

## An Evaluation of the Relationship between General Practitioners' Job Satisfaction and Burnout Levels

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**KEYWORDS** Job Satisfaction. Burnout. Physician. Healthcare. Productivity

**ABSTRACT** The purpose of the present study is to evaluate the relationship between the job satisfaction and burnout levels of general practitioners. The study was designed with the screening model and was conducted on seventy-one general practitioners. To evaluate general practitioners' job satisfaction levels, Minnesota Job Satisfaction Survey was used; and to evaluate their burnout levels Maslach Burnout Inventory was used. According to the study results, the intrinsic satisfaction and burnout levels of female physicians are higher than male physicians. In addition, with regards to marital status, it was confirmed that the intrinsic satisfaction scores of married physicians are higher than single physicians. Finally, although the Pearson Correlation Analysis indicated a significant relationship between the general satisfaction and personal accomplishment levels of general practitioners; there were no signs of a significant relationship between the emotional exhaustion and depersonalization dimensions of general practitioners.

### INTRODUCTION

The terms burnout and job satisfaction are especially related to people working in service sectors. In this context, based on healthcare workers in the service sector, the term burnout was first defined by Freudenberg as a concept that explained the mental and physical energy exhaustion resulting from a long term work stress (Bauer et al. 2003; Shieh 2014; Chen 2014). Various studies on this subject display that people working in service sectors are at a higher risk in confronting burnout and job dissatisfaction than people working in other sectors. In today's information era, the majority of workers encounter with the burnout syndrome (Jackson and Schuler 1983). While looking into the literature, it was seen that there have been many experimental studies on this subject. The literature points out that, although, the term burnout has been defined in several ways, it consisted of three common sub-dimensions. These are: emotional exhaustion, depersonalization and personal accomplishment (Maslach and Jackson 1981; Pines and Maslach 1980; Cordes and Dougherty 1993; Mitu and Leon 2011). In addition, burnout is also defined as the condition that occurs when; individuals depersonalize themselves when they come across people as a part of their job, individuals feel themselves emotionally exhausted and when their sense of personal accomplishment decreases (Maslach and Jackson 1981).

The burnout syndrome causes workers to emotionally and cognitively become distant from

their profession and workplace. This caused a decrease in worker productivity and efficiency (Maslach et al. 2001; Jackson and Schuler 1983; Cordes and Dougherty 1993). In this sense, burnout also brings about a decrease in job satisfaction (Garman et al. 2002). Physicians who suffer from burnout syndrome can have conflicts with their colleagues and malpractice their duties. Burke and Greenglass (2001) asserted that the burnout syndrome negatively affects a worker's professional life and family life. Physicians that work in healthcare constantly have to deal with sick, injured and helpless people, and this negatively affects their burnout and job satisfaction levels. There is an inverse connection between burnout and job satisfaction, where one increases while the other decreases. Workers' job satisfactions are accomplished in proportion to fulfilling their desires and expectations of their work and family lives. A worker's job satisfaction plays an important role in modern management mentality. Individuals enter an organization to meet their personal needs; they support the organization so as long as it serves for their own goals and once the expectations of an individual are met, he or she will be satisfied (Soyuk and Sohbet 2001).

There are several definitions in the literature for job satisfaction. Mumford (1991) defined it as the concordance between a worker's expectations from his workplace and profession and what he receives. Job satisfaction is also defined as; the state of workers being content or dissatisfied of their job (Davis 1988); an emo-

tional response that workers give to their profession which arise from their job values and job experiences (Oshagbemi 2000). Although, the job satisfaction is important for all professions, it becomes even more crucial for physicians. This is because the subject of healthcare is human life and it is a field that requires little mistake and utmost attention. Physicians that are experiencing job dissatisfaction at their work places will undergo an increasing burnout and their physical and mental health will be adversely affected. To improve the service quality of hospitals, physicians must work willingly, efficiently and effectively. Thus, it is important that physicians feel themselves physically and mentally good and be satisfied with their jobs.

Within this scope, the purpose of the present study is to evaluate the relationship between job satisfaction and burnout levels of general practitioners. In line with this purpose, the job satisfaction and burnout levels of physicians were evaluated according to demographic variables, and whether there is a relationship between job satisfaction levels and burnout levels of physicians was also investigated.

## MATERIAL AND METHODS

The present study is designed with the screening model. Screening model is an approach that aims at describing a past or present

event exactly the way it is (Karasar 1999). The study was conducted on 71 general practitioners working in Kutahya. By using the convenience sampling method, 123 surveys were handed out to general practitioners, 57.72% of the surveys were handed back and 71 surveys were evaluated. To evaluate general practitioners' job satisfaction levels, Minnesota Job Satisfaction survey was used and to evaluate their burnout levels Maslach Burnout Inventory was used. Physicians marked their answers on the Job Satisfaction Survey which was developed with a 5 point Likert scale consisting of options that range from "totally dissatisfying" to "totally satisfying". Statements in the Burnout Inventory were evaluated with a 6 point Likert scale with options ranging from "never" to "everyday". The collected data was evaluated with the SPSS 16.0 software. During the data analysis phase, when parametric assumptions were not possible; Man-Whitney U Test was used for binary groups and Kruskal-Wallis Variance Analysis was used for multiple groups. The job satisfaction and burnout levels of general practitioners were analyzed with the Pearson Coefficient of Correlation.

## FINDINGS

According to Table 1, the majority of general practitioners (87.32%) that participated in the

**Table 1: The distribution of general practitioners' job satisfaction levels according to demographic variables**

Variables		Job satisfaction					
		Intrinsic satisfaction		Extrinsic satisfaction		General satisfaction	
		X	ss	X	ss	X	ss
<i>Gender</i>	n						
Male	62	3.113	0.791	2.543	1.040	2.911	0.716
Female	9	3.401	0.871	2.709	1.051	2.859	0.803
Comparisons		Z= -1.205 p= 0.019		Z= -1.317 p= 0.430		Z= -1.293 p= 0.376	
<i>Marital Status</i>							
Married	61	3.503	0.741	2.998	0.965	3.502	0.798
Single	10	2.854	0.791	2.413	0.983	3.105	0.828
Comparisons		Z= -1.128 p= 0.032		Z= -1.909 p= 0.106		Z= -1.989 p= 0.214	
<i>Age</i>							
< 30	21	3.371	0.801	2.809	1.101	2.916	0.792
31-45	39	2.983	0.998	2.780	1.230	3.032	0.908
46 +	11	3.601	0.761	3.198	0.821	3.509	0.690
Comparisons		$\chi^2= 5.015$ p= 0.351		$\chi^2= 6.591$ p= 0.072		$\chi^2= 5.333$ p= 0.208	

[\*p < .05 significant]

study were male. With regards to marital status, 85.92% of the physicians were married. In addition, it can be said that over half of the physicians who participated in the study (54.93%) were between the ages of 31-45. General practitioners' job satisfaction levels according to demographic variables are given in Table 1.

When general practitioners were compared in terms of the job satisfaction dimension according to their gender, there was a significant difference in the intrinsic satisfaction [ $Z = -1.205$ ,  $p = 0.019$ ] dimension. It is evident that female physicians received a higher score in intrinsic satisfaction than male physicians. In addition, no significant statistical difference between the groups was identified in terms of extrinsic satisfaction [ $Z = -1.317$ ,  $p = 0.430$ ] and general satisfaction [ $Z = -1.293$ ,  $p = 0.376$ ] dimensions of female and male physicians. In this study, the gender variable caused a difference in terms of the intrinsic satisfaction dimension; but caused no difference in terms of the extrinsic and general satisfaction dimensions.

According to their marital status, no significant differences were identified among married and single general practitioners in terms of the intrinsic satisfaction dimension [ $Z = -1.128$ ,  $p = 0.032$ ]. It is evident that married physicians received a higher score than single physicians. The intrinsic satisfaction scores of married phy-

sicians were higher than single physicians. On the other hand, no significant statistical difference among the two groups was identified in terms of extrinsic satisfaction [ $Z = -1.909$ ,  $p = 0.106$ ] and general satisfaction [ $Z = -1.989$ ,  $p = 0.214$ ]. When general practitioners were compared in terms of the job satisfaction dimension according to their age groups, no significant differences were identified with regards to intrinsic satisfaction [ $\chi^2 = 5.015$ ,  $p = 0.351$ ] extrinsic satisfaction [ $\chi^2 = 6.591$ ,  $p = 0.073$ ] and general satisfaction [ $\chi^2 = 5.333$ ,  $p = 0.208$ ]. It is evident from this study that the age variable is not effective in the job satisfaction levels of general practitioners. Distribution of the scores that general practitioners received from the burnout dimension according to demographic variables is given in Table 2.

According to Table 2, when the burnout levels of general practitioners were compared according to their gender, no significant statistical difference was identified among female and male physicians in terms of the emotional exhaustion dimension [ $Z = -2.306$ ,  $p = 0.009$ ]. No significant difference was identified in the depersonalization [ $Z = -0.199$ ,  $p = 0.765$ ] and personal accomplishment [ $Z = -0.161$ ,  $p = 0.800$ ] dimensions. It is evident from these data that burnout levels of female physicians are higher than male physicians.

**Table 2: The distribution of general practitioners' burnout levels according to demographic variables**

Variables		Burnout					
		Emotional satisfaction		Depersonalization		Personal accomplishment	
		X	ss	X	ss	X	ss
<i>Gender</i>	n						
Male	62	2.798	1.179	2.501	0.997	4.025	0.964
Female	9	3.421	1.077	2.498	1.093	3.904	0.841
<i>Comparisons</i>		$Z = -2.306$ $p = 0.009$		$Z = -0.199$ $p = 0.765$		$Z = -0.161$ $p = 0.800$	
<i>Marital Status</i>							
Married	61	2.893	1.087	2.603	1.025	4.006	0.905
Single	10	3.036	1.106	3.828	1.173	3.352	0.924
<i>Comparisons</i>		$Z = -0.547$ $p = 0.471$		$Z = -0.879$ $p = 0.496$		$Z = -0.754$ $p = 0.423$	
<i>Age</i>							
< 30	21	2.997	1.183	2.176	0.746	3.828	0.693
31-45	39	3.207	1.096	2.420	1.094	3.519	0.971
46 +	11	3.803	1.127	2.518	1.076	3.791	0.915
<i>Comparisons</i>		$\chi^2 = 2.890$ $p = 0.004$		$\chi^2 = 0.517$ $p = 0.893$		$\chi^2 = 5.047$ $p = 0.283$	

[\* $p < .05$  significant]

According to the study, the marital status variable causes no significant difference on the emotional exhaustion [ $Z = -0.547$ ,  $p = 0.471$ ], depersonalization [ $Z = -0.879$ ,  $p = 0.496$ ] and personal accomplishment [ $Z = -0.754$ ,  $p = 0.423$ ] dimensions of physicians. According to this result, the marital status of physicians has no effect on their burnout levels. In addition, considering the age groups of general practitioners, there is a statistical significant difference among groups with regards to the emotional exhaustion [ $\chi^2 = 2.890$ ,  $p = 0.004$ ] dimension. Considering these data, we can say that the emotional exhaustion levels of physicians who are at the age of 46 and over are higher than the other physicians. Accordingly, there were no significant differences in the depersonalization [ $\chi^2 = 0.517$ ,  $p = 0.893$ ] and personal accomplishment [ $\chi^2 = 5.047$ ,  $p = 0.283$ ] dimensions. It is evident from these results that when the depersonalization and personal accomplishment dimensions are taken into consideration, the age variable has no important effect in the burnout levels of physicians.

As has been explained in Table 3, the relationship between general practitioners' job satisfaction and burnout levels was evaluated with the Pearson Correlation Analysis. While there is a negative significant relationship between job satisfaction and emotional exhaustion [ $r = -0.238$ ,  $p \leq .01$ ], there are no statistical significant relationships between intrinsic satisfaction and depersonalization [ $r = -0.102$ ,  $p > 0.05$ ]. In addition, there is a positive significant relationship [ $r = 0.378$ ,  $p \leq .01$ ] between intrinsic satisfaction and personal accomplishment. According to the study results, when the general practitioners' intrinsic satisfaction increases their emotional exhaustion and depersonalization levels decrease and personal accomplishments increases.

It is confirmed that there are no significant relationships between extrinsic satisfaction and

emotional exhaustion ( $r = 0.076$ ,  $p > 0.05$ ) and extrinsic satisfaction and depersonalization ( $r = 0.018$ ,  $p > 0.05$ ). In addition, there is a positive significant relationship ( $r = 0.293$ ,  $p \leq .05$ ) between the extrinsic satisfaction and personal accomplishment dimensions. According to the study results, when the general practitioners' extrinsic satisfaction increases their emotional exhaustion and depersonalization levels decrease and personal accomplishments increases.

While there are no significant relationships between general satisfaction and emotional exhaustion ( $r = -0.137$ ,  $p > 0.05$ ) and depersonalization ( $r = -0.067$ ,  $p > 0.05$ ); there is a positive significant relationship between general satisfaction and personal accomplishment ( $r = 0.407$ ,  $p \leq .01$ ). According to this result, when the general practitioners' general satisfaction levels increase, their personal accomplishment levels also increase; and their emotional exhaustion and depersonalization levels decrease.

## DISCUSSION

The results of the present paper which was conducted to evaluate the relationship between the job satisfaction and burnout levels of general practitioners are: When job satisfaction levels of physicians are compared according to demographic variables; the gender variable causes a difference only in the intrinsic satisfaction dimension. These results proved that the intrinsic satisfaction levels of female physicians are higher than male physicians. A research conducted by Kilic et al. (2004) stressed that gender is one of the most important variables that affect job satisfaction. In addition, according to the analysis that was carried out with regards to marital status, the intrinsic satisfaction scores of married physicians are higher than single physicians. A study on physicians that was con-

**Table 3: The relationships between the job satisfaction and burnout levels of general practitioners Dimensions**

		X	ss	1	2	3	4	5	6
<i>Job Satisfaction</i>	1. Intrinsic satisfaction	3.828	0.515	1					
	2. Extrinsic satisfaction	3.297	0.769	0.507	1				
	3. General satisfaction	3.665	0.508	0.881	0.831	1			
<i>Burnout</i>	4. Emotional exhaustion	2.292	0.538	-0.238**	0.076	-0.137	1		
	5. Depersonalization	1.951	0.615	-0.102	0.018	-0.067	0.502	1	
	6. Personal accomplishment	3.812	0.486	0.378**	0.293*	0.407**	-0.298	-0.337	1

[\*p < .05 significant]    [\*\*p < .01 significant]

ducted by Ramirez et al. (1996) pointed out that there is a significant relationship between being single and having a low job satisfaction level. According to a study on healthcare workers, the job satisfaction levels of married professionals are higher than single professionals (Musal and Ergin 1993). Besides, when general practitioners are compared according to the job satisfaction dimension in terms of their age groups, it is evident that the age variable has no important effect on job satisfaction levels of general practitioners. However, according to a study on physicians conducted by Lloyd et al. (1994), being at an elderly age contributes to the job satisfaction levels of physicians. According to the results of various other studies, there are no significant relationships between the job satisfaction levels of physicians at different age groups (Yildiz et al. 2003; Hayran and Aksayan 1991). A study conducted by Ergin (1992) underlines that as the age of workers increase their job satisfaction levels also increase.

When burnout levels of general practitioners are compared according to demographic variables, there is only a significant difference between female and male physicians at the emotional exhaustion dimension. The result demonstrated that emotional exhaustion levels of female physicians are higher than male physicians. A study conducted by Yavuzylmaz et al. (2007) puts forward that the females experience emotional exhaustion more than males. Similarly, a study conducted by Aktug et al. (2006) underlined that females display a more negative profile than males with regards to the emotional exhaustion and personal accomplishment dimensions. In addition, the present study pointed out that the marital status of physicians has no effect on their burnout levels. In the study that Karlidag et al. (2001) conducted, it is stated that females have lower depersonalization and personal accomplishment levels than males. According to the analyses based on the age groups of general practitioners, there is a significant difference at the emotional exhaustion dimension, and the emotional exhaustion levels of physicians that are at the age of 46 and over are higher than other physicians.

The relationships between general practitioners' job satisfaction and burnout levels were evaluated with the Pearson Correlation Analysis. While there is a significant relationship between intrinsic satisfaction, emotional exhaustion and personal accomplishment; there are no significant relationships between intrinsic sat-

isfaction and depersonalization. These results underlined that high intrinsic satisfaction levels of physicians have a positive effect on their personal accomplishment levels. A study on physicians conducted by Unsar et al. (2006) pointed out that the job satisfaction levels of physicians are at a medium level. Accordingly, while this study pointed out no significant relationships between extrinsic satisfaction, emotional exhaustion and depersonalization; it was stated that there is a significant relationship between extrinsic satisfaction and personal accomplishment. This displayed that high levels of extrinsic satisfaction have a positive effect on the personal accomplishment levels of physicians. A study on physicians conducted by Kurcer (2005) underlined that depersonalization and emotional exhaustion cases that indicate burnout levels occur rare. In addition, according to the Pearson Correlation Analysis that was implemented in accordance with the study purposes, there is a significant relationship between the general satisfaction and personal accomplishment levels of physicians; but there are no significant relationships at the emotional exhaustion and depersonalization dimensions. These data proved that high general satisfaction levels of physicians increase their personal accomplishment levels. A study conducted by Ay et al. (2004) found that depersonalization cases that indicate burnout levels of physicians are widespread. In the study conducted by Ozaltin (2002), it is stated that physicians have reached high levels of satisfaction in their profession.

## CONCLUSION

In conclusion, the burnout syndrome is a disruptive condition that negatively affects a worker's whole life. Burnout, not only causes physicians that deal with human lives to physically and mentally get exhausted, but also negatively affects their levels of job satisfaction. This can cause negative outcomes both for the physician and for the patient. For this reason, it is crucial that measures should be taken to increase job satisfaction levels and decrease burnout levels of physicians that work in the healthcare sector.

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