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ORIGINAL ARTICLE

Job Satisfaction, Intent to Stay at Work, and Burnout Levels of Nurses Working in Coronavirus Disease 2019 Clinics: A Cross-Sectional Study

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Abstract

Objective: It is thought that the fact that coronavirus disease 2019 pandemic process has been continuing for a long time, and the level of job satisfaction of nurses may have an impact on their intention to experience burnout and stay at work. This study aimed to determine the relationship between job satisfaction, intention to stay, and burnout levels of nurses working in coronavirus disease 2019 clinics.

Methods: This descriptive and correlational study was conducted with 325 nurses who were working in coronavirus disease 2019 clinics. Data were collected using the sociodemographic characteristics form, the Minnesota Satisfaction Questionnaire, the Maslach Burnout Inventory, and the Intent to Leave Job Scale. Descriptive statistics, correlation analysis, and regression analysis were used in the analysis of the research data.

Results: Emotional exhaustion, depersonalization, personal achievement, and intent to leave explain 45% of job satisfaction ($F=67.911$, $p=.000$); job satisfaction and intent to leave explain 40% of emotional exhaustion ($F=111.470$, $p=.000$), 16% of depersonalization ($F=33.785$, $p=.000$), and 20% of personal achievement ($F=43.102$, $p=.000$); job satisfaction, emotional exhaustion, depersonalization, and personal achievement explain 24% of intent to leave ($F=27.190$, $p=.000$).

Conclusion: The prolongation of the coronavirus disease 2019 pandemic, the uncertainty of the process, and the conditions related to the working environment of the nurses have an effect on job satisfaction, burnout, and intent to leave. The continuity of the well-being of employees is an important issue that needs to be emphasized and evaluated, as it will have a multi-faceted effect to be ready for different pandemics in the near/far future.

Keywords: COVID-19, nursing, job satisfaction, burnout, personnel turnover

Introduction

Coronavirus disease 2019 (COVID-19) has left and continues to leave long-term effects on health, education, economy, working system, and every individual globally. As of 16 January 2022, about 323 million confirmed cases and about 5.5 million deaths have been reported in the whole world (World Health Organization, 2021). The increasing number of cases led the countries to take measures such as increasing the number of the healthcare workforce, social isolation, making changes in working hours, and increasing intensive care capacities.

Nurses have been one of the most vulnerable and high-risk healthcare professionals in contracting the disease during the COVID-19 pandemic. During this period, nurses were more exposed to psychosocial risk factors such as perception of decrease in organizational justice (Soto-Rubio et al., 2020), increased workload (Yasin et al., 2020), low job satisfaction, decrease in work commitment (Watanabe & Yamauchi, 2019), work-related stress (Elshaer et al., 2018; Soto-Rubio et al., 2020), and burnout (Elshaer et al., 2018) as well as physical factors such as shift work, long working days, and a reduction in the number of employees (Yasin et al., 2020).

Job satisfaction, which has important effects on the quality of care provided in health services and patient care outcomes, is defined as the sum of feelings and beliefs people have about their current job, or emotional response defining the degree to which people like their job (Afulani et al., 2021; Lu et al., 2016). The fact that job satisfaction affects job engagement, absenteeism, burnout, stress, and turnover rates has been supported by the results of studies (Acea-López et al.,

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2021; Afulani et al., 2021; Astiti & Surya, 2020; Said & El-Shafei, 2021). The decrease in job satisfaction of nurses comes up as a factor that facilitates them to experience burnout.

Burnout, defined as a psychological syndrome caused by a long-term response to interpersonal stress factors at work, has been stated to have three components which are emotional exhaustion (EE), depersonalization (DP), and decreased personal accomplishment (PA) (Maslach & Jackson, 1981). Burnout has been reported to be associated with deterioration in the mental and physical health of healthcare workers, posing a threat to patient safety, a decrease in quality care, patient satisfaction, work performance and productivity, and an increase in the costs of the health system (Maslach et al., 2001; Nantsupawat et al., 2017). In the studies conducted (Nantsupawat et al., 2017; Ramirez-Baena et al., 2019), approximately 40–50% of nurses were found to experience high levels of burnout. Stressful work environments and burnout are among the top five reasons that nurses give for leaving their jobs (Shah et al., 2021).

The intention to stay at work is the employee's opinion about the possibility of staying or leaving his/her current job (Çini et al., 2021). In the study carried out by Çini et al. (2021) to determine whether the job stress experienced by healthcare professionals during the COVID-19 pandemic has affected the intention to stay at work through job satisfaction, the job stress experienced by healthcare professionals was found to reduce job satisfaction, while job satisfaction increased the intention to stay at work. The determination of the factors that may cause the intention to leave the job has been included in the studies for a long time, and job motivation and job satisfaction are considered to be the most important factors (Zeffane & Melhem, 2017). Studies (Bria et al., 2013; Leiter & Maslach, 2009) conducted in healthcare settings provide evidence that burnout and increased workload shape the turnover intentions of employees.

Material and Methods

Objectives

This descriptive-correlational study was conducted to determine the relationship between job satisfaction, intention to stay at work, and burnout levels of nurses working in COVID-19 clinics.

Participants and Setting

The nurses working in COVID-19 clinics of public, private, and university hospitals in Turkey consisted of the study population. The number of people to be included in the sample was calculated using the A-priori Sample Size Calculator for Multiple Regression website, and it was determined that a minimum of 179 participants should be reached with an alpha level of 0.05, the effect size of 0.15, 11 number of predictors, and 0.95 power (Soper, 2021). The study sample consisted of a total of 325 nurses working in the COVID-19 clinics, who volunteered to participate in the study.

Main Points

- Coronavirus disease 2019 (COVID-19) has left and continues to leave long-term effects on health, education, economy, working system, and every individual globally.
- Nurses have been one of the most vulnerable and high-risk healthcare professionals in contracting the disease during the COVID-19 pandemic.
- It is important to determine the relationship between job satisfaction, intention to stay at work, and burnout levels of nurses working in COVID-19 clinics.

Ethical Approval

The ethics committee approval of this research was obtained from the Non Interventional Human Research Ethics Board of the Munzur University in Turkey (29.01.2021/1-12). Since the research data were collected online during the COVID-19 process, the permission of the Ministry of Health was obtained (2021-01-26T09_49_50). The research data were collected with the form prepared with Google forms and the informed consent form was placed on the first page. Only the participants who read and approved the form were included in the study, so the consent of the participants was obtained. Necessary permissions were obtained from the authors to use the measurement tools in the study.

Data Collection Tools

Sociodemographic Characteristics Form: It includes questions, prepared by the researchers in line with the literature research (Astiti & Surya, 2020; Erdal et al., 2021), regarding the sociodemographic characteristics (age, gender, marital status, and educational status) of the nurses, the working environment, and the institution they work in (unit worked, working time, work schedule (with or without shifts), how many patients are cared for in a day, etc.).

The Minnesota Satisfaction Questionnaire: The Turkish validity and reliability study of the scale, which was developed by Weiss et al. (1967) to reveal the internal and external satisfaction factors of individuals regarding their jobs, was carried out by Baycan (1985). The scale consists of 20 items and 3 sub-dimensions (General Satisfaction, Intrinsic Satisfaction, and Extrinsic Satisfaction). There is no reverse-scored item in the scale which is scored on a 5-point Likert type (1=Very dissatisfied, 5=Very satisfied). While the lowest score that can be obtained from the scale is 20, the highest score is 100. The classification has been made as follows according to Minnesota Job Satisfaction total scores obtained: 0–49 points—low, 50–69 points—moderate, 70–89 points—high, and 90–100 points—very high (Baycan, 1985). The high score obtained from the scale indicates that the individual has high job satisfaction. While Cronbach's alpha value of the original scale was found to be .84, it was .76 and .81 for the sub-dimensions (Baycan, 1985). In this study, Cronbach's alpha reliability coefficient of the Minnesota Job Satisfaction Scale was found to be .92, and it was .89 and .84 for the intrinsic satisfaction and extrinsic satisfaction sub-dimensions, respectively.

The Maslach Burnout Inventory: The Turkish validity and reliability study of the scale, which was developed by Maslach and Jackson (1981) to reveal the occupation-related burnout status of individuals, was carried out by Ergin (1992). The

scale consists of a total of 22 items and 3 sub-dimensions (EE, DP, and PA). All the items are scored using a five-level frequency rating as follows: 0 = Never, 1 = A few times a year, 2 = A few times a month, 3 = A few times a week, and 4 = Every day. There is no reverse-scored item in the scale which is scored on a 5-point Likert type. In this scale, the scores of each participant from the three sub-dimensions are evaluated separately. The score that can be obtained from the EE sub-dimension is between 0 and 36. The score that can be obtained from the DP sub-dimension is between 0 and 20. The score that can be obtained from the PA sub-dimension is between 0 and 32. While high scores obtained from the EE and DP subscales refer to burnout, low scores from the PA subscale indicate burnout. Ergin found the Cronbach's alpha reliability coefficient as .83 for EE, .65 for DP, and .72 for PA (Ergin, 1992). In this study, Cronbach's alpha reliability coefficients were found to be .87, .75, and .72 for EE, DP and PA, respectively.

Intent to Leave Job Scale: It was developed by Mobley et al. (1978) to measure the intention of employees to stay at work or leave work through self-evaluation. It is a one-dimensional 5-point Likert-type scale consisting of three items. The validity and reliability study in Turkey was conducted by Örücü and Özafşaroğlu (2013), and the internal consistency coefficient was reported as .90. A high score obtained from the scale indicates a high intention to leave the job. The Cronbach's alpha reliability coefficient of the scale in this study was found to be .88.

Data Collection

The data were collected between April and September 2021 through the online form (Google forms), prepared by the researchers, which was sent to the nurses via social media tools. The purpose and duration of the study, its content, the data storage conditions, and the contact information of the researchers were shared in the form of an informed consent form on the first page of the data collection form sent online and the consent was requested from the participants. While the study was terminated for those who did not agree to participate, the next page with the questions in the data collection form was opened only for those who agreed to participate. The average spent time to complete the data collection form by the participants was 12 minutes.

Data Analysis

Data analysis was carried out with a total of 325 data using the IBM Statistical Package for the Social Sciences Statistics 26 package program. In the evaluation of the study data, categorical variables were shown with a number and percentage while the numerical variables were shown with mean and standard deviation. In order to test the differences between the groups, independent sample *t*-test and one-way analysis of variance were used. Interpretation of the relationships between two independent numerical variables was performed with the Pearson correlation coefficient. Multiple linear regression analysis was performed to examine the effect of multiple dependent numerical variables on a numerical independent variable. Statistical significance was interpreted at the level of .05 in the analyses. Multiple linear regression analysis was performed running the "Enter" method. There were no multicollinearity and autocorrelation problems in the regression models established.

Results

While the mean age of the participants in the study was 29.17 ± 7.02 years, 77.2% were female, 62.8% were single, and 69.8% had an undergraduate level in education. Of the participants, 45.8% work in public hospitals, 32.6% in intensive care units, 66.8% work in shifts, and 66.2% work in the unit assigned by their institution. While 53.5% of them have been working in the same institution for 1–5 years, 52.6% of them in the same unit for 1–5 years, and 47.1% of them reported providing care to 11 or more patients in a day (Table 1).

The General Satisfaction score of the participants in the study was 55.44 ± 15.98, the Intrinsic Satisfaction score was 36.83 ± 10.27, and the Extrinsic Satisfaction score was 18.61 ± 6.85. Maslach Burnout Inventory EE, DP and PA sub-dimension scores were 24.38 ± 7.56, 9.37 ± 4.58, and 20.09 ± 4.80, respectively. The scale of Intention to Leave the Job score was 10.45 ± 3.97 (Table 2). Furthermore, when participants were grouped based on their Minnesota Job Satisfaction Scale scores, 1.5% had a low level of job satisfaction (below 25), 85.5% a moderate level of job satisfaction (26–74 points), and 12.9% a high level of job satisfaction (above 75).

In this study, there was a statistically significant moderate negative relationship between the General Satisfaction score of participants and their EE, DP, and the Scale of Intention to Leave the Job scores ($r = -.307$, $r = -.556$, $r = -.302$, $r = -.342$, respectively). A statistically significant moderate positive relationship was found between the General Satisfaction score and the PA score ($r = .458$). There was a statistically significant moderate negative relationship between the participants' Intrinsic Satisfaction scores and their EE and DP scores ($r = -.502$, $r = -.316$, respectively). There was a statistically significant low negative relationship between the Intrinsic Satisfaction score and the Intention to Leave the Job score ($r = -.255$, $r = -.293$, respectively). A statistically significant moderate positive relationship was found between the Intrinsic Satisfaction score and the PA score ($r = .506$). There was a statistically significant moderate negative relationship between the Extrinsic Satisfaction score of participants and their EE and Scale of Intention to Leave the Job scores ($r = -.335$, $r = -.545$, $r = -.359$, respectively). While there was a statistically low negative relationship ($r = -.230$) between the Extrinsic Satisfaction score and the DP score, a statistically moderate positive relationship was found between the Extrinsic Satisfaction score and the PA score ($r = .309$). There was a statistically significant moderate positive relationship between the EE and DP scores of the participants and the Scale of Intention to Leave the Job score ($r = .438$, $r = .487$, $r = .373$, respectively). There was, on the other hand, a statistically significant low negative relationship between PA score and the Scale of Intention to Leave the Job score ($r = -.118$) (Table 3).

Table 1.
Examining the Differences in Demographic Characteristics by Scale Scores

(*n* = **325**)	*n*	%	**General Satisfaction** M ± SD	**Intrinsic Satisfaction** M ± SD	**Extrinsic Satisfaction** M ± SD	**Emotional Exhaustion** M ± SD	**Depersonalization** M ± SD	**Personal Achievement** M ± SD	**Intent to Leave Job** M ± SD
Age (M ± SD = 29.17 ± 7.02)									
21–30	227	69.8	55.93 ± 15.59	37.24 ± 10.03	18.69 ± 6.73	24.92 ± 7.15	9.75 ± 4.39	20.18 ± 4.73	11.12 ± 3.78
31–60	98	30.2	54.32 ± 16.88	35.89 ± 10.78	18.43 ± 7.15	23.13 ± 8.33	8.48 ± 4.90	19.89 ± 4.99	8.90 ± 3.97
t; *p*			0.835; .404	1.088; .277	0.317; .751	1.966; .051	2.309; **.022***	0.504; .615	4.787; **.000***
Gender									
Female	251	77.2	55.56 ± 15.72	37.08 ± 10.17	18.48 ± 6.74	24.72 ± 7.41	9.39 ± 4.65	20.15 ± 4.72	10.37 ± 3.98
Male	74	22.8	55.04 ± 16.93	35.99 ± 10.62	19.05 ± 7.25	23.24 ± 7.99	9.28 ± 4.35	19.91 ± 5.11	10.73 ± 3.92
t; *p*			0.246; .806	0.805; .422	−0.631; .529	1.477; .141	0.176; .861	0.380; .704	−0.692; .490
Marital status									
Married	121	37.2	53.22 ± 15.78	35.55 ± 10.05	17.68 ± 6.88	23.91 ± 8.08	9.25 ± 4.80	20.06 ± 4.90	9.64 ± 4.17
Single	204	62.8	56.76 ± 15.99	37.59 ± 10.34	19.17 ± 6.78	24.66 ± 7.23	9.44 ± 4.45	20.11 ± 4.76	10.93 ± 3.77
t; *p*			−1.937; .054	−1.744; .082	−1.902; .058	−0.868; .386	−0.358; .0721	−0.099; .921	−2.877; **.004***
Educational status									
1) High school	29	8.9	55.10 ± 17.88	35.83 ± 11.62	19.28 ± 7.23	26.52 ± 8.24	9.45 ± 4.08	20.03 ± 5.84	10.90 ± 4.09
2) Associate degree	41	12.6	56.39 ± 15.55	37.90 ± 9.97	18.49 ± 6.82	23.63 ± 7.01	9.44 ± 4.96	21.80 ± 4.97	10.51 ± 3.87
3) Undergraduate degree	227	69.8	55.29 ± 16.09	36.65 ± 10.28	18.64 ± 6.89	24.30 ± 7.61	9.30 ± 4.64	19.69 ± 4.68	10.30 ± 4.02
4) Postgraduate degree	28	8.6	55.64 ± 14.40	37.75 ± 9.44	17.89 ± 6.45	23.89 ± 7.13	9.68 ± 4.15	20.93 ± 3.92	11.14 ± 3.65
F; *p*			0.060; .981	0.337; .799	0.198; .898	0.952; .416	0.063; .979	2.596; .052	0.524; .666
Institution they work for									
1) State Hospital	149	45.8	52.71 ± 15.20	35.16 ± 10.34	17.55 ± 6.12	24.83 ± 8.20	9.75 ± 4.99	19.17 ± 4.61	10.15 ± 4.04
2) Training and Research Hospital	88	27.1	56.66 ± 15.65	37.49 ± 9.37	19.17 ± 7.05	23.92 ± 6.50	8.90 ± 3.89	20.49 ± 4.32	10.42 ± 3.83
3) University Hospital	57	17.5	56.82 ± 15.95	38.09 ± 10.37	18.74 ± 6.99	25.26 ± 7.11	9.54 ± 4.60	20.54 ± 5.08	10.46 ± 4.01
4) Private Hospital	31	9.5	62.58 ± 18.34	40.68 ± 11.03	21.90 ± 8.29	21.94 ± 7.69	8.52 ± 4.22	22.58 ± 5.56	11.97 ± 3.71
F; *p* differences			3.928; **.009*** **1–4**	3.236; **.023*** **1–4**	3.883; **.009*** **1–4**	1.631; .182	1.044; .373	5.170; **.002*** **1–4**	1.817; .144
Worked unit									
1) Internal units	91	28.0	57.07 ± 17.07	37.84 ± 11.08	19.23 ± 6.79	23.64 ± 7.37	8.18 ± 5.02	21.30 ± 4.92	9.95 ± 4.15
2) Surgical units	51	15.7	56.63 ± 16.37	37.16 ± 10.31	19.47 ± 7.02	22.94 ± 6.77	8.78 ± 4.29	19.25 ± 4.38	10.35 ± 3.47
3) Intensive care units	106	32.6	53.38 ± 14.98	35.87 ± 9.44	17.51 ± 6.87	26.18 ± 7.04	10.48 ± 3.91	19.68 ± 4.45	11.36 ± 3.70
4) Emergency service	77	23.7	55.58 ± 15.72	36.75 ± 10.41	18.83 ± 6.71	23.74 ± 8.58	9.62 ± 4.76	19.79 ± 5.23	9.86 ± 4.25
F; *p* differences			0.999; .394	0.618; .604	1.463; .224	3.158; **.025*** **2–3**	4.654; **.003*** **1–3**	2.831; **.039*** **1–2**	2.983; **.031*** **3–1,4**

Status of choosing the worked unit									
Institutional decision	215	66.2	52.64 ± 14.62	35.05 ± 9.72	17.60 ± 6.13	25.13 ± 7.01	9.47 ± 4.40	19.61 ± 4.66	10.95 ± 3.61
My own decision	110	33.8	60.92 ± 17.14	40.32 ± 10.45	20.60 ± 7.73	22.92 ± 8.37	9.17 ± 4.93	21.04 ± 4.97	9.46 ± 4.43
t; *p*			−4.550; **.000***	−4.509; **.000***	−3.548; **.000***	2.518; **.012***	0.544; .587	2.555; **.011***	3.251; **.001***
Work schedule									
1) Continuous daytime	58	17.8	61.83 ± 16.61	40.83 ± 10.04	21.00 ± 7.78	21.57 ± 8.32	8.86 ± 5.12	21.48 ± 5.29	9.10 ± 3.98
2) Continuous night	50	15.4	54.48 ± 16.39	35.82 ± 10.80	18.66 ± 6.51	24.36 ± 9.17	9.14 ± 4.89	19.58 ± 5.23	10.64 ± 4.11
3) Shift	217	66.8	53.96 ± 15.36	36.00 ± 9.99	17.96 ± 6.54	25.14 ± 6.76	9.55 ± 4.36	19.84 ± 4.52	10.76 ± 3.87
F; *p* differences			5.825; **.003*** **1–2,3**	5.506; **.004*** **1–2,3**	4.602; **.011*** **1–3**	5.239; **.006*** **1–3**	0.592; .554	3.054; **.049*** **1–2**	4.164; **.016*** **1–3**
Duration of working in the same institution									
1) Less than 1 year	57	17.5	55.61 ± 16.89	35.70 ± 10.29	19.91 ± 7.45	23.89 ± 6.73	9.05 ± 3.88	18.39 ± 4.27	11.12 ± 3.68
2) 1–5 Years	174	53.5	56.58 ± 15.79	37.87 ± 10.25	18.71 ± 6.68	24.33 ± 7.59	9.30 ± 4.53	20.74 ± 4.77	11.01 ± 3.81
3) 6–10 Years	49	15.1	50.59 ± 13.26	34.65 ± 8.74	15.94 ± 5.81	26.98 ± 6.68	10.39 ± 4.91	20.47 ± 4.95	10.06 ± 4.01
4) 11 years and above	45	13.9	56.11 ± 17.72	36.62 ± 11.56	19.49 ± 7.18	22.36 ± 8.71	8.91 ± 5.16	19.33 ± 4.94	7.87 ± 3.88
F; *p* differences			1.842; .139	1.571; .196	3.512; **.016*** **1–3**	3.151; **.025*** **3–4**	1.064; .365	4.041; **.008*** **1–2**	8.799; **.000*** **4–1,2,3**
Duration of working in the same unit									
1) Less than 1 year	106	32.6	56.28 ± 17.57	36.5 ± 10.95	19.78 ± 7.62	23.48 ± 7.73	8.97 ± 4.02	19.26 ± 4.97	10.71 ± 3.75
2) 1–5 Years	171	52.6	55.88 ± 14.95	37.54 ± 9.85	18.34 ± 6.25	24.67 ± 7.35	9.49 ± 4.67	20.63 ± 4.55	10.74 ± 3.93
3) 6 Years and above	82	14.8	52.02 ± 15.76	35.02 ± 10.10	17.00 ± 6.79	25.35 ± 7.86	9.81 ± 5.39	20.00 ± 5.15	8.83 ± 4.25
F; *p* differences			1.314; .270	1.215; .298	3.053; **.049*** **1–3**	1.274; .281	0.678; .508	2.688; .070	4.786; **.009*** **3–1,2**
Number of patients given care in a day									
1) 1–3 Patients	78	24.0	52.55 ± 15.65	35.55 ± 10.23	17.00 ± 6.72	25.45 ± 7.69	9.64 ± 4.20	19.54 ± 4.40	11.31 ± 3.77
2) 4–6 Patients	44	13.5	59.73 ± 15.62	39.23 ± 9.79	20.50 ± 6.73	23.20 ± 7.80	9.18 ± 4.17	20.11 ± 4.52	10.20 ± 3.97
3) 7–10 Patients	50	15.4	54.74 ± 16.22	36.84 ± 10.42	17.90 ± 6.88	24.58 ± 7.29	9.50 ± 4.96	20.72 ± 5.09	10.84 ± 3.77
4) 11 and over patients	153	47.1	55.92 ± 16.01	36.79 ± 10.35	19.12 ± 6.80	24.11 ± 7.51	9.24 ± 4.78	20.16 ± 5.00	9.95 ± 4.07
F; *p* differences			2.001; .114	1.206; .307	3.079; **.028*** **1–2**	0.951; .416	0.172; .915	0.639; .590	2.256; .082

Note: *t* = Independent sample *t*-test; *F* = One-way variance analysis (ANOVA); Difference = Tukey.
*$p < .05$.

Table 2.
Descriptive Statistics on The Minnesota Satisfaction Questionnaire, The Maslach Burnout Inventory, and The Intent to Leave Job Scale

	Mean	Standard Deviation	Minimum	Maximum
General Satisfaction	55.44	15.98	20.0	96.0
Intrinsic Satisfaction	36.83	10.27	12.0	60.0
Extrinsic Satisfaction	18.61	6.85	8.0	39.0
The Maslach Burnout Scale				
Emotional Exhaustion	24.38	7.56	0.0	36.0
Depersonalization	9.37	4.58	0.0	20.0
Personal Achievement	20.09	4.80	0.0	32.0
Intent to Leave Job Scale	10.45	3.97	3.0	15.0

The multiple linear regression model established to examine the effects of the Maslach Burnout Inventory EE, DP, PA Sub-Dimensions, and the Scale of Intention to Leave the Job scores on the participants' Minnesota Satisfaction Questionnaire score was determined to be a statistically significant model ($F = 67.911$, $p < .001$). The scores of the Maslach Burnout Inventory EE, DP, PA Sub-Dimensions, and the Scale of Intention to Leave the Job explain 45% of the Minnesota Satisfaction Questionnaire scores (adjusted $R^2 = .452$) (Table 4). The multiple linear regression model established to examine the effects of the Minnesota Satisfaction Questionnaire and the Scale of Intention to Leave the Job scores on the participants' Maslach Burnout Inventory EE, DP, and PA Sub-Dimensions scores was determined to be a statistically significant model ($F = 111.470$, $F = 33.785$, $F = 43.102$, $p < .001$, respectively). The scores of the Minnesota Satisfaction Questionnaire and the Scale of Intention to Leave the Job explain 40% of the EE sub-dimension score of the Maslach Burnout Inventory, 16% of the DP score, and 20% of the PA score (Adjusted $R^2 = .405$, Adjusted $R^2 = .168$, Adjusted $R^2 = .206$, respectively). While the Minnesota Satisfaction Questionnaire score negatively affects the Maslach Burnout Inventory EE and DP sub-dimension scores, the Scale of Intention to Leave the Job score positively affects the EE and DP sub-dimension scores. While the Minnesota Satisfaction Questionnaire score positively affects the PA sub-dimension, the effect of the Scale of Intention to Leave the Job score was not statistically significant. The multiple linear regression model established to examine the effects of the Minnesota Satisfaction Questionnaire and Maslach Burnout Inventory EE, DP, PA Sub-Dimensions scores on the participants' Scale of Intention to Leave the Job score was determined to be a statistically significant model ($F = 27.190$, $p < .001$). The Minnesota Satisfaction Questionnaire and Maslach Burnout Inventory EE, DP, PA Sub-Dimension scores explain 24% of the Scale of Intention to Leave the Job (Adjusted

Table 3.
Relationships Between The Minnesota Satisfaction Questionnaire, The Maslach Burnout Inventory, and The Intent to Leave Job Scale

		General Satisfaction	Intrinsic Satisfaction	Extrinsic Satisfaction	Emotional Exhaustion	Depersonalization	Personal Achievement	Intent to Leave Job Scale
General Satisfaction	*r*	1.000						
	p							
Intrinsic Satisfaction	*r*	**.957****	1.000					
	p	**.000**						
Extrinsic Satisfaction	*r*	**.900****	**.733****	1.000				
	p	**.000**	**.000**					
	p	**.000**	**.000**	**.000**				
Emotional Exhaustion	*r*	**−.556****	**−.502****	**−.545****	1.000			
	p	**.000**	**.000**	**.000**				
Depersonalization	*r*	**−.302****	**−.316****	**−.230****	**.629****	1.000		
	p	**.000**	**.000**	**.000**	**.000**			
Personal Achievement	*r*	**.458****	**.506****	**.309****	**−.186****	**−.224****	1.000	
	p	**.000**	**.000**	**.000**	**.001**	**.000**		
Intent to Leave Job Scale	*r*	**−.342****	**−.293****	**−.359****	**.487****	**.373****	**−.118***	1.000
	p	**.000**	**.000**	**.000**	**.000**	**.000**	**.034**	

r = Pearson correlation coefficient.
*$p < .05$.
**$p < .01$.

Table 4.
Regression Analysis of Minnesota Satisfaction Questionnaire, Maslach Burnout Inventory Emotional Exhaustion, Depersonalization, Personal Achievement Sub-Dimensions, and Intent to Leave Job Scale Scores

	β	Standard Error	St. β	*t*	*p*	VIF
Emotional Exhaustion	−1.141	.120	−.540	−9.547	.000	1.891
Depersonalization	.554	.187	.159	2.955	.000	1.705
Personal Achievement	1.271	.141	.382	9.037	.003	1.057
Intent to Leave Job Scale	−.376	.191	−.093	−1.972	.000	1.324
Dependent variable: Job Satisfaction	$F=67.911$; $p=.000^*$; $R^2=.459$; Adjusted $R^2=.452$; DW=1.981 Model statistics[1]					
Minnesota Job Satisfaction Scale	−.209	.022	−.441	−9.685	.000	1.132
Intent to Leave Job Scale	.640	.087	.336	7.369	.000	1.132
Dependent variable: Emotional Exhaustion	$F=111.470$; $p=.000^*$; $R^2=.409$; Adjusted $R^2=.405$; DW=1.300 Model statistics[2]					
Minnesota Job Satisfaction Scale	−.056	.015	−.197	−3.656	.000	1.132
Intent to Leave Job Scale	.353	.062	.306	5.669	.000	1.132
Dependent variable: Depersonalization	$F=33.785$; $p=.000^*$; $R^2=.173$; Adjusted $R^2=.168$; DW=1.535 Model statistics[3]					
Minnesota Job Satisfaction Scale	.142	.016	.473	8.974	**.000***	1.132
Intent to Leave Job Scale	.053	.064	.044	.831	.407	1.132
Dependent variable: Personal Achievement	$F=43.102$; $p=.000^*$; $R^2=.211$; Adjusted $R^2=.206$; DW=1.938 Model statistics[4]					
Minnesota Job Satisfaction Scale	−.032	.016	−.129	−1.972	**.050**	1.827
Emotional Exhaustion	.179	.038	.342	4.693	**.000**	2.273
Depersonalization	.110	.055	.127	1.993	**.047**	1.730
Personal Achievement	.027	.046	.033	.593	.553	1.325
Dependent variable: Intent to Leave Job	$F=27.190$; $p=.000^*$; $R^2=.254$; Adjusted $R^2=.244$; DW=1.721 Model statistics[5]					

Note: β=Regression coefficient; DW=Durbin Watson; St β=Standardized regression, VIF= Variance Inflation Factor
*$p < .05$.

$R^2=.244$). While the Minnesota Satisfaction Questionnaire score negatively affects the Scale of Intention to Leave the Job score, the Maslach Burnout Inventory EE and DP Sub-Dimension scores affect the Scale of Intention to Leave the Job score positively.

Discussion

With the COVID-19 pandemic, the working conditions of nurses who have been actively providing care for a long time, the increased workload, and the emotional load brought by the endeavor might affect their professional satisfaction, the burnout experienced during the process, and their thoughts of staying in the institution they have been working in. It was aimed, in this study, to determine the relationship between job satisfaction, intention to stay at work, and burnout levels of nurses working in COVID-19 clinics.

Job satisfaction can be evaluated from many different aspects such as achievement, recognition, the job itself, responsibility, and promotion which are factors related to the intrinsic quality of the job satisfaction, or corporate policy and management, type of supervision, relations with colleagues, working conditions, and salaries which are factors related to the work environment satisfaction (Weiss et al., 1967). In this study, 85.5% of the participants were found to have a moderate level of job satisfaction. Based on these results, the job satisfaction level of the majority of nurses working in COVID-19 clinics can be considered as not sufficient. In the study, general satisfaction, internal satisfaction, and external satisfaction levels of nurses working in intensive care units were found to be even lower than nurses working in other units. The results of the studies conducted in different countries on nurses who have been actively working during the COVID-19 pandemic, indicating low levels of job satisfaction, are similar to the results of this study (Acea-López et al., 2021; Afulani et al., 2021; Said & El-Shafei, 2021). Even though the difficulties experienced in controlling the COVID-19 pandemic in different countries have shown differences in the delivery of health services, the contribution and dedication of nurses in managing this process are similar all over the world. Due to the natural consequence of this situation, it can be said to have similar effects on job satisfaction.

Burnout, characterized (Aronsson et al., 2017) by loss of enthusiasm and personal accomplishment, feelings of physical and mental exhaustion, and DP, has become a major concern for frontline healthcare workers amid the long-time fight against COVID-19. In the study, when the burnout intensity of the participants was evaluated, they were found to experience EE, their DP levels were moderate, and they had a low level of decrease in PA. In line with these findings, we can say that nurses working in COVID-19 clinics and especially in intensive care units experience intense EE due to the prolongation of the pandemic, the continuation of heavy workload, and working conditions. In their study to evaluate the prevalence of burnout risk among intensive care nurses during the COVID-19 pandemic and to determine the risk factors, Bruyneel et al. (2021) found the overall prevalence of burnout risk as 68%. Nursing is one of the professions where burnout is common due to factors such as heavy workload, the presence of patients in need of intensive care, and fatigue (Aydin Sayilan et al., 2021). Working conditions getting difficult and the increase in the workload with the COVID-19 pandemic have led nurses to experience both emotional and mental exhaustion (Aydin Sayilan et al., 2021; Bruyneel et al., 2021; Nishimura et al., 2021; Raso et al., 2021; Sinsky et al., 2021). The nurses, in our study, were found to experience EE, similar to the literature.

In this study, participants' Intention to Leave the Job scores were found to be high. High scores obtained from the Scale of Intention to Leave the Job by the participants in this group are believed to likely be related to the workload, working conditions, and the sense of burnout experienced due to anxiety and fear caused by providing care to individuals with COVID-19. Some study results conducted with nurses and other healthcare professionals during the COVID-19 pandemic are similar to our findings (Raso et al., 2021; Sinsky et al., 2021). In the literature review to examine the effect of the COVID-19 pandemic on nurses' intention to leave their jobs, Falatah (2021) stated that nurses' intention to leave their jobs increased significantly after the COVID-19 pandemic. In their study to evaluate the relationship between COVID-19-related stress and intention to leave the job of healthcare workers in the USA, Sinsky et al. (2021) stated that two out of every five nurses had the intention to quit their jobs completely. Based on these findings, it can be said that the results of the studies conducted with nurses working in different countries show similarities and factors such as burnout, workload, and COVID-19-related stressors caused by the pandemic, which is a global problem, are associated with the intention to leave the job.

In our study, according to the regression model created, job satisfaction, burnout, and intention to leave the job are seen to be related to and affect each other. Based on the results of the study conducted by Wu et al. (2021), burnout was reported to be negatively related to perceived social support and job satisfaction, and positively related to job stress, and that perceived social support and job satisfaction mediated the relationship between job stress and burnout sequentially. A study was conducted by Al Sabei et al. (2020) to evaluate the predictors of intention to leave the job, burnout, and perceived quality of care among nurses and to examine the potential moderator role of job satisfaction in the relationship between work environment and nurses' intention to leave the job. According to the results of their study, the mediating role of job satisfaction on nurses' intention to leave their jobs, workload, and burnout was found to be significant. Studies have indicated that the COVID-19 pandemic has had a negative impact on job satisfaction and that this has an impact on nurses' burnout and intention to leave their jobs. In a study conducted in the USA, 31.5% of the nurses who quit their jobs stated leaving their jobs because of burnout (Shah et al., 2021). Although there have been developments in vaccine and treatment methods related to COVID-19 globally, and quarantine processes have been eased in social life, there has been no serious change in the provision of health services. Since the very beginning of the COVID-19 pandemic, the concept of the uninterrupted and continuous provision of healthcare services continues for nurses and all healthcare professionals. In line with this, the difficulties caused by the conditions related to the working environment, fatigue, stress, and mental problems are believed to affect the results of the participants.

This study has some limitations. The first of these is that the study was cross-sectional. The second limitation is that it did not cover the pre- and currently ongoing process of the COVID-19 pandemic. The third limitation is the inability to check whether there was balanced participation from all geographical regions, even though the study was conducted throughout Turkey. The fact that active nurses could not be reached in this process limits the generalizability of the study. In addition, lastly, the interaction of nurses with each other could not be controlled.

This study contains important information and findings on job satisfaction, intention to stay at work, and burnout levels of nurses working in COVID-19 clinics in Turkey. These are that nurses' job satisfaction, intention to stay at work and burnout levels differ in terms of some variables, job satisfaction, burnout and intention to stay at work were all related to each other and the strength of these relationship is significant. Furthermore, it is among the important results that the burnout and intention to leave the job were the highest among the ones working in intensive care units, the job satisfaction of those who have chosen the unit they worked by themselves was higher, the burnout level of the nurses who worked constantly at night and shifts was higher and their job satisfaction was lower. Job satisfaction and burnout come forward as a subject that has indirect effects not only on nurses but also on the quality of healthcare services and the country's economy especially during COVID-19 pandemic. Therefore, the continuity of the well-being of the employees is an issue that needs to be focused on and evaluated since it would have a multifaceted effect on being ready for different pandemics in the near/far future. The findings obtained from this study show important points for manager nurses. Since nurses are given the right to work in the unit they specialize in or they want, the work plans include equal shifts for everyone, and the equal distribution of workload and human resources

to the units/services will improve the sense of justice in the employees and will be effective in reducing exposure to physical and psychosocial risk factors. Appreciation of the work done and the implementation of the reward system will be effective in increasing the perceptions of value, personal success, and decreasing DP and intentions to leave employees who have served the organization for a long time. In line with the study results, it can be recommended that institutions and nurse managers should evaluate the levels of job satisfaction and burnout during the performance evaluation of their employees during the pandemic and make some changes and adjustments as per the strategies to keep the employees at work. The survey for employees, which includes an assessment of burnout and job satisfaction, creates a database for managers to implement the strategy required in their workplace. This study indicates the need for further studies related to the COVID-19 pandemic on working environments that would also take the physical and psychological risk factors into account that may be associated with nurses' job satisfaction, burnout, and staying at work. In addition, it is recommended to plan qualitative research to reach basic information about the factors that reduce burnout in employees, increase job satisfaction, and intention to stay at work.

Ethics Committee Approval: Ethics committee approval was received for this study from the Non Intervational Human Research Ethics Board of the Munzur University (Date: 29.01.2021, Number: 1-12).

Informed Consent: Written informed consent was obtained from all participants who participated in this study

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Extended Abstract

Giriş

COVID-19, küresel anlamda sağlık, eğitim, ekonomi, çalışma sistemi ve her birey üzerinde uzun süreli etkiler bırakmış ve bırakmaya da devam etmektedir. 12 Aralık 2021 tarihi itibariyle, küresel olarak yaklaşık 269 milyon doğrulanmış vaka ve yaklaşık 5,3 milyon ölüm bildirilmiştir (World Health Organization, 2021) . Hemşireler bu süreçte vardiyalı çalışma, uzun çalışma günleri ve çalışan sayısında azalma (Yasin ve ark., 2020) gibi fiziksel; örgütsel adalette azalma algısı (Kobayashi & Kondo, 2019) (Kobayashi & Kondo, 2019; Soto-Rubio ve ark., 2020), artan iş yükü (Baki & Piyal, 2020; Pace ve ark., 2021; Yasin ve ark., 2020) düşük iş tatmini, işe bağlılıkta azalma (Watanabe & Yamauchi, 2019), işle ilgili stres (Elshaer ve ark., 2018; Kobayashi & Kondo, 2019; Soto-Rubio ve ark., 2020) ve tükenmişlik (Elshaer ve ark., 2018) gibi psikososyal risk faktörlerine daha fazla maruz kalmıştır. Pandeminin neden olduğu artan iş yükü, yüksek bulaş riski, ailelerinden ayrı yaşamak zorunda kalmaları (Correia & Almeida, 2020; Elbay ve ark., 2020; Raudenská ve ark., 2020), uzun mesai süreleri, çalışma ortamındaki sınırlı kaynaklar (Elbay ve ark., 2020; Raudenská ve ark., 2020), sevdiklerine hastalık bulaştırma, damgalanma (Elbay ve ark., 2020) gibi stresörler birçoğunun iş doyumunun azalmasına, tükenmişlik yaşamasına hatta bazılarının işten ayrılmasına yol açmıştır. Bu araştırma COVID-19 kliniklerinde çalışan hemşirelerin iş doyumu, işte kalma niyeti ve tükenmişlik düzeyleri arasındaki ilişkinin incelenmesi amacıyla gerçekleştirilmiştir.

Yöntem

Bu araştırma, tanımlayıcı ve ilişki aracıyı niteliktedir. Araştırmanın evrenini Türkiye'de yer alan kamu, özel ve üniversite hastanelerinin COVID-19 kliniklerinde çalışan hemşireler oluşturmuştur. Örnekleme alınacak kişi sayısı A-priori Sample Size Calculator for Multiple Regression web sitesi kullanılarak hesaplanmış (alfa 0,05 düzeyinde, 0,15 lik etki büyüklüğü, 11 değişken (number of predictors) ve 0,95 güç ile) en az 179 kişiye ulaşılması gerektiği belirlenmiştir (Soper, 2021). Araştırmanın örneklemini araştırmaya katılmaya gönüllü olan ve Covid-19 kliniklerinde çalışan 325 kişi oluşturmuştur. Veriler, Sosyo-Demografik Özellikler Formu, Minnesota İş Doyum Ölçeği, Maslach Tükenmişlik Ölçeği ve İşten Ayrılma Niyeti Ölçeği kullanılarak Nisan-Eylül 2021 tarihleri arasında çevrim içi araç kullanılarak toplanmıştır. Verilerin değerlendirilmesinde tanımlayıcı istatistikler, Bağımsız Örneklem T Testi, Tek Yönlü Varyans Analizi, Tukey testi, Pearson Korelasyon katsayısı ve Çoklu Doğrusal Regresyon Analizi kullanılmıştır.

Bulgular

Araştırmaya katılan hemşirelerin Genel Doyum puanı 55,44 ± 15,98, Maslach Tükenmişlik Ölçeği Duygusal Tükenme puanı 24,38 ± 7,56, Duyarsızlaşma puanı 9,37 ± 4,58 ve Kişisel Başarı puanı 20,09 ± 4,80, İşten Ayrılma Niyeti puanı 10,45 ± 3,97'dir. Araştırmada hemşirelerin Genel Doyum puanı ile Duygusal Tükenme, Duyarsızlaşma ve İşten Ayrılma Niyeti ölçeği puanları arasında istatistiksel olarak anlamlı orta düzeyde negatif yönlü ilişki bulunmaktadır (sırasıyla $r = -,307$, $r = -,556$, $r = -,302$, $r = -,342$). Katılımcıların İş Doyumu Ölçeği puanına Maslach Tükenmişlik Ölçeği Duygusal Tükenme, Duyarsızlaşma, Kişisel Başarı Alt Boyutları ve İşten Ayrılma Niyeti Ölçeği puanlarının etkisinin incelenmesi amacıyla kurulan çoklu doğrusal regresyon modeli istatistiksel olarak anlamlı bir modeldir (v67,911, $p < ,001$). Maslach Tükenmişlik Ölçeği Duygusal Tükenme, Duyarsızlaşma, Kişisel Başarı Alt Boyutları ve İşten Ayrılma Niyeti Ölçeği puanları İş Doyumu Ölçeği puanlarının %45'sini açıklamaktadır (Düz $R^2 = ,452$). Katılımcıların Maslach Tükenmişlik Ölçeği Duygusal Tükenme, Duyarsızlaşma, Kişisel Başarı Alt Boyutları puanlarına İş Doyumu Ölçeği ve İşten Ayrılma Niyeti Ölçeği puanlarının etkisinin incelenmesi amacıyla kurulan çoklu doğrusal regresyon modelleri istatistiksel olarak anlamlıdır (sırasıyla $F = 111,470$, $F = 33,785$, $F = 43,102$, $p < ,001$). İş Doyumu Ölçeği ve İşten Ayrılma Niyeti Ölçeği puanları Maslach Tükenmişlik Ölçeği Duygusal Tükenme alt boyutu puanının %40'ını, duyarsızlaşma alt boyutu puanının %16'sını, kişisel başarı puanının ise %20'sini açıklamaktadır (sırasıyla Düz $R^2 = ,405$, Düz $R^2 = ,168$, Düz $R^2 = ,206$). Hemşirelerin İşten Ayrılma Niyeti Ölçeği puanına İş Doyumu Ölçeği ve Maslach Tükenmişlik Ölçeği Duygusal Tükenme, Duyarsızlaşma, Kişisel Başarı Alt Boyutları puanlarının etkisinin incelenmesi amacıyla kurulan çoklu doğrusal regresyon modeli istatistiksel olarak anlamlı bir modeldir ($F = 27,190$, $p < ,001$). İş Doyumu Ölçeği ve Maslach Tükenmişlik Ölçeği Duygusal Tükenme, Duyarsızlaşma, Kişisel Başarı Alt Boyutları puanları İşten Ayrılma Niyeti Ölçeği puanının %24'ünü açıklamaktadır (Düz $R^2 = ,244$).

Tartışma

Yapılan bu araştırmada hemşirelerin %85,5'inin orta düzey iş doyumu olduğu bulunmuştur. Bununla birlikte hemşirelerin duygusal tükenme yaşadıkları, duyarsızlaşma düzeylerinin orta düzey, kişisel başarının azalmasının düşük, işten ayrılma niyetlerinin yüksek olduğu bulunmuştur. Yapılan bu araştırmada katılımcıların iş doyumu, duygusal tükenme, duyarsızlaşma, kişisel başarıda azalma ve işten ayrılma niyetleri arasında orta ve düşük düzeylerde ilişki olduğu; iş doyumu ve kişisel başarının birbirini pozitif yönde etkilediği, duygusal tükenme, duyarsızlaşma, işten ayrılma niyeti ile aralarında negatif yönlü bir ilişkinin olduğu bulunmuştur. Oluşturulan regresyon modeline göre hemşirelerin tükenmişlik düzeyi ve işten ayrılma niyetleri

iş doyumu varyansının %45'ini açıklamaktadır. Hemşirelerin iş doyum düzeyleri ve işten ayrılma niyetleri ise duygusal tükenmişlik yaşama durumunun %40'ını, duyarsızlaşmanın %16'sını ve kişisel başarının ise %20'sini açıklamaktadır. Yine hemşirelerin iş doyumu ve tükenmişlik düzeyleri işten ayrılma niyetlerinin %24'ünü açıklamaktadır. Araştırma bulguları doğrultusunda iş doyumu, tükenmişlik ve işten ayrılma niyetlerinin birbiri ile ilişkili olduğu ve birbirini etkilediği görülmektedir. Al Sabei ve arkadaşları tarafından (2019) hemşireler arasında işten ayrılma niyeti, tükenmişlik ve algılanan bakım kalitesinin yordayıcılarını değerlendirmek ve çalışma ortamı ve hemşire işten ayrılma niyeti arasındaki ilişkide iş doyumunun potansiyel düzenleyici rolünü incelemek amacıyla bir araştırma yapılmıştır. Araştırma sonucuna göre hemşirelerin işten ayrılma niyeti, iş yükü ve tükenmişlik üzerinde iş doyumunun aracı rolü önemli bulunmuştur (Al Sabei ve ark., 2020). Yapılan araştırmalar COVID-19 pandemisinin iş doyumu üzerinde etkisinin olumsuz olduğunu, bu durumun hemşirelerin tükenmişlik yaşama ve işten ayrılma niyeti üzerinde etkili olduğunu göstermektedir. ABD'de yapılan bir araştırmada işinden ayrılan hemşirelerin %31,5'inin tükenmişlik nedeniyle ayrıldığını belirtilmiştir (Shah ve ark., 2021). İş doyumu ve tükenmişlik sadece hemşirelerin üzerinde değil aynı zamanda sağlık hizmetlerinin kalitesinde ve ülke ekonomisinde de dolaylı etkileri olan önemli bir konu alanıdır. Bu nedenle çalışanların iyilik halinin devamlılığı çok yönlü bir etki oluşturacağı için üzerinde durulması ve değerlendirmelerin yapılması gerekmektedir. Araştırmadan elde edilen sonuçlar doğrultusunda pandemi sürecinde kurumların ve yönetici hemşirelerin çalışanlarının performans değerlendirmesinde iş doyumu ve tükenmişlik düzeylerinin değerlendirilmesi ve çalışanları işte tutma stratejileri doğrultusunda bazı değişiklikler ve düzenlemeler yapması önerilebilir. Bu araştırma hemşirelerin iş doyumu, tükenmişlik ve işte kalma ile ilişkili olabilecek fiziksel ve psikolojik risk faktörlerini de dikkate alan, çalışma ortamlarına yönelik daha ileri çalışmalara ihtiyaç olduğunu göstermektedir.