

# Job Satisfaction and Burnout Levels of Home Care Nurses in Turkey

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## Abstract

Owing to the nature of their jobs, nurses all over the world experience burnout. The aim of this descriptive and correlational study was to describe the job characteristics, job satisfaction and burnout levels of home care nurses, and to predict what factors contributed to their job satisfaction and burnout levels. The study population consisted of 80 nurses working in home care units. Of them, 71 participated in the study. A socio-demographic questionnaire, the Minnesota Satisfaction Scale and the Maslach Burnout Inventory were used. Of the participants, 85.9 per cent were female, 56.4 per cent had a bachelor's degree, and 46.5 per cent were employed in the public sector, 36.6 per cent in municipalities and 16.9 per cent in the private sector. The results revealed that their burnout levels for emotional exhaustion and personal accomplishment were high, and moderate for depersonalisation. Perceived work-related stress was more associated with emotional exhaustion and depersonalisation than with work satisfaction. Home healthcare nurses were suffering from high levels of burnout. Interventions are needed to improve job satisfaction, to reduce the burden of burnout among nurses, and to prevent them from leaving their jobs and retiring earlier.

**Keywords:** burnout; home care; job satisfaction; nursing

## Background

Owing to the nature of their jobs, nurses all over the world experience problems. These problems are long and irregular working hours, night-shift duties, low wages, lack of support, lack of enough autonomy, and poor communication within the team (Burmeister et al. 2018; Khamisa et al. 2016; Liu et al. 2015; O'Connor, Neff, and Pitman, 2018). Research conducted with nurses has demonstrated that many factors



such as relationships with colleagues, insufficient wages (Chan et al. 2009), incompatibility between education received and work, insufficient education after graduation, heavy workloads (Samia et al. 2012; Van der Doef, Mbazzi, and Verhoeven 2012; Van der Elst et al. 2016), lack of task clarity, little chance to progress in occupation (O'Connor, Neff, and Pitman 2018), and unfavourable working conditions and administrative policies affect job satisfaction negatively (Samia et al. 2012; Ruzafa-Martínez et al. 2008; Yurumezoglul and Kocaman 2015).

In addition, job dissatisfaction may have organisational effects such as absenteeism, increased turnover and drop in work efficiency (Burmeister et al. 2018; Chan et al. 2009; Dall'Ora et al. 2015). Results of some studies indicate that no matter which area they work in, nurses' job satisfaction levels are low (Burmeister et al. 2018; Ellenbecker, Boylan, and Samia 2006; Hasson and Arnetz 2008; Toh, Ang, and Devi 2012). Low job satisfaction plays a critical role in nurses' intent to quit their jobs and to retire earlier (Toh, Ang, and Devi 2012) and is a driving factor in deciding to leave work (Ellenbecker, Boylan, and Samia 2006; Ellenbecker et al. 2007).

The three key dimensions of burnout are overwhelming exhaustion, a feeling of cynicism or depersonalisation, and a sense of ineffectiveness and lack of accomplishment (Schaufeli, Leiter, and Maslach 2009). Among major stressors for medical personnel in terms of burnout are heavy workloads, stress, obligation to provide emotional support to patients, giving care to severely and terminally ill patients, disrupted sleep patterns, and a great number of night-shift duties (Samia et al. 2012). Problems in professional relationships, dealing with patients whose diagnosis or treatment is difficult, insufficient hospital resources, dealing with patients' relatives, economic considerations, restrictions on private life because of the heavy workload and work-related stress also lead to stress and burnout (Fujiwara et al. 2003; Hasson and Arnetz 2008). Other important factors leading to burnout are limited career and educational opportunities (Liu et al. 2015; Woodhead, Northrop, and Edelstein 2016). The burnout was reported to be associated with a nurse's intention to leave (Estryn-Béhar et al. 2007; Toh, Ang, and Devi 2012). In the literature, a strong relationship has been indicated between job satisfaction and burnout (Faragher, Cass, and Cooper 2005; O'Connor, Neff, and Pitman 2018; Samia et al. 2012; Toh, Ang, and Devi 2012).

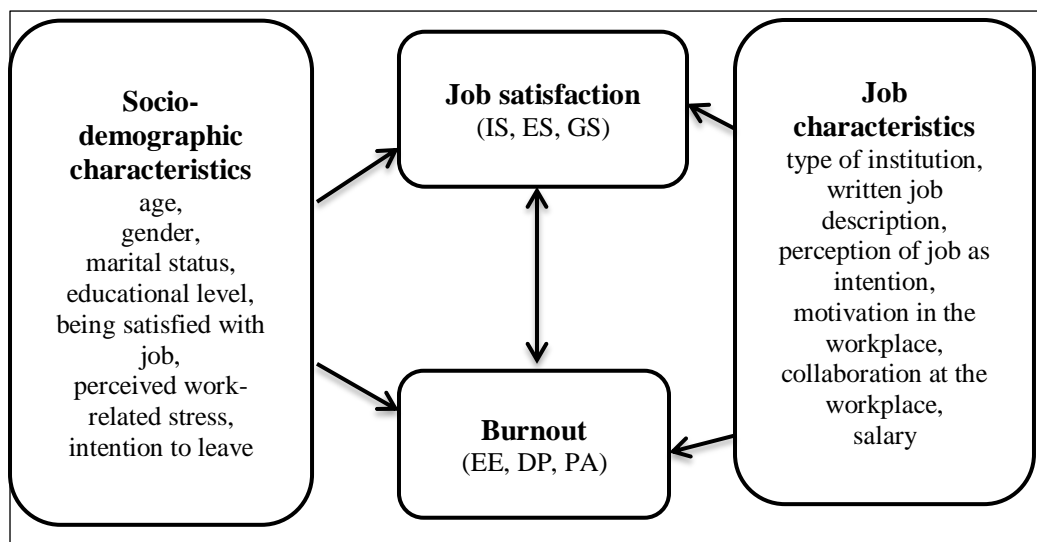
Home care services are aimed at improving an individual's quality of life in line with his/her needs. In developed countries such as Canada, the USA and Japan, home care services are developing day by day (Fujiwara et al. 2003; Judkins and Rind 2005; Maurits et al. 2017). In Turkey, the provision of home care services and employment of nurses in this field was started in 2005 by the private sector and in 2010 by the public sector (Ministry of Health 2005; 2010). However, although nurses are employed in home care services, there are no certificate programmes on home care nursing in Turkey. Nurses working in this field are not given any training on home care nursing either. Especially in the public sector, nurses working in any clinical area can be shifted

to perform home care. Nurses working in the private sector are usually recent graduates without a certificate of home care nursing.

Home care nurses are reported to have low job satisfaction and to be at high risk of developing burnout (Ellenbecker, Boylan, and Samia 2006; Samia et al. 2012). The most important factors determining their intent to leave their job or causing them to leave their job are low job satisfaction and organisational commitment (Ellenbecker et al. 2007; Tourangeau et al. 2014). In a study conducted to compare nurses working in the hospital setting and the nurses working in home care services, factors affecting home care nurses' job satisfaction or dissatisfaction were identified as overtime, paperwork, poor relationships and communication, lack of professional development opportunities, inflexible work schedules, lack of support from colleagues, and lack of professionalism of nurse colleagues (Ellenbecker, Boylan, and Samia 2006). Both the nurses working in the hospital setting and the nurses working in home care services were dissatisfied with the physician-nurse cooperation, insufficient wages and personal rights. Although the working areas are different, the dissatisfaction remains the same.

It has been observed that job dissatisfaction has negative effects on the burnout levels of home care nurses (Ellenbecker, Boylan, and Samia 2006; Hasson and Arnetz 2008). Researchers show that nurses working in different fields have low job satisfaction levels but high burnout levels (Khamisa et al. 2016; Mendes, Claro, and Robazzi 2014; Dall'Ora et al. 2015; Toh, Ang, and Devi 2012; Wang, Liu, and Wang 2015). The samples of these studies mostly comprised nurses working in oncology (Guveli et al. 2015; Toh, Ang, and Devi 2012), emergency (Hooper et al. 2010; Kebapci and Akyolcu 2011), intensive care (Kahraman et al. 2011), community health (Hu et al. 2015), psychiatry (O'Connor, Neff, and Pitman 2018), nephrology (Chayu and Kreitler 2011), and haemodialysis units (Hayes, Douglas, and Bonner 2015), and in prisons (Mendes, Claro, and Robazzi 2014).

While the number of international studies conducted to determine home care nurses' job satisfaction and burnout levels is not many (Ellenbecker, Boylan, and Samia 2006; Maurits et al. 2017; Samia et al. 2012), in Turkey, only one study was conducted on the issue in 2003 (Kar 2003). This Turkish study carried out with 65 nurses was a thesis study aimed at investigating the job satisfaction levels of home care nurses and the difficulties they had while providing home care services (Kar 2003). Because our search for studies investigating home care nurses' job satisfaction and burnout levels demonstrated a gap in the literature, the present study was carried out to contribute to the literature about home care nursing. The present cross-sectional survey study has two aims; firstly to describe the job characteristics, job satisfaction and burnout levels of home care nurses, and secondly to predict what factors affect their job satisfaction and burnout levels. The conceptual framework used to predict factors is shown in Figure 1. In this framework, socio-demographic, and job characteristics of nurses are primarily related to job satisfaction and burnout.



IS: intrinsic satisfaction, ES: extrinsic satisfaction, GS: general satisfaction, EE: emotional exhaustion, DP: depersonalisation, PA: personal accomplishment

**Figure 1:** Conceptual framework of the study

## Methods

### Setting and Study Population

Although all nurses in Turkey have been required to complete a four-year university education (BS degree) since 2007, nurses who previously graduated from high schools or associate nursing degree programmes are allowed to work in public and municipal institutions and the private sector. Full-time nurses are contracted to work 40 hours a week. No nurses work part-time. The patient load is high especially for nurses working in hospitals (10–30 patients per nurse in inpatient clinics).

Home care services are offered by home care centres affiliated to hospitals or municipalities. Each home care centre is responsible for a population ranging from 1 000 to 2 500. The patient-nurse ratio for home care nurses is not known. Most of the sample works the 08:00 to 16:00 shift and are relatively experienced in home care departments. Working hours are longer in the private sector. The home care team mostly includes one doctor, one or two nurses, and sometimes a medical secretary, and a dietician or a social worker in the home care setting. Hierarchically, nurses are responsible to doctors. Nurses working in home care setting are supposed to change catheters, to measure vital signs, to perform decubitus assessments and care, and to prepare drug reports in the home environment. Owing to a lack of time and staff, they do not perform physical assessments, nursing diagnoses or nursing processes.

The city where the study was conducted has a population of 4 168 415 (Turkish Statistics Institute 2016). In the city, there are 37 home care centres run by the public, municipal and private sectors. The total number of nurses working in these 37 centres is 80. No sampling method was implemented in this present study. All of these 80 nurses were planned to be included in the study. However, the study sample consisted of 71 nurses because the remaining nine nurses did not want to participate in the study. The participants' ratio was 88.8 per cent. As shown in Table 1, most of the nurses (46.5%, n = 33) work in publicly owned home care centres or units. The study was carried out between 1 February 2015 and 5 May 2015.

**Table 1:** Participants' socio-demographic characteristics (N = 71)

Demographic variables	n	%
Age group (n = 69)		
20-29	17	24.6
30-39	27	39.2
40-49	19	27.5
≥ 50	6	8.7
Gender		
Female	61	85.9
Male	10	14.1
Education		
High school	14	19.7
Pre-licence	17	23.9
Baccalaureate	40	56.4
Marital status		
Married	53	74.6
Single/divorced	18	25.4
Perceived economic status		
Income = Expense	36	50.7
Income < Expense	31	43.7
Income > Expense	4	5.6
Type of organisation		
Public/government	33	46.5
Ministry	26	36.6
Private sector	12	16.9
Health perception		
Bad/very bad	10	14.1
Moderate	30	42.3
Good/very good	27	43.6
Total	71	100
Perceived work-related stress level		
Median (minimum-maximum)	7.0	0-10

### *Socio-Demographic Questionnaire*

The questionnaire used in the study was developed by the researchers in line with the literature. It included 18 items (Ellenbecker, Boylan, and Samia 2006; Ellenbecker et al. 2007; Kar 2003). To provide a clear and feasible questionnaire, three experts were consulted and after their opinions had been obtained, minor changes were made in some items. While eight of the items question the participants' socio-demographic characteristics, 10 items are open-ended questions on job characteristics such as the workplace, length of employment in nursing and home care, health, satisfaction with the job, working hours, and the number of home visits per month.

### *Job Satisfaction*

Job satisfaction refers to the extent to which employees like their work and have a positive or negative attitude to their jobs. The Minnesota Satisfaction Scale (MSS) was used to assess job satisfaction (Baycan 1985; Weiss, Dawis, and England 1967). The scale is used to measure intrinsic satisfaction (IS), extrinsic satisfaction (ES) and general satisfaction (GS). The scale is a five-point Likert-type scale. Its neutral cut-off point is three. A score lower than three refers to low job satisfaction whereas a score greater than three refers to high job satisfaction (Baycan 1985). Cronbach's alpha values were .89 for MSS (IS = .86, ES = .78) in this study.

### *Burnout*

Burnout is conceptualised as the feeling of emotional exhaustion, distancing from clients, and reduced personal accomplishment (Schaufeli, Leiter, and Maslach 2009). In the present study, burnout levels were measured using the Maslach Burnout Inventory (MBI) (Cam 1992; Maslach and Jackson 1981). The scale is used to assess the burnout syndrome in three subscales: emotional exhaustion (EE), depersonalisation (DP), and personal accomplishment (PA). Burnout scores are expressed as low, medium and high levels of burnout (for the EE, 0–11 indicates low, 12–17 indicates medium,  $\geq 18$  indicates high; for the DP: 0–5 indicates low, 6–9 indicates medium,  $\geq 10$  indicates high; for the PA:  $\geq 26$  indicates low, 22–25 indicates medium, 0–21 indicates high levels) (Sürgevil 2005). Cronbach's alpha values were .72 for MBI (DP = .78, EE = .84, PA = .78).

### **Data Collection**

A pilot study was conducted on 10 health professionals randomly selected from health professionals working at the health facilities where the study was conducted. The pilot study demonstrated that the questionnaire items were understandable, that there was no need to make any changes and that it did not take long to complete the questionnaire. After the pilot study, the nurses filled in the questionnaires under the supervision of the first investigator. It took 10–15 minutes to complete the questionnaire.

## **Data Analysis**

To conduct the statistical analysis, numbers, percentages, arithmetic means, standard deviation and median were used. The dependent variables of the study are IS, ES, GS, EE, DP and, PA. The independent variables of the study are socio-demographic characteristics (for example age, gender, education level, and marital status), and characteristics related to job characteristics (for example the type of workplace, cooperation between colleagues, participation in decisions in the work environment, job satisfaction, the presence of initiatives to increase the motivation in the workplace, and the perception of workload as intense). To perform correlations between perceived work-related stress and job satisfaction and burnout, the measurement indices were analysed by Pearson's product-moment correlations ( $r$ ). Parametric and non-parametric analyses were employed in the comparisons. All  $p$  values reported are two-tailed. The statistical significance was set at 0.05 and analyses were conducted using the SPSS statistical software (Version 21.0).

## **Ethical Issues**

Ethical and institutional approvals were obtained from the Non-Interventional Clinical Ethics Committee (Reference Number 13/2015). Before the data were collected, the participants were informed about the purpose of the research, and their written consent was obtained. The participants were requested not to write any personally identifiable information on the questionnaire to assure anonymity. They were ensured that the data would be kept confidential and would not be disclosed to the institutions where they worked.

## **Results**

### **Socio-demographic Characteristics and Job Characteristics**

The participating nurses' socio-demographic characteristics are given in Table 1. Table 2 shows their characteristics related to job satisfaction and burnout. According to the responses, 62 per cent ( $n = 44$ ) were provided with written job descriptions by the organisation, 60.6 per cent perceived their workload as intense, 53.5 per cent participated in the decision-making process, and 57.7 per cent considered themselves competent enough to provide home care. While 40.8 per cent of them considered that there was collaboration between colleagues in all matters, 38.1 per cent thought that there was cooperation only in professional matters. While 80.3 per cent of them thought that they did not have opportunity to progress in their career, 59.2 per cent had intentions to leave their jobs. Among the factors contributing to their intentions to leave their jobs are the feeling of being neglected (9.5%), superior-subordinate relationships (7.1%), and failure of the system (7.1%). While 73.3 per cent of them were satisfied with their work, 47.9 per cent considered their salaries unsatisfactory.

**Table 2:** Characteristics related to job satisfaction and burnout (N = 71)

<b>Job characteristics variables</b>	<b>n</b>	<b>%</b>
<b>Written job description</b>		
Not available	44	62.0
Available	27	38.0
<b>Perception of workload as intense</b>		
Very intense	20	28.2
Intense	43	60.6
Not intense	8	11.2
<b>Participation in the decision-making process</b>		
Fully participating	38	53.5
Occasionally participating	29	40.8
Not participating	4	5.7
<b>Collaboration with colleagues/team</b>		
All matters	29	40.8
Only professional matters	27	38.1
No collaboration	15	21.1
<b>The presence of motivation in the workplace</b>		
Not available	51	71.8
Available	20	28.2
<b>Motivators*</b>		
Expression of appreciation about tasks performed	13	18.3
Helping personnel with their personal problems	9	12.7
Feeling of inclusion	8	11.3
Sufficient performance application	6	8.4
Promotion and progress opportunities in occupation	3	4.2
Improvement in working conditions	3	4.2
<b>Opportunity to progress in their career</b>		
Not available	57	80.3
Available	14	19.7
<b>Thought about leaving</b>		
No	29	40.8
Yes/sometimes	42	59.2
<b>Reasons for leaving*</b>		
Being neglected	4	9.5
Superior-subordinate relationships, interpersonal relationships	3	4.22
Failure of the system	3	4.22
Incompetence of team members	2	2.81
Other (tiring, subcontracting, financial conditions, family reasons, etc.)	6	14.3



Job characteristics variables	n	%
Being satisfied with the job		
Satisfied	52	73.3
Partially satisfied	17	23.9
Not satisfied	2	2.8
Remuneration satisfaction		
Unsatisfactory	34	47.9
Partially satisfied	24	33.8
Fully satisfied	13	18.3
Total	71	100

\*Multiple choices

### Job Satisfaction and Burnout

The mean scores for the DP, EE and PA subscales were  $8.6 \pm 4.1$ ,  $24.7 \pm 7.5$  and  $33.1 \pm 5.3$  respectively. There is a negative correlation between the IS and EE subscales and between the IS and PA subscales. The correlation between the ES and EE subscales and between the ES and PA subscales was negative. The correlation analysis showed a negative correlation between the mean GS and EE scores and between the mean GS and PA scores. The correlation analysis results showed that there was a negative correlation between the participants' stress levels and the subscale scores for the job satisfaction scale and a positive correlation between their stress levels and the subscale scores for the DP and EE subscales ( $p < 0.05$ ) (see Table 3).

**Table 3:** The relationship between satisfaction and burnout scores and stress (N = 71)

Scales	r	X ± SS (min-max: 1-5)		IS	ES	GS	EE	DP	PA
IS	r	3.64	.63	1					
ES	r	2.90	.76	,651***	1				
GS	r	3.35	.62	,929***	,886***	1			
EE	r	24.7	7.5	-,315***	-,339***	-,358**	1		
DP	r	8.6	4.1	-,100	,008	-,057	,604***	1	
PA	r	33.1	5.3	,418***	,261*	,383**	-,410***	-,312***	1
Stress level	r			-,300** <sup>a</sup>	-,258* <sup>a</sup>	-,309*** <sup>a</sup>	,359*** <sup>b</sup>	,300** <sup>b</sup>	-,227

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

<sup>a</sup> Pearson's correlation, <sup>b</sup> Spearman's correlation

The mean scores the nurses working in private sector obtained from the GS and ES subscales were higher than those obtained by the nurses working in public organisations or institutions affiliated to the municipalities ( $p < 0.05$ ). In terms of job satisfaction, GS and IS mean scores of those who were satisfied with their jobs were higher than the mean scores of those who were somewhat satisfied or not satisfied with their jobs ( $p < 0.05$ ). Of the nurses, those with written job descriptions obtained higher mean scores only from the IS subscales ( $t = 2.06$ ,  $p = .04$ ). The mean scores obtained from the

subscales of the job satisfaction scale by those who said there were motivational initiatives in the institutions where they worked were higher. The mean scores obtained from the subscales of the satisfaction scale by those who thought they cooperated with their colleagues in all areas were higher than the scores of those who thought they cooperated with their colleagues in professional areas or in no areas ( $p < 0.05$ ) (see Table 4).

The burnout scores of the participating nurses did not change in terms of the type of the organisation they worked for or the existence of the written job description ( $p > 0.05$ ). The mean EE subscale scores of those who were not satisfied with their jobs were higher ( $p = .000$ ). The mean PA subscale scores of those who were satisfied with their jobs were lower than the mean scores of those who were somewhat satisfied or not satisfied with their jobs ( $p < 0.05$ ). The mean PA subscale scores of those who said there were motivational initiatives in the working environment were lower than the mean scores of those who said there were no motivational initiatives ( $p < 0.05$ ). A person's participation in the decision-making process led to a significant difference in terms of the mean scores obtained from all the subscales of the MBI ( $p < 0.05$ ). The mean DP, EE and PA scores of those who did not participate in the decision-making process were higher than the mean scores of those who occasionally or always participated in the decision-making process. The burnout scores of the participating nurses did not change in terms of the cooperation with colleagues either ( $p > 0.05$ ) (see Table 4).

**Table 4:** Comparison of job satisfaction and burnout levels of nurses by job characteristics (N = 71)

Job characteristics	MSS						MBI					
	GD		DD		ID		D		DT		KB	
	$\chi$	$\pm$ SS	$\chi$	$\pm$ SS	$\chi$	$\pm$ SS	$\chi$	$\pm$ SS	$\chi$	$\pm$ SS	$\chi$	$\pm$ SS
<b>Organisation type</b>												
Public/ Government	3.38	.68	2.95	.81	3.67	.69	.55	.69	1.73	.87	.72	.52
Ministry	3.12	.54	2.58	.64	3.49	.61	.78	.79	1.75	.87	1.02	.80
Private sector	<b>3.73</b>	.43	<b>3.46</b>	.52	3.91	.45	1.10	1.08	1.75	.71	.87	.63
<i>p</i>	4.34**	0.17	6.43**	.003	1.93**	.15	3.58***	.16	.002**	.99	2.2***	.33
<b>Being satisfied with the job</b>												
Satisfied	3.25	.70	2.75	.17	3.58	1.06	1.00	1.41	2.66	1.41	2.00	1.06
Partially satisfied	3.47	.57	3.03	.75	3.77	.57	.58	.74	1.45	.68	.72	.53
Not satisfied	2.98	.65	2.55	.75	3.27	.68	1.14	.87	2.5	.66	1.15	.80
<i>p</i>	4.25	0.18	2.67	.07	4.17	.02	7.96**	.01	16.39	.000	8.29**	.01
<b>Written job description</b>												
Not available	3.15	.72	2.73	.77	3.43	0.77	.56	.74	1.80	.87	.79	.58
Available	3.47	.53	3.01	.74	3.78	0.50	.82	.85	1.70	.82	.90	.71

<i>p</i>	1.99 *	.052	1.53 *	.12	2.06 *	.04	442.5 00**	.17	.47 **	.63	536.0 0**	.59
<b>The presence of motivation in the workplace</b>												
Not available	3.18	.56	2.67	.70	3.52	.58	.73	.82	1.78	.92	.95	.68
Available	3.78	.59	3.51	.57	3.96	.66	.72	.82	1.65	.58	.63	.56
<i>p</i>	4.00	.000	4.75	.000	2.74	.008	478.5 0**	.87	.68	.49	347.0 0**	.04
<b>Participation in the decision-making process</b>												
Fully participating	3.41	.63	2.92	.84	3.74	.62	.38	.49	1.44	.64	.57	.39
Occasionally participating	3.24	.63	2.87	.68	3.49	.67	1.10	.88	2.03	.94	1.08	.62
Not participating	3.52	.47	3.06	.76	3.83	.39	1.50	1.31	2.58	.41	1.90	1.28
<i>p</i>	.75*	.47	.11*	.88	1.43 *	.24	15.84 **	.000	7.10 *	.002	16.7 **	.000
<b>Collaboration with colleagues/team</b>												
All matters	3.66	.46	3.33	.51	3.89	.53	.70	.73	1.61	.75	.76	.77
Only professional matters	3.36	.52	2.92	.68	3.65	.52	.79	.93	1.71	.69	.88	.56
No collaboration	2.72	.62	2.05	.62	3.17	.77	.66	.80	2.05	1.14	1.00	.62
<i>p</i>	15.80 *	.000	21.76 *	.000	7.39 *	.001	.03 **	.98	1.38	.25	2.83 **	.24

\* t: Student T-test

\*\* F: One-way ANOVA test

\*\*\* Kruskal-Wallis test

\*\*\*\* Mann-Whitney U-test

## Discussion

This study was conducted to investigate job satisfaction and burnout levels of home care nurses across a province in Turkey.

Studies conducted in countries such as the USA, Canada and Japan where home care services are well developed, demonstrate that job satisfaction and burnout are important factors leading to the intention to leave (Ellenbecker et al. 2007; Jackson-Malik 2005). In the present study, three out of every five participants regarded their workload as heavy and had intentions to leave their jobs. Among the factors contributing to their intentions to leave their jobs are the feeling of being neglected, superior-subordinate relationship, and failure of the system. However, workload and intentions to leave their jobs did not cause any changes in their job satisfaction and burnout levels ( $p > 0.05$ ). Jackson-Malik (2005) determined that negative nurse-physician relationships, negative practices and attitudes in the workplace and lack of support from other employees

adversely affected job satisfaction and led to increases in intentions to leave their jobs. In this present study, those who regarded their workload as heavy did not experience job dissatisfaction or burnout, which might be owing to the fact that they did not work night shift or on weekends and that they worked in a small team.

In the present study as in other studies (Hasson and Arnetz 2008; Kahraman et al. 2011; Piko 2006; Yurumezoglu and Kocaman 2015), where the participants' general satisfaction and intrinsic satisfaction levels were moderate, their extrinsic satisfaction level was close to moderate. Nurses providing home care are reported to have low job satisfaction and thus to be at high risk of developing burnout (Ellenbecker, Boylan, and Samia 2006), because job satisfaction is the most powerful predictor of burnout (Hasson and Arnetz 2008). Nurses have the lowest satisfaction levels in such variables of extrinsic satisfaction as salaries, promotion and workplace policies. The large size of the population (between 1 000 and 2 500 patients) served by these centres included in the present study which created time pressure on the nurses may have been a factor affecting their burnout levels. Emotional exhaustion and lack of personal accomplishment increase as intrinsic, extrinsic and general satisfaction decrease. Those who considered that they collaborated with their colleagues on all the topics and those who were satisfied with their job obtained higher satisfaction scores.

In Turkey, health services are divided into two major institutions, namely family healthcare centres and hospitals. In addition, health services are primarily financed, and the whole population has national health insurance. However, private and other organisations such as foundations and municipalities also offer health services. In recent years, health services have been restructured, and the number of private health facilities is increasing more and more. With this restructuring, while workload and working hours increase, salaries do not increase accordingly. In addition, job descriptions are not clear enough, merit is ignored, education and professional development are not adequately supported, and the number of patients per nurse increases. All these factors cause decreases in job satisfaction and increases in burnout levels particularly among nurses. The low level of extrinsic satisfaction in this present study can be explained with the small number of participants satisfied with their pay, low level of collaboration within the teams, and lack of adequate opportunities for their professional development and progress. On the other hand, that the intrinsic satisfaction level was higher than that of the extrinsic satisfaction can be explained with the fact that more than half of the participants participated in the decision-making process while providing home care and that though not many, there were attempts to promote motivation in the work environment.

The participating nurses' burnout levels were high for emotional exhaustion and personal accomplishment, but moderate for depersonalisation. Their burnout levels were high although the periods they worked in home healthcare were low. Findings of this study showed that emotional exhaustion and depersonalisation scores were higher, while scores on personal accomplishment were lower as compared to those in Canadian,

Norwegian or US samples (Piko 2006). In a study of Greek nurses, it was reported that they suffered high emotional exhaustion, moderate levels of depersonalisation and had moderate or near low personal accomplishments (Skefales et al. 2014). Job resources (support from supervisors and friends or family members, reassurance of worth, opportunity for nurturing) were associated with less emotional exhaustion and higher levels of personal accomplishment (Woodhead, Northrop, and Edelstein 2016). The results of this study showed that burnout levels of the participants who did not participate in the decision-making process were higher. In addition, inadequate opportunities for promotion in the profession, inadequate cooperation (lack of support from colleagues or team members) and lack of autonomy (being responsible to physicians, lack of authority to take initiative) can account for high burnout levels of the participants. Interventions to reduce burnout that include a focus on stress and social support outside of work may be particularly beneficial for home care nurses.

According to a meta-analysis, job stress is the leading factor affecting job satisfaction among nurses (Zangaro and Soeken 2007). In the current study, the stress level in the work environment perceived by the participants was above moderate. Correlation analyses revealed that perceived work-related stress was more associated with emotional exhaustion and depersonalisation than with work satisfaction. In several studies, a strong negative relationship was established between nurses' occupational stress and job satisfaction (Guveli et al. 2015; Hasson and Arnetz 2008; Sveinsdóttir, Biering, and Ramel 2006; Zangaro and Soeken 2007). Another study on home care determined that job satisfaction increased as stress decreased (Judkins and Rind 2005). Taking organisational initiatives to reduce stress is of great importance in terms of enhancing nurses' job satisfaction, reducing their burnout, and preventing them from changing their job, retiring early or leaving work.

People who cannot deal with problems develop symptoms of depression and have decreased job satisfaction, which lead to burnout (Faragher, Cass, and Cooper 2005). Of the participants in this study, those who perceived their health as good achieved better intrinsic satisfaction scores than those who perceived their health as moderate or poor. Those who perceived their health as poor had higher levels of emotional exhaustion.

## **Limitations of the Study**

The current study has certain limitations. Because of the limited number of studies investigating the burnout and job satisfaction levels of home care nurses, comparison of the results of the present study with those of other studies remained limited. Although all the home care centres across the selected provinces in Turkey were included in the study, the sample size was small because the number of nurses working at these centres was limited.

## Conclusion

Interventions are needed to improve job satisfaction and to reduce the burden of burnout among home care nurses. Understanding the connection between stress, job satisfaction and burnout among home care staff has enormous implications for administrators and managers. Interventions to reduce burnout are typically categorised as person-directed, organisation-directed, or a combination of both. The emotional exhaustion levels should be reduced to improve job satisfaction and to prevent nurses from leaving their jobs and retiring earlier in the future. This can be achieved through increased opportunities for competence development and stress management. It is recommended that qualitative studies on job satisfaction and burnout be performed in the future. Home care nursing management should support nurse autonomy, allow flexible scheduling, and ensure adequate pay and benefits. Home care organisations should consider the use of self-directed teams as they increase the job satisfaction of nursing staff.

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