concept. Burnout was first used by Freudenberger to express the situation that coincides with the fatigue, disappointment and quitting work seen among volunteer healthcare workers and was later developed by Maslach and Jackson (Freudenberger, 1974; Maslach 1986). Maslach stated that long-term work stress causes burnout syndrome. It is defined as the inability of the employee to do his / her job well in an original sense, distancing himself from his purpose and not being interested in the people or other things he serves. The most prominent features of burnout; loss of energy, lack of motivation, negative attitudes and behaviors towards other individuals can be listed as withdrawing from colleagues (Maslach 1976; Maslach 1986). Cotton defined burnout as a failure to deal with stress effectively (Cotton, 1990).

Burnout syndrome is defined as the physical and mental effects of the working individual as a result of being in face-to-face communication with the effect of individual and organizational factors brought about by the work environment, and the wear and tear experienced by the individual by spending more energy than he / she has (Maslach & Zimbardo, 1982). Burnout is a three-dimensional syndrome. These are: emotional exhaustion, depersonalization, and lack of personal accomplishment (Maslach & Zimbardo, 1982; Maslach et al., 2001). Exhaustion syndrome begins with emotional exhaustion, continues with depersonalization, and results in reduced personal success.

Emotional Exhaustion: Employees experience a sense of exhaustion due to their overwork. In the busy working life, individuals have difficulty in the face of demands due to the increasing work tempo and emotional exhaustion develops in response to this situation (Maslach & Jackson, 1981) Emotional exhaustion is the beginning of burnout and is seen as its most important dimension. Excessive workload is an important cause of professional burnout. Face-to-face, long-term and multiple interactions increase burnout (Anıl et al., 2017). This dimension can also be explained as the person's emotional resources are exhausted and feeling a lack of energy. This can be accompanied by feelings of emotional fatigue, frustration, and tension. Employees cannot devote themselves to enough work, the feeling of going to work causes them to worry and fear. In addition, it is observed that the individual is emotionally indifferent to many emotions.

Desensitization: It is the second dimension of burnout syndrome. The individual who experiences desensitization moves away from humanistic behavior and exhibits a mocking, disdainful, rigid, insensitive and indifferent attitude. These people prefer to act "according to the book" rather than solving the problems of the people they serve (Toker, 2020; Yıldırım & İçerli, 2010; Demir 2019). The person consciously keeps a distance from his environment (Uler, 2020).

Lack of Personal Success: The decrease in personal success begins with withdrawal in interpersonal relationships, decreased productivity, a sense of failure and inadequacy regarding work. In this dimension, it is possible for the person to evaluate himself negatively. If the excitement is exhausted, there is a feeling of withdrawal and reluctance even from the work that needs to be done (Demir, 2019). It is also referred to as personal failure in some sources (Cordes & Daugherty, 1993). Low personal achievement generally refers to a negative self-evaluation and reflects the self-evaluation dimension of burnout

III. THE RELATIONSHIP OF BURNOUT WORK LIFE

There are many studies trying to understand and reveal what the variables in ideal business conditions. Intensive working conditions create negative consequences for employees. One of the most important of these is burnout syndrome. Employees struggling with intense and demanding working conditions, stress, and the pressure to finish work experience the exhausted syndrome over time. This syndrome emerges first psychologically, then physiologically and consequently behaviorally, and has negative consequences within the organization. (Ay, 2020). In addition, work-family / family-work conflicts also positively affect burnout (Macit,2019).

It is known that some of the factors affecting burnout originate from the individual himself and the other part from the environment. (Işıklar & Tunalı, 2012). Many factors such as gender, age, marital status, education level, number of children, job commitment, motivation, performance, expectation level, stress, professional satisfaction, support from superiors, personality structure, empathy ability, individual needs can be counted under individual factors that affect burnout. (Sürgevil, 2006). Individual factors can affect individuals with different personalities in different ways. While some of the individuals working under the same conditions feel burnout, it can be observed that some other employees do not.

Burnout syndrome is one of the most important factors that increase the intention to quit and prepare the ground. As a psychological symptom of burnout, the individual's tendency to quit the job and not wanting to go to work frequently causes a decrease in the performance of the business (Maslach & Jackson, 1981). The intention to leave is an important organizational variable that increases personnel costs for businesses. After quitting, it is necessary to determine the reasons for the intention to quit in order to reduce the costs incurred in the recruitment of new staff (Keleş& Aydın Göktepe, 2020). The intention to leave the job is explained as the silence of the personnel working in an enterprise against situations where they are dissatisfied and this silence directs them to search for new jobs (Tak & Çiftçioğlu, 2008). In this process, the employee loses his or her efficiency in the organization as well as looking for a new job (Griffeth, et al., 2000). The leaving of the employee brings some problems to the business. The employee's decision to leave the job means that the company loses the experienced employee and incurs some costs such as training and developing the employee to replace him (Yang, 2008).

In a study conducted with bank employees, it was found that emotional exhaustion levels decrease if the levels of job involvement increase. It was concluded that if there was a one-unit increase in the level of job embeddedness of bank employees, their burnout levels decreased by 0.354, there was no significant relationship between job embeddedness and personal accomplishment, and that there was a significant negative relationship between job embeddedness and burnout. In addition, it was found that the perception of being embedded in work significantly differentiated between groups according to some demographic variables (Ay, 2020). Various studies have shown that burnout syndrome is associated with certain characteristics of the work environment (poor and unhealthy organizational climate, organizational communication disorders, workload, organizational injustice, inappropriate working conditions, insufficient organizational support level, etc.) and that these factors lead to burnout syndrome. (Beckstead 2002; Ramezaninejad et al., 2009).

IV. DATA AND METHODOLOGY

IV. I. Purpose and Importance of Research

Burnout syndrome, which is increasingly seen in today's society with the effect of stressful life, is a psychological symptom that should be considered and treated. It is generally seen in individuals who have a busy and stressful work life. It has symptoms such as a feeling of failure, low energy, fatigue and exhaustion. Since this progresses slowly and insidiously, it is understood when the disease progresses to a certain level. When burnout syndrome progresses, it creates an unbearable and unbearable situation for individuals. The person moves away from his job and social environment. With the pandemic on the agenda, even more difficulties have added to the difficult business life. Individuals have been more stressed in combating the economic, sociological, psychological and physiological effects of the pandemic and burnout syndromes have increased. This study was conducted to determine the feelings of burnout of individuals working during the Covid-19 pandemic. Because this syndrome should be treated as soon as it is noticed, or it will cause irreversible damage.

IV. II. Content and Limits of Research

Study May 20, 2020 and October 30 online crafted in Turkey between 2020 and reached 536 people. 483 of these data were included in the study and the others were excluded from the study because they were incomplete. Only workers were included in the study, except that date, excluded from the study.

IV. III. Research Method and Research Scales

The research was developed online with the participation of volunteers using a random survey method. It consists of three parts. In the first part, demographic characteristics, title, institution and income status, questions about the pandemic in the second part, and in the third part, Maslach Burnout Scale developed by Maslach and Jackson 1981 and adapted to Turkish by Ergin 1992 were used. A total of 22 questions are flowing and examined under three subtitles as emotional exhaustion, depersonalization, and personal accomplishment. It was formed as a five-point Likert consisting of strongly disagree, disagree, neither agree nor disagree, agree and strongly agree. Strongly Disagree: 0 and strongly agree: Scored 4

V. FINDINGS AND DISCUSSIONS

Table 1. Demographic Data of the Participants

		Frequency (n)	Percent (%)
Gender	Female	341	70,6
	Male	142	29,4
Age range	Under 20	6	1,2
	21-30 age	136	28,2
	31-40 age	141	29,2
	41-50 age	123	25,5
	51-60 age	69	14,3
	61-70 age	8	1,7
Marital status	Married	265	54,9
	Single	218	45,1
Level of education	Primary school	15	3,1
	High school	77	15,9
	Undergraduate	80	16,6
	License	183	37,9
	Postgraduate	128	26,5
	Total	483	100,0

As shown in Table 1, When the demographic data of the participants are evaluated; 70.6% were women, 29.2% were between the ages of 31-40, 54.9% were married and 37.9% were undergraduate degrees.

Table 2. Distribution of Employment and Income Status of the Participants

		Frequency (n)	Percent (%)
Institution of Work	Public	203	42,0
	Private sector	234	48,4
	Other	46	9,5
Sector	Health	201	41,6
	Education	60	12,4
	Finance	41	8,5
	Textile	20	4,1
	Other	161	33,3
Income status	Very bad	11	2,3
	Bad	109	22,6
	Middle	258	53,4
	Good	99	20,5
	Very good	6	1,2
	Total	483	100,0

As shown in Table 2 When the data of the participants in the study on their work and income status are evaluated; It has been determined that 48.4% of them work in the private sector, 41.6% of them are in the health sector and 53.4% of them have a medium income.

Table 3. Information of the Participants on the Pandemic Process

		Frequency (n)	Percent (%)
Have you worked outside the home during the pandemic?	Never	140	29,0
	Once In A Month	18	3,7
	Once A Week	33	6,8
	Twice A Week	94	19,5
	Everyday	198	41,0
Did you live with your family during the pandemic?	Yes	393	81,4
	No	90	18,6
Have you had contact with a COVID 19 (+) patient?	Yes	124	25,7
	No	359	74,3
If you were in contact, did you	Yes	277	57,3

follow the isolation rules?	No	65	13,5
	Unanswered	141	29,2
Have you had a PCR test?	Yes	130	26,9
	No	353	73,1
Have you had an adaptation problem during the quarantine process?	Yes	192	39,8
	No	291	60,2
If you are an employee, your working time and difficulties	I am not working in the decline / pandemic process	109	22,6
	My working time did not change, but I was forced to work even though my health allowed it.	26	5,4
	My working time and difficulties have increased.	196	40,6
	Not changed	126	26,1
	I was taken on free leave	26	5,4
	Total	483	100,0

As shown in Table 3, When the data of the participants on the pandemic process are evaluated; 41% worked outside the home every day during the pandemic process, 81.4% lived with their family, 25.7% had contact with Covid patients, 57.3% followed the rules, 73.1% It was stated that they did not have a PCR test, 60.2% did not have a test during the quarantine process, and 40.6% of them increased their working time and difficulties.

Table 4. Reliability Analysis of Scales Used in the Study

Scale	Cronbach' s Alpha	n
Burnout Scale	,827	22

The reliability of the scales used in the study was evaluated with the Cronbach's Alpha cascade. Cronbach's Alpha cascade greater than 0.7 can be considered reliable. (Kılıç, 2016) As seen in Table 4, since Cronbach's Alpha mean number = .827 in the Depleted scale, the scale is highly reliable.

Table 5. Normality Analysis of Scales and Sub-Dimensions Used in the Study

	Tests of Normality					
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	Df	Sig.
Emotional Exhaustion	,066	483	,000	,986	483	,000
Personal Success	,100	483	,000	,962	483	,000
Desensitization	,117	483	,000	,968	483	,000

As shown in Table 5. Whether the scale and sub-dimensions differ according to the variables was analyzed with significance tests. Before deciding which analysis to use, it was first evaluated whether the data fit the normal distribution or not with the Kolmogrov Smirnov and Shapiro-wilk tests. Data that do not conform to normal distribution; Mann-Whitney U test for paired comparisons, for comparison of two or more variables; Kruskal-Wallis H test was applied. In order to determine which groups had a difference in analyzes that were significant; Mann-Whitney U test was applied sequentially between them.

Table 6. Evaluating the Average Scores of the Expressions Regarding the Burnout Scale

Expressions	Mean	S.S.
1. I feel cold from my job	1,80	1,255
2. Returning from work, I feel spiritually exhausted.	2,03	1,273
3. When I wake up in the morning I feel like I can't handle this one more day	1,65	1,215
4. As a matter of my job, I immediately understand what people I meet feel.	2,58	,981
5. I realize that I treat some of the people I meet as part of my job as if they are not human.	,96	1,044
6. Dealing with people all day is really weary for me	2,08	1,215
7. I find the most appropriate solutions to the problems of the people I encounter as a result of my job.	2,84	,934
8. I feel so tired of what I'm doing	1,78	1,251
9. I believe that I contribute to people's lives thanks to my work.	2,78	1,107
10. Ever since I started working in this business I've been tough on people	1,47	1,160
11. I'm afraid this job will harden me	1,62	1,222
12. I'm strong enough to do so many things	2,68	1,036
13. I think my job is constraining me	1,98	1,219
14. I think I've worked too hard in my job	2,37	1,203
15. I don't care what happens to the people I meet for my job	,74	,824
16. Working directly with people creates a lot of stress for me.	1,98	1,188
17. I create a comfortable atmosphere with the people I meet as a result of my job.	2,51	,941
18. I feel revitalized after working closely with people	2,28	1,028
19. I have had a lot of remarkable success in this business.	2,56	1,041
20. I feel like I'm coming to the end of the road	1,21	1,044
21. I approach emotional problems in my job with calmness	2,34	,981
22. I feel that the people I come across as part of my job act as if I created some of their problems.	1,81	1,188

0: I strongly disagree – 4: Absolutely I agree

As shown in Table 6, When the expressions of burnout scale used in the research are evaluated; It has been determined that the statements with the highest score are "I find the most appropriate solution to the problems of the people I encounter due to my job" (mean: 2.84) and "I believe that I contribute to people's lives thanks to my work" (mean: 2.78). The expressions with the lowest average score; It was determined that "I don't care what happens to the people I meet because of my job" (mean: 0.74) and "I realize that I treat some people I meet as a matter of my job as if they are not human" (mean: 0.96).

Table 7. Evaluation of the Average Scores of the Sub-Dimensions of the Scales Used in the Study (n = 483)

Scales	Sub-Dimension	Mean	Standart Sapma
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	Emotional Exhaustion	1,8769	,90907
Burnout Scale	Personal Success	2,5717	,61833
	Desensitization	1,3193	,73492

As shown in Table 7, When the scales and sub-dimension average scores used in the research are evaluated; The highest average on the burnout scale is the personal accomplishment dimension.

Table 8. Analysis of the Burnout Scale According to Demographic Data

Specifications		Emotional Exhaustion		Personal Success		Desensitization		
		N	mean	S.S	mean	S.S	mean	S.S
Gender	Woman	341	2,02	,899	2,61	,549	1,36	,762
	Male	142	1,54	,846	2,47	,751	1,23	,660
Test	Z		-5,497		-1,890		-1,437	
	p*		,000***		,059		,151	
Age range	Under 20	6	1,31	,915	2,73	,853	,93	,350
	21-30 age	136	1,90	,917	2,51	,676	1,37	,797
	31-40 age	141	1,93	,911	2,62	,559	1,36	,758
	41-50 age	123	1,88	,935	2,61	,638	1,31	,700
	51-60 age	69	1,81	,860	2,54	,564	1,18	,669
	61-70 age	8	1,46	,678	2,36	,584	1,30	,239
Test	χ^2		5,730		4,177		5,029	
	p**		,333		,524		,412	
Level of education	Primary school	15	1,50	,737	2,25	,768	1,32	,744
	High school	77	1,78	1,025	2,56	,725	1,18	,800
	Undergraduate	80	1,80	,901	2,58	,686	1,31	,777
	License	183	1,98	,902	2,56	,537	1,39	,740
	Postgraduate	128	1,88	,858	2,64	,589	1,30	,653
Test	χ^2		6,031		6,996		5,883	
	p**		,197		,136		,208	
Marital status	Maried	265	1,87	,908	2,58	,589	1,30	,738
	Single	218	1,89	,912	2,56	,654	1,34	,733
Test	Z		-,533		-,379		-,648	

	p*	,594	,705	,517
*Mann-Whitney U testi	**Kruskal-Wallis testi	*** p<0.05		

As shown in Table 8 When the burnout scale is evaluated according to demographic data; A statistically significant difference was found in emotional exhaustion sub-dimension by gender (p = 0.000). Emotional exhaustion of women was significantly higher than men. There was no significant difference in other demographic variables and sub-dimensions (p> 0.05).

Table 9. Analysis of the Burnout Scale by Working Conditions and Income Level

Specifications	Emotional Exhaustion			Personal Success		Desensitization		
	N	Mean	S.S	mean	S.S	mean	S.S	
Institution of Work	Public	203	2,00	,940	2,61	,582	1,34	,706
	Private sector	234	1,81	,896	2,58	,618	1,31	,785
	Other	46	1,65	,758	2,38	,743	1,29	,593
Test	χ^2	7,715			5,576		,675	
	p**	,021***			,062		,713	
Sector	Health	201	2,04	,932	2,73	,853	,93	,350
	Education	60	1,62	,851	2,51	,676	1,37	,797
	Finance	41	1,86	,963	2,62	,559	1,36	,758
	Textile	20	1,94	1,111	2,61	,638	1,31	,700
	Other	161	1,76	,828	2,54	,564	1,18	,669
Test	χ^2	13,911			24,587		7,305	
	p**	,008***			,000***		,121	
Income status	very bad	11	2,29	,998	2,57	,531	1,53	,845
	Bad	109	2,11	,914	2,49	,619	1,44	,735
	Middle	258	1,87	,887	2,58	,639	1,30	,753
	Good	99	1,66	,880	2,58	,546	1,22	,657
	very good	6	,89	,596	3,35	,533	1,00	,800
Test	χ^2	1,88			,909		8,168	
	p**	,000***			,036***		,086	

*Mann-Whitney U testi **Kruskal-Wallis testi *** p<0.05

As shown in Table 9, When the burnout scale is evaluated according to working conditions and income status; There was a statistically significant difference in emotional exhaustion sub-dimension according to the

institution ($p = 0.021$), title ($p = 0.008$) and income level ($p = 0.000$). There was a statistically significant difference in achievement sub-dimension ($p < 0.05$). As a result of the paired comparisons between the groups, it was determined that those with very poor and bad income experience more emotional exhaustion than the groups with medium and above income compared to the public sector, private and other sectors, and the health sector compared to other occupational groups. It has been determined that the personal success dimensions of healthcare professionals are higher than other occupational groups and those with very good income compared to other income groups.

Table 10. Evaluation of Burnout Scale According to Pandemic Process Conditions

Specifications	Emotional Exhaustion			Personal Success		Desensitization		
	N	mean	S.S	Mean	S.S	mean	S.S	
Have you worked outside the home during the pandemic?	Never	140	1,73	,823	2,54	,640	1,28	,728
	Once In A Month	18	1,85	,893	2,69	,636	1,39	,830
	Once A Week	33	1,72	,774	2,51	,530	1,37	,721
	Twice A Week	94	1,84	,879	2,52	,591	1,35	,630
	Everyday	198	2,03	,984	2,62	,628	1,32	,784
Test	Z		8,716		4,542		1,119	
	p*		,069		,338		,891	
Did you live with your family during the pandemic?	Yes	393	1,83	,893	2,55	,629	1,29	,730
	No	90	2,10	,948	2,67	,565	1,44	,748
Test	Z		-2,632		-1,142		-1,875	
	p*		,008***		,254		,061	
Have you had contact with a COVID 19 (+) patient?	Yes	124	2,21	,907	2,73	,496	1,40	,744
	No	359	1,76	,882	2,52	,647	1,29	,731
Test	Z		-4,908		-3,283		-1,336	
	p*		,000***		,001***		,182	
If you were in contact, did you follow the isolation rules?	Yes	277	1,95	,917	2,62	,608	1,32	,736
	No	65	1,83	,967	2,38	,659	1,42	,806
Test	Z		-1,322		-2,923		-,517	
	p*		,186		,003***		,605	
Have you had a PCR test?	Yes	130	2,01	,924	2,64	,562	1,30	,721
	No	353	1,83	,900	2,55	,637	1,33	,741
Test	Z		-2,123		-1,622		-,503	
	p*		,034***		,105		,615	
Have you had an adaptation problem during the quarantine process?	Yes	192	2,24	,850	2,54	,557	1,57	,742
	No	291	1,64	,867	2,59	,656	1,15	,682
Test	Z		-7,350		-1,126		-5,860	
	p*		,000***		,260		,000***	

*Mann-Whitney U testi **Kruskal-Wallis testi *** $p < 0.05$

As shown in Table 1, When the burnout scale was evaluated according to the conditions of the pandemic process; Statistically significant differences were found in emotional exhaustion dimension in terms of living with family during the pandemic process ($p = 0.008$) and having PCR test ($p = 0.034$) covid19 (+) being in contact ($p = 0.000$) and adapting to the quarantine process ($p = 0.000$) ($p < 0.05$). It was determined that those who did not live with their family during the pandemic process, had covid19 (+) patient contact, had a PCR test, and those who could not adapt to the quarantine process had higher levels of emotional burnout.

Covid19 (+) contact ($p = 0.001$) and compliance with isolation rules ($p = 0.003$) were found to be statistically significant in the personal success sub-dimension ($p < 0.05$). It was determined that those who had Covid19 (+) contact and followed the isolation rules had higher personal success levels.

Statistically significant differences were found in the depersonalization sub-dimension according to compliance with the quarantine process ($p = 0.000$) ($p < 0.05$). It was determined that those who could not adapt to the quarantine process had a higher level of desensitization.

VI. CONCLUSION

Burnout may recur in the future, even if it is recognized as a disease or even treated. Today, burnout is more common with the effect of the pandemic. Burnout is a syndrome encountered by employees in general and at any stage of their business life. Uncertainty in the pandemic, economic, social and psychological concerns have increased burnout. Burnout is not an acute condition that emerges suddenly and is the result of experience. It affects individuals psychologically. This negativity in the mental structure of the individual leads to the emergence of problems in his work, family and private life in time. Burnout negatively affects almost every occupational group in today's world (Çevik & Özbalcı, 2020).

In this study, burnout scale expressions, burnout levels were measured by "Maslach burnout scale". It has been determined that the expressions with the highest score are "I find the most appropriate solution to the problems of the people I encounter due to my job" (mean: 2.84) and "I believe that I contribute to people's lives thanks to my work" (mean: 2.78). Turkey 'way of living in being able to find solutions to people's problems in the majority and are striving to contribute to people's lives so mean to these questions is higher. The reason why the questions "I don't care what happens to the people I meet because of my job" (mean: 0.74) and "I realize that I treat some people I meet as a matter of my job as if they are not human" (mean: 0.96) is because the public cares about human values.

In this study, the mean emotional exhaustion sub-dimensions of the burnout scale was found to be 1.8769, personal accomplishment = 2.5717, depersonalization = 1.3193. (Çevik & Özbalcı, 2020), in his study with healthcare workers, the average burnout level, emotional exhaustion = 2.76; lack of personal accomplishment = 3.39 and depersonalization = 2.19. Burnout is less in our research. Because healthcare professionals have been exposed to more stress and anxiety during the Covid 19 pandemic period. (Uzun & Mayda, 2020) in their study with nurses found that the emotional exhaustion levels of the nurses were high, their depersonalization levels were moderate and their personal achievement levels were inversely proportional and low.

When the burnout scale was evaluated according to demographic data in the study, a statistically significant difference was found only in the emotional exhaustion sub-dimension by gender ($p = 0.000$). emotional burnout of women is higher than men. There was no significant difference in other demographic variables and sub-dimensions ($p > 0.05$). (Öztürk & Erdem, 2020), teachers' workload perceptions and professional burnout do not differ significantly according to gender, marital status and professional seniority variable. Teachers' perceptions of workload do not differ according to the age variable, but their professional burnout shows a significant difference. Teachers in the age group 41-50 show more professional burnout than teachers in other age groups. (Dmıbutun, 2020) found that emotional exhaustion level was moderate, depersonalization and personal achievement levels were low in his study with doctors. Female and male burnout levels did not differ between married and single doctors. In the study, a statistically significant difference was found in emotional exhaustion sub-dimension according to institution ($p = 0.021$), sector ($p = 0.008$) and income level ($p = 0.000$). A statistically significant difference was found in the personal achievement sub-dimension of burnout according to sector $p = 0.000$) and income status ($p = 0.036$) ($p < 0.05$). As a result of the comparisons between the groups, it was found that the people with very poor and bad income experience more emotional exhaustion than the groups with middle and above income compared to the other occupational groups of the public sector, private and other sectors. It has been determined that healthcare professionals have higher personal success dimensions than other occupational groups and those with very good income than other income groups. Studies support this. For example, (Öztürk & Erdem, 2020) 's study with teachers revealed that teachers' workloads are not heavy and their professional burnout is low. Current literature indicates that the risk of

developing burnout is higher in health professionals compared to the general population (Brindley, 2017). During the pandemic period, the study of exhaustion was conducted with healthcare professionals (Yakut et al., 2020; Yumru, 2020; Çevik Aktura & Özden, 2020., Aşkin et al, 2020, Mete et al., 2020). The Covid-19 pandemic has not only vital physiological effects on human health, but also psychological effects. During the pandemic process, it is observed that the perception of burnout increases with the intensification of the workload of healthcare personnel and this poses a great threat to healthcare professionals (Yakut et al, 2020). It is the right of every health worker to work in a business environment. In the fight against the pandemic, only by prioritizing the physical and mental health of healthcare workers, the main objective of protecting public health can be achieved (Yumru, 2020). There is also a significant relationship between overwork and burnout (Mete et al, 2020) in the study of those who work in hospitals, those who are on shifts, those who work more than 218 hours a month, and those who work in the city center, those who are on shifts and those who work more than 218 hours a month. it was found that depersonalization is more. It was observed that emotional exhaustion and depersonalization increased as the risk of work accident-occupational disease, discrimination in the workplace, stress and time pressure in the workplace increased. Work-related factors that fuel the most occupational burnout are stress and time pressure in the workplace. Individuals' working conditions, industry and income level affect burnout. The fact that the study was conducted during the Covid -19 pandemic has brought healthcare professionals to the fore. Although healthcare professionals have a lot of burnout, the reason for their high personal success is that they do their jobs fully, devote themselves to their work and are not affected by negativities. Humanistic and optimistic behaviors seen in healthcare professionals increase personal success. (Özdemir & Kerse, 2020), it was observed that emotional fatigue was reduced by the feeling of optimism. There have been economic losses in individuals during the pandemic period. The personal achievements of those with a good income are low because their anxiety is low. During the pandemic period, especially the basic necessities increased, individuals were dismissed or affected because their wages were reduced. Particularly in the pandemic period, burnout increased as the anxiety and stress of those with low economic income increased. If burnout syndrome develops, there are studies that do not affect employee performance. For example. (Erdal & Sivashoğlu, 2020) did not find any relationship between burnout syndrome and employee performance in their research in various sectors.

Quarantine, social distancing, staying at home, distance education, job and working style education and curfew practices, which are made to reduce the pace of the epidemic, have created serious mental and mental effects on individuals (Uluğ, 2020). and threatens the entire society, although it affects the deceased and their relatives. The pandemic caused serious economic losses, the closure of workplaces, restriction of all kinds of physical interaction, disruption of sports, arts and cultural activities, and left deep marks on individuals. This is seen in studies revealing the effects of the pandemic. In a study investigating the effects of "stay-at-home" application in the USA. While the searches about anxiety, negative thoughts, sleep disorder and suicidal thoughts increased rapidly before the application, it is determined that the curve flattened with the "stay-at-home" regulation (Jacobson et al., 2020, Melo & Soares 2020). Although it was relaxed in the beginning, the psychological and emotional effects of the decrease in social interaction, economic losses, and disruption in daily routine caused a loss of motivation, a sense of meaninglessness and a decrease in self-worth. In this study, living with his family during the pandemic process ($p = 0.008$) and having a PCR test ($p = 0.034$), covid19 (+) contact ($p = 0.000$) and adaptation to the quarantine process ($p = 0.000$) were statistically significant in terms of emotional exhaustion. differences were detected ($p < 0.05$). It was determined that those who did not live with their family during the pandemic process, had covid19 (+) patient contact, had a PCR test and could not adapt to the quarantine process had higher levels of emotional exhaustion. (Yüncü & Yılan, 2020) This study showed that pandemic has six important effects. Significant changes in working conditions are increased workload, negative effects on family life, increased burnout and managerial attitudes. More than half of the participants (63.88%) stated that they were exhausted during this process.

Covid19 (+) contact ($p = 0.001$) and compliance with isolation rules ($p = 0.003$) were found to be statistically significant in personal success sub-dimension ($p < 0.05$). It was determined that those who had Covid19 (+) contact and followed the isolation rules had higher personal success levels. When the coworkers feel safe, their success can increase. This study has confirmed this. Likewise, statistically significant differences were found in the depersonalization sub-dimension according to compliance with the quarantine process ($p = 0.000$) ($p < 0.05$). It was determined that those who could not adapt to the quarantine process had a higher level of desensitization. Compliance with the rules makes people feel good psychologically. In order to prevent burnout, important duties fall on local governments and country administration. It shows that local governments use direct initiative and provide various supports to meet the social, cultural, economic and academic needs of the city residents due to the epidemic (Sunay, 2020).

When looking at the results of the variables affecting burnout and its sub-dimensions;

1-Emotional exhaustion of women was found to be significantly higher than men. Women experience more stress and anxiety than men.

2- Emotional exhaustion is higher in the public sector, health sector and those with low income. The pandemic has increased the workload of public employees and healthcare professionals. Low-income individuals are more affected than other individuals because it affects the economy negatively.

3- Personal success of healthcare professionals and those with high income is higher. Although the health workers who were most affected by the pandemic were healthcare workers, their personal success increased by performing a sacred duty, helping people and giving importance to human values. The personal success of those with high income has also increased as there is no economic concern.

4- It was determined that those who did not live with their family during the pandemic process, had contact with covid19 (+) patients, had a PCR test and could not adapt to the quarantine process had higher levels of emotional burnout. Those who do not live with their families to reduce the risk of transmission have increased emotional burnout as they worry for their families. Again, those with covid19 (+) patient contact, those who have PCR test have increased their anxiety and burnout because they are afraid of getting sick and losing their health, and those who do not comply with the quarantine have more emotional burnout because they have a higher risk of getting sick.

5-It was determined that those who had Covid19 (+) contact and followed the isolation rules had higher personal success levels. They made an effort not to get sick, and their personal achievement level increased as they adequately protected themselves.

6-It has been determined that those who cannot adapt to the quarantine process have a higher level of desensitization. Quarantine process and isolation are factors that reduce the pandemic. Those who violate these rules individuals who reach the level of depersonalization

Since burnout affects individuals deeply, the factors that cause it should be examined and precautions should be taken. As it can be understood from these, prevention of pandemic is only about national and international sensitivity. At the national level, it is known that the cooperation of the individual-society-state / administration trio is effective both in reducing the rate of spread of the epidemic and overcoming many social, cultural and economic difficulties that may arise.

Journal Papers:

- [1]. M. Anıl, A. Yurtseven, İ. Yurtseven, M. Ülgen, AB. Anıl and M .Helvacı, Çocuk sağlığı ve hastalıkları uzmanlık öğrencilerinde tükenmişlik ve iş doyum düzeylerinin değerlendirilmesi, Türk Pediatri Arşivi. 52 (2), 2017, 6-71
- [2]. R.Aşkın., Y. Bozkurt,Y.,& Z. Zeybek, Covid-19 pandemisi: psikolojik etkileri ve terapötik müdahaleler, İstanbul Ticaret Üniversitesi Sosyal Bilimler Dergisi Covid-19 Sosyal Bilimler Özel Sayısı ,19(37),2020 Bahar (Özel Ek) ,304-318
- [3]. J.W. Beckstead, (2002) .Confirmatory Factor Analysis of the Maslach Burnout Inventory Among Florida Nurses, International Journal of Nursing Studies, 39,2002, 785–792.
- [4]. PG. Brindley . Psychological burnout and the intensive care practitioner: a practical and candid review for those who care. J Intensive Care Soc,18 (4),2017, 270–275.
- [5]. B. Çapri, B. Tükenmişlik ölçeğinin türkçe uyarlaması: Geçerlik ve güvenilirlik çalışması. Mersin Üniversitesi Eğitim Fakültesi Dergisi. 2 (1), 2006, 62-77
- [6]. B. Çapri, B.Gündüz and Z.Gökçakan, Maslach Tükenmişlik Envanteri-Öğrenci Formu'nun (MTE-ÖF) Türkçe'ye Uyarlaması: Geçerlik Ve Güvenirlik Çalışması Ç.Ü. Eğitim Fakültesi Dergisi: 40 (2011), 134-147
- [7]. S. Çevik Aktura, G.Özden Salginin psikolojik etkileri: covid-19 hemşireleri psychological effects of the epidemic: nurses of covid-19, Uluslararası Sosyal Araştırmalar Dergisi , 13, 73 2020,1146-1151 & Volume: 13 Issue: 73 October 2020
- [8]. O. Çevik, and A.A. Özbacı, Sağlık Çalışanlarının Tükenmişlik Düzeyleri ile Demografik Özellikleri Arasındaki İlişki -Samsun İli Örneği, MANAS Sosyal Araştırmalar Dergisi , 9(3),2020, 1773-1787.
- [9]. C. L.Cordes, and T W. Dougherty, A Review and an Integration of Research on Job Burnout, The Academy of Management Review, 18(4),1993, 621- 656
- [10]. S. Demir, Lider-Üye Etkileşiminin Öğretmen Stres, Tükenmişlik ve Depresyonu Üzerindeki Rolü, Ege Eğitim Dergisi, 20(1),2019, 291-304
- [11]. S. R. DinibutunFactors Associated with Burnout Among Physicians: An Evaluation During a Period of COVID-19 Pandemic, Journal of Healthcare Leadership85,2020 85-94
G.Dworkin, L. J Saha and A. N.Hill, 2003 Teacher burnout and perceptions of a democratic school environment. International Education Journal, 4, 2003,108-120
- [12]. N. Erdal., & F. Sivashoğlu, Relationship Between Burnout Syndrome and task performance during covid 19 : A field Study, Avrasya Sosyal ve Ekonomi Araştırmaları Dergisi,7;8,2020,146-162

- [13]. C.Ergin . Doktor ve hemşirelerde tükenmişlik ve Maslach Tükenmişlik Ölçeği'nin uyarlanması. 7.Ulusal Psikoloji Kongresi Bilimsel Çalışmaları 1992; 143-154
- [14]. H. J. Freudenberger, Staff burnout. Journal of Social Issues, 30,1974, 159-165
- [15]. R., Griffeth, P.Hom, & S.Gaertner, A meta-analysis of antecedents and correlates of employee turnover: Update, moderator tests and research implications for the next millennium. Journal of Management, 26(3),2000, 463- 488.
- [16]. Ö.Z Güven, and E .Sezici, Otel İşletmelerinde İşgörenlerin Tükenmişlik Düzeylerinin Maslach Tükenmişlik Modeline Göre İncelenmesi, Yönetim ve Ekonomi Araştırmaları Dergisi, 14(2),2016, 111-132
- [17]. E . Işıklar, and D. Tunalı, Çalışanların Tükenmişlik Düzeylerinin İncelenmesi: Eskişehir Örneği, Dumlupınar Üniversitesi Sosyal Bilimler Dergisi,33, 2012,75-84
- [18]. Jacobson NC, Lekkas D, Price G ,Flattening the mental health curve:COVID-19 stay-at-home orders result in alterations in mental health search behavior in the United States. <https://psyarxiv.co/24v5b>
- [19]. F.Jaramillo, M J. Prakash and J.S Boles, Workplace Stressors, Job Attitude, and Job Behaviors: Is Inter-personal Conflict the Missing Link, Journal of Personal Selling & Sales Management, 31(3),2011, 339-356
- [20]. D. Keleş, and E.Aydın Göktepe, (2020).Duygusal Emek Davranışlarının Tükenmişlik Sendromu ve İşten Ayrılma Niyeti Üzerindeki Etkisi: Hazır Giyim Sektöründe Bir Araştırma, Business and Economics Research Journal, 11(3),2020,855-873
- [21]. S.Kılıç, Cronbach's Alpha güvenilirlik katsayısı,Journal of Mood Disorders 6,!,2016,47-48
- [22]. M. Macit , Avukatlarda İşkoliklik, İş-Aile Çatışması, Tükenmişlik Üzerine Bir Alan Çalışması , Hukuk Fakültesi Dergisi ,5(1),2019, 35-65
- C. Maslach, Burned-out. Hum Behav, 5,1976, 197-220
- C. Maslach, and S.E Jacskon, The Measurement of Experienced Burnout", Journal of Occupational Behaviour, 2,1981, 99-113.
- C., Maslach, W.B Schaufeli, and M.P Leither, Job Burnout, Annual Review of Psychology, 52,2001, 397-422
- [23]. Melo MCA, Soares DS (2020) Impact of social distancing on mental health during the COVID-19 pandemic: An urgent discussion. International Journal of Social Psychiatry, 66:625-6
- [24]. B. Mete., M.S. Değer., & E Pehlivan, Doktorlarda Mesleki Tükenmişlik Sendromu ve Çalışma Yaşam Kalitesi Arasındaki İlişki,Anadolu Klin / Anatol Clin, , 25,2, 2020,94-101
- [25]. S.Özdemir., & G. Kerse, The Effects of COVID 19 Process on Health Care Workers: Analysing of the Relationships between Optimism, Job Stress and Emotional Exhaustion. International and Multidisciplinary Journal of Social Sciences,9(2),2020, 178-201. doi: 10.17583/rimcis.2020.5849
- [26]. R. Ramezanejad, H.P.,Zarandi and , S.R. Hosseininia, Studying The Relationship Between Organizational Climate and Job Burnout of Teachers", Journal of Sport Management, 1,2009, 225- 235
- [27]. S. B. Schepman, and M. A. Zorate, The relationship between burnout, negative affectivity and organizational citizenship behavior for human services employees. Engineering and Technology, 30,2008, 437-441
- [28]. E .Sezici, E, Çalışma Yaşamı Kalitesi, İşyerinde Sapkın Davranış ve İşten Ayrılma Eğilimi İlişkisi, Dumlupınar Üniversitesi Sosyal Bilimler Dergisi, 41,2014,235-246
- [29]. M. M.. Sunay, Karantina toplumuna dönüşme süreci ve bu süreçte belediyelerin sosyal desteği: Bursa ili örneği. Journal of Social and Humanities Sciences Research, 7(53), 2020,1092-1100.
- [30]. B.,Tak, & B. Çiftçioğlu, Mesleki bağlılık ile çalışanların örgütte kalma niyeti arasındaki ilişkiyi incelemeye yönelik görgül bir çalışma. Ankara Üniversitesi SBF Dergisi, 63(4), (2008), 354-409
- [31]. R Tükel. COVID-19 PANDEMİ SÜRECİNDE RUH SAĞLIĞI,Türk Tabipler Birliği Covid-19 Pandemisi Altıncı Ay Değerlendirme Raporu, 2020, 617-628
- [32]. E Toker, ,Z. Turan, and ,Z. Seçkin,Z, Bir Hastanede Çalışan Ebelerin Mesleki Örgütlenme Durumu, İş Doyumu ve Tükenmişlik Düzeylerinin Belirlenmesi Sağlık ve Toplum Yıl, 20(1),2020, 88-97
- [33]. B.D.Uluğ , COVID-20 Ruhsal Bozukluklar Pandemisi mi Olacak? Türk Psikiyatri Dergisi , 31(4),2020, :A3-A4
- [34]. E. Uler, Tükenmişlik ve Örgütsel Tükenmişlik Üzerine Literatür Taraması, Balkan ve Yakın Doğu Sosyal Bilimler Dergisi Uler, 06 (Special Issue), 2020,36-43
- [35]. L.N.Uzun., & A.S.Mayda , Hemşirelerde tükenmişlik düzeyinin çeşitli değişkenlere göre incelenmesi: Bir Üniversite hastanesi örneği,Konuralp Medical journal Konuralp Tıp Dergisi,12(1),2020,137-143

- [36]. E.Yakut., Ö Kury.,& Y.Güngör, Sağlık personelinin covid-19 korkusu ile tükenmişliği arasındaki ilişkide aşırı iş yükü ve algılanan sosyal desteğin etkisinin yapısal eşitlik modeliyle belirlenmesi, Ekev Akademi Dergisi , 24,83,2020, 241-262
- [37]. F.Yang, F., & C .Chang. Emotional labour, job satisfaction and organizational commitment among clinical nurses: A questionnaire survey. *International Journal of Nursing Studies*, 45, 2008). 879–887.
- [38]. M.H. Yıldırım, and L İçerli, 2010, “Tükenmişlik Sendromu: Maslach ve Kopenhag Tükenmişlik Ölçeklerinin Karşılaştırmalı Analizi”, *Organizasyon ve Yönetim Bilimleri Dergisi*,2(1), 2010,124-125. Yumru, M. COVID-19 ve sağlık çalışanlarında tükenmişlik, (*Klinik Psikiyatri* 2020;23(Ek 1): 5-6) DOI: 10.5505/kpd.2020.18942
- [39]. V.Yüncü ., & Y. Yılan,COVID-19 Pandemisinin Sağlık Çalışanlarına Etkilerinin İncelenmesi: Bir Durum Analizi, *İğdır Üniversitesi Sosyal Bilimler Dergisi Ek Sayı*, 2020,373-402
Theses:
- [40]. P. Ay, P. (2020) Banka Çalışanlarının İşe Gömülmüşlükleri Ve Tükenmişlikleri Arasındaki İlişki: Karaman İlinde Bir Araştırma, Yüksek lisans tezi, Karamanoğlu Mehmetbey Üniversitesi Sosyal Bilimler Enstitüsü, Kamu Yönetimi Ana Bilim Dalı,Konya,2020
- [41]. B. Kırıl, Ortaöğretim okul yöneticilerinin yaşadıkları stres belirtileri düzeyi. yayınlanmamış yüksek lisans tezi. Kırıkkale Üniversitesi Sosyal Bilimler Enstitüsü: Kırıkkale,2008
- [42]. O. Sürgevil (2005). Tükenmişlik ve tükenmişliği etkileyen örgütsel faktörler: Akademik personel üzerinde bir uygulama, Yayınlanmamış Yüksek Lisans Tezi Dokuz Eylül Üniversitesi, , İzmir,2005

Books:

- DHG. Cotton, *Stress Management - An Integrated Approach to Therapy*. Brunner/Mazel Publishers, New York, 1990
- C., Maslach, and P. Zimbardo, *Burnout the cost of caring*. Englewood Cliffs, NJ: Prentice-Hall, 1982.
- C., Maslach, SE. Jackson, *Maslach Burnout Inventory Manual*. 2nd ed. Consulting Psychologist Press, Palo Alto, 1986.