

Original Research / Orijinal Araştırma

## Burnout and Job Satisfaction Among Family Physician

### Aile Hekimlerinde Tükenmişlik ve İş Doyumu

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#### Abstract

**Aim:** Burnout syndrome is a major problem, especially among health care workers. The higher the sense of individual skills and achievement, the lower the likelihood of burnout syndrome. The objective of the study is to measure the level of burnout and job satisfaction of family physicians. **Methods:** Both data of the Family Physicians (FPs) who are working in rural and urban has been included in the study. The study is designed to measure their level of burnout and job satisfaction using the Maslach Burnout Inventory, Minnesota Work Satisfaction Questionnaire. Their relationship with the working area and other factors is also analyzed. **Results:** Maslach depersonalization subscale was found to be significantly higher in those who lived alone, those who defined their location as rural, and those who did not participate in continuing medical education (CME) ( $p=0.02$ ,  $p=0.01$ ,  $p=0.03$ ). While Maslach personal achievement score was low in those who define their location as rural ( $p=0.01$ ) it was found to be higher in women and those who did not participate in CME ( $p=0.02$ ,  $p=0.03$ ). In addition, as age increases, Maslach emotional burnout and depersonalization scores decrease and personal success scores increase ( $r = -0.169$ ,  $-0.205$ ,  $0.163$  and  $p=0.00$ ,  $p=0.00$ ,  $p=0.00$ ). **Conclusions:** Emotional and total burnout scores decreased with age, and that attending CME increased personal achievement. CME could be a beneficial tool not only to support FPs but also to prevent burnout.

**Key words:** family physicians, burnout, job satisfaction.

#### Özet

**Amaç:** Tükenmişlik sendromu özellikle sağlık çalışanları arasında önemli bir sorundur. Bireysel beceri ve başarı duygusu ne kadar yüksekse, tükenmişlik sendromu olasılığı o kadar düşüktür. Araştırmanın amacı, aile hekimlerinin tükenmişlik ve iş doyum düzeylerini ölçmektir. **Yöntemler:** Çalışmaya kırsal ve kentsel alanda çalışan aile hekimlerinin verileri dahil edilmiştir. Çalışma, Maslach Tükenmişlik Envanteri, Minnesota İş Doyum Anketi kullanılarak tükenmişlik ve iş doyum düzeylerini ölçmek için tasarlanmıştır. Çalışma alanı ve diğer etmenlerle ilişkileri de incelenmiştir. **Bulgular:** Maslach duyarsızlaşma alt ölçeği, yalnız yaşayanlarda, bulunduğu yeri kırsal olarak tanımlayanlarda ve sürekli tıp eğitimine (STE) katılmayanlarda ( $p=0,02$ ,  $p=0,01$ ,  $p=0,03$ ) anlamlı olarak daha yüksek bulundu. Maslach kişisel başarı puanı, bulunduğu yeri kırsal olarak tanımlayanlarda düşük ( $p=0,01$ ) iken, kadınlarda ve STE'ye katılmayanlarda daha yüksek bulundu ( $p=0,02$ ,  $p=0,03$ ). Ayrıca yaş arttıkça Maslach duygusal tükenmişlik ve duyarsızlaşma puanları azalmakta ve kişisel başarı puanları artmaktadır ( $r = -0,169$ ,  $-0,205$ ,  $0,163$  ve  $p=0,00$ ,  $p=0,00$ ,  $p=0,00$ ). **Sonuçlar:** Duygusal ve toplam tükenmişlik puanları yaşla birlikte azalmaktadır. STE'ye katılmanın kişisel başarıyı artırdığı görüldü. STE, yalnızca aile hekimlerini desteklemek için değil, aynı zamanda tükenmişliği önlemek için de yararlı bir araç olabilir. **Anahtar kelimeler:** aile hekimleri, tükenmişlik, iş doyum.

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## Introduction

The term 'Burnout' was first defined by Freudenberger in 1974; as a state of mental and physical exhaustion caused by one's professional life.<sup>1</sup>

It is also emphasized that 'Burnout is a global concern and work-related stress has the potential to negatively affect the individual's psychological and physical health, as well as an organization's effectiveness'.<sup>2,3,4,5</sup>

Burnout is a social situation that negatively affects individuals, their institutions, and their environment. Studies on this issue show that burnout causes serious problems, leading to job loss, various social problems, and even psychiatric diseases.<sup>6</sup> Many factors related to burnout are related variously to individual, social, and work issues. It has been determined by various studies that factors affecting burnout include age, gender, marital status, education, family structure, social support level, workload, and structure of the working system.<sup>7,8,9</sup> The exhaustion of those working in the field of health has special importance due to the particular group they serve. The exhaustion of physicians may cause misjudgments in the treatment of patients, which lowers the quality of healthcare. Studies report that burnout is intense among healthcare professionals.<sup>10,11</sup> Among the causes of burnout in healthcare professionals are factors such as dealing with patients, the intense nature of the work, workload, excessive responsibility, insufficient numbers and qualifications of staff working with patients of internal medicine, lack of time for self and private life, and unrealistic expectations.<sup>11,12</sup>

According to a meta-analysis of health workers in Turkey, women experience burnout more than men, shift workers more than day workers, singles more than married people, and nurses more than doctors.<sup>13</sup> In another study among the nurses it was found that 52.80% of them had continuous sleep problems and 76.90% had chronic tiredness.<sup>14</sup>

Family physicians (FPs) in rural areas work in more isolated conditions and may receive consultations, referrals, etc. with more complicated cases. This is because life expectancy is shorter in rural areas, mortality rates are higher, and injuries, circulatory and respiratory diseases, diabetes, and suicide deaths are more common.<sup>1,12</sup> The fact that they have to work alone with limited resources may also make patient management difficult and increase their workloads.

In Turkey, most of the researchers revealed that 'burn-out' is a significant problem for physicians.<sup>15,16,17</sup> Yılmaz et al reported that 'physicians working under the family medicine system, a new primary care model, are at greater risk of emotional exhaustion, but that no change has occurred in terms of personal accomplishment or depersonalization, despite this new system'.<sup>18</sup> Atik et al. revealed that 'working conditions' were the main reason for burnout of chest physicians.<sup>19</sup>

Job satisfaction is defined as the satisfaction of employees with their job, and the positive emotional relating to their self-assessment of themselves and their work. Absence of job satisfaction may a facilitating factor, and, correspondingly, its presence may be protective against burnout syndrome.<sup>20</sup> Pehlivanoğlu et al. revealed that 'younger pathologists are less satisfied' and 'job satisfaction increases with the physical and technical quality of the pathology laboratory/institution, and years of experience'.<sup>21</sup> According to Yılmaz, 'the work satisfaction level of family physicians, who are on call and whose financial income expectation is not satisfied, was found low. It is seen that there is a strong correlation between the inadequacy of work satisfaction with burnout and anxiety, depression'.<sup>22</sup> Kare et al. reported that rural healthcare workers in the study area were dissatisfied with their jobs. It is recommended that strategies to stimulate and strengthen management recognition, supportive supervision, performance-based regular salary increments, and career development be implemented.<sup>23</sup>

Considering all these factors, this study was planned to investigate the burnout and job satisfaction levels and related factors of family physicians, including working field.

## Material and Method

A descriptive cross-sectional study was planned.

Turkey Statistical Regional Units Classification was utilized to guarantee a balanced distribution of participation. This classification led to the division into 12 statistical zones, from which 643 people were randomly chosen. The respondents of at least 10% were intended after establishing the number of participants

to be reached for each statistical region, as previously stated. For each region, the number of provinces that will meet 10 times the number of people to be reached is chosen at random. Karakoç et al. reported as 3262 new units were defined, but 53,9% were not fulfilled.<sup>24</sup> Study was conducted by electronic mail system. Reminders were sent to participants 10 and 20 days after the initial request. online data survey (survey monkey) sends and collects questionnaires The emails were sent before the daily practice had begun and had been sent six/ four times a month. There were no inclusion or exclusion criteria, the sample included all those who volunteered.

### **Data Collection Tools**

'Age, gender, how many years you have been working in your profession, total population of the area you work in, how would you describe the area you work in (rural-urban), number of years working in rural areas, average number of patients seen per day, population in your unit' were the questions for the sociodemographic data and also open-ended questions were added to better understand the level of job satisfaction and burn-out.

**Maslach Burnout Inventory (MBI):** This inventory, developed by Maslach and Jackson, was used. Turkish version of the inventory was conducted by İnce and Şahin (consisting of 22 items and 3 dimensions - emotional exhaustion, depersonalization, and personal success).<sup>25</sup> The level of burnout is calculated by evaluating each score obtained from the subscales separately, rather than with a single score. Cronbach Alpha coefficient, calculated separately for each dimension, was 0.88 for emotional exhaustion, 0.78 for the depersonalization dimension, and 0.74 for the personal success dimension.<sup>25,26</sup> In the scoring key of the inventory, the emotional fatigue dimension has the highest score of 54, followed by the personal achievement dimension with 48 points and the depersonalization dimension with 30 points. In terms of personal achievement, the low-level burnout is the inverse of high scoring. In other words, participants who score low on this dimension are more likely to get burned out. personal achievement. It is also characterized as a sense of failure or diminished personal success due to the inverse relationship between the scoring and interpretation of the It is also characterized as a sense of failure or diminished personal success due to the inverse relationship between the scoring and interpretation. The item's lowest possible score is '0,' and its best possible value is '6.'<sup>26</sup>

**Minnesota Job Satisfaction Survey (MSQ):** This was developed by Weiss et al. in 1967, and the number of questions on the scale was later reduced from 100 to 20 by combining items related to internal and external satisfaction. The scale was translated into Turkish in 1988, and its validity and reliability studies were conducted and used to determine the job satisfaction levels of those working in the industry.<sup>27,28</sup> Minnesota Job Satisfaction Scale is a five-point Likert-type scale, scored between 1 and 5, as follows: 'not satisfied at all, 1 point; not satisfied, 2 points; undecided, 3 points; satisfied, 4 points; very satisfied, 5 points'. The scale consists of 20 items with characteristics that determine the level of internal, external, and general job satisfaction. The overall job satisfaction score is obtained by dividing the total scores obtained from 20 parameters by 20, the internal satisfaction score by dividing the total scores obtained from the parameters that constitute the internal factors by 12, and the external satisfaction score by dividing the total scores obtained from the parameters that constitute the external factors by 8. All subgroups point averages are calculated as a value between 1.0 and 5.0. As a percentage value, 25% and below represents low job satisfaction, 26-74%, medium, and 75%, higher.<sup>29</sup>

**Data Analysis:** Data is analyzed by using SPSS 22.0 package program. In data analysis, frequency and percentage distributions, chi-square analysis, and t-test were used,  $p < 0.05$  value is accepted as a statistical significance level.

### **Results**

522 respondents' answers were obtained from the online survey database in total. Although there weren't any exclusion criteria; 26 participants who did not complete the online questionnaire, and four participants with extreme values were excluded from the dataset. As a result, 492 participants were included in the study.

Participants' mean age was  $43.67 \pm 8.39$ , and 23.6% were female ( $n=116$ ). Mean number of years in profession was  $18.31 \pm 8.59$ , and number of daily consultations was  $53.88 \pm 22.18$ , and number of registered patients was

3408.63±740.53. Other sample characteristics are shown in Table 1. Participants were also asked about factors that might affect their job satisfaction and burnout. The results of these questions are shown in Table 2.

Table 1. Characteristics of the participants

	N (%)
<b>Do you live alone?</b>	
Yes	48 (9.8%)
No	444 (90.2%)
<b>What is the population of the area you work in?</b>	
<20000	167 (33.9%)
≥20000	325 (66.1%)
<b>How would you describe the area you work in?</b>	
Rural area/village/town	251 (51%)
City/metropolis	241 (49%)
<b>How long have you worked in a rural area?</b>	
I do not work in the rural area.	206 (41.9%)
1-3 years	47 (9.6%)
4-6 years	59 (12%)
7-10 years	64 (13%)
>10 years	116 (23.6%)

Table 2. Educational Needs / Plans

<b>How often can you attend to events related to continuous medical education (courses, congresses, etc.)?</b>	
Never	83 (16.9%)
Rarely	324 (65.9%)
Sometimes	81 (16.5%)
Often	4 (0.8%)
<b>Has working as a primary care physician satisfied your professional expectations?</b>	
Yes	122 (24.8%)
I'm ambivalent	174 (35.4%)
No	196 (39.8%)
<b>Do you have any problems communicating with your patients due to linguistic variations?</b>	
Yes	25 (5.1%)
Sometimes	218 (44.3%)
No	249 (50.6%)
<b>For how much longer do you intend to work here (disregarding compulsory reassignment, child-raising issues, spouse-related reassignments, etc.)?</b>	
I would like to leave immediately.	115 (23.4%)
I would like to work here for a few years.	171 (34.8%)
I could work here for up to ten years.	73 (14.8%)
I don't plan on leaving.	133 (27%)

Participants' Minnesota Satisfaction Questionnaire scores, Maslach Burnout Inventory scores, and score rates are shown in Table 3 and Table 4.

Table 3. Participants' Maslach Burnout Inventory score rates

	Low level		Average level		High level	
	N	%	N	%	N	%
<b>Emotional exhaustion</b>	189	38.4	148	30.1	155	31.5
<b>Depersonalization</b>	359	73	80	16.3	53	10.8
<b>Personal accomplishment</b>	23	4.7	95	19.3	374	76

Table 4. Participants' Maslach Burnout Inventory scores and Minnesota Satisfaction Questionnaire scores

	Mean	SD	Minimum	Maximum
<i>Maslach Burnout Inventory</i>				
<b>Emotional exhaustion</b>	17.81	8.50	0	36
<b>Depersonalization</b>	5.90	4.66	0	20
<b>Personal accomplishment</b>	23.60	5.75	0	32
<i>Minnesota Satisfaction Questionnaire</i>				
<b>Intrinsic Satisfaction</b>	40.09	8.64	12	60
<b>Extrinsic Satisfaction</b>	23.52	6.24	8	40
<b>General Satisfaction</b>	63.61	14.11	20	100

## Comparative Analysis

### 1. Maslach Burnout Inventory:

Maslach depersonalization subscale was found to be significantly higher in those who lived alone, those who defined their location as rural, and those who did not participate in continuing medical education (CME) (( $p=0.02$ ,  $p=0.01$ ,  $p=0.03$ )). While Maslach personal achievement score was low in those who define their location as rural ( $p=0.01$ ), it was found to be high in women and those who did not participate in CME ( $p=0.02$ ,  $p=0.03$ ).

Maslach emotional load score was also found high in those who did not participate in CME. No significant difference was observed between the scale scores in terms of the item which defined location as rural or urban, according to the population size and the amount of time spent outside urban areas. Maslach depersonalization, and emotional burnout scores were low and personal achievement scores were high for those whose expectations of primary care work were met, those without language problems with their patients, and those in their preferred locations. Similar results were obtained when these parameters were compared for those in rural and urban areas.

In addition, as age increases, Maslach emotional burnout, and depersonalization scores decrease and personal success scores increase, although the relationship is weak ( $r =-.169$ ,  $-.205$ ,  $.163$  and  $p=0.00$ ,  $p=0.00$ ,  $p=0.00$ ).

### 2. Minnesota Job Satisfaction Scale:

Those who have their expectations met by primary care work, who have no local language problems with their patients, and those who are happy with their location scored high on Minnesota total and subscales ( $p=0.00$ ,  $p=0.00$ ,  $p=0.00$ ). There is a strong negative relationship between Minnesota job satisfaction scale subscales and total scores and Maslach emotional burnout and depersonalization subscales ( $r$  and  $p$  values, and there is a strong but positive relationship with personal success score (emotional burnout  $r=-0.574$ ,  $r=-0.487$ ,  $r=-0.568$   $p=0.00$ ,  $p=0.00$ ,  $p=0.00$ ; depersonalization  $r=-0.435$ ,  $r=-0.368$ ,  $r=-0.430$   $p=0.00$ ,  $p=0.00$ ,  $p=0.00$ ; personal success  $r=0.475$ ,  $r=0.380$ ,  $r=0.459$   $p=0.00$ ,  $p=0.00$ ).

The comparative analyses are shown in Table 5.

Table 5. Comparative analyses of Correlations

		Minnesota Intrinsic Satisfaction Subscale Total Score	Minnesota Extrinsic Satisfaction Subscale Total Score	Minnesota General Satisfaction Subscale Total Score	Maslach Emotional exhaustion Subscale Total Score	Maslach Depersonalization Subscale Total Score	Maslach Personal Accomplishment Total Score
Minnesota Intrinsic Satisfaction Subscale Total Score	Pearson Correlation Sig. (2-tailed)	1	0.791**	0.963**	-0.574**	-0.435**	0.475**
	N	492	492	492	492	492	492
Minnesota Extrinsic Satisfaction Subscale Total Score	Pearson Correlation Sig. (2-tailed)	0.791**	1	0.927**	-0.487**	-0.368**	0.380**
	N	492	492	492	492	492	492
Minnesota General Satisfaction Subscale Total Score	Pearson Correlation Sig. (2-tailed)	0.963**	0.927**	1	-0.568**	-0.430**	0.459**
	N	492	492	492	492	492	492
Maslach Emotional exhaustion Subscale Total Score	Pearson Correlation Sig. (2-tailed)	-0.574**	-0.487**	-0.568**	1	0.691**	-0.404**
	N	492	492	492	492	492	492
Maslach Depersonalization Subscale Total Score	Pearson Correlation Sig. (2-tailed)	-0.435**	-0.368**	-0.430**	0.691**	1	-0.429**
	N	492	492	492	492	492	492
Maslach Personal Accomplishment Total Score	Pearson Correlation Sig. (2-tailed)	0.475**	0.380**	0.459**	-0.404**	-0.429**	1
	N	492	492	492	492	492	492

\*\* Correlation is significant at the 0.01 level (2-tailed).

## Discussion

1. In Turkey, the Turkish medical association reported that, emotional exhaustion scores were higher among physicians aged 35-44, and that the desensitization score was highest in the 25-34 age group and decreased with age.<sup>30</sup> In Öztürk's study, the burnout scores of young and short-term physicians were shown to be higher.<sup>31</sup> Our results were aligned with these studies. In the study of Bugdayci, it was determined that desensitization and emotional exhaustion scores decrease with increasing age.<sup>32</sup> All these studies show that

young physicians are more prone to burnout. Similarly, in our study, it was shown that emotional and total burnout scores decreased with age.

2. CME In the research of Babbot et al., one of the reasons for high burnout scores and low job satisfaction scores was excessive paperwork.<sup>33</sup> In contrast, in our study, one of the main associations was being single and not attending CME. Aygun et al. revealed that attending CME and being competent were protective factors for burnout syndrome among FPs.<sup>34</sup> Reedy et al. reported that palliative care physicians who participate in CME were more likely to avoid burnout than those who did not.<sup>35</sup> In our study, FPs who actively participated in CME had lower desensitization, higher personal achievement, and lower emotional load scores. This result is expected because, in addition to developing medical knowledge and skills, CME has the effect of reinforcing feelings of belonging and social relationships. Opportunities for attending CME could be one solution for preventing burnout.

However, it is noteworthy that the personal success is high in those who do not participate in CME. A possible interpretation is that those who regard themselves as personally successful do not feel the need to participate in these activities. However, in environments without much competition, it is uncertain how objectively people will be able to evaluate their success.

In Turkey, the 'rural definition' of the participants did not accord with the 'Village Law of 1924', according to in which, settlements with a population of less than 20,000 were defined as rural areas.<sup>36</sup> 51% of them described their working place as rural, while in fact, only 33.9% lived areas with less than 20,000. We know that there are rural areas within cities. Physicians' definition of rural may be places with limited opportunities to reach other health or social facilities and share their workload. In our study: the issue of participants' definition of the location of their work was based on this concept. Thus, the definition of the countryside should be reviewed in line with physicians' perceptions. Rural burnout is a problem for healthcare workers, Pinikahana and Happell reported that most rural psychiatric nurses' emotional exhaustion and depersonalization scores were low. The same root reason was reported for the nurses as 'workload' and 'inadequate preparation'.<sup>37</sup> In our study, Maslach desensitization subscale was found to be significantly higher in those who defined the place they live in as rural, and their achievement score was similarly low.

Social determinants of health (income, expenses, housing, safety, language, literacy, hunger, etc) are very important in achieving health equity, and family physicians share these with their communities throughout the health journey.<sup>38,31</sup> FPs without no language problems with their patients where they live were more satisfied with their job, their emotional burnout scores were low, and personal achievement scores were high. Appropriate communication is another key factor in preventing burnout. Communication skills and intercultural competencies are important not only for patients' health but also for the physicians' well-being.<sup>39</sup>

In our study, those who have their expectations met by primary care work, and who have no language problems with their patients, scored higher on the Minnesota Job Satisfaction Scale (total and subscale). These results seem to reflect the accuracy of Maslow's theory.<sup>40</sup>

In our study, time spent working in a rural area was not found to be an effective factor in burnout scores. However, an important result of our study is that emotional exhaustion and depersonalization subscales' scores decrease with service time increase.

## **Conclusion**

In our study, it was shown that emotional and total burnout scores decreased with age, that attending CME increased personal achievement and decreased the emotional load, and that desensitization increases with longer service time, causing a decrease in emotional exhaustion and depersonalization subscales' scores. Continuing Medical Education (CME) may be effective to facilitate physicians. Besides providing learning outcomes, CME has long-term benefits in the prevention of 'burnout'.

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