Original Article

The Relationship Between Work Life Balance and Burnout in Health Workers in a Public Health Center

Fatma Azizoglu, PhD, RN
Faculty of Health Sciences, Nursing Department, Halic University, Istanbul, Turkey

Pinar Yel, PhD, RN
Faculty of Health Sciences, Nursing Department, Halic University, Istanbul, Turkey

Banu Terzi, PhD, RN
Associate Professor, Akdeniz University, Faculty of Nursing, Department of Nursing Principles, Antalya, Turkey

Emine Mentese, RN
Eyupsultan State Hospital, Home Health Services Unit, Istanbul, Turkey

Leman Kutlu, PhD, RN
Atlas University, Faculty of Health Sciences, Department of Nursing, Istanbul, Turkey

Correspondence: Fatma Azizoglu, PhD, RN, Faculty of Health Sciences, Nursing Department, Halic University, Istanbul, Turkey, E-mail: fatmaazizoglu@yahoo.com

Abstract

Background: This study examined the relationship between work-life balance and burnout levels in primary healthcare workers in Istanbul during the pandemic.

Method: The descriptive and cross-sectional study population consisted of 216 primary healthcare workers (N=216). Among multidisciplinary healthcare professionals; doctors 36.5%, nurses 23%, emergency medical technicians 6.3%, medical officers 4%, midwives 15.1%, and others 15.1%. Data were collected using the "Information Form", "Work-Life Balance Scale", and "Maslach Burnout Scale". Mann-Whitney U test, Kruskal-Wallis test, and Dunn-Bonferroni test were used for data analysis. Spearman's correlation analysis was used to evaluate the relationships between quantitative variables.

Results: The sub-dimensions of the participants' work–life balance, work-life adjustment, neglecting life, taking time for oneself, and life consists of work; the overall total score averages were 2.89±0.83, 2.89±0.67, 2.99±0,87, 3.41±0.92 and 3.04±0.62, respectively. The participants' burnout emotional sub-dimension mean score was 29.86±8.56, the mean score was 11.65±4.74, personal achievement sub-dimension mean score was 17.79±5.82, and the overall burnout score average was 59.30±14.44. There was a statistically significant negative moderate correlation between the Maslach Burnout Scale total score average and the Work-Life Balance Scale total score mean of the participants (r=-0.588; p=0.001; p<0.01).

Conclusion: Emotional exhaustion and depersonalization are the most important factors that disrupt work-life balance. The factors that cause emotional exhaustion and depersonalization among family health workers should be determined. Interventions should be planned to ensure work-life balance by eliminating these factors.

Keywords: Work, medical staffs, burnout, pandemic, life.

Introduction

The number of deaths due to coronavirus disease (COVID-19), which was declared a pandemic by the World Health Organization (WHO) in 2020, has reached 7,010,681 people today. The United States, India and France in the first row of the table showing COVID-19 cases and deaths, respectively. While Turkey ranks 11th in the increase in cases (https://www.worldometers.info/coronavirus/).

As in other countries of the world, measures have been taken to protect the health of the society in epidemic management in Turkey (Esin & Dost, 2021). Non-urgent patients were primarily directed to receive service from community health centers, therefore the workload of primary health centers increased (Tas et. al., 2021). In the COVID-19 pandemic, employees working in primary health care services in the field of public health were on the front lines of crisis management. In this process, primary healthcare workers took part in contact tracing teams and investigated case contacts. In addition, they provided training to those in isolation and quarantine through telephone or home visits. They have also played active roles in translating and disseminating the changing COVID-19 guidelines. The pandemic has also led to many negative effects that occur at every stage of healthcare service delivery. In this process, other health problems than COVID-19 include failure to provide safe and effective care, failure to provide basic public health services, uncertainty and lack of information about the epidemic, lack of spiritual care, inadequacy in combating the epidemic, ignoring psychological repercussions, and inadequacy of epidemic preparedness programs. However, the inadequacy of employees in primary health care services has also caused some other problems that may arise in terms of public health (Tezel, 2020).

Work is an important part of employees' lives. Therefore, the characteristics and conditions of the jobs they work in have the potential to affect the lives of employees. The speed of technology and chaotic environmental conditions weaken individuals' ties with their organizational careers. For this reason, individual-level factors such as job satisfaction, personal awareness, and learning, that is, subjective criteria, become important (Hall, Yip & Doiron, 2018). Work-life balance is the situation in which the time and energy spent by the employee in his work are equal to the time and energy he spends in his social life. After the 1950s, studies on work and life outside work began to be carried out (Polat, 2018). The concept of burnout was first put forward by Freudenberger in 1974 and entered the mental health literatüre (Freudenberger, 1975). The concept of burnout was defined by Maslach and Jackson (Maslach & Jackson, 1981); It has been defined as a syndrome that manifests itself as individuals becoming insensitive to the people they encounter as part of their work, feeling emotionally exhausted, and decreasing their sense of personal success and competence (Oral & Karakurt, 2021). In Turkey, as in the rest of the world, adequate and qualified health services are provided to the society in line with the increasing population and changing health needs.

Studies in this field are currently ongoing. In line with these developments, the family medicine system was developed along with the Health Transformation Program to provide primary health care services in a comprehensive manner. In this system, where a performance-based system is implemented, there is a need to strengthen primary healthcare institutions in terms of organization and personnel. Although many studies have examined the relationship between burnout levels and various sociodemographic characteristics in various professional groups, studies on the work life balance-burnout levels of health professionals working in primary health centers are quite limited in the literature. It is thought that this study will reveal the relationship between work and life balance and burnout of healthcare personnel working in community health centers, and contribute to the development of health policies to solve the problems of employees, and to the process of balancing and managing the work life of healthcare personnel by planning the workforce so that the family medicine system can be effective and sustainable. This study aimed to examine the relationship between work-life balance and burnout levels of employees working in community health centers during the pandemic.

Materıals And Methods

Study questions

The study sought answers to the following questions.

• What is the work-life balance and burnout levels of employees at community health centers?

• Are there differences between work-life balance and burnout levels according to the descriptive and professional characteristics of community health center employees?

• What is the relationship between work-life balance and burnout levels of employees in community health centers?

Type and Purpose of Research : The purpose of this descriptive and cross-sectional study was to examine the relationships between work and life balance and burnout levels of employees at community health centers that are struggling

with the COVID-19 epidemic within the scope of preventive health services.

Population and sample of the research: The research population consisted of healthcare workers (N = 216) working in a community health center. Salant and Dillman (1994)'s sample size calculation formula (n= Nt2pq/d2(N-1)+t2pq; N: Number of individuals in the universe; n: number of individuals to be sampled; p: frequency of occurrence of the event examined; q: frequency of occurrence of the event examined; t: The theoretical value found in the t table at a certain degree of freedom and the detected error level; d: ± sampling error (accepted according to the frequency of occurrence of the event) was used. According to this sample calculation, n=[(216)(1.96)2(0.20)(0.80)]/[(0.05)2(216-1)+(1.96)2(0.20)(0.80)]=116, and the minimum total number of cases was obtained. The number of cases to be included in the study was determined to be 116 to obtain 80% power at α = 0.05, out of a total of 216 healthcare professionals working in the primary healthcare center, but considering the losses, it was seen that it would be more appropriate to take this number as 126. The research was completed with 126 participants who were willing and able to participate in the research.

Data Collection Tools: Data were collected using the "Information Form", "Work-Life Balance Scale, and "Maslach Burnout Scale".

Information Form: It consists of 17 questions prepared by the researcher and includes information about the demographic and personal characteristics of healthcare professionals.

Work-Life Balance Scale (WBS): A five-point Likert-type scale developed by Apaydın (Apaydın, 2011) to determine the perception of work-life balance, "5=Completely agree, 4=I largely agree, 3=Somewhat agree, 2=Slightly agree, 1=Not at all." It is rated as "I disagree" with. The scale consists of 20 items and four subscales. The first dimension of "Work-Life Balance" is "Work-Life Harmony" (6 items), the second dimension is "Neglecting Life" (6 items), the third dimension is "Making Time for Oneself" and the fourth dimension is "Life is Just Work" (four items). article). In the original work–life balance study, the total reliability of the scale was found to be 0.91, and the reliability of the four sub-dimensions was found to be 0.88, 0.81, 0.77, and 0.79, respectively.11 In this study, the Cronbach's alpha coefficients of the WBS sub-dimensions were 0.813, 0.567, 0.679, and 0.722, respectively, and the total WBS Cronbach's alpha coefficients were 0.813, 0.567, 0.679, and 0.722, respectively. The coefficient is 0.854.

Maslach Burnout Scale (MBS): It was first developed by Maslach and Jackson (Maslach & Jackson, 1981) The Turkish validity and reliability study of the scale was first conducted by Ergin, as reported by Celik Güzel (Celik Güzel, 2017) and the study was later repeated by Çam, as reported by Turk (Turk, 2022). With this scale, the burnout level was evaluated in a total of three sub-dimensions. These sub-dimensions were Emotional Exhaustion, Depersonalization and Personal Accomplishment. The scale, which consists of 22 items, has nine items (1, 2, 3, 6, 8, 13, 14, 16, and 20) for emotional exhaustion, five items (5,10, 11, 15, 22) for depersonalization, and eight items (4, 7) for emotional exhaustion., 9, 12, 17, 18, 19, 21) measured the personal success sub-dimension. The reliability coefficients of MBI were calculated for emotional exhaustion, 0.74 for personal accomplishment, and 0.77 for depersonalization using Maslach and Jackson (Maslach & Jackson, 1981) . After being adapted into Turkish by Turk (Turk, 2022)., the Cronbach's alpha coefficients for these three sub-dimensions were calculated as 0.83 for emotional exhaustion, 0.65, and 0.72 for personal accomplishment.12 In this study, the Cronbach's Alpha coefficients of the MBI sub-dimensions are 0.902, 0.792 and 0.799, respectively-, and the total MBS. Cronbach's alpha coefficient was 0.882.

Collection of Data: After the survey application was carried out by the researcher within the scope of the research, Ethics Committee Approval and Ministry of Health Scientific Research Permits and scale permissions were obtained, and the data were collected between September and November 2021, when preventive health services continued intensively during the COVID-19 epidemic. Due to the COVID-19 pandemic, it was not possible to fill out the survey and scale form prepared by the researchers using face-to-face interviews, as contact increases the contagiousness of COVID-19. The data collection tools of the research were converted into "Google survey" forms and sent online to the participants' mobile phones in the form of WhatsApp or text messages. When participants clicked on the Google Survey form link via the message sent to them, they were allowed to fill

out the relevant forms instantly after answering the question stating that they agreed to participate in the research.

Analysis of Data: The NCSS (Number Cruncher Statistical System) 2007 program (Kaysville, Utah, USA) was used for statistical analysis. Descriptive statistical methods (mean, standard deviation, median, frequency, percentage, and minimum and maximum) were used to evaluate the study data. The suitability of quantitative data for normal distribution was tested using the Shapiro-Wilk test and graphical analysis. The independent groups t-test was used for comparisons of normally distributed quantitative variables between two groups, the Mann-Whitney U test was used for comparisons of non-normally distributed quantitative variables between two groups, and one-way analysis of variance and Bonferroni corrected binary evaluations were used for comparisons of normally distributed quantitative variables between more than two groups. Kruskal-Wallis test and Dunn-Bonferroni test were used to compare non-normally distributed quantitative variables between more than two groups, and Spearman's correlation analysis was used to evaluate the relationships between quantitative variables. Statistical significance was set at $p<0.05$.

Ethics Committee Permission: In the research, adhering to the Declaration of Human Rights of Helsinki, written consent was obtained from healthcare workers by clicking on the statement "I agree to fill out the online survey form" after opening the message on their mobile phones. To conduct the research, written permission was obtained from the ethics committee of a university (Date: 19/08/2021, decision no: 849) and the Ministry of Health Scientific Research Permits Portal (2021-08-14T23_41_55).

Results

The findings of the research were examined in four sections;

1. Descriptive and professional characteristics of the participants:

Of the participants in the study, 69.8% were women, 49.2% were 35 years old and over, 56.3% were married and 39.7% had a bachelor's degree, and 47.6% had a spouse and child. It was determined that they lived together. 36.5% of the participants are family physicians, 54.8% have worked in the profession for 11 years or more, 67.5% work 40 hours a week, 84.9% chose the profession willingly, 46.8% It was determined that 41.2% of them were satisfied with the wages they received and 41.2% were satisfied with their duties (Table 1).

2. Participants' work-life balance and burnout levels

The total score average of the participants in the study on the Work Life Balance Scale is 3.04±0.62, and the average score they received from the sub-dimensions of work-life harmony, neglecting life, devoting time to oneself, and life being all about work is determined as 2.89±0.83, 2,89±0.67, 2.99±0.87, 3.41±0.92 (Figure I).

The average Maslach Burnout Scale score of the study participants was found to be 59.30±14.44. Participants scored 29.86±8.56 on the "emotional exhaustion" sub-dimension of the scale; 11.65±4.74 from the "depersonalization" sub-dimension; It was determined that they received 17.79±5.82 points from the "personal success" sub-dimension (Figure II).

3. Comparison of work-life balance and burnout levels according to descriptive and professional characteristics: A statistically significant difference was found between the scores of healthcare professionals from the WBS "Work Life Adaptation" sub-dimension according to their age groups and the individuals they live with ($p=0.019$, $p<0.05$; $p=0.030$; $p<0.05$). Compared to other age groups, healthcare workers under the age of 25 years had higher mean scores for those living with their parents than those living alone. A statistically significant difference was found between the average scores of the health workers in the IYDS total and "neglecting life" and "taking time for oneself" sub-dimension compared to the people they live with (respectively; $p=0.027$; $p=0.0210$; $p=0.024$, $p<0.05$). The life neglect score of those living with individuals other than their family was higher than that of those living alone, and it was determined that the work–life balance total and self-time subscale mean scores of those living with their parents were significantly higher than those of those living alone (Table 2)

A statistically significant difference was found between the scores of healthcare workers in the IAS total and IAS "taking time for oneself" sub-dimension and the MBS total and MAS "emotional exhaustion" sub-dimension, depending on the length of time they had worked in the profession ($p=0.039$, $p<0.05$; $p=$, respectively). 0.001, $p<0.01$; $p=0.001$, $p<0.01$;

p=0.01). It was determined that the average scores of the IAS total score and the "taking time for oneself" subscale of those who have been in the profession for 6-10 years were lower than those of those who worked for less than 5 years and over 11 years, and the average scores of the MBI total and "emotional exhaustion" scores were higher. A statistically significant difference was found between the scores of the participants in the "depersonalization" sub-dimension of the MBS according to the length of time they worked in the profession (p=0.036; p<0.05). It was determined that the average depersonalization score of healthcare professionals who had been working for 11 years or more was higher than in other years. It was determined that the average score of healthcare professionals working 40 hours a week on the IYDS "life is all about work" sub-dimension was significantly higher than those working more than 40 hours (p=0.001; p<0.01). The mean scores of healthcare workers who chose the profession voluntarily in the WBS "work life harmony" and "making time for themselves" sub-dimensions are higher than those who chose the profession unwillingly (p=0.048, p<0.05; p=0.019; p<0.05).

It was determined that the MBS total, "emotional exhaustion," "depersonalization," "personal achievement" subscale mean scores were statistically significantly lower (p=0.001, p<0.01; p=0.007, p<0.01; p=0.019, p<0.05; p=0.002; p<0.01). It was determined that the mean scores of male health workers compared to women and physicians compared to nurses in the "desensitization" sub-dimension of the MBS were statistically significantly higher (p=0.019, p<0.05; p=0.012; p<0.05) (Table 2).

4. Relationship between work and life balance and burnout levels

A negative, moderately statistically significant relationship was found between work-life balance and burnout levels of healthcare professionals (r=-0.588; p=0.001; p<0.01). A negative, strong, and statistically significant relationship was detected between the scores they received from the "Emotional Exhaustion" subscale of the MBS and the total scores of the EAS (r=-0.676; p=0.001; p<0.01). A strong negative statistically significant relationship was detected between the total scores of the MBS and the scores they received from the "Making Time for Oneself" sub-dimension of the IASQ (r=-0.618; p=0.001; p<0.01) (Table 3).

Table 1: Descriptive and Professional Characteristics of Healthcare Professionals

		n (%)
Gender	**Male**	38 (30.2)
	Female	88 (69.8)
Age	**<25 years**	11 (8.7)
	25-29 years	22 (17.5)
	30-34 years	31 (24.6)
	≥35 years	62 (49.2)
Marital status	**Married**	71 (56.3)
	Single	52 (41.3)
	Widow	3 (2.4)
Education level	**High school**	15 (11.9)
	Associate degree	18 (14.3)
	Undergraduate	50 (39.7)
	Postgraduate	43 (34.1)
People living together	**Alone**	29 (23)

	Parents	14 (11.1)
	Spouse	12 (9.5)
	Spouse and child	60 (47.6)
	Only child	3 (2.4)
	Other	8 (6.3)
Occupation	**Doctor**	46 (36.5)
	Nurse	29 (23.0)
	Emergency medical technician	8 (6.3)
	Medical officer	5 (4.0)
	Midwife	19 (15.1)
	Other	19 (15.1)
Length of employment in the profession	**<1 year**	1 (0.8)
	1-5 years	30 (23.8)
	6-10 years	26 (20.6)
	≥11 years	69 (54.8)
Weekly working hours	**<40 hours**	85 (67.5)
	>40 hours	41 (32.5)
Choosing a profession willingly	**Yes**	107 (84.9)
	No	19 (15.1)
Salary satisfaction	**Enough**	4 (3.2)
	Partially sufficient	34 (27.0)
	Insufficient	59 (46.8)
	Very inadequate	29 (23.0)
Task satisfaction	**Yes**	52 (41.2)
	No	35 (27.8)

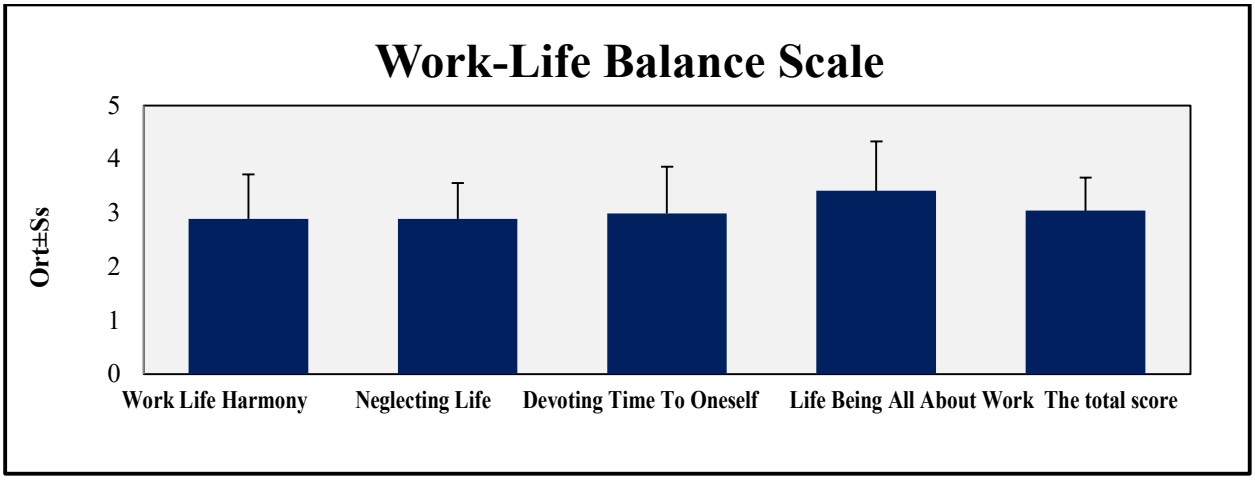

Figure I. Distribution of Work Life Balance Scale and its sub-dimensions

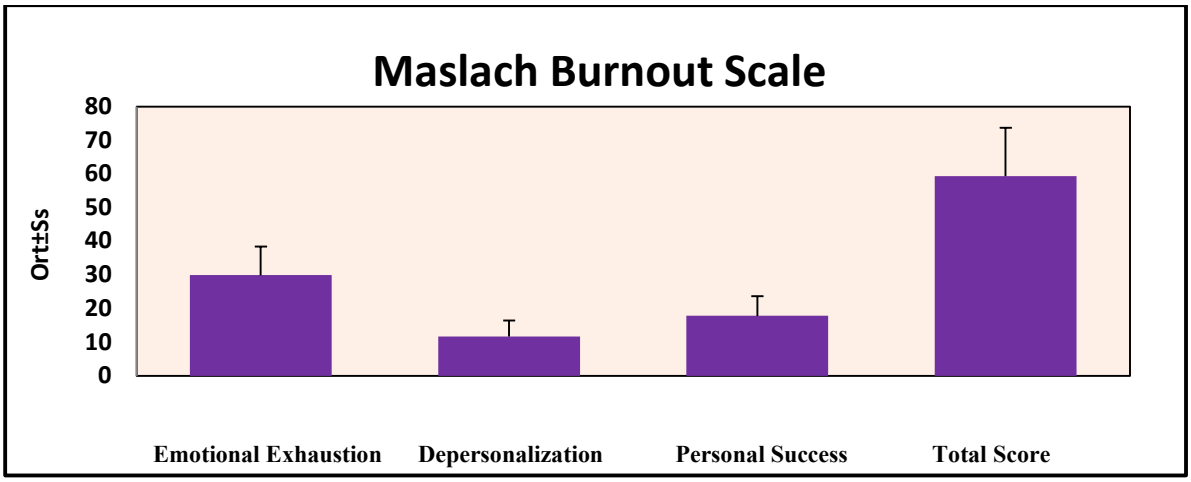

Figure II. Distribution of Maslach Burnout Scale and its sub-dimensions

Table 3. Relationship between Work Life Balance Scale and Maslach Scale

MBS		Work-Life Balance Scale				
		Work Life Harmony	**Don't Neglect Life**	**Making Time for Oneself**	**Life is Just Work**	**WBS Total Score**
Emotional Exhaustion	r	-0.585	-0.493	-0.666	-0.391	-0.676
	P-value	***0.001****	***0.001****	***0.001****	***0.001****	***0.001****
Depersonalization	r	-0.377	-0.188	-0.467	-0.247	-0.398
	P-value	***0.001****	***0.035***	***0.001****	***0.005****	***0.001****
Personal Success	r	-0.472	0.034	-0.211	0.087	-0.145
	P-value	***0.001****	***0.706***	***0.018***	***0.331***	***0.104***
Total Score	r	-0.661	-0.336	-0.618	-0.287	-0.588
	P-value	***0.001****	***0.001****	***0.001****	***0.001****	***0.001****

r: Spearman Correlation Coefficient $^{**}p<0.01$

Table 2. Comparison of Work Life Balance and Maslach Burnout Scale According to Descriptive and Occupational Characteristics

		Work Life Harmony	Don't Neglect Life	Making Time for Yourself	Life is Just Work	WBS Total Score	Emotional Exhaustion	Depersonalization	Personal Success	MBS Total Score
		Mean ± SD	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*	*Mean ± SD*
Gender	**Male**	2.97±0.79	3.06±0.63	2.98±0.80	3.41±0.90	3.11±0.60	29.18±8.30	12.92±4.11	18.24±4.65	60.34±13.15
	Female	2.85±0.85	2.82±0.67	2.99±0.89	3.41±0.93	3.02±0.64	30.15±8.71	11.10±4.9	17.60±6.28	58.85±15.02
P-value		***[a]0,461***	***[a]0.062***	***[b]0.979***	***[b]0.949***	***[a]0.471***	***[a]0.564***	***[b]0.019****	***[a]0.577***	***[a]0.597***
Age	**<25 years**	3.56±0.63	3.12±0.59	3.34±0.85	3.57±1.00	26 (17-39)	26.73±7.02	11.36±2.91	14.55±4.16	52.64±10.68
	25-29 years	2.68±0.89	3.01±0.67	2.78±0.74	3.39±0.87	31 (17-41)	30.45±8.06	11.73±3.15	18.59±5.85	60.77±13.59
	30-34 years	2.74±0.71	2.61±0.67	2.75±0.80	3.38±0.99	33 (15-45)	32.97±7.75	13.42±5.84	18.06±4.60	64.45±14.39
	≥35 years	2.92±0.85	2.95±0.65	3.12±0.91	3.41±0.91	28.5 (9-45)	28.65±9.06	10.79±4.69	17.95±6.50	57.39±14.74
P-value		***[c]0,019****	***[c]0.053***	***[d]0.065***	***[d]0.872***	***[c]0.076***	***[c]0.073***	***[d]0.171***	***[c]0.269***	***[c]0.053***
Marital status	**Married**	2.81±0.87	2.80±0.69	3.10±0.92	3.50±0.94	29 (9-45)	29.17±8.82	11.08±4.36	18.23±6.01	58.48±14.04
	Single	2.99±0.77	3.00±0.61	2.85±0.78	3.29±0.89	32 (17-45)	30.75±8.22	12.38±5.13	17.24±5.57	60.36±15.01
P-value		***[a]0,232***	***[a]0.090***	***[b]0.191***	***[b]0.180***	***[a]0.873***	***[a]0.307***	***[b]0.186***	***[a]0.346***	***[a]0.470***
Education level	**High school**	2.94±1.03	2.83±0.80	3.07±1.19	3.48±1.19	3.08±0.89	27.53±8.64	11.47±4.79	17.8±6.62	56.8±15.66
	Associate degree	3.35±0.84	2.84±0.65	3.13±0.94	3.42±1.07	3.18±0.71	28.39±7.24	9.44±2.99	15.44±3.96	53.28±9.25
	Undergraduate	2.78±0.75	2.89±0.58	2.99±0.75	3.37±0.86	3.01±0.56	30.70±8.44	11.38±4.46	18.2±5.69	60.28±14.23
	Postgraduate	2.80±0.80	2.93±0.73	2.91±0.85	3.43±0.85	3.02±0.57	30.30±9.23	12.95±5.32	18.3±6.27	61.56±15.63
P-value		***[c]0,072***	***[c]0.950***	***[d]0.842***	***[d]0.962***	***[c]0.755***	***[c]0.530***	***[d]0.104***	***[c]0.323***	***[c]0.182***
People living together	**Alone**	2.69±0.65	2.86±0.53	2.61±0.63	3.09±0.85	2.81±0.47	32.21±8.38	13.62±5.20	18.03±4.95	63.86±14.24
	Parents	3.43±0.76	3.10±0.70	3.48±0.86	3.64±0.85	3.41±0.62	27.21±6.77	10.07±3.71	14.07±4.32	51.36±10.72
	Spouse	2.90±1.08	2.76±0.73	2.88±1.01	3.73±0.93	3.07±0.83	31.83±10.61	12.83±5.13	17.67±5.14	62.33±19.29
	Spouse and child	2.80±0.84	2.79±0.68	3.08±0.91	3.43±0.95	3.03±0.63	29.16±8.57	10.94±4.48	18.25±6.09	58.35±13.34
	Only child	3.33±0.72	3.56±0.46	2.97±0.53	3.53±0.94	3.35±0.39	28.50±8.19	11.13±4.45	20.00±8.23	59.63±17.40
P-value		***[c]0,030****	***[c]0.021****	***[d]0.024****	***[d]0.148***	***[c]0.027****	***[c]0.314***	***[d]0.093***	***[c]0.118***	***[c]0.092***
Occupation	**Doctor**	2.79±0.72	2.84±0.63	2.81±0.83	3.52±0.70	2.99±0.57	31.3±9.02	13.52±5.23	17.98±4.81	62.80±15.04
	Nurse	3.02±1.01	2.97±0.69	3.24±0.88	3.51±1.02	3.18±0.69	28.93±9.19	9.59±3.74	16.97±6.96	55.48±14.47
	Emergency medical technician	2.96±1.14	2.90±1.00	3.19±1.22	3.50±1.18	3.14±1.01	28.75±8.89	11.63±5.07	16.00±3.70	56.38±15.07
	Medical officer	3.83±0.82	3.20±0.89	3.55±0.62	3.85±1.08	3.61±0.42	20.20±7.26	10.00±3.61	18.80±4.32	49.00±10.10
	Midwife	2.72±0.68	2.72±0.56	2.91±0.89	3.29±1.00	2.91±0.59	31.32±7.10	11.42±4.62	16.74±5.14	59.47±13.82
	Other	2.83±0.67	2.96±0.61	2.89±0.70	2.97±0.96	2.92±0.46	29.32±6.78	10.95±3.79	20.16±7.51	60.42±12.89
P-value		***[c]0,117***	***[c]0.667***	***[d]0.215***	***[d]0.258***	***[c]0.169***	***[c]0.116***	***[d]0.036****	***[c]0.385***	***[c]0.171***
Length of employment in the profession	**<1 year**	3.02±0.90	3.03±0.62	3.02±0.68	3.52±0.85	3.15±0.57	28.61±7.57	12.26±3.35	16.97±5.91	57.84±13.17
	1-5 years	2.60±0.53	2.79±0.60	2.43±0.81	3.26±0.85	2.77±0.54	35.15±7.06	14.31±5.22	19.38±4.00	68.85±12.27
	6-10 years	2.94±0.88	2.86±0.70	3.18±0.88	3.42±0.98	3.10±0.65	28.42±8.81	10.38±4.67	17.57±6.30	56.36±14.39
	P-value	***[c]0.118***	***[c]0.378***	***[d]0.001****	***[d]0.398***	***[c]0.039****	***[c]0.002****	***[d]0.001****	***[c]0.265***	***[c]0.001****
	<40 hours	2.83±0.81	2.94±0.68	2.99±0.88	3.63±0.74	3.10±0.60	29.85±8.50	11.89±4.65	18.41±5.65	60.15±13.67

Weekly working hours	**>40 hours**	3.01±0.87	2.78±0.63	2.99±0.84	2.96±1.10	2.94±0.67	29.88±8.80	11.15±4.94	16.51±6.04	57.54±15.95
	P-value	***[a]0.270***	***[a]0.223***	***[b]0.851***	***[b]0.001****	***[a]0.175***	***[a]0.985***	***[b]0.361***	***[a]0.086***	***[a]0.343***
Choosing a profession willingly	**Yes**	2.95±0.85	2.88±0.69	3.07±0.88	3.39±0.94	3.07±0.65	28.99±8.52	11.27±4.69	17.13±5.43	57.39±14.00
	No	2.54±0.60	2.92±0.55	2.57±0.68	3.55±0.80	2.90±0.48	34.74±7.20	13.79±4.53	21.53±6.68	70.05±12.27
	P-value	***[a]0.048****	***[a]0.820***	***[b]0.019****	***[b]0.593***	***[a]0.260***				
Salary satisfaction	**Enough& Partially sufficient**	3.32±0.85	3.23±0.73	3.42±0.85	3.91±0.75	3.47±0.57	24.63±7.83	10.32±3.67	16.95±5.87	51.89±11.3
	Insufficient	2.77±0.71	2.77±0.60	2.86±0.91	3.20±0.93	2.90±0.59	31.88±8.22	12.19±5.37	17.54±5.9	61.61±15.03
	Very inadequate	2.56±0.82	2.68±0.54	2.68±0.54	3.17±0.88	2.77±0.48	32.59±7.29	12.31±4.38	19.41±5.47	64.31±13.51
	P-value	***[c]0.001****	***[c]0.001****	***[d]0.001****	***[d]0.001****	***[c]0.001****	***[c]0.001****	***[d]0.199***	***[c]0.207***	***[c]0.001****
Task Satisfaction	**Yes**	3.34±0.83	3.14±0.71	3.38±0.91	3.74±0.88	3.40±0.62	24.29±7.56	9.25±3.86	16.44±6.2	49.98±11.26
	No	2.51±0.58	2.68±0.66	2.71±0.71	2.89±0.91	2.70±0.49	35.2±7.07	14.37±4.99	19.23±5.93	68.8±13.48
	Undecided	2.63±0.75	2.74±0.49	2.71±0.74	3.45±0.77	2.88±0.48	32.49±6.64	12.41±4.02	18.31±4.88	63.21±11.66
	P-value	***[c]0.001****	***[c]0.001****	***[d]0.001****	***[d]0.001****	***[c]0.001****	***[c]0.001****	***[d]0.001****	***[c]0.072***	***[c]0.001****

[a]Student-t Test *[b]Mann Whitney-U Test* *[c]One-Way Anova& Dunn Bonferonni Test* *[d]Kruskal Wallis Test & Dunn Bonferonni Test* *$^{**}p<0.01$*

Discussion

In a study in which we examined the relationships between work-life balance and burnout levels of employees at a primary health care center in Istanbul during the pandemic, it was found that the work-life balance of the participants was at a medium level or above. In another study conducted by oncology nurses with oncology nurses, it was found that nurses had a low work-life balance, and it was suggested that necessary interventions should be made to ensure this balance (Gribben & Semple, 2021). In another study conducted in Germany, internal medicine physicians working in outpatient centers had a lower work-life balance than their colleagues. It is stated that their life balance is in a better condition (Hussenoeder et al., 2021). In our research, it was found that the work–life satisfaction level of participants aged 25-29 and living alone was low. A positive work-life balance implies a high level of equal attention, concern, and time; a negative work-life balance is also noted to mean low levels of equal attention, concern, and time. It is also stated that the balance an individual perceives between work and life is a subjective situation (Irge, 2021).

In this research, participants who have been working in the profession for 6-10 years do not spare time for themselves; The lives of those who work in a primary health care center for less than a year, those whose weekly working hours are over 40 hours, and those who are permanent employees, consist of work; It was determined that those who did not choose the profession willingly devoted less time to themselves. Work–life balance affects many outcomes, such as employee health, life satisfaction, job satisfaction, and performance. However, individuals who achieve work-life balance can be more satisfied with their lives and jobs. In addition, the performance and psychological and physical well-being of these individuals may also increase (Akin, Ulukok & Arar, 2017).

In our study, it was determined that participants experienced high levels of burnout in the sub-dimensions of emotional exhaustion, depersonalization, and personal accomplishment. In another study examining the effect of the COVID-19 pandemic period on the burnout levels of healthcare professionals; According to the research results, it was determined that the participants experienced low levels of emotional exhaustion (67.3%), depersonalization (71.9%) and a sense of diminished personal accomplishment (40.6%) (Atılla & Karakaya, 2021).

In our research, it was determined that men and participants who were nurses by profession experienced more insensitivity, while participants with 6-10 years of professional experience, those who did not choose the profession willingly, those who were dissatisfied with their duties, and those who were paid insufficiently experienced more burnout. Other studies conducted with healthcare professionals have also found that nurses' burnout scores are higher (Bahadır & Kalender, 2017; Karaca Sıvrıkaya & Erısen, 2019). In a similar study, it was determined that healthcare professionals who were male, had more than 10 years of working experience, and worked 24 hours a day experienced more burnout (Karaca Sıvrıkaya & Erısen, 2019). In a study conducted with employees at community health centers, in another study among healthcare workers, it was determined that burnout levels are high in people who choose their profession unintentionally, are between the ages of 20-29, work in the city center, work overtime, are single, and are dissatisfied with the working system (Guden, 2020).

Burnout, which is a frequently encountered condition in healthcare workers, has negative effects on both the health and well-being of employees. It is considered a global problem because of its potential impact on the quality and safety of patient care (Karamanova et. al., 2016). In another study examining the factors related to burnout in Chinese nurses during the COVID-19 pandemic, it was stated that their burnout was at a mild-moderate level (Wan et. al., 2022). While in one study, it was found that healthcare workers in community health centers were not in serious emotional exhaustion, perceived themselves to be successful, and had low depersonalization (Tok et. al., 2017). Another study is revealed that physicians experienced high levels of anxiety, depression, and burnout during the pandemic (Turkılı et.al., 2021).

Another study investigated the relationship between burnout syndrome and quality of work life in a group of doctors working in primary and secondary healthcare institutions in Turkey. In study, emotional exhaustion in female doctors, depersonalization in doctors working in the city

center, It has been observed that both emotional exhaustion and depersonalization are higher in those who work in hospitals, those who work on duty, and those who work more than 218 hours a month (Mete, Deger & Pehlıvan 2020).

During the COVID-19 pandemic, healthcare workers were among the most affected professional groups. It is known that the high risk of infection among healthcare workers during the pandemic and the risk of transmitting the infection to their immediate surroundings triggers the feeling of burnout in this group of individuals (Yumru, 2020). Burnout is the individual's inability to fulfill the responsibilities he/she has to fulfill in his/her working life as a result of losing motivation due to stress, and as a result, psychologically moving away from his/her job. In the health sector, where human existence is at the core, the risk of burnout is highest in health professionals.

In this study, it was found that as the emotional exhaustion and depersonalization levels of the participants increased, work-life harmony decreased, the level of neglect of life decreased, the level of devoting time to oneself decreased, the level of distraction from work decreased, and work-life balance deteriorated. Although there are no studies in the literature that directly examine the relationships between work-life balance and burnout levels of healthcare workers, studies investigating work-life satisfaction and other factors in healthcare workers are quite limited (Gribben & Semple, 2021; Hollanda, 2019). In another study conducted with bank employees, similar to our study, the increase in emotional exhaustion at work is very limited. increases the negativity in life balance; However, it has been found that an increase in depersonalization reduces the negativity in work life balance. The "personal achievement" variable had no significant effect on work life balance (Ozutku, 2019).

It is a known fact that burnout is more common in members of professions that require intense interaction with people. On the other hand, it is emphasized that burnout is seen at a high rate in healthcare professionals who, in addition to saving lives, undertake roles such as being humane, reassuring, and compassionate (Guvenc & Baltacı, 2022). The unique dynamics of healthcare organizations impose heavy responsibilities on healthcare professionals. On the other hand, uncertainties regarding the Coronavirus

make working environments even more risky (World Health Organization). Situations such as increasing infection and death rates, long working hours, and being employed in COVID-19 areas regardless of the field of specialization are among the factors that increase the risk of burnout in healthcare workers (Gunduz Hoşgor et. al., 2021).

Limitations of the Research: This study was conducted in only one centre. Therefore, the results of the study cannot be generalized to all community health center employees. On the other hand, collecting research data during the pandemic period constitutes a major limitation as it prevents access to all healthcare professionals who make up the universe. In addition, although there are many studies examining burnout levels in healthcare professionals, there are almost no studies investigating burnout and work-life balance. For this reason, it is recommended to conduct comprehensive studies examining the relationships between work-life balance and burnout in healthcare professionals.

Implication: In this study, participants had a moderate or above work-life balance and experienced high levels of emotional exhaustion, depersonalization, and decreased personal accomplishment; It has been determined that emotional exhaustion and depersonalization are important factors that disrupt work-life balance. Burnout is quite common among healthcare professionals. Therefore, interventions should be planned to reduce the factors that cause burnout. Emphasis should be placed on studies examining the relationships between burnout and work-life balance. Attempts should be made to ensure work-life balance by eliminating factors that cause emotional exhaustion and depersonalization in healthcare workers. Different trainings should be planned to raise awareness of work-life balance in healthcare professionals.

References

AkIn, A., Ulukok, E., & Arar, T. (2017). Work-Life Balance: A Theoretical Review of Studies in Turkey. Afyon Kocatepe University Journal of Faculty of Economics and Administrative Sciences, 19(1), 113-124.

Apaydin, C. (2011). The relationship between the work addiction level of faculty members and

their work-life balance and work-family life balance (Doctoral thesis). *Ankara University Institute of Educational Sciences*, Ankara.

Atilla, E.A.M., & Karakaya, A. (2021). Effect Of Covıd-19 Pandemıc Perıod On The Levels Of Exhaustıon Of Health Workers. *Ankara Haci Bayram Veli University Journal of the Faculty of Economics and Administrative Sciences*, 23(3):653-680.

Bahadir, E., & Kalender, B. (2017). Examınatıon Of Healthcare Personnels' Depressıon, Burnout And Lıfe Qualıty Levels. *The journal of Academic Social Science*, 5(40):454-465.

Guzel, H. C. (2017). Association of burnout syndrome with low back pain, neck pain, mental status and quality of life in hospital workers. Institute of Health Sciences Journal, 2(1), 36-45.

Esin, MN., Dost A. Gulyenli N. (2021). Ethical problems encountered by nurses working in family health centers during the Covid-19 pandemic: a qualitative study. *SABIAD. Advance Online Publication*. doi:10.26650/-JARHS2021-982400.

Freudenberger, N.J. (1975). The staff burnout syndrome in alternative institutions, psychotherapy. *Theor Res Pract*, 12:73-82. doi:10.1037/h0086411.

Gribben, L., & Semple, C.J. (2021). Prevalence and predictors of burnout and work-life balance within the haematology cancer nursing workforce. *EJOHN*, 52:101973. doi:10.1016/j.ejon.-2021.101973.

Gunduz Hosgor, D., Catak Tanyel, T., Cin, S., & Bozkurt, S. (2021). Burnout In Healthcare Professıonals Durıng The Covıd-19 Pandemıc: A Case Of Istanbul Provınce. *Eurasian Journal of Researches in Social and Economics*, 8(2):372-386.

Guvenc, R., & Baltaci, E. (2022). Covid-19 and the mental health of healthcare workers. [Internet]. [cited 2022 July 21]. Available from: https://www.ttb.org.tr/kutuphane/covid19-rapor_6/covid19-rapor_6_Part41.pdf.

Ceylan, A., Benli, A. R., Soysal, B., Ozer, E., Guden, E., & Sarikahya, S. D. (2020). Satisfaction and exhaustion level of family health unit employees in Kayseri province. Turkish Journal of Family Practice, 24(2), 95-106.

Hall, D. T., Yip, J., Doiron, K. (2018). Protean careers at work: Self-direction and values orientation in psychological success. *Annual Review of Organizational Psychology and Organizational Behavior*, 5:129-156. doi:10.1146/annurev-orgpsych-032117-104631

Hollanda, P., Thamb, T.L., Sheehanc, C., & Cooper, B. (2019). The impact of perceived workload on nurse satisfaction with work-life balance and intention to leave the occupation. *Applied Nursing Research*, 49:70-76. doi:10.1016/j.apnr.2019.06.001.

Hussenoeder, F.S., Bodendieck, E., Jung, F., Conrad, I., & Riedel-Heller, S.G. (2021). Comparing burnout and work-life balance among specialists in internal medicine: the role of inpatient vs. outpatient workplace. *Journal of Occupational Medicine and Toxicology*, 16:5. doi:10.1186/s12995-021-00294-3.

Irge, N.T. (2021). Risk Factors Affecting Work-Life Balance. *Journal of Biga Economics and Administrative Sciences Faculty*, 2(3):322-333.

Karaca Sivrikaya, S., & Erisen, M. (2019). Examination of Burnout and Work-Related Tension Levels of Health Workers. *Journal of Nursology*, 22(2):121-129.

Karamanova, A.A., Todorova, I., Montgomery, A., Panagopoulou, E., Costa, P., & Baban, A. (2016). Burnout and health behaviors in health professionals from seven European countries. *Int Arch Occup Environ Health*, 89:1059-75.

Maslach, C., & Jackson, S.E. (1981). The measurement of experienced burnout. *J Occup Behav*, 2:99-113. doi:10.1002/job.4030020205.

Mete, B., Deger, M.S., & Pehlivan, E. (2020). The Relationship between Professional Burnout Syndrome and Quality of Working Life in Doctors. *Anatolian Clinic Journal of Medical Sciences,* 25(2):94-101. doi:10.21673/anadoluklin.695794.

Oral, M., Karakurt, N. (2021). Evaluation of the Relationship between Burnout and Psychological Symptoms among Staff Working with Individuals with Disabilities and Elderly, *Cyprus Turkish Journal of Psychiatry & Psychology*, 3(2): 123-131.

Ozutku, H. (2019). The Impact Of Burnout On Work Lıfe Balance And Employee Health: A Survey On Bank Employees. *Pamukkale University Journal of Social Sciences Institute*, 36:165-182. doi:10.30794/pausbed.447925.

Polat, S. (2018). Examining the Relationship Between Work-Life Balance and Job Performance of Female Teachers. *Journal of Women's Studies*. 4(2):187-205. doi:10.21798/kadem.2019249085.

Salant, P., & Dillman, D.A. (Editors). (1994). How to conduct your own survey. New York: Wiley.

Tas, BG., Ozceylan, G., Ozturk, GZ., Toprak, D. (2021). Evaluation of job strain of family physicians in COVID-19 pandemic period- an

example from Turkey. *J Community Health*. 46(4): 777-785.

Tezel, A.(2020). Possible risks and opportunities for public health nursing in the COVID-19 pandemic. 4th International 22nd National Public Health Online Congress, "Public health again for the new world" *Congress Book*, 2020;44.

Tok, S., Serik, B., Cetin Ekerbicer, H., Erdogan, N., Inci, M.B., Demirbas, M., Bedir, N., Kose, E., Karabel, M.P., & Aktan Kibar, F. (2017). Burnout Levels and Related Factors of Family Health Personnel who Work At Family Health Centers in Sakarya Province. *Sakarya Med J*, 7(1):39-46.

Turk, A. (2022). The Effect of Work-Family Life Conflicts of Social Workers on Job Burnout: Sivas Example. *International Journal of Social Work Research*, 2(2):159-169. doi:69283/1179927.

Turkili, S., Uysal, Y., Tot, S., & Mert, E. (2021). The examination of the difficulties, anxiety, and burnout experienced by family doctors due to the coronavirus pandemic.Turkish Journal of Family Medicine and Primary Care, 15(2), 348-356.

Wan, Z., Lian, M., Ma, H., Cai, Z., & Xianyu, Y. (2022). Factors associated with burnout among Chinese nurses during COVID-19 epidemic: a cross-sectional study. *BMC Nursing*, 21:51:1-8. doi:10.1186/s12912-022-00831-3.

World Health Organization (2020). Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health. [Internet]. [cited 2022 July 20]. Available from: https://www.who.int/docs/defaultsource/coronaviruse/who-rights-roles-responhwcovid-19.pdf?sfvrsn=bcabd401_0.

Worldometers. [Internet]. [cited 2024 August 21]. Available from: https://www.worldometers.info/coronavirus/

Yumru, M. (2020). COVID-19 and burnout in health workers. *Turkish J Clin Psy*. 2020; 23(1): 5-6 | DOI: 10.5505/kpd.2020.18942