

AN INVESTIGATION BETWEEN CHILDHOOD TRAUMA AND JOB-RELATED
EMOTIONAL BURNOUT OF CORPORATE COMPANY EMPLOYEES



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AN INVESTIGATION BETWEEN CHILDHOOD TRAUMA AND JOB-RELATED
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I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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ABSTRACT

The main purpose of this research is to determine the predictive role of childhood traumas in explaining job-related emotional burnout. In addition, this study examined the relationship between childhood traumas, job-related emotional burnout and demographic variables such as age, gender, marital status, parental status, chronic illness and cigarettes and alcohol consumption status. The research group consisted of 310 corporate company employees. Participants were subjected to the ‘‘Demographics Form’’ created by the researcher, the ‘‘Childhood Trauma Questionnaire (CTQ-33)’’ to measure childhood traumas and the ‘‘Job-Related Emotional Exhaustion Scale’’ to measure emotional burnout levels. The obtained data were analyzed with the IBM Statistical Packet for Social Sciences (SPSS) 22.0 program. Correlation analysis, Simple Linear Regression analysis, Independent Sample T-Test and one-way ANOVA analysis were used in the research. According to results, child overprotection-overcontrol which is the subdimension of childhood traumas had predictive role on job-related emotional burnout. Significant relationships were found between the variables of the study and gender, marital status, and chronic illness. On the basis of the relevant literature, the study's findings were discussed and suggestions for future research and application areas were presented.

Keywords: Childhood Traumas, Child Abuse, Child Neglect, Job-Related Emotional Burnout, Exhaustion

ÖZET

Bu araştırmanın temel amacı, çocukluk çağı travmalarının işle ilgili duygusal tükenmişliği açıklamada yordayıcı rolünü belirlemektir. Ayrıca bu çalışmada çocukluk çağı travmaları, işle ilgili duygusal tükenmişlik ile yaş, cinsiyet, medeni durum, ebeveynlik durumu, kronik hastalık ve sigara ve alkol kullanım durumu gibi demografik değişkenler arasındaki ilişki incelenmiştir. Araştırma grubunu 310 kurumsal şirket çalışanı oluşturmuştur. Katılımcılar, araştırmacı tarafından oluşturulan “Demografik Bilgi Formu”, çocukluk çağı travmalarını ölçmek için “Çocukluk Çağı Travmaları Anketi (CTQ-33)” ve duygusal tükenmişlik düzeylerini ölçmek için “İşle İlişkili Duygusal Tükenme Ölçeği”ne tabi tutulmuştur. Elde edilen veriler IBM Statistical Packet for Social Sciences (SPSS) 22.0 programı ile analiz edilmiştir. Araştırmada Korelasyon analizi, Basit Doğrusal Regresyon analizi, Bağımsız Örneklem T-Testi ve tek yönlü ANOVA analizi kullanılmıştır. Sonuçlara göre çocukluk çağı travmalarının alt boyutu olan çocuğun aşırı koruma-kontrolü, işle ilgili duygusal tükenmişlik üzerinde yordayıcı role sahiptir. Araştırmanın değişkenleri ile cinsiyet, medeni durum ve kronik hastalık arasında anlamlı ilişkiler bulunmuştur. İlgili literatüre dayalı olarak, çalışmanın bulguları tartışılmış ve gelecekteki araştırma ve uygulama alanlarına yönelik öneriler sunulmuştur.

Anahtar Kelimeler: Çocukluk Çağı Travmaları, Çocuk İstismarı, Çocuk İhmali, İşe Bağlı Duygusal Tükenmişlik, Tükenmişlik

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CHAPTER I

INTRODUCTION

The business world may be considered to be one of the regions that has been changed as a result of the returns of the contemporary world. Individuals spend the most of their waking hours at work, and even when they get home, they occasionally bring their work with them and continue working there (Freudenberger, 1975). Therefore, the time and effort that individuals devote to their work and the accomplishment of their work-related goals rises. Individuals spend more of their energy and time on their work. In light of these conditions, striking a healthy work-life balance can be challenging to attain and maintain (Donahue et al., 2012; Nica et al., 2020).

Human interactions have risen to the forefront, particularly as a result of the development of organizational areas, and the negatives and challenges that are encountered in these contacts have also started to have a greater impact on the individual (Maslach & Leiter, 2016). On the other hand, individuals who are required to work long hours encounter a variety of challenges in their daily life. This is especially the case when considering the improved performance expectations of corporate firms (Nica et al., 2020). Not just the amount of time that is spent, but also the manner in which that time is passed is of utmost importance. The existence of a corporate entity can often be traced back to a certain organizational structure that serves as a framework. The term "organizational structure" is used to describe the formal arrangement of individuals and groups inside an organization with reference to the distribution of roles, responsibilities and authority (Drew & Coulson-Thomas, 1996). The rules governing the running and administration of the system need to be carried out in a seamless and well-organized way. It is not the performance of an individual employee that is most important; rather, it is the performance of the team as a whole (Maxwell, 2008). What is increasingly important in organizations is that work undertaken by one individual now requires self-managed teamwork (Rousseau et al., 2006). Although it has many advantages, there are also challenges in teamwork, such as intra-group conflicts, whether things are distributed fairly, or whether everyone contributes equally and fairly (Maxwell, 2008). In addition, the individual is required to engage in deeper and more

frequent communication with other members of the team (Elloy et al., 2001). Consequently, the employees face an increased risk of liability and an increased risk of burnout as a result of this predicament. The upshot of this is the idea of burnout, which may be considered a contemporary condition which has received a great deal of interest and has been the subject of research over the past three decades (Donahue et al., 2012).

There are a lot of different things that go into determining an individual's level of burnout. Even in the face of challenging working conditions, it's possible that some individuals will never suffer burnout in their careers. It has been suggested that factors such as an individual's age, length of time spent working, professional identity, and temperament all play a part in the development of burnout (Langelaan et al., 2006). Furthermore, an individual's perspective, reactions, and attitudes toward the events he/she experiences in adulthood might be influenced by the traumas to which he/she was exposed during the early stages of his/her life. This can have a lasting impact on the individual (Çelik & Odacı, 2012; Kendall-Tackett, 2002). Unresolved traumas in an individual's history may make it more difficult for them to communicate with other people in the future, cause them to get overly exhausted in even the simplest of conflict situations, result in withdrawal behaviors, or provide the groundwork for psychosomatic symptoms (Siegel, 2002; Johnson & Indvik, 1994; Escobar et al., 1998).

Burnout is a widespread issue that has surfaced and is continuing to grow in a wide variety of professional groups, and emotional burnout might be regarded the most crucial component of this phenomenon (Maslach, 2003; Michielsen et al., 2004; Ramarajan et al., 2008; Shirom & Melamed 2006). The individual's intimate connections and social life might become dissonant as a result of burnout, in addition to the individual's professional life being negatively impacted by burnout (Edú-Valsania et al., 2022; Cordes & Dougherty, 1993). The degree to which an individual is able to keep their personal life and work life in terms of emotional and behavioral demands in balance is a key factor in determining their overall stress level (Shobe, 2018). At this point, whether or not the individual has negative mood, personality characteristics individual has, the extent to which his/her emotion regulation skills have developed are all factors that can serve as explanatory functions (Zellars et al., 2004; Guan & Jepsen, 2020).

1.1. Problem Statement

Freudenberger (1974), who is credited with being the first person to introduce the term job burnout, provided a definition of job burnout as a condition in which individuals suffer from exhaustion and a decrease in their internal resources as a direct result of excessive demands made by their place of employment. Maslach and Jackson (1981), who presented distinct definitions to the notion of burnout after Freudenberger, considered the burnout as three dimensions which consisted of emotional burnout, depersonalization and reduced sense of personal accomplishment. However, research conducted over the past ten years has revealed that emotional burnout is the most accurate sign of burnout (Piko, 2006; Schaufeli & Van Dierendonck, 1993; Donahue et al., 2012).

Emotional burnout includes those who deal largely with others and where the individual is emotionally and mentally exhausted from the work. Research on burnout reflects a rising knowledge of the extent to which it impacts an individual's wellbeing (Smets et al., 1998; Michielsen et al., 2004). In addition, there are a number of factors that contribute to the individual's increased susceptibility to emotional burnout. The history of individual traumas is one of these factors. Every individual brings to their work a significant number of the emotional traits and behavioral patterns that were formed throughout their early years. The fact that the early experiences are traumatic, the trauma is not resolved, and that the patterns derived from these experiences are carried to the workplace creates issues for the individual as well as his or her surroundings (Johnson & Indvik, 1994; Figley, 1995). Individuals who have been traumatized in the past are more likely to experience burnout in this situation.

Considering the research on emotional burnout caused by job and early traumatic experiences, the emphasis was placed mostly on professionals working in the field of mental health (Moore, 2004; Buchanan et al., 2006; Williams et al., 2012). On the other hand, employer demand for time and obligations in corporate organizations and reactions to negatives in connections with colleagues overlap with reactions such as psychological retreat, despair, and exhaustion, which are created in response to trauma. Some of these reactions may be brought on by childhood abuse, especially in the formative years of one's life. Childhood trauma has a negative impact on a person's ability to regulate their emotions and constitute a sense of self, both of which can lead

to impairments in interpersonal interactions in adulthood (Teague, 2013; Jerud et al., 2014). In addition, it may lead to heightened susceptibility to startle, which might result in difficulties in social interaction (Stein et al., 2002, Jovanovic et al., 2009, Min-Ah Lee, 2015). It is important to have a high ability to control one's emotions in the face of excessive workload and performance expectations (Sloan, 2007; Gong et al., 2019). When any one of these is not functioning properly, it will inevitably lead to emotional burnout.

1.2. Purpose of the Research

The main aim of this research is to determine to what extent job-related emotional burnout is predicted by childhood traumas in corporate company employees. Moreover, this study aims to investigate the ways in which demographic factors such as gender, age, marital status, parental status, cigarette and alcohol usage and job related emotional burnout and childhood traumas.

Job-related emotional burnout will be taken as the dependent variable, while childhood traumas will be taken as the independent variable. In this research, correlational design will be used.

1.3. The Importance of the Research

Understanding the components of burnout, determining what increases in the work context will also guide the interventions to be followed to prevent burnout. In particular, sectors such as corporate firms, where relations with people are more important, are much wider areas, and it seems important to consider the individual dimension at these point. In today's environment, job burnout has reached alarming levels (Leiter & Maslach, 2001). The measures that need to be followed to avoid burnout can be guided by an understanding of the components of burnout and what increases in the work setting lead to it. Because time spent looking for a solution decreases if the individual is aware of what tiredness is and the signs it presents (Kaçmaz, 2005).

This research is significant because it investigates the extent to which childhood traumas are determinative in understanding emotional burnout at work. In addition, this is a broad research that investigates factors such as age, gender, marital status, chronic

disease, cigarettes and alcohol consumption status. Consequently, it is believed that this research will direct future studies.

The findings are expected to have a significant impact on the disciplines of trauma and organizational psychology, as well as guide researchers in the field of trauma to investigate other work environments.

1.4. Research Question

What is the predictive strength of childhood traumas in explaining job-related emotional burnout of corporate company employees?

1.5. Sub Questions

1. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by gender?
2. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by age?
3. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by marital status?
4. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by whether they have children or not?
5. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by whether they have chronic illness or not?
6. Do the job-related emotional burnout and childhood traumas of corporate company employees differ by their cigarettes and alcohol consumption status?

1.6. Assumptions

It is assumed that tools used in research are compatible with the purpose of the research. Additionally, corporate company employees are assumed to be participated willingly and answered questions sincerely.

1.7. Limitations

The data of the research is limited to the participants reached through online sampling.

The data of the research is limited to data obtained from the Childhood Trauma Questionnaire (CTQ-33) and the Job-Related Emotional Exhaustion Scale.



CHAPTER II

LITERATURE REVIEW

In this section, related literature and research are presented.

2.1. Definition and History of Job Burnout

One of the main topics of study has been on individual's connections with their jobs, which play an essential role in their lives for a significant amount of time, as well as the challenges that come up as a direct result of the negative aspects of these interactions. Individuals have seen a decline in their mental and physical resources, higher levels of stress, and increased levels of extreme exhaustion as a result of industrialization, which has been attributed to variables such as increasing working hours, anticipated high performance, and low pay (Maslach et al., 2001; Angerer, 2003; Maslach & Leiter, 2016).

The term "burnout" refers to a psychological syndrome that was originally brought up by Freudenberger (1974) and early work about burnout concentrated on the field of human services. Burnout is a condition that emerges as a result of interpersonal prolonged stressors in the workplace. Burnout is distinct from depression in that it is characterized by an intense preoccupation with one's working environment. Individuals begin to dislike their jobs because they place their unhappiness on the environment in which they do their work (Maslach et al., 2001).

The concept of burnout is quite common and has many definitions. Maslach and Jackson (1981) described burnout as "a syndrome of emotional burnout and cynicism that occurs frequently among individuals who do 'people work' of some kind" (p. 99). They hypothesized that there are three distinct aspects of burnout: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981, 1984; Lambert et al., 2015). Pines and Kafry (1978) conceptualized burnout as a set of symptoms experienced as "tedium" as a result of the rupture experienced at the point where job demands and professional pressures impair one's coping skills and reduce the level of tolerance to stressors. Cherniss (1980) defined job burnout as the condition of employees withdrawing their efforts from their

work when they are subjected to excessive demands or when they are dissatisfied with their jobs.

2.1.1. Dimensions of Job Burnout

Burnout is composed of three dimensions: emotional exhaustion, depersonalization and a reduced sense of personal accomplishment (Maslach & Jackson, 1981).

2.1.1.1. Emotional Exhaustion

Emotional exhaustion is considered by a great number of researchers to be the most essential component of the burnout experience, despite the fact that the three-component model of burnout is widely accepted as the standard explanation for the phenomenon (Boles et al. 1997; Babakus et al. 1999; Kemp et al., 2013). Emotional exhaustion refers to the sense of being emotionally and psychologically drained and physically exhausted from work (Lambert et al., 2015). In this dimension, which manifests itself as a lack of energy and unwillingness towards everyday living and working life and which represents the initial stage of the condition, individuals who are actively engaged in professional life have a greater tendency to see themselves as being excessively fatigued (cited in Dolgun, 2015). Emotional exhaustion is a distinctive criterion that may be used to evaluate the combined impact of occupational stressors (Kemp et al., 2013). It has a stronger correlation with stress-related health outcomes than any of the other two dimensions (Lee & Ashforth, 1993, 1996; Wright & Bonett, 1997; Maslach & Leiter, 2016a). Additionally, chronic exhaustion, headaches, gastrointestinal issues, muscular tension, hypertension, cold/flu episodes, and sleep disruptions are all signs of exhaustion that are often linked to stress. Otherwise, individuals who are suffering from burnout are not only physically exhausted, but also psychologically detached from their job, which has an effect on their level of motivation as well as their sense of who they are as individuals (Maslach & Leiter, 2016a). Psychological or emotional withdrawal is a condition associated with the depletion of an individual's emotional resources. According to Conservation of Resources (COR), individual build up his/her defenses against the potential causes of stress in their lives by accumulating resources and investing in those resources (Hobfoll, 1989). However, when confronted with the fact that these resources are running low, the individual

makes a concerted effort not to lose any further resources and to prevent the process of depletion. As a consequence of this, he/she abandons his/her active coping skills and adopts a defensive posture in order to make the most of the resources he/she still has. Therefore, the individual's attempts to connect with the organization and raise his/her performance, whose goal has become the protection of his/her resources, tend to drift into the background. This is because the individual's primary concern is now the security of these resources. (Fatima et al., 2018; Hobfoll, 2001; Zhao & Guo, 2019; Hobfoll & Shirom, 1993; Ng & Feldman, 2012; Wright & Hobfoll, 2004; Bolton et al., 2012; Lee & Suh, 2020; Atalay et al., 2022). Employees have the perception that they are not contributing anything beneficial to their surroundings and that they are worthless in the state of exhaustion (Torun, 1997). The individual who has feelings of strain and irritation, and the reality that they have to go back to work the following day also produces a great deal of concern for the individual (cited in Ari & Bal, 2008).

2.1.1.2. Depersonalization

Burnout can also be seen in its interpersonal form, which is known as depersonalization. At this point, the individual displays a negative attitude toward the work and coworkers and begins to distance himself/herself from the activity. The individual uses cognitive distance in conjunction with the attitude of indifference that has evolved as a response to burnout. Research on burnout reveals that there is a substantial association between burnout and depersonalization in a variety of organizational sectors. This is likely due to the fact that distancing is an instant reaction to exhaustion (Maslach et al., 2001). Depersonalization, in other words cynicism, is characterized by an increased inclination to give up on activities as well as a pessimistic view (Cole et al., 2012). External attributions of work-related failures and accomplishments, as well as a general sense of despair, all contribute to depersonalization. When depersonalization develops, individuals start to recognize an incongruity between their current situation and their original expectations about the potential contributions they could make to the others. This leads to feelings of inadequacy, which in turn leads to lower self-evaluations of personal accomplishments (Lewin & Sager, 2007). One of the other factors that might contribute to depersonalization is a working environment that is characterized by a low level of employee engagement, as well as administrative procedures that are too controlling and stringent (Jackson et al., 1986; Savicki & Cooley, 1983). In an environment of lack of

participation, the individual feels as if he/she has no control over critical aspects of his/her job. Another factor that contributes to the development of depersonalization is gender. When dealing with emotional burnout, men are more inclined to manage by depersonalizing their experiences (Cordes & Dougherty, 1993). Maslach and Jackson (1985) indicated that, due to gender norms, women are more likely to care for others and demonstrate concern for others and less likely to focus on their wellbeing than men.

2.1.1.3. Reduced Personal Accomplishment

This factor is related to the inclination of the individual to have a negative evaluation of themselves. (Maslach, 2003). It relates to feelings of inadequacy as well as a lack of accomplishment and productivity at work (Maslach et al., 2001). A decrease in one's own self-evaluation of their level of personal success is one of the consequences of depersonalization. When an individual becomes aware of the discrepancy between his/her present circumstances and the expectations of his/her employers, they have a tendency to have a more pessimistic opinion of themselves. This decline in a sense of success is also attributable to a number of circumstances which point to the individual not being appreciated. Unfulfilled accomplishment expectations, confusion in roles, and reduced self-efficacy all play a part in this condition (Lewin & Sager, 2007). It is also possible that one's perception of their own efficacy will be diminished if they are required to operate in an environment that is chronically demanding and overwhelming (Maslach et al., 2001). This diminished sense of efficacy has been connected to depression, irritation in the face of expectations at work; moreover, this condition may be made worse by a lack of support and of opportunity to improve in a professional manner (Maslach, 1998). When exhaustion reaches higher dimensions, the individual stops believing that their actions are making a difference and withdraws from trying. In other words, this dimension can also be associated with learned helplessness (Singh et al., 1994). On the other hand, according to the views of a number of writers, the dimension of reduced sense of accomplishment plays a function that is distinct from that of emotional burnout and depersonalization, and as a result, it is representative of an individual's sense of their own professional effectiveness. That is, individuals may develop to feel that they are capable of competently doing their tasks and being successful in attaining their objectives that are connected to their work (Lee & Ashforth, 1996; Koeske & Koeske, 1993).

2.1.2. Factors Affecting Burnout

2.1.2.1. Individual Factors

Individual characteristics are attributes that, in some cases, pave the way for burnout or increase its severity, and, in other cases, play a role in reducing burnout and its symptoms. Burnout may be influenced by a variety of individual and societal factors, including gender, age, education level, marital status, the number of years spent working, amount of social support, personality, and expectations (Ari & Bal, 2008).

The level of burnout differs between young and older employees. Age is the factor that has been shown to have the strongest and most consistent connection to burnout across all demographic variables. It has been stated that the level of burnout among younger workers is greater than the degree of burnout among those who are over thirties. Since age and amount of work experience are sometimes confused with one another, it may seem that the likelihood of burnout is greater early on in one's career (Maslach & Jackson, 1981; Cordes & Dougherty, 1993; Maslach et al., 2001). It has also been established that gender is a factor that contributes to the amount of burnout. However, a number of research reveal that women have a greater rate of burnout than males, whereas other studies conclude that there is no difference between the sexes generally. In addition, men and women may exhibit different degrees of burnout at the same level of each of the three characteristics of burnout (Maslach & Jackson, 1981; Maslach et al., 2001). There are some indications that married individuals report lower burnout levels compared to unmarried individuals and individuals with children regularly report lower burnout levels (Maslach & Jackson, 1985).

The interpersonal interactions or other components in the workplace are not responsible for the individual traits that lead to burnout; rather, it is the individual's personality and way of life that contribute to the stressors that lead to burnout (Chen et al., 2012). In the same working conditions as others, employees who possess particular traits have a greater risk of experiencing burnout than those who do not (Fischer, 1983). It has been stated that people who attribute their successes to strong others or to coincidence are more likely to experience burnout than those who credit their achievements to their own capabilities and attempts (Maslach et al., 2001). Likewise, according to some research results based on Eysenck's Big Five Model (Eysenck &

Eysenck, 1985), the three components of burnout differ according to personality traits; conscientiousness, agreeableness, neuroticism, extraversion, neuroticism (Fontana & Abouserie, 1993; Mills & Huebner, 1998; Costa & McCrae, 1999). However, many research have found that emotional burnout is associated with neuroticism (Zellars et al., 2000; Burisch, 2002; Maslach et al., 2001; Cano-Garcia et al., 2005). Individuals who have a high level of neuroticism think and behave in ways that consistently and repeatedly lead to unpleasant emotional experiences, regardless of the context (George & Brief, 1992).

The expectations that employees have about their profession, the company they work for, and their own personal effectiveness all play a key role in the development of burnout in the workforce (Cherniss, 1980). There is no one standard for the expectations that individuals bring to the workplace. In certain circumstances, these expectations are quite unrealistic, both in regard to the character of the job itself as well as the chance of attaining success. Thus, the individual's high standards and hard effort may force them to spend an excessive amount of time on the job, which may result in exhaustion for the individual (Maslach et al., 2001).

2.1.2.2. Organizational Factors

Leiter and Maslach (2004) state that organizational risk factors may be analyzed using the following six topics: workload, control, reward, community, fairness, and values. If the person and work environment are not compatible in these ways, it has a depleting impact on their motivation, self-esteem, and sense of purpose at work, which ultimately leads to burnout (Budak & Sürgevil, 2005).

- a. *Workload*: Individuals are expected to do an excessive number of tasks in an inadequate amount of time and with inadequate resources (Leiter & Maslach, 2004). Workload is synonymous with productivity; yet, from the point of view of a person, workload denotes both the expenditure of energy and the consumption of time. In addition to being asked to work longer hours, employees may also be required to take on more responsibilities inside the company (Angerer, 2003). When individuals are unable to escape the demands of their jobs that is when the situation becomes really catastrophic. In such a circumstance, the individual has extremely few opportunities to recuperate, regain

equilibrium, and heal. Consequently, the individual's job quality and coworker relations are certain to suffer (Leiter & Maslach, 2004).

- b. *Control*: Individuals have the capacity to analyze and find solutions to issues, and they have a strong desire to be given the option to choose for themselves and make their own judgments (Leiter & Maslach, 2004). Burnout is unintentionally encouraged in the workplace by companies that adopt regulations that make it more difficult for individuals to find solutions to problems (Angerer, 2003). When a person views the circumstances of their environment as being unpredictable or out of their control, they may experience feeling of helplessness (Cherniss, 1980). When an individual starts to feel role conflict, this is when the major issue occurs (Leiter & Maslach, 2004). The term "role conflict" refers to a circumstance in which an individual is confronted with a number of demands that are in direct opposition to one another (Chen et al., 2012). When there are several authorities with opposing expectations or ideals that don't align, this may lead to role conflict, and employees who are in this position are unable to effectively exert control over their work (Leiter & Maslach, 2004).
- c. *Reward*: Individuals put forth effort because they want both extrinsic and intrinsic benefits from their labor. There are a variety of benefits that come along with having a job, including money, social standing and reassurance (Maslach et al., 2001). However, one of the most significant challenges faced in today's workplaces is the decline in individuals' levels of intrinsic motivation (Angerer, 2003). Because the joy and satisfaction that individuals get from the work that is going well is what keeps most people engaged in their employment (Leiter, 1992). A significant amount of the collaborative effort and creative problem-solving that contribute to the inherently satisfying nature of work has been destroyed as a result of changes in the way work is performed. Therefore, the individual's lack of financial, social, or individual rewards raises the likelihood that the individual may experience burnout (Angerer, 2003).

- d. *Community*: The concept of community refers to the continuing ties that employees have with coworkers. When these job-related relationships are functioning effectively, there is a great deal of social support, individuals have effective ways of dealing with problems, and they are more likely to feel workplace engagement (Maslach & Leiter, 2016b). However, when an individual loses his or her perception of having a positive connection with other employees at work, a disharmony has been created. The individual's ability to share himself with others whom he/she admires and loves is one of the factors that contributes to the individual's growth, which is why the community is so vital to the individual. However, several professions force people to keep their distance from one another and limit their opportunities for social interaction. A further factor that contributes to a deterioration of this sense of community is the inability to resolve differences with other people while at work (Maslach et al., 2001).
- e. *Fairness*: The degree to which individuals believe that the choices made at work are fair and equitable is referred to as fairness (Maslach & Leiter, 2016b). Fair decisions that take into account various conditions of the employee. They distribute the organization's resources and possibilities not with regard to the personal benefits of privileged individuals but rather with regard to the goals of the organization as a whole. In an environment where decisions are made fairly, the individual thinks that he/she is given the chance to share her thoughts and that she is treated with respect and decency by those making the decisions (Leiter & Maslach, 1999). If there isn't any sense of fairness in the workplace, there will be a significant disconnect between the individual and the work. Inequitable workload or payment, dishonesty, or inappropriate assessments and promotions can all lead to unfairness. Unfair treatment is a distressing experience that can lead to an individual's emotional burnout (Maslach et al., 2001).
- f. *Values*: Values are at the center of a connection between the individual and work. One of the factors that contributes to an individuals' sense of

motivation and encouragement is the degree to which their own values and those of the organization they work for are aligned. Because when an individual makes a contribution that serves the purpose of the workplace, he or she can be rewarded with additional opportunities. Hence, these harmonious values mutually feed each other. On the other hand, individuals' level of involvement with their work might suffer when there is a conflict of values. When personal values diverge from those of the company, the individuals find themselves in a position where they must choose between work they want to do or work they have to do (Leiter & Maslach, 2004).

2.1.3. Consequences of Job Burnout

The effects of burnout are mostly psychological in their early stages, but they progress to have deleterious effects on the physical and biological health as well as the behavior of individuals in later stages. As a result, it may also lead to unwanted consequences for the organization (Salvagioni et al., 2017).

2.1.3.1. Psychological Consequences

Burnout causes psychological impairments at both the cognitive and emotional dimensions (Edu-Valsania et al., 2022). It has been proposed that burnout may lead to later mental impairments, and there is some evidence to associate burnout with increased anxiety, irritability, and depression (Greenglass & Burke, 1990; Maslach & Leiter, 2017). The affective symptoms that are associated with depression are the ones that stand out the most (e.g. depressed mood, despair and emptiness) (cited in Schaufeli & Buunk, 1996). The next type of affective symptoms pertains to aggression and anxiety (Kahill, 1988). The individual's capacity to tolerate frustration decreases as he/she burn out (Schaufeli & Buunk, 1996) as a result of the individual's incapacity to attain the predetermined objectives, the absence of resources, and a lack of personal control over work operations (Maslach & Leiter, 1997). When depression and burnout are compared, it turns out that control is a common factor in both, despite the fact that they are conceptually distinct. Chronic stress and eventually emotional burnout are the results of believing one has little control over one's circumstances. If this condition continues for an extended period of time, there will be a major shift in the emotional

state and motivation, as well as an acceleration of depression symptoms such growing dysphoria (Glass & McKnight, 1996). Exhaustion has also been associated with issues with focus and memory, trouble in making choices, diminished ability for coping, dissatisfaction with life, poor self-esteem, insomnia, and increased usage of alcohol and cigarettes (Salvagioni et al., 2017; Maslach & Leiter, 2016a; Armon et al., 2008).

2.1.3.2. Physical Consequences

Individuals who are burned out are more likely to suffer from physical sickness than other people (Nuallaong, 2013). The symptoms of stress that are most often associated with exhaustion include headaches, chronic fatigue, gastrointestinal issues, muscular tension, high blood pressure, bouts of the common cold and flu and sleep disruptions (Kahill, 1988; Jackson & Maslach, 1982). There is a connection between the exhaustion component of burnout and the cardiovascular system, the musculoskeletal system, and other physical disorders as well. In addition, the cynicism component of burnout has been linked to a variety of health problems, including cardiovascular and musculoskeletal disorders (Honkonen et al., 2006). According to the evidence presented, chronic stress in the form of burnout seems to be connected with dysregulations of the basal functioning of the hypothalamic–pituitary–adrenal axis as well as HPA axis responses to stress (Kudielka et al., 2006). Burnout may present itself physically in ways that are similar to those brought on by stress, including an activation of the sympathetic nervous system (Nuallaong, 2013). The symptoms of burnout might include increased premenstrual stress, interrupted menstrual cycles, breathing difficulty, ulcers, gastro-intestinal diseases and frequent and extended colds (Kahill, 1988; Schaufeli & Enzmann, 1998 as cited in Nuallaong, 2013). In spite of the fact that burnout is associated with higher levels of blood cortisol and an increased risk of type II diabetes in individuals, the symptoms are not universal and do not have to appear in everyone (Penz et al., 2018; Melamed et al., 2006; Edu-Valsania et al., 2022). Furthermore, emotional burnout and depersonalization have been linked to psychosomatic symptoms (Jourdain & Chênevert, 2010).

2.1.3.3. Interpersonal Consequences

The loss of concern for the people with whom one is working is a symptom of burnout. Individuals who are burned out often have the impression that neither the company nor their coworkers value their contributions. They stop seeing other people

as having the same emotions, desires, ideas, and ambitions in life as they do, which psychologically removes the human traits that they no longer regard as having these things in common. Thus, a burned-out individual tends to withdraw from social interactions and is on the verge of isolating himself or herself. As a consequence of this process, the individual is less likely to notice and react to the personal identity of others (Maslach & Pines, 1977). All of the negative feelings and attitudes that come about as a result of burnout are also mirrored in the home environment of the individual who is experiencing burnout after work. This negative environment eventually leads to problems inside the family, which, if left unchecked, might result in the divorce of the couples and the breakup of the families (Uzunbacak et al., 2019).

2.2. Definition of Childhood Trauma

The term trauma is explained in many various ways in the literature. As indicated by the American Psychiatric Association, trauma is a negative experience that threatens physical and vital resistance and is characterized by fear and helplessness as emotions. Traumatic experiences are so extensive that they can manifest their existence regardless of age, gender or sexual orientation, and may occur due to a single or repeated exposure to a situation (APA, 2000).

Childhood traumas are negative experiences that include physical, emotional, sexual and psychological abuse and neglect that individuals are exposed to before the age of 18, as well as witnessing violence, divorce of parents or mental health problems (Felitti et al., 1998). These are mostly characterized by a single event or recurrent negative events threatening the integrity of the child that occur in the interaction with the parent or primary caregiver (Çelik & Odacı, 2012) and these traumatic experiences leave the child helpless for a while, rendering the coping mechanisms ineffective (Terr, 1991). Long-term or frequent neglect and abuse can have lasting emotional and physical repercussions on a child, as can exposure to a single event, such as witnessing another person's injury (Malchiodi, 2008). Since the traumas experienced during childhood develop unpredictably and unexpectedly they significantly damage the psychological integrity that will develop later in life (Şar & Öztürk, 2006).

The exposure to traumatic events during childhood has been linked to negative impacts in adulthood including both mental and physical problems (Mock & Arai,

2011). There is a possibility that these issues will progress to the point of being psychopathological (Kascakova et al., 2020). Childhood traumas are precursors to adult mental health issues such as Posttraumatic Stress Disorder (PTSD), depression, anxiety disorders, and personality disorders. A number of interpersonal issues, including dissociation and re-victimization, both of which are hallmarks of post-traumatic stress disorder, have been discovered to be connected with childhood traumatic experiences (cited in Çelik & Hocaoglu, 2018). According to the findings of some research, the emotional and psychological form of abuse and neglect is more likely to be a greater predictor of the development of mood disorders such as depression and dysthymia than other forms of childhood traumas (Gibb et al., 2007; Sachs-Ericsson, Verona, Joiner, & Preacher, 2006; Allen, 2008). Furthermore, findings from a considerable amount of research indicate that the onset, progression, and severity of depressive and anxious symptoms are all affected by childhood traumas (Kendler et al., 1999; Friis et al., 2002; Gibb et al., 2007; Huh et al., 2017).

The development of adequate abilities for emotion regulation can be hampered by exposure to traumatic experiences in childhood, particularly when such adversity occurs repeatedly in the context of relationships with caregivers. At the same time, the capacity to control one's emotions might serve as a mediator in the connection between childhood traumas and the development of depressive and anxious symptoms in adulthood (Cicchetti & Rogosch, 2009; Burns et al., 2010; Huh et al., 2017).

2.2.1. Types of Childhood Trauma

Abuse and neglect are the two main categories that are used to describe childhood traumas (Medrano 1999; Gould et al., 2012). Child abuse refers to maltreatment of a child that results in significant harm to the child and can take the form of either physical, sexual, or emotional (Hayness & Hann, 2016). Child neglect refers to a situation in which a parent is unable to offer one or more of the things that are within his or her power to do, including care for the child's health, education, emotional development, nourishment, shelter, and secure living circumstances (Runyan et al., 2002).

2.2.1.1. Emotional Abuse

Emotional abuse and psychological or emotional maltreatment are terms that are used interchangeably. Despite the fact that psychological/emotional maltreatment is investigated separately, it encompasses all forms of abuse and neglect (Glaser, 2002; Hibbard et al., 2012; Crosson-Tower, 2021). Regarding this statement, O'Hagan (1995) stated that, while emotional and psychological abuse are intertwined in terms of repercussions and effects, psychological abuse is not always emotionally destructive.

Emotional abuse includes behaviors such as shouting at the child, saying insulting words, frightening, leaving alone, making fun of, or threatening him/her (Çelik et al., 2018) which may lead the child to perceive himself/herself as unwanted and unloved (Hibbard et al., 2012). Hibbard, Barlow and MacMillan (2012) conceptualize the caregiver psychologically abusive behaviors within the frame of acts of omission (ignoring need for social interactions) and commission (spurning, terrorizing).

Among various forms of abuse, emotional abuse is the type of abuse where the individual who hurts the child is mostly the child's main caregiver. Furthermore, emotional abuse happens throughout the course of a child-caregiver relationship, not as a result of a single incident or set of events. Because of these characteristics and the fact that physical contact is not required to be considered emotional abuse, defining and proving it is a challenge (Glaser, 2002; Taner & Gökler, 2004). Emotional abuse can occur on its own or in conjunction with other forms of abuse such as physical or sexual abuse (Hornor, 2012) and its effects are more long-lasting than those of sexual and physical abuse (Tıraşçı & Gören, 2007). The characteristics of the emotional abuse environment, also known as the pathogenic relational environment (Cicchetti & Toth, 2005), might hinder the child's expression of unpleasant feelings, hence preventing the development of emotional awareness (Goldsmith & Freyd, 2005).

2.2.1.2. Physical Abuse

A typical definition of physical abuse is that it is an act that is committed by a parent, and it is distinguished by the existence of injuries that were not caused by accident as well as the use of explicitly physical violence (e.g., Wolfe, 1988; Hansen et al., 1999; Kelly, 2013). To physically abuse a child is to cause them harm by striking,

shaking, burning, biting, or pushing them with one's hands or other implements for the purpose of obedience, punishment, or releasing anger (Topbaş, 2004, as cited in Çelik & Hocaoglu, 2018). Squeezing, burning, lacerating, choking, poisoning, exposing to severe heat or cold, excessive sensory load (such as excessive light and sound), and preventing sleep are all examples of forms of physical abuse that may occur (Hansen et al., 1999). On the other hand, it has been stated that the parent or caregiver may not have meant to cause damage to the child; rather, the injury may have been the consequence of excessive discipline or physical punishment (Wolfe, 1987; Hornor, 2005).

While evaluating physical abuse, parent and child physical factors alone are not sufficient, but some potential risk factors should be considered (Hornor, 2005). A number of circumstances, including age, prematurity, developmental impairments, and behavioral issues put certain children at danger (Chaney, 2000). For instance, the vast majority of children who are subjected to physical abuse are younger than three years old; as children become older, the likelihood that they will be abused reduces (Mayer & Burns, 2000). The severity and frequency of physical abuse may also vary depending on the child's gender. As a result, boys are subjected to a higher risk of being physically abused and experiencing more fatal consequences than girls (National Center on Child Abuse and Neglect, 1996; Mayer & Burns, 2000). Indicators of abuse on the part of a parent might include the parent's being young, the parent's own history of being abused as a child, usage of alcohol or drugs, lack of social support and so on (Hancı, 2002, as cited in Çelik & Hocaoglu, 2018).

2.2.1.3. Sexual Abuse

The act of an adult or considerably older child satisfying their sexual wants and needs by using a child or teenager who has not yet finished their sexual development in any way, including via the use of force, threat, or deceit, is referred to as sexual abuse (Johnson, 2004; Aktepe, 2009). According to broader definition of International Society for the Prevention of Child Abuse and Neglect, the engagement of a child under the age of consent in an act that would lead to the sexual pleasure of a sexually mature adult or the sanctioning of this scenario are both considered child sexual abuse (Z-Page, 2004). Sexual abuse includes genital or physical touch and compulsion, as well as non-contact assaults such as threats, forced exposure to pornography, and the taking unwanted sexual photographs (Murray et al., 2014).

It has been stated that children are most commonly exposed to oral and genital contact, as well as touching and caressing (Adams et al., 1994). Extra-familial sexual abuse may take any form and extend for a longer time, and penetration is more common in domestic abuses. It has been reported that most acts of sexual abuse against children are committed inside the family or by someone close to the child (Adams et al., 1994; Faller and Henry, 2000, as cited in Z-Page, 2004). In households where there are marital issues, frequent family disputes, parents who are unable to perform their parenting responsibilities, an impaired parent-child bond, and parental adjustment issues, there is an increased likelihood that a child would be sexually abused (Çelik & Hocaoglu, 2018).

The exact number of children who have been sexually abused is hard to ascertain. Abuse may not always go unnoticed or reported for a variety of reasons. If a child is too young or has a disability, he/she may not be able to adequately communicate about an experience or provide specifics (cited in Çelik & Hocaoglu, 2018). In addition, child sexual abuse victims are said to have behavioral abnormalities that are distinctive to the experience of sexual abuse and are at risk of developing serious mental health issues both immediately after the trauma and over time (cited in Z-Page, 2004).

2.2.1.4. Physical Neglect

Children that are physically neglected are those who have been deprived of basic necessities such as food, shelter, medical treatment or education by their caregivers for reasons that are not only based on poverty (Font & Berger, 2014). Unsteady housing and insufficient nourishment, for example, can be both stressful and physically challenging for children. Furthermore, experiences such as these, especially if they are persistent, may compromise children's abilities to properly respond to the requirements that are placed on them by their environments (Evans & Kim, 2013).

A child who is being physically ignored may have a pale complexion, untidy hair and skin, and may give outsiders the impression that they are not getting enough to eat. Children who have been neglected have much more severe cognitive and academic impairments, significantly greater social disengagement, fewer close connections, and more serious issues with introjection than children who have been physically abused (cited in Çelik & Hocaoglu, 2018).

As a result of economic difficulty, parents may become more hostile toward their children, which may lead to poor emotional and behavioral reactions from their children (Conger et al., 1994). Furthermore, evidence suggests that income and poverty may have an impact in children's cognitive abilities and academic performance (Duncan et al., 2011). Neglecting a child's physical needs may also have substantial and long-lasting effects on the child's social, cognitive, emotional, and behavioral development (Bifulco et al., 2002).

2.2.1.5. Emotional Neglect

Emotional neglect refers to the failure to fulfill the emotional needs of children. This can include failing to provide adequate nurturing and affection, allowing children to be witnesses of domestic violence, knowingly allowing maladaptive behavior by the child and failing to search treatment for emotional or behavioral problems (Stoltenborgh et al., 2013). One definition of emotional neglect includes the mother's or father's failure to demonstrate sufficient care and love for the child, the spouse's condoning of the child's abuse, permitting the child to use alcohol or other substances, and refusing to provide the child's mental care (Şar, 1998).

Because it is more difficult to detect and quantify, the effects of emotional abuse are less evident than those of sexual and physical abuse in childhood. However, the incidence of emotional abuse and neglect in childhood is likely to be far greater than that of sexual and physical abuse in childhood (Reddy et al., 2006; Saveanu & Nemeroff, 2012). On the other hand, it is possible for some children to suffer from emotional neglect without also being neglected physically. Some parents are able to provide a sufficient degree of material care and supervision for their children while at the same time failing to meet their children's emotional needs (Minty & Pattinson, 1994).

The majority of instances involving physical abuse and neglect also had some kind of emotional abuse and neglect. Children that are neglected have their mental and physical development severely restricted; they may have stunted growth and be unable to have healthy relationships with their peers. Children that are chronically neglected in terms of their behavior may display a great of affection, even to strangers, without discrimination, or they may be socially inattentive even when they are in familiar circumstances (Sadock & Sadock, 2004, as cited in Çelik & Hocaoglu, 2018).

2.2.2. Consequences of Childhood Trauma

It is considered that traumatic events are profoundly ingrained in people's emotions and cognitions and that their initial consequences manifest over time, despite the fact that not all traumatic events are equally significant and the traumatic event is not equally distressing for everyone who encounters it (Pearlin et al., 2005). According to research, traumatic experiences in childhood may have a lasting or recurring influence on either mental or physical health (Gagnon & Hersen, 2000; Macmillan, 2001; Norman et al., 2012).

The formation of a variety of mental problems in adulthood may be traced back to traumatic events that occurred in childhood (Famularo et al., 1996). Downey and Crummy (2021) found that those who have suffered severe childhood trauma tend to have poor self-esteem, along with despair and anxiety. In addition, it has been found that it is possible for victims who were neglected by their parents to build a fake self because they have poor self-esteem and the belief that others would approve of them if they change their personality. The individual's cognition is distorted when they experience early-life trauma. Every individual has their own unique perception on themselves, others, and the environment around them. Childhood traumas might distort these perceptions. Cognitive distortions connected with safety, present feelings of helplessness and hopelessness, and self-critiquing have been shown to be related to childhood traumas (Briere, 1996 as cited in Browne & Winkelman, 2007).

Childhood trauma survivors may display symptoms of despair and anxiety (e.g., Shmotkin & Litwin, 2009; Norman et al., 2012; Maschi et al., 2012). In specific, child physical abuse has been proven to significantly enhance present severe depressive episodes and current symptoms of PTSD (Duncan et al., 1996). Likewise, depression is the psychological symptom that has been reported the most commonly among adult survivors of child sexual abuse (Browne & Finkelhor, 1986 as cited in Gagnon & Hersen 2000). Some of the most typical symptoms include heightened alertness (such as hypervigilance and hyperarousal), feelings of helplessness and despair, and difficulty trusting people, low self-esteem (e.g. Yama et al., 1993; Finkelhor & Brown, 1985; Briere & Brown, 1988; Gagnon & Hersen 2000). Suicide attempts and self-harming behaviors are closely linked to a person's history of physical and sexual abuse as a child, as well as parental neglect (van der Kolk et al., 1991). Furthermore, the experiential

avoidance is more common in those who had more psychological trauma as children (e.g., Krause et al., 2003; Reddy et al., 2006).

There is a correlation between early childhood trauma and poor physical health in later life, including the existence of chronic health conditions such as cardiovascular disease, chronic pain and chronic fatigue syndrome (Arnow, 2004; Batten et al., 2004; Kempke et al., 2013). A greater use of psychotropic drugs and a diminished ability to engage in activities of daily living are some additional aspects associated with health (Draper et al., 2008; Vehviläinen et al., 2021).

Early trauma may have a negative impact not just on one's capacity to form new relationships but also to keep existing ones (Kendall-Tackett, 2002). Individuals exposed to early trauma may internalize one of two interpersonal patterns, either avoidant or intrusive. The avoidance approach is related with less interdependence, less self-disclosure, and less compassion. Individuals who embrace this personality type have poor interpersonal relationships and few friends. Individuals who adopt an invasive approach, on the other hand, need intimacy to a great extent. In contrast to the other, there is over-disclosure and a warmth that makes relationships claustrophobic. As a consequence, these two interpersonal types are likely to result in loneliness (Becker-Lausen & Mallon-Kraft, 1997).

2.3. Relevant Research

In this section, local and foreign studies related to the research are presented.

2.3.1. Local Studies

In Turkish literature, Bitmiş, Sökmen, and Turgut (2013) conducted a study with 430 public employees to examine the possible mediating role of organizational identification in the relationship between resilience and burnout by examining the psychological resilience, organizational identification and burnout feelings of employees. The findings of the study showed that psychological resilience has a negative and statistically significant effect on employees' sense of burnout.

Dinç, Bitlisli, Çetinceli and Aydın (2013) examined the distinctive effects of instructors' personality dimensions on the three sub-dimensions of burnout (emotional burnout, depersonalization, and reduced personal accomplishment). The study's sample

group was made up of 88 lecturers from a state university's vocational schools. According to the results of the study, all five major personality traits have been found to be associated with burnout.

Kaptangil and Erenler (2014) conducted a study on the relationship between teachers' personality traits and professional burnout. The sample of the study was consisted of 235 primary and middle school teachers. According to results of the study, a statistically significant relationship was found between the two variables. In specific, a moderately negative relationship was found between teachers' personality traits and their degree of burnout.

Süren, Örucü, and İzci (2016) conducted a field study examining the relationship between burnout and the five major personality traits in bank employees. Accordingly, the effects of extraversion, neuroticism and conscientiousness from the five major personality traits were found to be significant on the level of burnout.

Çiçek and Aknar (2019) conducted a study on the leading role of the five personality traits on the perception of burnout and presenteeism. The sample of the study was consisted of 202 employees of 5-star hotels. According to the findings of the study, neurotic and adaptive personality traits were found to have an effect on burnout.

Bozkurt and Levent (2021) conducted a study examining teachers' psychological resilience and burnout levels. They found a negative significant relationship between psychological resilience and emotional burnout, mental exhaustion and physical exhaustion, which are sub-dimensions of burnout.

Sevin and Günüşen (2021) made a research on the predictive role of nurses' psychological resilience on compassion fatigue, burnout, and compassion satisfaction. The findings revealed that psychological resilience explained 19.5% of the burnout level.

Bahar & Köroğlu (2022) made a research to examine how personality characteristics relate to burnout rates among health care professionals. The data for this study were collected from 553 healthcare professionals working in health organizations. The findings of the study revealed that there are significant correlations between the subdimensions of Five-Factor Personality characteristics and the subdimensions of burnout.

2.3.2. Foreign Studies

In foreign literature, Bamber and McMahon (2008) examined the role of early maladaptive schemas in development of occupational stress in health workers. They found that early maladaptive schemas are predictive of higher levels of burnout. They suggested that the presence of an underlying early maladaptive schemas may operate as a susceptibility factor for the development of occupational stress at a later stage in one's life.

Yellowlees, Coate, Misquitta, Wetzel and Parish (2012) examined the relationship between adverse childhood experiences and burnout. According to results, physicians reporting more burnout would be more likely to have higher ACE scores.

Pereira, Teixeira, Reisdorfer, Gherardi-Donato, Juruena and Cardoso (2016) made a research to explore the prevalence of burnout syndrome, its association with early life stress and coping strategies in nursing professionals. They found that early life stress was associated with a high level of emotional burnout. Regarding early stress, half of participants presented at least one subtype of early stress.

In the research made by Kaeding, Sougleris, Reid, van Vreeswijk, Hayes Dorrian and Simpson (2017), early maladaptive schemas predicted high burnout among psychology trainees. They revealed that back and neck pain, as well as fatigue, were reported as being the most prevalent physical health complaints, with the severity of these symptoms increasing among individuals who were experiencing high levels of burnout.

Simpson, Simionato, Smout, van Vreeswijk, Hayes, Sougleris and Reid (2019) made a research to investigate early maladaptive schemas and coping modes as vulnerability factors in burnout. They found that in addition to the demands of the work, early maladaptive schemas and coping strategies were major predictors of emotional burnout among psychologists.

CHAPTER III

METHOD

In this section, information about the design, study group, data collection tools, data collection process and data analysis are included.

3.1. Design

This study is quantitative and has a correlational design. Correlational design generally aims to reveal the relationships between two or more variables. This design may investigate questions such as the degree of covariance between two or more variables, the level of the phenomenon being analyzed, and if there are significant differences when this level is compared in terms of particular variables (Karasar, 2010; Büyüköztürk, 2013, as cited in Gürbüz & Şahin, 2014).

3.2. Study Group

The study group of the research consists of 310 corporate company employees whose ages range from 18 to 40 years and above. Participants were reached by online sampling method. 185 (59.7 %) of the participants are female and 125 (40.3%) of them are male. Participants who do not have children are 272 (87.7%) and 38 (12.3%) of them have children. Participants who are single are 222 (71.6%) and married participants are 88 (28.4%) (Table 1).

Table 1*Demographics*

Variable	Category	N	%
Age	18-24	48	15.5
	25-30	182	58.7
	31-40	71	22.9
	40 and above	9	2.9
Gender	Female	185	59.7
	Male	125	40.3
Marital Status	Single	222	71.6
	Married	88	28.4
Parental Status	No	272	87.7
	Yes	38	12.3
Cigarettes and Alcohol Usage	No	80	25.8
	Only Cigarettes	23	7.4
	Only Alcohol	85	27.4
	Both Cigarettes and Alcohol	122	39.4
Chronic Illness	No	269	86.8
	Yes	41	13.2
Department	Production/Quality/Operation	45	14.5
	Information Technologies/Strategy and Business Development	47	15.2
	Finance/Accounting/Law	26	8.4
	Sales and Marketing	96	31.0
	Human Resources/Administrative Affairs/Personnel Affairs	96	31.0
Position	Assistant Specialist/Specialist/Senior Specialist	230	74.2
	Middle/Senior Level Manager (Manager, Assistant Manager, Director)	80	25.8
Total		310	100,0

Participants who do not consume cigarettes and alcohol are 80 (25.8%), 122 (39.4%) of them consume both cigarettes and alcohol, 85 (27.4%) consume only alcohol and 23 (7.4%) of them consume only cigarettes. Considering the chronic illness, 269 (86.8%) of the participants do not have chronic illness and 41 (13.2%) of them have chronic illness. Participants who work in the Human Resources/Administrative Affairs/Personnel Affairs department are 96 (31%), 45 (14.5%) of them work in the Production/Quality/Operation department, 47 (15.2%) of them work in the Information Technologies/Strategy and Business Development department, 96 (31%) of them work in the Sales and Marketing department and 26 (8.4%) of them work in the Finance/Accounting/Law department. Regarding the position of the participants, 230 (74.2%) of them are in Assistant Specialist/Specialist/Senior Specialist position and 80 (25.8%) of them are in the Middle/Senior Level Manager (Manager, Assistant Manager, Director) position.

3.3. Data Collection Tools

In this research, Job-Related Emotional Burnout Scale was used to measure work-related burnout, which is the dependent variable of the research. Childhood traumas, which is the independent variable, were measured with the Childhood Trauma Questionnaire (CTQ-33). Furthermore, Demographics Form was constituted by the researcher to gather demographic and personal information.

3.3.1. Demographics Form

The Demographics Form consists of demographic information about age, gender, marital status, children status, cigarettes and alcohol consumption status, chronic illness status, department in the company and position in the company.

3.3.2. Job-Related Emotional Exhaustion Scale

The original scale was developed by Maslach and Jackson (1981). It consists of 3 dimensions and 22 items. Among these three dimensions, Emotional burnout consists of 9 items, Depersonalization consists of 5 items and Personal Accomplishment consists of 8 items (Maslach & Jackson, 1986). Wharton (1993), developed a six-statement and one-dimensional Job-Related Emotional Exhaustion Scale based on Maslach's work. Only one of the statements on this scale differs from the Emotional burnout dimension of the Burnout Scale that was established by Maslach. The other five statements on this scale are identical to one another (Günay, 2021).

This scale was adapted to Turkish by Günay (2021). The items in the original scale consisted of 6 expressions and it was developed as a 5-point Likert type in the Turkish version. The items on the scale are constructed as 0 = I will never feel this way at work, and 4 = I will feel this way every day. The scale adaptation study was applied to 385 people working in the service sector in the province of Isparta. In the adaptation process, the items of the original scale were translated into Turkish by the researcher and compared with the translations of 5 lecturers. As a result of this, it was determined that the translations were mostly similar, and the translated Turkish expressions were sent to 3 lecturers to be re-translated into the source language. In the the reliability and validity of the study, the Cronbach alpha coefficient was found as .90.

In this study, as a result of reliability analysis, the Cronbach alpha coefficient was found as .90.

3.3.3. Childhood Trauma Questionnaire (CTQ-33)

The original scale was developed by Bernstein, Fink, Handelsman and Foote in 1994. The scale is a self-report measure to evaluate childhood abuse and neglect, including physical, emotional, and sexual abuse, as well as associated components of the child-rearing environment. This scale, which consists of 53 items in the previous form and was shortened later by the original author, has a total of 28 questions, three of which measure the minimization of trauma.

The scale was adapted to Turkish by Şar, Öztürk and İkikardeş in 2012. The scale's Cronbach-alpha value was determined to be .93. It has been shown that the scale has a high degree of internal consistency. The expanded version of the Turkish version of the scale ‘‘Childhood Trauma Questionnaire (CTQ-33)’’ was published by Şar, Necef, Mutluer, Fatih and Türk-Kurtça in 2020. This version of the scale is 5-point likert type and consists of 33 items. The evaluation of items are constructed as 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very Often. The scale consists of 6 sub-dimensions and emotional abuse assessed with the items 3,8,14,18,25, physical abuse assessed with the items 9,11,12,15,17, physical neglect assessed with the items 1,4,6,2,26, emotional neglect assessed with the items 5,7,13,19,28, sexual abuse assessed with the items 20,21,23,24,27 and overprotect-control assessed with the items 29,30,31,32,33. The total CTQ score is obtained by summing the scores of each sub-dimension. In addition, items 10,16,22 measure denial (minimizing) scores and these items do not affect the overall CTQ score. Total denial score can be between 0-3. The total score of CTQ-33 is in the range of 25-150. The adaptation process was carried out with 783 participants. 423 of them were college students and 220 of them were children from the child psychiatry unit. 37 of them were patients with a dissociative disorder and 78 of them were non-dissociative and non-psychotic psychiatric disorders. In the reliability and validity study of the scale, the Cronbach-alpha score was found as .87 and Gutmann split half coefficient was found as .69. (Şar et al., 2020).

In this study, as a result of reliability analysis, the Cronbach-alpha score was found as .83 for the total scale, .83 for the emotional abuse dimension, .89 for the

physical abuse dimension, .70 for the physical neglect dimension, .87 for the emotional neglect, .90 for the sexual abuse dimension and .83 for the over protection-control dimension.

3.4. Data Collection Process

In this study, the data was gathered between March and July 2022. The study group is reached via convenience sampling. Job-Related Emotional burnout Scale and Childhood Trauma Questionnaire (CTQ-33) are converted into a survey on Google Forms. Since the criterion for participating in the research is to work in a corporate company, this directive was given at the beginning of the form and it was stated that the information provided would be kept confidential and would only be used for research. In addition, it was emphasized that if any discomfort is felt while filling out the form, participation in the research can be abandoned and there is no sanction for this. The form is voluntary and participants were asked to respond sincerely.

3.5. Data Analysis

In the analysis of the data, IBM Statistical Packet for Social Sciences (SPSS) 22.0. was used. After the data obtained through the tools used in the study were transferred to the program, necessary controls were made.

Linear regression analysis was used to determine the relationship between childhood traumas and job-related emotional burnout in corporate company employees. Independent Samples T-Test was used to examine the relationship between childhood traumas and job-related emotional burnout and gender, marital status, parental status and chronic illness variables. One-way analysis of variance (ANOVA) analysis was conducted to examine the relationship between childhood traumas and job-related emotional burnout and age, cigarettes and alcohol consumption status, department and position variables.

CHAPTER IV

RESULTS

In this section, the findings of correlation analysis, regression analysis and independent sample t-test for the main question and sub-questions of the research are presented.

4.1. Descriptives

Means, standard deviations, minimum and maximum scores for the main variables of the study was presented in Table 2.

Table 2

Descriptives

Descriptives	n	X	SD	Min	Max
Job Related Emotional Burnout	310	2.67	1.02	1.00	5.00
Overall Trauma	310	1.64	.41	1.03	3.87
Emotional Abuse	310	1.48	.65	1.00	4.40
Physical Abuse	310	1.11	.40	1.00	5.00
Physical Neglect	310	2.06	.33	1.00	3.40
Emotional Neglect	310	2.10	.84	1.00	4.60
Sexual Abuse	310	1.12	.40	1.00	4.80
Overprotection-Overcontrol	310	1.95	.80	1.00	4.80

According to the descriptive statistics for the scales, the mean score of the participants' Job-Related Emotional Burnout is 2.67 and the standard deviation is 1.02. Minimum point of this scale is 1 and maximum point is 5. When the Childhood Trauma

Questionnaire is examined, the mean score of overall trauma is 1.64 and the standard deviation is .41. Emotional Abuse, Physical Abuse, Physical Neglect, Emotional Neglect, Sexual Abuse and Overprotection-control are sub-scales of the Childhood Trauma Questionnaire. The mean, standard deviation, minimum and maximum values of all sub-scales are also presented in Table 2. The values of kurtosis and skewness of the scales and their sub-dimensions can range from -1 to +2. On the other hand, kurtosis values of total trauma and emotional abuse were found as 3.95 and 4.47, respectively. Moreover, the kurtosis values of physical abuse and sexual abuse were found to be 6.05 and 4.96, respectively. Bryne (2010) suggested that if the skewness of the data falls between the range of -2 to +2 and the kurtosis falls within the range of -7 to +7, then the data is considered to be normal. Thus, parametric tests were used in this study.

4.2. Correlations

In Table 3, the Pearson Correlation analysis performed to determine whether there is a significant relationship between the Job-Related Emotional Burnout Scale and Childhood Trauma Questionnaire scores of corporate company employees is presented.

There were positive and significant relationships between job related emotional burnout levels and childhood traumas ($r=.25, p<0.01$), emotional abuse levels ($r=.21, p<0.01$), physical abuse levels ($r=.12, p<0.05$), emotional neglect levels ($r=.15, p<0.01$), overprotection-control levels ($r=.32, p<0.01$) of corporate company employees.

The relationship between emotional abuse and physical abuse was statistically positive and significant ($r=.52, p<0.01$).

There was also positive and significant relationship between emotional abuse and emotional neglect ($r=.57, p<0.01$).

There was a positive and significant relationship between emotional abuse and overprotection-control ($r=.62, p<0.01$).

There was a positive and significant relationship between physical abuse and sexual abuse ($r=.40, p<0.01$). It was also found that there was a positive and significant relationship between physical neglect and emotional neglect ($r=.49, p<0.01$).

Table 3*Pearson Correlation Coefficients of Variables*

Variables	1	2	3	4	5	6	7	8
1–Job Related Emotional Burnout	1							
2–Overall Trauma	.25**	1						
3–Emotional Abuse	.21**	.85**	1					
4–Physical Abuse	.12*	.59**	.52**	1				
5–Physical Neglect	.10	.59**	.35**	.37**	1			
6–Emotional Neglect	.15**	.78**	.57**	.23**	.49**	1		
7–Sexual Abuse	.05	.48**	.37**	.40**	.25**	.14*	1	
8–Overprotection-Overcontrol	.32**	.79**	.62**	.29**	.32**	.51**	.23**	1

n=310, * $p < .05$, ** $p < .01$

4.3. Prerequisite Analyzes for Regression Findings

In this section, prerequisite analyzes were represented before the regression analysis.

Table 4

VIF Variables of the Study

Collinearity Statistics	Tolerance	VIF
(Constant)		
Overall Trauma	.37	2.67
Emotional Abuse	.60	1.65
Physical Abuse	.91	1.10
Physical Neglect	.90	1.12
Emotional Neglect	.74	1.36
Sexual Abuse	.94	1.06
Overprotection-Overcontrol	1.00	1.00

As shown in Table 4, VIF values of the variables are between 1 and 10 which means there is no multicollinearity. In addition, Cook's distance was found as .28. Therefore, there is no extreme value in the study. Durbin-Watson value was found as 1.97. Since the value is in the range of 1.5-2.5, the data is not autocorrelated.

4.4. Regression Findings

In this section, linear regression analysis was conduct to determine the predictive role of childhood traumas on job related emotional burnout. The results were presented in Table 5.

Table 5

Regression Findings for Predictive Role of Childhood Traumas and its sub dimensions on Job Related Emotional Burnout

Job Related Emotional Burnout	B	SE	β	t	p
(Constant)	1.87	.14		12.89	0.00
Overprotection-Overcontrol	.40	.06	.32	5.95	0.00

n=310, R=.32, R²=.10, F=35.43, p<.01

When the results of the analysis were examined, it was found that overprotection-control, which is the sub-dimension of childhood traumas, predicted job-related emotional burnout in a positive way and %10 of the variance [R=.32, R²=.10, F=35.43, p<.01] can be explained by this model.

4.5. T-Test Findings to Gender

In this section, independent sample t-test analysis was conducted to predict whether the job-related emotional burnout and childhood trauma variables have a significant difference according to gender. The results were presented in Table 6.

Table 6

T-Test Findings Related to Gender

Variables	Gender	n	X	SD	t	p
1–Job Related Emotional Burnout	Female	185	2.81	1.08	2.91	.004*
	Male	125	2.48	.90		
2–Overall Trauma	Female	185	1.64	.46	-.09	.93
	Male	125	1.64	.35		
3–Emotional Abuse	Female	185	1.52	.73	1.23	.22
	Male	125	1.44	.53		
4–Physical Abuse	Female	185	1.11	.40	-.32	.75
	Male	125	1.12	.43		
5–Physical Neglect	Female	185	2.01	.32	-3.77	.00*
	Male	125	2.15	.34		
6–Emotional Neglect	Female	185	1.99	.84	-2.90	.004*
	Male	125	2.27	.81		
7–Sexual Abuse	Female	185	1.18	.50	3.64	.00*
	Male	125	1.04	.17		
8–Overprotection-Overcontrol	Female	185	2.03	.90	2.10	.036*
	Male	125	1.85	.62		
p<.05*						

According to statistical results obtained, there are significant differences for the job related emotional burnout variable, emotional neglect variable and overprotection-overcontrol variable according to gender. For the job related emotional burnout variable, there was a significant difference in favor of female ($p<.05$). This illustrates that women are more likely to have job related emotional burnout. For the emotional neglect variable which is the sub-dimension of the childhood trauma, a significant difference was found in males ($p<.05$). It can be said that men are more likely to have emotional neglect. For the overprotection-overcontrol variable which is the sub-dimensions of the childhood trauma, a significant difference was found in favor of women.

4.6. ANOVA Findings To Age

In this section, one way ANOVA was conducted to predict whether the job related emotional burnout and childhood trauma variables have a significant difference according to age. The results were presented in Table 7.



Table 7*ANOVA Findings Related to Age*

Variables	Age	n	X	SD	S. V.	SS	df	MS	F	p
1–Job Related Emotional Burnout	18-24	48	2.56	1.06	Between Groups	2.13	3	.71	.68	.57
	25-30	182	2.73	1.03	Within Groups	320.88	306	1.05		
	31-40	71	2.65	1.02	Total	323.01	309			
	40+	9	2.35	.66						
	Total	310	2.67	1.02						
2–Overall Trauma	18-24	48	1.57	.36	Between Groups	.34	3	.12	.66	.58
	25-30	182	1.66	.44	Within Groups	53.03	306	.17		
	31-40	71	1.64	.40	Total	53.37	309			
	40+	9	1.67	.42						
	Total	310	1.64	.42						
3–Emotional Abuse	18-24	48	1.38	.59	Between Groups	.62	3	.21	.48	.70
	25-30	182	1.51	.65	Within Groups	131.95	306	.43		
	31-40	71	1.51	.73	Total	132.57	309			
	40+	9	1.49	.35						
	Total	310	1.49	.66						
4–Physical Abuse	18-24	48	1.03	.09	Between Groups	.62	3	.20	1.24	.29
	25-30	182	1.44	.49	Within Groups	50.90	306	.16		
	31-40	71	1.11	.33	Total	51.52	309			
	40+	9	1.02	.07						
	Total	310	1.11	.41						
5–Physical Neglect	18-24	48	2.02	.34	Between Groups	.19	3	.06	.55	.65
	25-30	182	2.09	.33	Within Groups	34.96	306	.11		
	31-40	71	2.05	.36	Total	35.15	309			
	40+	9	2.04	.44						
	Total	310	2.07	.34						
6–Emotional Neglect	18-24	48	2.06	.83	Between Groups	.21	3	.07	1.00	.96
	25-30	182	2.12	.85	Within Groups	218.08	306	.71		

	31-40	71	2.09	.83	Total	218.29	309			
	40+	9	2.16	.84						
	Total	310	2.11	.84						
7–Sexual Abuse	18-24	48	1.16	.46	Between Groups	.15	3	.05	.30	.83
	25-30	182	1.13	.43	Within Groups	51.12	306	.17		
	31-40	71	1.09	.31	Total	51.27	309			
	40+	9	1.09	.27						
	Total	310	1.12	.41						
8–Overprotection-Overcontrol	18-24	48	1.75	.60	Between Groups	2.80	3	.93	1.46	.23
	25-30	182	1.98	.85	Within Groups	196.00	306	.64		
	31-40	71	2.00	.76	Total	198.81	309			
	40+	9	2.22	1.00						
	Total	310	1.95	.80						
p<.05*										

According to statistical results obtained, there is no significant difference of the variables.

4.7. T-Test Findings to Marital Status

In this section, independent sample t-test analysis was conducted to predict whether the job related emotional burnout and childhood trauma variables have a significant difference according to marital status. The results were presented in Table 8.

Table 8

T-Test Findings to Marital Status

Variables	Marital Status	n	X	SD	t	p
1–Job Related Emotional Burnout	Single	222	2.68	1.02	.06	.96
	Married	88	2.67	1.02		
2–Overall Trauma	Single	222	1.64	.44	.53	.60
	Married	88	1.62	.33		
3–Emotional Abuse	Single	222	1.50	.70	.79	.43
	Married	88	1.44	.50		
4–Physical Abuse	Single	222	1.13	.46	2.09	.04*
	Married	88	1.05	.18		
5–Physical Neglect	Single	222	2.06	.34	-.50	.61
	Married	88	2.08	.32		
6–Emotional Neglect	Single	222	2.13	.86	1.04	.30
	Married	88	2.02	.77		
7–Sexual Abuse	Single	222	1.13	.45	1.53	.13
	Married	88	1.07	.25		
8–Overprotection-Overcontrol	Single	222	1.91	.82	-1.25	.21
	Married	88	2.04	.73		
p<.05*						

According to statistical results obtained, for the physical abuse variable, a significant difference was found in favor of single individuals ($p<.05$).

4.8. T-Test Findings to Parental Status

In this section, independent sample t-test analysis was conducted to predict whether the job related emotional burnout and childhood trauma variables have a significant difference according to parental status. The results were presented in Table 9.

Table 9

T-Test Findings to Parental Status

Variables	Parental Status	n	X	SD	t	p
1–Job Related Emotional Burnout	No	272	2.69	1.02	.67	.51
	Yes	38	2.57	1.02		
2–Overall Trauma	No	272	1.64	.42	.04	.97
	Yes	38	1.64	.38		
3–Emotional Abuse	No	272	1.48	.65	-.49	.62
	Yes	38	1.54	.69		
4–Physical Abuse	No	272	1.12	.42	.49	.63
	Yes	38	1.08	.22		
5–Physical Neglect	No	272	2.07	.34	.37	.71
	Yes	38	2.05	.33		
6–Emotional Neglect	No	272	2.11	.84	.29	.77
	Yes	38	2.07	.84		
7–Sexual Abuse	No	272	1.13	.43	.69	.49
	Yes	38	1.08	.24		
8–Overprotection-Overcontrol	No	272	1.95	.81	-.54	.59
	Yes	38	2.02	.71		
p<.05*						

According to statistical results obtained, there is no significant difference of the variables.

4.9. T-Test Findings to Chronic Illness

In this section, independent sample t-test analysis was conducted to predict whether the job related emotional burnout and childhood trauma variables have a significant difference according to chronic illness. The results were presented in Table 10.

Table 10

T-Test Findings to Chronic Illness

Variables	Chronic Illness	n	X	SD	t	p
1–Job Related Emotional Burnout	No	269	2.61	1.00	-2.74	.014*
	Yes	41	3.08	1.10		
2–Overall Trauma	No	269	1.62	.39	-2.16	.04*
	Yes	41	1.80	.53		
3–Emotional Abuse	No	269	1.43	.58	-3.04	.004*
	Yes	41	1.88	.93		
4–Physical Abuse	No	269	1.10	.40	-1.20	.23
	Yes	41	1.19	.45		
5–Physical Neglect	No	269	2.06	.35	-.34	.74
	Yes	41	2.08	.26		
6–Emotional Neglect	No	269	2.09	.83	-.97	.33
	Yes	41	2.22	.92		
7–Sexual Abuse	No	269	1.10	.36	-1.59	.12
	Yes	41	1.26	.62		
8–Overprotection-Overcontrol	No	269	1.92	.77	-1.65	.11
	Yes	41	2.19	.99		
p<.05*						

According to statistical results obtained, a significant difference was found for the job related emotional burnout and emotional abuse variables ($p<.05$). There was a significant difference in favor of individuals with chronic illness in the job related emotional burnout and emotional abuse. It can be said that individuals with chronic illness are more likely to experience job related emotional burnout and more likely to have emotional abuse experience than those who do not.

4.10. ANOVA Findings to Cigarettes and Alcohol Consumption Status

In this section, one way ANOVA was conducted to predict whether the job related emotional burnout and childhood trauma variables have a significant difference according to cigarettes and alcohol consumption status. The results were presented in Table 11.



Table 11*ANOVA Findings Related to Cigarettes and Alcohol Consumption Status*

Variables	Cigarettes and Alcohol Consumption Status	n	X	SD	S. V.	SS	df	MS	F	p
1–Job Related Emotional Burnout	No	80	2.65	1.03	Between Groups	2.96	3	.99	.94	.42
	Only Cigarettes	23	2.48	.90	Within Groups	320.05	306	1.05		
	Only Alcohol	85	2.59	.98	Total	323.01	309			
	Both Cigarettes and Alcohol	122	2.78	1.06						
	Total	310	2.67	1.02						
2–Overall Trauma	No	80	1.67	.48	Between Groups	.23	3	.08	.44	.72
	Only Cigarettes	23	1.57	.33	Within Groups	53.14	306	.17		
	Only Alcohol	85	1.62	.43	Total	53.37	309			
	Both Cigarettes and Alcohol	122	1.65	.38						
	Total	310	1.64	.42						
3–Emotional Abuse	No	80	1.52	.72	Between Groups	.33	3	.11	.27	.86
	Only Cigarettes	23	1.41	.56	Within Groups	132.24	306	.43		
	Only Alcohol	85	1.51	.68	Total	132.57	309			
	Both Cigarettes and Alcohol	122	1.47	.62						
	Total	310	1.49	.66						
4–Physical Abuse	No	80	1.19	.66	Between Groups	.70	3	.23	1.41	.24
	Only Cigarettes	23	1.12	.27	Within Groups	50.82	306	.17		
	Only Alcohol	85	1.09	.27	Total	51.52	309			
	Both Cigarettes and Alcohol	122	1.08	.27						
	Total	310	1.11	.41						
5–Physical Neglect	No	80	2.07	.37	Between Groups	.11	3	.04	.32	.81
	Only Cigarettes	23	2.01	.23	Within Groups	35.04	306	.12		
	Only Alcohol	85	2.06	.35	Total	35.15	309			
	Both Cigarettes and Alcohol	122	2.08	.32						
	Total	310	2.07	.34						
6–Emotional Neglect	No	80	2.12	.84	Between Groups	.86	3	.27	.38	.77
	Only Cigarettes	23	1.96	.81	Within Groups	217.47	306	.71		
	Only Alcohol	85	2.08	.85	Total	218.29	309			
	Both Cigarettes and Alcohol	122	2.15	.85						
	Total	310	2.11	.84						
7–Sexual Abuse	No	80	1.14	.50	Between Groups	.06	3	.02	.11	.95
	Only Cigarettes	23	1.10	.38	Within Groups	51.22	306	.17		

8–Overprotection-Overcontrol	Only Alcohol	85	1.12	.37	Total	51.27	309			
	Both Cigarettes and Alcohol	122	1.11	.37						
	Total	310	1.12	.41						
	No	80	2.01	.87	Between Groups	1.15	3	.38	.59	.62
	Only Cigarettes	23	1.83	.72	Within Groups	197.66	306	.67		
	Only Alcohol	85	1.88	.76	Total	198.81	309			
	Both Cigarettes and Alcohol	122	1.99	.80						
	Total	310	1.95	.80						
	p<.05*									

According to statistical results obtained, there is no significant difference of the variables.

CHAPTER V

DISCUSSION

5.1. Discussion Related to Regression Findings

According to regression results, overprotection-overcontrol dimension of childhood trauma predicted job-related emotional burnout in a positive way. This advocates that individuals who grew up in overly controlling and protective parenting in their childhood are more emotionally exhausted.

The term overcontrol refers to the situation in which a parent assists the child in situations where it is not necessary, interferes with the child's conduct, or is inattentive to the child's interests and requirements (Majdandžić et al., 2014). Overprotection is a broad term that refers to a style of parenting that is defined by behaviors that are unnecessarily helpful that restrict independent coping and excessive parental involvement in managing the child's environment in order to limit the child's exposure to potentially harmful situations (Parker, 1983; Chorpita & Barlow, 1998). According to the Autonomy vs. Shame and Doubt Stage of Erikson's Psychosocial Development Theory, the child moves out from the safe boundaries of his/her mother's care and begins to discover the world around him/her. Rather than worrying about their child's safety, parents should have faith in their child's talents and actively promote and facilitate the child's independence. Nevertheless, parents should watch out for their children and direct them while simultaneously encouraging them to develop their independence (Graves & Larkin, 2006). On the other hand, individuals who received an excessive amount of protection could lack the ability to self-regulate and abandon their responsibilities to their communities. They frequently have a narrow focus on themselves and are helpless when it comes to negotiating or mediating disputes with others. They frequently wind up being underachievers in the end. When parents are always there to take care of things for their children, they cannot develop emotionally and therefore never realize their full potential (Clinton & Sibcy, 2011). In addition, excessive parental control or overprotection might make it more difficult for children to develop healthy coping mechanisms and overcontrolling has been linked to a lower

sense of personal competence (Affrunti & Ginsburg, 2011). Furthermore, control from parents can lead to emotional dysregulation and sustained unpleasant emotional arousal when it is not developmentally appropriate (Manzeske & Stright, 2009). In the case of emotional burnout, the individual experiences loss of emotional resources in the face of excessive emotional demands (Schaufeli & Buunk, 2003). Emotional burnout is linked to feelings of helplessness within an organizational context, a reduction in one's sense of self-worth, a weakening of social skills as well as decreasing levels of productivity and personal competence (Alarcon, 2011).

An individual who was overprotected and overcontrolled as a child may not be able to develop the ability to deal with problems on their own as adults. As a result, these individuals may find themselves unable to fulfill the requirements of their jobs, unable to deal with problems that arise in their interpersonal relationships, and unable to effectively manage their emotions in the later stages of their lives, such as when they enter the business world. It's possible that this will leave the individual feeling even more emotionally exhausted. In the same vein, the individual may have feelings of inadequacy and incompetence regarding his/her success at work due to the fact that he/she was unable to obtain the essential independence and sense of competence. Especially if the individual's work environment is in a structure that limits the individual's sense of control, a person who cannot feel a sense of control and who is more accustomed to being controlled may feel helpless that something will not change.

5.2. Discussion Related to Gender

According to the findings, women are more emotionally exhausted than men. Looking at the findings related to the other variables of the study, while men were more exposed to emotional neglect, women experienced more overprotection-overcontrol from their parents. In addition, while men were more exposed to physical neglect, women experienced more sexual abuse.

Rubino, Volpone and Avery (2013) conducted a research about gender differences in emotional burnout. They indicated that women are more prone than males to develop emotional burnout from overwork. According to the meta-analysis study of Purvanova and Muros (2018) about gender differences showed that emotional burnout was slightly more prevalent among women than men. However, Maslach et al. (2001) stated that the demographic factor of gender has not been shown to be a reliable

predictor of burnout. In terms of emotional neglect, a few studies examined gender differences. Aust, Härtwig, Heuser and Bajbouj (2013) conducted a research about the role of emotional neglect in alexithymia and they found no differences between gender and emotional neglect. In addition, Mwakanyamale, Mbao and Sungwa (2022) found strong correlation between emotional neglect and gender. According to Finkelhor (1994), girls were more likely to be sexually abused than boys. Shanahan, Runyan, Martin and Kotch (2017) found no significant difference between physical neglect and gender. Affrunti and Ginsburg (2011) found there was no statistically significant correlation between gender and maternal overcontrol. According to Rote, Olmo, Feliscar, Jambon, Ball and Smetana (2020), maternal overcontrol is more common in girls than in boys.

Women's greater emotional burnout than men can be interpreted in terms of gender and assigned gender and culture. Namely, the positioning that men tend to show their emotions less and that women, on the contrary, experience their emotions more intensely under the influence of this order, may cause women to experience their emotions more prominently. Apart from this, women may tend to take more responsibility and thus become more vulnerable to exhaustion and loss of emotional resources while coping with the workload and requirements. As another factor, situations such as preventing women from rising to a certain status in business life and being employed with a lower salary than men even if they do the same job may cause women to experience more burnout. The reason why women are more likely to experience over protection and over control than men can also be interpreted from a cultural perspective. Considering that girls may need more protection, it can be said that the tendency to protect girls more and more, and as an outcome of this, girls become more dependent on their parents and cannot be autonomous. The fact that boys are exposed to more physical neglect can be interpreted as the fact that girls need more care and protection as a result of the culture they grew up in, while boys are raised more freely, left to their own devices and this is not considered as child neglect.

5.3. Discussion Related to Age

According to results, there is no significant difference between the variables ($p > .05$).

O'Neill and Xiao (2010) conducted a research about the effects of organizational characteristics and personality traits on emotional burnout and found a negative correlation between age and emotional burnout. Ahola, Honkonen, Isometsä, Kalimo, Nykyri, Koskinen, Aromaa and Lönnqvist (2006) investigated the burnout levels between groups based on demographic factors and they found age was positively associated with burnout which means burnout increased with age. According to Gomez-Urquiza, Vargas, De la Fuente, Fernández-Castillo and Cañadas-De La Fuente (2016), age was related positively to emotional burnout. They also stated that emotional burnout was significantly influenced by younger age. On the other hand, Marchand, Blanc and Beauregard (2018) revealed that increasing age was correlated with increasing levels of emotional burnout and overall burnout up to the age of 30. In addition, negative association found up to the age of 55.

The absence of a significant difference between age and emotional burnout may be due to the age distribution of the study group. Most of the participants are between the ages of 25-30. In addition, age alone may not be a sufficient factor to determine the level of job related emotional burnout. From the perspective of childhood traumas, although age is an effective factor in terms of childhood traumas, the age factor is examined together with more than a variable (Fridman et al., 2011; Infurna et al., 2015). Therefore, age alone may not be a sufficient variable to find a significant difference in childhood traumas.

5.4. Discussion Related to Marital Status

According to findings, single individuals may have experienced more physical abuse. There was no difference for other variables ($p > .05$).

Individuals who had traumatic events as children may display avoidance and disgust toward relationships, unwillingness to become close to family members, and a desire to abandon intimate ties and leave (Du et al., 2022). Nuttall and Jackson (1994) found that individuals who have sexual abuse history were less willing to dedicate themselves to relationships. On the other hand, Du, Xiong, Zhang, Huang and Zhang (2022) found a positive correlation between childhood trauma and marital attitude. In other words, higher levels of childhood trauma are associated with more favorable views of marriage. Unger and Luca (2014) conducted a research about the relationship

between child physical abuse and adult attachment styles and they found a significant association between child physical abuse and attachment avoidance.

It can be interpreted that individuals who have been physically abused in their childhood prefer to remain single because they think that they may be exposed to such abuse in their marriages in the future. Apart from this, although these individuals have a desire to get married, their relationship may not be going to marriage because they may have difficulty in establishing romantic close relationships and maintaining relationships due to their past experiences.

5.5. Discussion Related to Parental Status

According to findings, there is no significant difference of the variables ($p > .05$).

El-Ibiary et al. (2017) conducted a research about assessment of burnout and risk factors. They stated that individuals with children had a reduced incidence of emotional burnout in comparison to those who do not have children. Shakir, Cappuzzo, Shallwani, Kwasnicki, Bullis Wang, Hess and Levy (2020) found that the absence of children was linked to levels of high burnout. According to Kocalevent, Pinnschmidt, Selch, Nehls, Meyer, Boczor, Scherer and van den Bussche (2020), there was no correlation between parental status and burnout. In terms of childhood trauma, there are few studies in the literature on whether individuals with a history of childhood trauma have children or not. Nuttall and Jackson (1994) stated that women with a history of childhood trauma were more reluctant to raise children. Accordingly, although sexually abused women are willing to marry, they are reluctant to face the emotional and physical responsibilities of raising children.

Unlike the literature, no difference was found between burnout and parenting status in this study. This may be related to the fact that most of the participants in the study group were single. In addition, many reasons such as working hours, workload, performance expectation, especially in corporate companies, can be more effective and intense than the fatigue caused by the care and responsibility of a child.

5.6. Discussion Related to Chronic Illness

According to findings, individuals with chronic illness are more likely to experience emotional burnout. At the same time, it can be said that individuals who have experienced emotional abuse are more likely to have a chronic illness.

Donders, Roskes and van der Gulden (2006) found that chronically ill workers were more likely to report emotional burnout and health complaints. Marchand and Blanc (2020) conducted a research about the role of chronic diseases, age and gender on emotional burnout and they found that some chronic diseases such as mental and behavioral diseases, diseases of the musculoskeletal system and nervous system were linked to higher levels of burnout. Moreover, it's possible that various chronic conditions will have varied effects on burnout. Peterson, Demerouti, Bergström, Samuelsson, Åsberg and Nygren (2007) indicated that mood disorders are associated with emotional burnout. On the other hand, Armon, Shirom, Shapire and Melamed (2008) stated that insomnia contributes to the development of burnout and intensification of burnout symptoms. Childhood trauma is also have long-lasting impact on development of chronic diseases (Huh et al., 2017; Noteboom et al., 2021). Lin, Wang, Lu and Guo (2021) conducted a research to investigate the relationship between adverse childhood experiences and chronic diseases and they found that adverse childhood experiences were linked to chronic lung disease, psychiatric disorders, hypertension, diabetes and so on. Noteboom, Have, Graaf, Beekman, Penninx and Lamers (2021) also found that individuals with history of childhood trauma had digestive, musculoskeletal and mood disorders.

The fact that individuals with chronic diseases experience more emotional burnout can be interpreted by many factors. Chronic illness may prevent the individual from staying stagnant in workload and may cause more fatigue at work. When an individual with decreased endurance and increased fatigue cannot show the expected performance, having to face a new work day may make the individual more vulnerable to exhaustion. Conversely, the individual's emotional burnout may also affect the chronic illness state. The fact that individuals who have been emotionally abused more likely to have chronic disorders may be related to their coping strategies. Individuals who still carry the effects of the abuse they have experienced may be turning to risky

behaviors in order to cope with it. For example, behaviors such as overeating or deprivation of food or substance use may cause chronic illness.

5.7. Discussion Related to Cigarettes and Alcohol Consumption Status

According to findings, there is no significant difference between the variables ($p > .05$).

Xia, Jiang, Rakofsky, Zhang, Zhang, K., Liu, Liu, Y., Liu, H. and Thang (2020) found a relationship between cigarettes consumption and burnout. According to Cunradi, Greiner, Ragland and Fisher (2003), higher levels of burnout may have been shown to be associated with an increased risk of alcohol problems, most particularly alcohol dependency. Contrary to these findings, Haile, Senkute, Alemu, Bedane and Kebede (2019) found no association between burnout and cigarette and alcohol consumption. Keyes, Hatzenbuehler, Grant and Hasin (2012) stated that those who experienced childhood abuse are more likely to be at risk of alcohol use disorders. Plant, Miller, Plant, M. (2004) stated that women who were sexually abused in their childhood drank at a higher level than other women.

Contrary to the literature, no significant difference was found between the variables in this study. Emotional burnout and the absence of a relationship in the case of cigarettes and alcohol consumption can be interpreted with the financial situation. In other words, under current conditions, individuals may feel obliged to restrict themselves more financially. Individuals may be striving for investment and curtailing their own luxuries and needs. In addition, individuals' coping styles with life difficulties may also differ. While some individuals prefer to alleviate the stress and difficulty they experience through social activities, others may overcome this difficulty by using their individual resources. The absence of a significant relationship between childhood traumas and cigarettes and alcohol consumption can be interpreted in the same way.

CHAPTER VI

CONCLUSION AND SUGGESTIONS

6.1. Conclusion

In this study, the predictive role of childhood traumas on job related emotional burnout was investigated and the relationship between the variables and demographic characteristics was examined. The findings of the study are as listed below.

- Overprotection-overcontrol dimension of the childhood traumas had a predictive role on job-related emotional burnout.
- Women were more emotionally exhausted than men. While men were more exposed to emotional neglect, women experienced more overprotection-overcontrol. While men were more exposed to physical neglect, women experienced more sexual abuse.
- There was no significant relationship between age, job-related emotional burnout and childhood traumas of corporate company employees.
- There was a significant relationship between physical abuse and single individuals.
- There was no significant relationship between parental status, job-related emotional burnout and childhood traumas of corporate company employees.
- There was a significant relationship between chronic illness and job-related burnout of corporate company employees.
- There was no significant relationship between cigarettes and alcohol consumption status, job-related emotional burnout and childhood traumas of corporate company employees.

6.2. Academic Suggestions

In the findings obtained from this research, it was seen that the overprotection and overcontrol levels of corporate company employees had a predictive effect on job-related emotional burnout. Considering that overprotection and control is related to the communication and relationship between the child and the parent, these childhood

traumas are mostly found in the social field. From this point of view, variables that examine the social dimension can be added while examining job-related emotional burnout in future studies. In addition, not only the causes of job-related exhaustion, but also the role of protective factors such as colleague support and perceived social support can be examined. By focusing on how individuals cope with burnout and what skills and mechanisms they use to cope with it, new research can be opened up.

6.3. Practice Suggestions

From the perspective of childhood traumas, parents' raising their children autonomously and in a way that they can develop their own coping skills and resources, and providing support when they need them rather than over-protecting and controlling them, enable them to be more resilient to current life problems when they become adults and to regulate their emotions properly. In terms of business life, workplace psychologists generally work in corporate companies and perform their duties in line with the directions of the companies. At this point, it may be beneficial for companies not only to empower employees in terms of motivation, performance and productivity, but also to consider individual factors. Increasing the number of workplace psychologists and reaching employees at a more individual level can help them understand the causes of their burnout more easily and guide them to take the necessary actions.

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APPENDICES

7.1. Appendix-A: Demographics Form

1) Demografik Bilgi Formu

1. Yaşınız: ☐ 18-24 ☐ 25-30 ☐ 31-40 ☐ 40 ve üzeri
2. Cinsiyetiniz: ☐ Kadın ☐ Erkek ☐ Diğer
3. Medeni Durumunuz: ☐ Evli ☐ Bekar
4. Çocuk Sayınız: ☐ 0 ☐ 1 ☐ 2 ☐ 2+
5. Sigara-Alkol Kullanma Durumunuz: ☐ Kullanmıyorum ☐ Sadece Sigara Kullanıyorum ☐ Sadece Alkol Kullanıyorum ☐ Hem Sigara Hem Alkol Kullanıyorum
6. Kronik Rahatsızlık Durumunuz: ☐ Yok ☐ Kalp Damar Rahatsızlıkları ☐ Uyku Bozuklukları ☐ Kronik Ağrı Sendromları (fibromiyalji, migren) ☐ Tip II Diyabet ☐ Akciğer-Karaciğer Hastalıkları ☐ Otoimmün Hastalıklar (romatizmal hastalıklar, sedef hastalığı, tiroid vb.) ☐ Diğer.....
7. Çalıştığınız Bölüm: ☐ Satış/Pazarlama ☐ Finans/Muhasebe/Hukuk ☐ İnsan Kaynakları/İdari İşler/Özlük İşleri ☐ Üretim/Kalite/Operasyon ☐ Bilgi Teknolojileri/ Strateji ve İş Geliştirme
8. Çalıştığınız Firmadaki Göreviniz : ☐ Uzman Yardımcısı/Uzman/Kıdemli Uzman ☐ Orta/Üst Düzey Yönetici (Müdür, Müdür Yardımcısı, Direktör)

7.2. Appendix-B: JREE

Lütfen aşağıdaki ifadeleri okuduktan sonra kendinizi değerlendirerek, sizin için en uygun seçeneği işaretleyiniz.

1=iş yerinde asla bu şekilde hissetmiyorum

5=her gün bu şekilde hissediyorum

1)İşimden dolayı duygusal olarak tükenmiş hissediyorum.	1	2	3	4	5
2)İş gününün sonunda kendimi bitkin hissediyorum.	1	2	3	4	5
3)Sabah kalkmaktan ve iş yerinde yeni bir günle yüzleşmek zorunda olmaktan yıldım.	1	2	3	4	5
4)İşimden dolayı psikolojik olarak yıpranmış hissediyorum.	1	2	3	4	5
5) İşimden dolayı hayal kırıklığına uğramış hissediyorum	1	2	3	4	5
6) İşimde çok çalıştığımı hissediyorum.	1	2	3	4	5

7.3. Appendix-C: CTQ-33

Lütfen aşağıdaki ifadeleri okuduktan sonra kendinizi değerlendirerek, sizin için en uygun seçeneği işaretleyiniz.

1.Hiçbir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

Çocukluğumda ya da ergenliğimde...

1)Yeterli yemeğim olurdu.	1	2	3	4	5
2) Gündelik bakım ve güvenliğim sağlanıyordu.	1	2	3	4	5
3) Anne ya da babam kendilerine layık olmadığını ifade ederlerdi.	1	2	3	4	5
4) Fiziksel ihtiyaçlarım tam olarak karşılanırdı.	1	2	3	4	5
5) Ailemde sorunlarımı paylaşabileceğim biri vardı	1	2	3	4	5
6) Üst baş açısından bakımsızdım.	1	2	3	4	5
7) Sevildiğimi hissediyordum.	1	2	3	4	5
8) Anne ya da babam kendimden utanmama neden olurdu.	1	2	3	4	5
9) Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.	1	2	3	4	5
10) Ailemde değiştirmek istediğim şeyler vardı.	1	2	3	4	5
11) Ailemdelikiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu.	1	2	3	4	5
12)Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.	1	2	3	4	5
13) Anne ya da babam fikirlerimi önemserdi.	1	2	3	4	5
14) Ailemdelikiler bana kırıcı ya da saldırganca sözler söylerlerdi.	1	2	3	4	5
15) Fiziksel bakımdan hırpalanmış olduğuma inanıyorum.	1	2	3	4	5
16) Çocukluğum mükemmeldi.	1	2	3	4	5
17) Bana o kadar kötü vuruluyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.	1	2	3	4	5

18)Ailemde birisi benden nefret ederdi.	1	2	3	4	5
19)Ailemdekiler kendilerini birbirlerine yakın hissederlerdi.	1	2	3	4	5
20) Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı.	1	2	3	4	5
21) Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı.	1	2	3	4	5
22) Benim ailem dünyanın en iyisiydi.	1	2	3	4	5
23) Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı.	1	2	3	4	5
24) Birisi bana cinsel tacizde bulundu.	1	2	3	4	5
25) Ailemdekiler bana karşı suçlayıcıydı.	1	2	3	4	5
26) İhtiyacım olduğunda beni doktora götürecek birisi vardı.	1	2	3	4	5
27) Cinsel istismara uğradığım kanısındayım.	1	2	3	4	5
28) Ailem benim için bir güç ve destek kaynağı idi.	1	2	3	4	5
29) Ailemdekiler yaşıtırlarımla ve arkadaşlarımla görüşmemi kısıtlardı.	1	2	3	4	5
30) Ailemdekiler her şeyime karıştırdı.	1	2	3	4	5
31) Anne ve babam bir işi kendi başıma yapmama fırsat verirlerdi.	1	2	3	4	5
32)Ailemdekiler rahat vermeyecek derecede peşimdeydiler.	1	2	3	4	5
33)Anne ya da babam beni kontrol etmek için kişisel eşyalarımı benden habersiz karıştırdı.	1	2	3	4	5