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A STUDY ON BURNOUT AND JOB SATISFACTION IN DENTISTRY

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ABSTRACT

Objective: This study aims to determine the burnout and job satisfaction levels of dentists working in Isparta province and examine whether these levels differ significantly in terms of various demographic variables (gender, age, marital status, type of institution, weekly working hours).

Method: The study was descriptive and cross-sectional. The study group consisted of 60 dentists actively working in Isparta province. The data were collected by an online survey using the Maslach Burnout and Job Satisfaction Scales. The data obtained were analyzed in the SPSS program; in addition to descriptive statistics, the differences in burnout and job satisfaction scores according to the demographic characteristics of the participants were evaluated with appropriate statistical tests.

Results: Emotional exhaustion score of the participants was found to be at a moderate level with 18.13, depersonalization score was found to be at a low level with 6.43, but close to the middle limit, and personal accomplishment score was found to be at a moderate level with 19.72. The job satisfaction score was high, with a mean of 65.58. In addition, significant differences were found according to some demographic variables such as type of organization and weekly working hours.

Conclusion: The study's findings revealed that while dentists experienced burnout at certain levels, they generally had high job satisfaction. The data obtained will contribute to a better understanding dentists' working conditions, developing strategies to prevent burnout, and planning structural arrangements and psychosocial support practices to increase professional satisfaction.

Keywords: Maslach Burnout Inventory (MBI), Job Satisfaction, Occupational Burnout, Emotional Exhaustion, Depersonalization

1. INTRODUCTION

Burnout is a state of physical, emotional, and mental exhaustion caused by prolonged exposure to situations that require emotional demands Akbolat and Işik (n.d.). The causes of this syndrome, which manifests itself in chronic fatigue, helplessness, and decreased self-esteem in individuals, are grouped under two headings: personal and organizational factors. Personal factors include age, marital status, number of children, personal expectations, and job dissatisfaction. In contrast, organizational factors include the nature of the job, working time, lack of support, type of organization, and economic and social conditions. Arı and Bal (2008)

Common symptoms of burnout include fatigue, insomnia, headaches, digestive problems, and emotional problems such as depression, anxiety, and irritability. This leads to increased use of sleeping pills and painkillers, decreased work performance, and reduced organizational commitment. Eren and Kidak (n.d.)

Job satisfaction is an emotional response resulting from positive attitudes towards one's job, working conditions, and work environment Kuzulugil (2012). It is influenced by factors such as individual (gender, education, age, length of service, personality, sociocultural environment) and environmental (job structure, job difficulty, pay, promotion opportunities, management support). Low job satisfaction can lead to negative behaviors such as slowing down work, avoiding work with excuses, and a tendency to quit. Öztürk and Dündar (2003), Tel et al. (2003)

Health care is a field that directly affects human life and requires a high emotional burden. Healthcare workers are exposed to stress factors arising from the expectations of patients and their relatives, professional difficulties, and an intense pace. The risk of burnout in this professional group is higher than in other sectors. Cooper et al. (1987),Rada and Johnson (2004)

Dentistry is one of the professions under intense stress due to its long education process and one-to-one relationship with patients. The high number of patients per dentist in the public sector and new regulations in the private sector create a financial and moral burden. These conditions increase burnout and a lack of job satisfaction in dentists. Dolunay (2002)

The symptoms of burnout syndrome are categorized under three headings: emotional (hopelessness, restlessness, impatience), physical (chronic fatigue, headaches, sleep disorders), and mental (negative attitude, loss of concentration) Terzi and Sağlam (2008). Prolonged stress increases the severity of these symptoms and negatively affects the individual's professional and social life. Avşaroğlu and Kahraman (2005)

According to Maslach, burnout is handled in three dimensions: emotional exhaustion, depersonalization, and a low sense of personal accomplishment Sürgevil (2005). Among these dimensions, emotional exhaustion refers to the decrease in an individual's emotional resources; depersonalization refers to negative attitudes in interpersonal relationships; and low personal accomplishment refers to negative self-evaluation. Ergin (1992),Budak and Sürgevil (2016)

Burnout causes consequences such as decreased work performance, health problems, drug addiction, and social isolation. The risk is especially higher in face-to-face professions such as doctors, nurses and dentists. Demir et al. (2003), Ersoy et al. (2001), Schmitz et al. (2000), Freudenberger (1974)

This study aims to reveal how different working environments affect burnout levels and job satisfaction by simultaneously applying the Maslach Burnout Inventory and job satisfaction scale to dentists working in the public, private, and university sectors. Thus, scientific data will be obtained to prepare the ground for developing strategies that will increase the professional satisfaction of dentists and reduce the risk of burnout.

This study's central hypothesis is that dentists' burnout levels and professional satisfaction do not differ significantly according to demographic and professional characteristics. According to the null hypothesis formed in this direction, variables such as type of institution (public, private, university), gender, age, marital status, length of professional experience, and weekly working hours do not have a statistically significant effect on the burnout levels and job satisfaction levels of dentists. By testing this hypothesis within the research scope, it aims to reach

scientific findings on the effects of these variables on professional burnout and job satisfaction.

2. MATERIALS AND METHODS 2.1. STUDY DESIGN AND PARTICIPANTS

In this cross-sectional study, a questionnaire survey was conducted among dentists working in public, private, and university hospitals. Participation was voluntary. The Ethics Committee of Süleyman Demirel University approved the study.

2.2. DATA COLLECTION TOOL AND PROCEDURE

The data were collected through the Google Forms survey platform prepared by the researcher. The survey link was shared through the e-mail groups of the relevant institutions and WhatsApp professional communities; the participants' IP addresses and identity information were not collected; the data obtained were anonymized and analyzed only by code numbers. At the beginning of the survey, participants were informed about the purpose of the study, voluntary participation, and data security.

2.3. SECTIONS OF THE QUESTIONNAIRE

The questionnaire consists of three parts:

- 1) Sociodemographic Data: Basic sociodemographic information such as age, gender, seniority, type of workplace (public/private/university), and area of specialization.
- 2) Maslach Burnout Scale (MTO): 22-item scale with three sub-dimensions.
- 3) Job Satisfaction Scale (JSS): 20-item Likert-type scale.

2.4. SCALES

Maslach Burnout Scale (MBS) The MBS, developed by Maslach and colleagues and adapted into Turkish by Ergin Ergin (1992) and validity and reliability study by Çapri Çapri (2006), consists of 22 items in three sub-dimensions: emotional exhaustion (EE), depersonalization (DP) and sense of personal accomplishment (SI). The items are scored on a five-point Likert scale ranging from 0 ("never") to 4 ("always").

- Sub-dimensions and items:
 - 1) DT: 1,2,3,6,8,13,14,16,20
 - 2) D: 5,10,11,15,22
 - 3) KB: 4,7,9,12,17,18,19,21
- Scoring: DT (0-36), D (0-20), KB (0-32). High DT and D and low BP indicate burnout. The following table shows the scores that can be obtained from the sub-dimensions of the scale and what these scores mean Durşen (n.d.), Table 1
- Reliability: Test-retest coefficients DT=0.83; D=0.72; CR=0.72.

Table 1

Table 1 Burnout Level Ratings of the Maslach Burnout Scale				
	Emotional Exhaustion	Depersonalization	Personal Success	
High Burnout Level	27 and above	13 and above	0 to 14	
Medium Burnout Level	17 to 26	7 to 12	15 to 24	
Low Burnout Level	0 to 16	0 to 6	24 and above	

Job Satisfaction Scale (JSS) Developed based on Herzberg's Two Factor Theory, JSS has 20 items in its trial form. It contains 14 positive and six negative items. Responses are ranked from "Always (A)" to "Never (E)" on a five-point Likert scale.

- Scoring: Positive items are scored A=5 ... E=1; negative items are reverse scored (4,9,10,11,14,19).
- A high total score indicates professional satisfaction.

3. FINDINGS

When the demographic characteristics of the research participants are analyzed, it is seen that the majority of the participants are between the ages of 20-29 (56.67%), with more women than men (68.33%). Regarding marital status, 53.33% of the participants were married and 46.67% were single. Regarding professional seniority, 56.67% of the participants have 0-5 years of experience, while 26.67% have 16-20 years of experience. Regarding the type of institution they work in, 53.33% work in the public sector and 33.33% work in universities. Regarding weekly working hours, the largest group (58.33%) consists of those working 31-40 hours Table 2.

Table 2

Table 2 Demographic Data of Participants			
Age	N	%	
20-29	34	56,67%	
30-39	8	13,33%	
40-49	11	18,33%	
50 and above	7	11,67%	
Gender			
Male	19	31,67%	
Woman	41	68,33%	
Marital Status			
Single	28	46,67%	
Married	32	53,33%	
Occupational Seniority (Years)			
0-5 years	34	56,67%	
11-15 years	3	5,00%	
16-20 years	16	26,67%	
6-10 years	7	11,67%	
Employed Institution			
Public (ADSM, hospital, etc.)	32	53,33%	
Private hospital/clinic	6	10,00%	
Private practice	2	3,33%	
University	20	33,33%	
Weekly Working Hours			

31-40 hours	35	58,33%
41-50 hours	18	30,00%
51 hours and above	7	11.67%

When the overall mean scores of the Maslach Burnout Scale and Job Satisfaction Scale of the 60 participants were examined; the mean score of the Emotional Exhaustion sub-dimension was 18.13 (SD=6.741), the mean score of the Depersonalization sub-dimension was 6.43 (SD=3.127) and the mean score of the Personal Achievement sub-dimension was 19.72 (SD=4.093). The mean total score of the participants in the Job Satisfaction Scale was 65.58 (SD=13.043) Table 3.

Table 3

Table 3 Participants' Maslach Burnout Scale and Job Satisfaction Scale Total Score A	VARAGAC	

	N	Average Score	Standard Deviation
Maslach Burnout Questionnaire (Emotional Exhaustion)	60	18,13	6,741
Maslach Burnout Questionnaire (Depersonalization)	60	6,43	3,127
Maslach Burnout Questionnaire (Personal Accomplishment)	60	19,72	4,093
Job Satisfaction Scale	60	65,58	13,043

When the total scores of the Maslach Burnout Scale sub-dimensions (emotional exhaustion, depersonalization, personal accomplishment) and the Occupational Satisfaction Scale were analyzed according to the gender variable, the mean scores of male participants were higher in the Maslach Burnout Scale sub-dimensions, and the mean scores of female participants were higher in the Occupational Satisfaction Scale. However, these differences were not statistically significant (p > 0.05) Table 4.

Table 4

Table 4 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale Scores According to the Gender Variable.

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	Gender	N	Average	Standard Deviation	P
Maslach Burnout Questionnaire (Emotional Exhaustion)	Male	19	18,79	7,360	0,612
	Woman	41	17,83	6,507	
Maslach Burnout Questionnaire (Depersonalization)	Male	19	6,68	2,709	0,676
	Woman	41	6,32	3,327	
Maslach Burnout Questionnaire (Personal Accomplishment)	Male	19	20,00	4,110	0,718
	Woman	41	19,59	4,129	
Job Satisfaction Scale	Male	19	64,68	10,883	0,72
	Woman	41	66,00	14,037	

When Maslach Burnout Scale sub-dimensions and Job Satisfaction Scale scores were analyzed according to a marital status variable, it was seen that only in the emotional exhaustion sub-dimension, the scores of married individuals were statistically significantly higher than those of single individuals (p = 0.034). No

significant difference was found in other sub-dimensions (depersonalization, personal accomplishment) and job satisfaction scores according to marital status (p > 0.05) Table 5.

Table5

Table 5 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale Scores According to Marital Status Variable.

	Marital Status	N	Average	Standard Deviation	P
Maslach Burnout Questionnaire (Emotional Exhaustion)	Single	28	16,18	6,219	0,034
	Married	32	19,84	6,807	
Maslach Burnout Questionnaire (Depersonalization)	Single	28	6,36	2,996	0,862
	Married	32	6,50	3,282	
Maslach Burnout Questionnaire (Personal Accomplishment)	Single	28	19,82	3,454	0,855
	Married	32	19,63	4,633	
Job Satisfaction Scale	Single	28	68,00	11,957	0,182
	Married	32	63,47	13,761	

According to the results of one-way analysis of variance (ANOVA) for Maslach Burnout Scale sub-dimensions and Occupational Satisfaction scores, statistically significant differences were found between the groups in personal achievement (p = 0.014) and job satisfaction (p = 0.021) scores. However, no significant difference was found in emotional exhaustion (p = 0.185) and depersonalization (p = 0.126) scores Table 6.

Table 6

Table 6 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale
Scores According to the Working Organization Variable

	Employed Institution	N	Average	Standard Deviation	Р
Maslach Burnout Questionnaire (Emotional Exhaustion)	Public (ADSM, al hospital, etc.)		19,63	7,585	0,185
	Private hospital/clinic	6	19,00	4,195	
	Private practice	2	13,00	2,828	
	University	20	16,00	5,535	
Maslach Burnout Questionnaire (Depersonalization)	Public (ADSM, hospital, etc.)	32	6,97	3,307	0,126
	Private hospital/clinic	6	4,83	2,563	
	Private practice	2	2,50	0,707	
	University	20	6,45	2,800	
Maslach Burnout Questionnaire (Personal Accomplishment)	Public (ADSM, hospital, etc.)	32	18,47	4,303	0,014
	Private hospital/clinic	6	22,83	2,714	
	Private practice	2	25,00	4,243	
	University	20	20,25	3,160	
Job Satisfaction Scale	Public (ADSM, hospital, etc.)	32	61,09	13,396	0,021
	Private hospital/clinic	6	69,00	10,954	

Private prac	tice 2	80,50	19,092	
Universit	y 20	70,25	10,036	

According to the results of one-way analysis of variance (ANOVA), the participants' Maslach Personal Accomplishment sub-dimension scores and professional satisfaction scores differ significantly according to the type of institution they work in (p < 0.05). Duncan's multiple comparison test was applied to determine in which groups these significant differences emerged.

According to the posthoc analysis results, the Maslach Personal Achievement scores of physicians working in private practice were statistically significantly higher than those working in the public sector (ADSM, state hospital, etc.). Similarly, the occupational satisfaction levels of physicians working in private practice were significantly higher than those of their colleagues working in the public sector Table 7.

Table 7

Table 7 Maslach Personal Achievement and Job Satisfaction Scores and Significant Differences According to Institution Type (Duncan Test Results)

Institution Type	N	Personal Achievement Average.	Personal Achievement Group*	Job Satisfaction Mean.	Job Satisfaction Group*
Public (ADSM, hospital, etc.)	32	18,47	b	61,09	b
University	20	20,25	ab	70,25	ab
Private hospital/clinic	6	22,83	ab	69	ab
Private practice	2	25	a	80,5	a
p-value (ANOVA)		0,014		0,021	

^{*} According to the Duncan test, no significant difference exists between groups sharing the same letter. A statistically significant difference exists between groups with different letters ($\alpha = 0.05$).

According to the results of one-way analysis of variance (ANOVA) for Maslach Burnout Scale sub-dimensions and Occupational Satisfaction scores, a statistically significant difference was found between the groups in emotional exhaustion (p = 0.003) score. However, no significant difference was found in depersonalization (p = 0.417), personal accomplishment p = 0.098), and job satisfaction p = 0.098) scores Table 8.

Table 8

Table 8 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale
Scores According to the Professional Seniority Variable

	Professional Seniority	N	Average	Standard Deviation	P
Maslach Burnout Questionnaire (Emotional Exhaustion)	0-5 years	34	16,68	5,978	0,003
	6-10 years	7	26,00	3,416	
	11-15 years	3	13,33	9,292	
	16-20 years	16	18,69	6,730	
Maslach Burnout Questionnaire (Depersonalization)	0-5 years	34	6,56	3,106	0,417
	6-10 years	7	7,71	2,984	
	11-15 years	3	4,33	2,887	

	16-20 years	16	6,00	3,266	
Maslach Burnout Questionnaire (Personal Accomplishment)	0-5 years	34	19,97	3,689	0,098
	6-10 years	7	17,14	1,864	
	11-15 years	3	24,00	2,000	
	16-20 years	16	19,50	5,203	
Job Satisfaction Scale	0-5 years	34	67,65	12,032	0,098
	6-10 years	7	54,43	6,876	
	11-15 years	3	69,33	13,577	
	16-20 years	16	65,38	15,379	

The variance analysis found that the Maslach Emotional Exhaustion scores of the participants differed significantly according to the length of service (p = 0.003). According to the Duncan multiple comparison test conducted to determine which groups the difference is, the emotional exhaustion levels of individuals with 6-10 years of professional experience are statistically significantly higher than those of other working time groups Table 9.

Table 9

Table 9 Maslach Emotional Exhaustion Score Averages and Significant Differences According to Professional Seniority (Duncan Test Results)

Working Time	N	Emotional Exhaustion Means.	Significance Group*
0-5 years	34	16,68	a
6-10 years	7	26	b
11-15 years	3	13,33	a
16-20 years	16	18,69	a
p-value (ANOVA)		0,003	

When the sub-dimensions of the Maslach Burnout Scale (Emotional Exhaustion, Depersonalization, Personal Accomplishment) and Job Satisfaction Scale scores were analyzed according to the age variable, no statistically significant difference was found between the groups. However, the p-value observed in the Emotional Exhaustion sub-dimension (p = 0.053) was close to the significance limit, suggesting that emotional exhaustion levels may show significant differences between age groups Table 10.

Table 10

Table 10 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale Scores According to the Age Variable

	Age	N	Average		Standard Deviation	P
Maslach Burnout Questionnaire (Emotional Exhaustion)	20-29	34	16,74	6,002		0,053
	30-39	8	22,00	9,134		
	40-49	11	21,27	5,569		
	50 and above	7	15,57	6,554		
Maslach Burnout Questionnaire (Depersonalization)	20-29	34	6,56	3,087		0,945
	30-39	8	6,63	3,701		

	40-49	11	5,91	3,754	
	50 and above	7	6,43	1,902	
Maslach Burnout Questionnaire (Personal Accomplishment)	20-29	34	19,94	3,339	0,868
	30-39	8	19,00	4,870	
	40-49	11	20,09	4,230	
	50 and above	7	18,86	6,619	
Job Satisfaction Scale	20-29	34	67,09	11,579	0,341
	30-39	8	58,25	13,145	
	40-49	11	67,55	18,278	
	50 and above	7	63,57	8,979	

The p-value obtained in the Emotional Exhaustion sub-dimension of the Maslach burnout scale (p = 0.053) was very close to the significance level. Therefore, Duncan's multiple comparison test was applied to examine the possible differences between the groups in more detail. As a result of the Duncan analysis, it was observed that the emotional exhaustion scores of the 30-39 age group were higher than the other groups, especially the difference between them and the group aged 50 years and over was significant. Table 11

Table 11

Table 11 Maslach Emotional Exhaustion Score Averages and Significant Differences by Age (Duncan Test Results)

Age	N	Emotional Exhaustion	Significance Group*
20-29	34	16,74	ab
30-39	8	22	a
40-49	11	21,27	ab
50 and above	7	15,57	b
p-value (ANOVA)		0,053	

When the Maslach Burnout Scale subscales and Job Satisfaction Scale scores were examined according to the weekly working hours variable, a statistically significant difference was found in the Depersonalization subscale (p=0.013). A difference close to significance was observed in the Personal Achievement subscale (p=0.071). No statistically significant difference was found between the groups in terms of Emotional Exhaustion (p=0.184) and Job Satisfaction Scale total score (p=0.126) Table 12.

Table 12

Table 12 Comparison of Maslach Burnout Scale Sub-Dimensions and Job Satisfaction Scale Scores According to the Weekly Working Hours Variable

	Weekly Working Hours	N	Average	Standard Deviation	P
Maslach Burnout Questionnaire (Emotional Exhaustion)	31-40 hours	35	18,71	7,094	0,184
	41-50 hours	18	18,72	6,086	
	51 hours and above	7	13,71	5,559	

Maslach Burnout Questionnaire (Depersonalization)	31-40 hours	35	7,00	3,378	0,013
	41-50 hours	18	6,56	2,121	
	51 hours and above	7	3,29	2,289	
Maslach Burnout Questionnaire (Personal Accomplishment)	31-40 hours	35	19,43	4,210	0,071
	41-50 hours	18	19,00	3,678	
	51 hours and above	7	23,00	3,367	
Job Satisfaction Scale	31-40 hours	35	63,43	12,443	0,126
	41-50 hours	18	66,39	12,848	
	51 hours and above	7	74,29	14,500	

The Duncan test was applied as a post-hoc multiple comparison test to determine which groups of difference emerged for the sub-dimensions for which significance was obtained in the variance analysis. According to Duncan's test results, the mean score of depersonalization of employees working 51 hours and over (3.29) was significantly lower than both 41-50 hours employees (6.56) and 31-40 hours employees (7.00). In the Personal Achievement sub-dimension, the score of the 51 hours and over employee group (23.00) was higher than the other two groups. Table 13

Table 13

Table 13 Significant Differences in Maslach Depersonalization and Maslach Personal Achievement Scores According to Weekly Working Hours (Duncan Test Results)

Weekly Working Hours	N	Depersonalization	Significance Group	Personal Success	Significance Group2
31-40 hours	35	7	a	19,43	b
41-50 hours	18	6,56	a	19	b
51 hours and above	7	3,29	b	23	a
p-value (ANOVA)		0,013		0,071	

4. DISCUSSION

Burnout is a significant problem that affects many professional groups and disrupts individuals' work, family, and social life balance. This situation often leads to decreased job satisfaction and negatively affects both individuals and the organizations they work for. In addition to the specific challenges of the profession, dentists are more at risk of burnout due to the intense patient traffic they face in public oral and dental health centers. On the other hand, physicians working in private practices may face various financial difficulties while trying to harmonize their workplaces with the new regulations due to recent legislative changes. Eren and Kidak (n.d.)

This study examined whether the burnout and job satisfaction levels of dentists working in Isparta province differ according to various demographic and occupational variables. The study's central hypothesis is that these variables do not significantly affect burnout and job satisfaction; however, the findings show that this hypothesis is partially rejected. No significant difference was found according to the

gender variable, and similar results were obtained between male and female participants in terms of burnout sub-dimensions and job satisfaction. On the other hand, emotional exhaustion levels were found to be significantly higher in married individuals than in single individuals. Personal accomplishment and job satisfaction were exceptionally high in private practice physicians. The higher scores of dentists working in private practice indicate that individual autonomy, freedom to choose patients, and working conditions positively affect job satisfaction and perception of personal accomplishment. The lower scores of dentists in public institutions indicate a need for improvement in these areas.

In addition, emotional exhaustion was highest in individuals with 6-10 years of professional experience, suggesting that this period is a risky stage in terms of occupational stress. Depersonalization scores were significantly higher in the group working 31-40 hours per week, while personal accomplishment levels were significantly higher in physicians working more than 51 hours per week. The fact that most of this group worked in private practice suggests that factors such as individual control and work environment may be related to personal accomplishment and satisfaction. These findings suggest that burnout and job satisfaction levels are related to individual and working conditions.

The Maslach Burnout Scale (MBS) is a valid and reliable measurement tool widely used to assess burnout among health professionals, especially dentists. Brake et al. (2001) emphasized that the ITS can accurately measure burnout among dentists and found high correlations between the emotional exhaustion and depersonalization subscales. In addition, this study found that the risk of burnout increased over time. In our study, the ITS was preferred to evaluate burnout levels and compare different groups.

In this study, it was determined that the emotional exhaustion levels of the participants were at a moderate level, with an average of 18.13 points according to the sub-dimensions of the Maslach Burnout Scale. This result shows dentists generally experience emotional exhaustion, but this level is not risky. Although the mean score in the depersonalization sub-dimension was found to be 6.43, which is technically within the limits of low-level burnout, the fact that this value is close to the medium level indicates that the participants have started to become depersonalized towards their work, but this has not yet become a significant problem. The average score in the personal accomplishment sub-dimension was 19.72, indicating that the sense of personal accomplishment has partially decreased, but they still have a high sense of accomplishment. Burnout was generally observed more in the emotional exhaustion and depersonalization sub-dimensions, while the decrease in the sense of personal accomplishment was more limited.

On the other hand, the mean score of 65.58 obtained from the Job Satisfaction Scale indicates that dentists generally experience a high level of job satisfaction. This finding reveals that job satisfaction is an essential stabilizing factor, despite high burnout levels. High job satisfaction helps dentists maintain professional satisfaction and commitment to their jobs. These results are in line with previous findings in the literature that high job satisfaction has a stabilizing effect on burnout. In conclusion, despite the increase in burnout levels, high job satisfaction is an essential protective factor for dentists to continue their profession.

In a study conducted by Eren et al. Eren and Kidak (n.d.), it was found that the mean of depersonalization, one of the subscales of the Maslach Burnout Scale (MBS), was higher in dentists working in public institutions compared to those working in private practice. In our study, no significant difference was observed in the emotional exhaustion and depersonalization subscales of the ITS according to the

working institution variable. However, it was found that the averages of private practice employees were higher in the personal accomplishment subscale.

Polo et al. reported a significant relationship between weekly working hours and burnout levels. Emotional exhaustion and depersonalization levels increased as working hours increased; however, no significant difference was found in the personal accomplishment dimension Gómez et al. (2022). In our study, results partially contradict these findings. The depersonalization n level of dentists working 31-40 hours per week was higher. It was determined that most participants worked in public institutions (ADSM and university) during this time. The fact that dentists working in public institutions have responsibilities such as education, student and thesis counseling, and patient care may be a factor that increases depersonalization levels.

On the other hand, dentists working 51 hours or more per week had higher personal accomplishment scores. This suggests that some dentists who work longer may have stronger motivation and a stronger perception of professional competence. These differences suggest that the perception of burnout may vary not only depending on the duration of employment but also on the working environment, organizational structure, and task diversity.

Many studies have reported that burnout is more common in young professionals, especially at the beginning of their professional life Jin et al. (2015), Stavem et al. (2001), McCray et al. (2008), Kheiraoui et al. (2012). This may be explained by young dentists' lack of professional experience, inadequate coping skills in the face of intense workload, and a mismatch between professional role and expectations. Over time, dentists gain practical experience, their professional competence increases, and they can cope with problems more effectively.

Our study observed that dentists' emotional exhaustion levels in the 30-39 age group were higher than in the other age groups. This result can be attributed to dentists in their 30s being in a period when their professional responsibilities increase and their careers begin to settle down. In this age range, individuals face increasing burdens in their professional and personal lives (e.g., starting a family, economic burdens). This may have led to more pronounced emotional exhaustion in this age group. In addition, physicians in the middle age group are still considered young in terms of professional seniority, and that support mechanisms are not sufficiently established when taking on senior responsibilities may also be considered among the factors affecting burnout levels.

In line with the findings obtained in our study, it was determined that the gender variable did not create a statistically significant difference in professional satisfaction. This result also coincides with the "Professional Satisfaction, Social Status and Service Evaluation of Dentists" study by the Turkish Dental Association in 2015. In this study, it was similarly reported that gender did not have a determinant effect on professional satisfaction. Hayran and Varol (2015)

In a study conducted by Luzzi et al. on dentists working in private practice and public institutions in Australia, similar to our study, it was found that the job satisfaction levels of dentists working in the public sector were lower than those of their colleagues working in private practice. Luzzi et al. (2005)

Considering some limitations of the study, the sample size is limited to dentists working in Isparta province. This situation limits the generalizability of the findings obtained, and similar studies should be conducted with dentists in different geographical regions or professional groups to allow the results to be generalized to a broader population. In addition, the fact that the study is based on a cross-sectional design prevents the determination of cause-and-effect relationships. Therefore, the

study provides only a snapshot of data, making any inferences about long-term effects impossible. Another limitation is that the self-reported questionnaires increase the likelihood that respondents' answers are subjective and thus may affect data reliability. Using larger and homogeneous samples, longitudinal studies, and objective measurement tools may help overcome these limitations in future research.

5. CONCLUSION

In conclusion, this study examined the levels of professional burnout and job satisfaction of dentists and revealed that various factors significantly affect these levels. The study's findings show that although dentists experience burnout, their job satisfaction is high. In this context, some strategies are suggested to improve the work environment of dentists working in public, private, and university sectors. Supportive professional environments should be created for dentists working in public institutions, administrative pressures should be reduced, and professional autonomy should be increased. In addition, career development opportunities should be provided to increase job satisfaction, and psychosocial support services should be provided to prevent occupational burnout. Making arrangements that consider the balance between working time, workload, and occupational stress will support dentists' well-being and contribute positively to the quality of patient care. These recommendations will be essential to ensure that dentists sustainably perform their profession and increase their professional satisfaction.

CONFLICT OF INTERESTS

None.

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