

# Burnout, job satisfaction, and anxiety-depression among family physicians: A cross-sectional study

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## ABSTRACT

**Introduction:** Physicians are the most burn-outed group among the occupations. Among the physicians, family physicians have the highest burnout rates. Our objective in this study is to determine factors that are effective on work satisfaction of family physicians and their correlations with their burnout, anxiety-depression levels. **Subjects and Methods:** This cross-sectional descriptive study was carried out in primary health care professionals in region of Southeastern Anatolia from Diyarbakir Turkey. A survey form consists of 74 questions, and which questions burnout, job satisfaction, and anxiety-depression level has been applied on family medicine doctors, supplementary items in a questionnaire. Total of 343 family medicine doctors were reached, and the questionnaires were administered by face-to-face interview. Statistical Package for Social Sciences for Windows 18.0 software was used for statistical analysis. **Results:** Work satisfaction of family physicians who are on call lower compared to doctors who are not on call among family physicians who have joined to study ( $P < 0.005$ ). It is determined that there is negative correlation between work satisfaction level of family physicians and emotional burnout, desensitisation, anxiety and depression point ( $P = 0.001$   $r = -0.23$ ,  $P = 0.015$ ,  $r = -0.16$ ,  $P = 0.06$ ,  $r = -0.124$ ,  $P = 0.0001$ ,  $r = -0.23$ ), there is positive correlation between emotional burnout levels and anxiety, depression average points ( $P = 0.001$ ,  $r = 0.34$ ,  $P = 0.0001$ ,  $r = 0.41$ ), there is positive correlation between anxiety and depression points ( $P = 0.0001$ ,  $r = 0.57$ ). **Conclusion:** 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 strong correlation between inadequacy of work satisfaction with burnout and anxiety, depression. As this can have negative effects on work performance, there is a need to look for solutions to increase work performance of family physicians.

**Keywords:** Burnout, family physician, primary care, work satisfaction

## Introduction

Work satisfaction is described as worker's feeling satisfaction about positive emotional situation that reached as a result of evaluating job, simply this is how much a staff gets pleasure from job.<sup>[1,2]</sup> Burnout term is described as "losing power, not making effort situation" and it is described as vocational danger.<sup>[3]</sup> According to Maslach and Jackson, (who are referred a lot in this area as a result of scale which they have developed) burnout is described as "physical, emotional, and mental syndrome which become clear with negative manners against work life and other people

with developing of negative ego in individuals who feels physical burnout, conical tiredness, desperation, and hopelessness."<sup>[4]</sup> Work satisfaction in medicine profession affects life out of work and always requires self sacrifice has great importance. Burnout of family physicians does not provide needs of patients and this decreases quality of health service. Studies show that burnout is widespread among healthcare staff.<sup>[5,6]</sup> A strong correlation is seen between work dissatisfaction of healthcare staff and hindering and anxiety.<sup>[7]</sup> Current literature lacks extensive studies that investigate the correlation between work satisfaction and burnout with anxiety depression terms.

This study investigated modifiable factors that could influence burnout, job satisfaction, and depression among family

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physicians, and the authors concluded that adjusting these factors in a resident's life may reduce burnout.

## Subjects and Methods

### Data collection

In this cross sectional and descriptive study, a questionnaire consisting of 74 expressions except from demographic variances has been used. Questionnaires have been given to family physicians who are working in the family health care centers and who have accepted to participate after approval of Community Health Province Directorate and analysis have been done on 343 questionnaires which are evaluated as appropriate for evaluation. Three different scales have been used in data collection to determine staffs' works satisfaction, burnout and anxiety depression levels except demographic information form.

### Demographic information form

In this questionnaire which aims to collect demographic information of family physicians. Demographic features which have questions like age, sex, marital status, income level's meeting needs situation, type and number of duties, work experience and work need are determined.

### Work satisfaction inventory

This inventory was developed by Spector (1997) to determine work satisfaction of workers.<sup>[8]</sup> Five-point Likert scale has been used to evaluate this inventory consists of 9 questions and adapted into Turkish by Kula.<sup>[9]</sup> Cronbach Alpha coefficient is found 0.78 in reliability analysis, which is done for questionnaire. Kurtosis and skewness values have been found between -1 and +1 for normal distribution, and distribution is normal.

### Burnout inventory

This questionnaire was developed in 1981 by Maslach and Jackson, who are seen as authority in burnout topic, has passed into literature as Maslach Burnout Inventory (MBI).<sup>[4]</sup> Turkish validity and reliability study has been done by Ergin.<sup>[10]</sup> In inventory, there are 9 five-point Likert type to measure emotional burnout, 5 five-point Likert type to measure desensitizing, 8 five-point Likert type to measure decreasing feeling in personal success, totally 22 piece five-point Likert types (0-4 points). Emotional sub dimension is internal dimension of burnout. Some symptoms such as tiredness, feelings of emotionally worn-out can be seen on people who are on that size. A person starts to think that he does not behave responsible to people whom he served as in the past and going to work for that person starts to be an anxiety resource.<sup>[11]</sup> Sub dimension of desensitization is interpersonal dimension of burnout. Person's displaying insensitive behaviors to individuals whom they give service is question in topic. Person became dehumanized and started to display snooty, strict, indifferent manners. If decreasing feeling is in sub dimension in personal success, people tend to feel themselves as negative. Person feel himself/herself inadequate, thinks that he has not advanced in his/her job and his efforts have not worked out. In evaluation of inventory, it is seen that the higher points in

emotional burnout and desensitization dimension, the lower points in personal success feeling, the more burnout is.<sup>[3]</sup> No breakpoint has been used during evaluation. Cronbach Alpha coefficient has been found 0.74 in validity analysis that has been done for inventory. Kurtosis and skewness values are between -1 and +, and distribution is normal.

### Beck anxiety inventory

It is an inventory that a person can apply individually to determine frequency of anxiety symptoms that individuals have experienced. It was developed by Beck *et al.* in 1988<sup>[12]</sup> and adapted into Turkish by Ulusoy *et al.*<sup>[13]</sup>

A self-evaluation inventory is used to determine frequency of anxiety that individuals have experienced. It has 21 items and "never," "low level," "medium level," and "high level" options, and Likert type that is graded between 0-3. Score interval is between 0-63, and total point shows volume of anxiety that a person experienced. Cronbach Alpha coefficient has been found 0.74 for validity analysis that has been done for Beck inventory. Kurtosis and skewness values are between -1 and +1, and distribution is normal.

### Beck depression inventory

Beck Depression Inventory was developed by Beck *et al.* is an inventory consisting of 21 terms that are used to determine symptoms that occur in depression and graded between 0-3.<sup>[14]</sup> It includes 21 self evaluation sentence and provides four-point Likert scales. It gives 0-3 points to each item. It predicts depression development as the point increases. Inventory's Turkish reliability and validity study has been done by Hisli.<sup>[15]</sup> In reliability analysis for inventory, Cronbach Alpha coefficient has been found 0.74. Kurtosis and skewness values are between -1 and +1 and distribution is normal.

### Statistical analysis

SPSS 18.0 statistic program is used to analyze data. In analysis of obtained data, frequency analysis, parametric (t test, ANOVA) and correlation tests have been used. Data evaluation is done on total points of answers that participants have effort each question. A statistical significance level is accepted  $P < 0.05$ .

## Results

Work satisfaction points of family physicians who are on call is lower compared to the participants who are not on call among family physicians who have joined the study ( $P < 0.005$ ). Work satisfaction of the participants who think financial income level does satisfy needs is lower ( $P < 0.001$ ). There is no difference in work satisfaction points according to family physicians' age, sex, marital status, service life in job, their partner's working condition and their diagnosed health problems ( $P > 0.05$ ) [Table 1].

There is negative correlation between work satisfaction level of family physicians and emotional burnout, desensitization, anxiety

and depression point ( $P = 0.001$   $r = -0.23$ ,  $P = 0.015$ ,  $r = -0.16$ ,  $P = 0.06$ ,  $r = -0.124$ ,  $P = 0.0001$ ,  $r = -0.23$ ), there is positive correlation between emotional burnout levels and anxiety, depression average points ( $P = 0.001$ ,  $r = 0.34$ ,  $P = 0.0001$ ,  $r = 0.41$ ), there is positive correlation between anxiety and depression points ( $P = 0.0001$ ,  $r = 0.57$ ) [Table 2].

### Discussion

There is correlation between family physicians' working productively and being helpful to their patients and their work satisfaction. Protecting and developing health of family physicians is critically important not only for family physicians and their families but also for their patients.<sup>[6]</sup> It is obvious in the studies that burnout among medicine staff gradually increase and this situation affects not only doctors but also quality of health service and patient care.<sup>[16]</sup>

In a study that Kaya *et al.* although, there is no specific break point to evaluate subcomponents of Maslach inventory in each sub scale, mode of emotional burnout is 36, mode of desensitization is 20, and personal success is 32.<sup>[17]</sup>

In the study that Kaya *et al.* did in first step health institution in 2005, they have found that family physicians' emotional burnout point 14.0, desensitization point 4.1, and personal success point 10.3.<sup>[18]</sup> In the study that Yavuzyilmaz *et al.* have done in community clinics, it is seen that doctors have taken 14.2 points in emotional burnout dimension, 5.0 in desensitization dimension, and 9.5 in personal failure dimension.<sup>[19]</sup> In our study, emotional burnout of doctors has been found 13, desensitization 6–7, and personal success points 20.5. These results make us think that doctors feel bit tired and emotional wear about their profession. On the other hand, the low score in the sub-dimension of desensitization indicates that this situation does not reflect yet negatively on the population whom family physicians give care. Although emotional burnout and desensitization points in two studies are similar to our study, personal success points are lower than our study. This situation shows that burnout level of our study is at similar level in comparison with results obtained with other studies in our country.

In study of Goehring *et al.* in Switzerland, emotional burnout point of first step family physicians is 17.9, desensitization point is 6.5, and personal success points is 39.6. In the study done in Italy, points are 18.5, 6.1 and 38.5.<sup>[20]</sup> In the study done in England, emotional burnout for practitioners is 26.1 and 22.3 points, desensitization is 9.8 and 7.4 points, and personal success is 32.7 and 39.4.<sup>[21,22]</sup> A personal success point has been obtained in our study is lower than international studies as it is seen. Our study takes more attention as it shows the need those family physicians practices should be evaluated from time to time.

There are studies that give different results about the correlation between service life and burnout situation in literature. Kirwan, Sunter and Kurcer have not determined any correlation between service life and burnout points in their study.<sup>[23-25]</sup> In our study, it is clear service life is not effective of burnout points. In the study done on healthcare staff in Estava, Spain, high job satisfaction protects the person from burnout.<sup>[26]</sup> Burnout points of the ones who says anxiety increases because of work load and work stress, and the ones who are not pleased about their working environment is high.<sup>[27]</sup> Goehring has found in his study that being not pleased about work conditions is a risk factor for burnout.<sup>[20]</sup>

**Table 1: Demographic variables**

Demographic variables	n (%)
Sex	
Male	188 (55)
Female	155 (45)
Marital status	
Married	255 (74)
Single	68 (20)
Widow	20 (6)
Age	
20-30	102 (30)
31-40	148 (43)
41-50	62 (18)
50+	31 (9)
Regular on call type	
Emergency doctor	45 (13.2)
Judicial doctor	111 (32.5)
Specialist call	85 (25)
Work experience (year)	
1-5	90 (26)
6-10	120 (35)
11-20	133 (39)
Does your income meet your needs?	
Yes	106 (31)
No	237 (69)
If you have chance, do you want extra work?	
Yes	192 (56)
No	151 (44)

**Table 2: Correlation between work satisfaction, anxiety-depression, and burnout**

	Work satisfaction	Emotional Burnout	Desensitization	Personal Success	Anxiety	Depression	Mean±SD
Work satisfaction	1						28±6.2
Emotional burnout	- 0.225**	1					16.7±7.3
Desensitisation	- 0.161	0.612**	1				5.6±4.1
Personal success	0.205	- 0.1	- 0.244*	1			20.3±5.4
Anxiety	- 0.124**	0.343**	0.255	- 0.074	1		10±9.9
Depression	- 0.234*	0.415**	0.338	- 0.097	0.565**	1	12.2±9.5

\*\*Correlation is significant at the 0.01 level (two-tailed). \*Correlation is significant at the 0.05 level (two-tailed). SD: Standard deviation

In our study, similarly, it is clear that burnout points of family physicians increase as work satisfaction decreases.

Various studies conducted in different regions, showed that the doctors who are in any kind of on call service have low job satisfaction.<sup>[28,29]</sup> Our study confirms that job satisfaction of family physicians who are on call having certainly is low because of that on call service decreases job satisfaction.

It is studied in few studies that there is correlation between work satisfaction rates' being low and burnout with anxiety. It is determined that there is a close relation between doctors' having difficulties in work environment and burnout.<sup>[30]</sup> Our study demonstrated that the participants who have low job satisfaction have higher anxiety points. Moreover, the work satisfaction's being low have also negative psychological results or oppositely it is effective on the situation that the participants who have higher anxiety have lower work satisfaction and work productivity. This situation can cause decreasing of work productivity of family physicians who have important decision about human health and cause the people whom they take service to be affected badly. For this reason, studies for developing individuals and institutional methods toward doctors increasing work satisfaction by rearranging working conditions that effects work satisfaction are warranted.

According to the previous literature that decreasing work satisfaction can cause decreasing in work productivity and increasing in burnout. The relation between work satisfaction and anxiety can be a vicious circle. For example, while jobs of individuals who have high anxiety scores are a resource for anxiety because of their existing anxiety, work satisfaction decreases gradually and anxiety scores of the participants who have low job satisfaction can increase. The current literature lacks the studies that investigate the relationship of low financial income and work satisfaction.<sup>[24,31-32]</sup> In our study, we demonstrated that the burnout levels of the participants who have low income have high burnout level.

## Conclusion

In our study, it is foreseen that practice of call service of family physicians and their considering income level to be inadequate, although their income is provided above the poverty line in our country, cause their burnout levels higher and work satisfaction lower. The evaluation of physicians' expectations in practice seems to be an important need. It should be increase awareness that the burn out of family physicians has significance due to particular group that they serve. It is clear that there is a need for wider participation in the study of family physician's burnout in the future.

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## Conflicts of interest

There are no conflicts of interest.

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