

# EXAMINATION AND COMPARISON OF BURNOUT SYNDROME OF STUDENTS FACULTY OF SPORTS AND HEALTH SCIENCES

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## ABSTRACT

Knowing the causes of burnout syndrome and finding solutions in this direction is essential. For this reason, this research aims to determine sports and health sciences students' burnout levels and to examine the causes of burnout syndrome. In addition, it is aimed to reveal whether the burnout levels of sports and health sciences students differ according to faculties and departments. A mixed design was used in the research method. The sample group was reached for the quantitative research design with easy sampling. The study sample consisted of the students of the faculty of sports sciences and the faculty of health sciences. For the qualitative design, students with high burnout were reached using the purposive sampling method. Maslach Burnout Inventory-Student Form for quantitative data and semi-structured interview form for qualitative data were used as data collection tools. Quantitative data obtained were analyzed using Independent Groups *t*-test and One-way Analysis of Variance, and qualitative data were analyzed using thematic analysis. As a result of the quantitative findings, a statistically significant difference was found between the burnout, exhaustion, and depersonalization levels of the students of the faculty of sports sciences and health sciences. It has been revealed that physiotherapy and rehabilitation, and nursing students have higher burnout, exhaustion, and depersonalization levels than the faculty of sports sciences. No significant difference was found in the competence sub-dimension. As a result of the qualitative findings, the data were collected under three themes: cognitive - problems caused by teaching programs, emotional-psychological effects, and physical-physiological effects. In this research, the participants strive towards a goal. Participants are in a state of expectation in return for their performance. However, their expectations are not met at the expected level. This situation causes students to experience stress and emotional reactions for a long time. As a result, this leads to exhaustion and depersonalization.

**Keywords:** University students, Burnout Syndrome, Burnout, Depersonalization, Vroom's Expectation Theory

## Introduction

Burnout is a significant public health problem due to burnout syndrome's prevalence and negative consequences (Maslach, 2011). Burnout syndrome results from failure, exhaustion, and loss of energy, power, and motivation (Ari and Bal, 2008; Freudenberg, 1974). It covers the areas of burnout, depersonalization, and competence. The increase in burnout and depersonalization scores indicates an increase in burnout. Competence and exhaustion are inversely proportional. Burnout is a psychological reaction to chronic work stress (Halbesleben & Demerouti, 2005; Qiao & Schaufeli, 2011). Although burnout syndrome is seen as a condition that individuals encounter in professional life, it also appears in student

and sports life (Schaufeli&Tariş, 2005). The burnout syndrome in student and sports life may be because students and athletes feel their capacities are strained (Smith, 2021). Students may experience burnout because of excessive stress and the inability to cope. The consequences of burnout can create various problems for students of psychological nature. For this reason, because of burnout syndrome, students may not fulfill their responsibilities, lose interest in their lessons, doubt their ability to reach their academic goals, and have adverse health effects, so this syndrome should be prevented (Bullock et al., 2017; Smith, 2021).

In literature, there is an intense interaction between the health and life of students studying at various faculties. For this reason, problems experienced in student life directly affect people's health, safety, happiness, quality of life, and social life (Güdükve ark., 2005; Koçak, Yavuz and Yavuz, 2015; Özışık, 2019; Safadi, Saleh, Nassar, Amre and Froelicher, 2011; Şenol, Yıldray and Gürpınar, 2007). It manifests in students as psychosomatic (for example, cardiovascular problems, gastrointestinal disorders, lack of sleep, fatigue), emotional (for example, dissatisfaction with studies, depression, low self-esteem, loss of motivation), or behavioral (for example, poor academic performance, alcohol and/or drug use, malnutrition, absenteeism, dropping out of school) (Aguayo, 2019).

When the literature is examined, it has been determined that the burnout syndrome scores of university students differ from department to department (Gündüz, Çapri, &Gökçakan, 2012; Denat, Dikmen, Yılmaz, &Karalar, 2018; İn &Şanlı Kula, 2019; Tansel, 2015,İlkin et al.2021,Yurtseven and Duman 2021). In addition, nursing students experience traumatic experiences such as being in charge of patient care, encountering patients who suffer in the last stage of life and death, and needing clinical practices (da Silva et al., 2014). Therefore, studies conducted with students in the field of health reveal the existence of burnout syndrome in students (da Silva et al., 2014; Denat et al., 2018; Kaya and Arıöz, 2014; Tlili et al., 2021; Tomaschewski-Barlem et al., 2014). Although Valero-Chillerón et al. (2019) found that nursing students do not meet the necessary criteria for burnout syndrome and university students' burnout syndrome do not differ regarding demographic variables (Çam, effectively, BüşraDökmetaş, &Mercan, 2018), it has been determined that the burnout levels of nursing students increase depending on factors such as working conditions, weekly amount of working hours, educational environment, and nursing internship experience (Denat et al., 2018; İn and Şanlı Kula, 2019).İN and Şanlı Kula (2019) revealed that the burnout syndrome levels of physiotherapy and rehabilitation department students differ in terms of demographic variables.Büke and Yağcı (2022) found that the burnout syndrome levels of physiotherapy and rehabilitation department students increased from the first to the final year.

Öcalan, Ceylantekin, Kunduracılar, and Doğan (2020) found that an increase in the level of well-being increases the level of competence and decreases the levels of exhaustion and depersonalization. A negative and significant relationship exists between academic procrastination behaviors and burnout syndrome levels of sports sciences faculty students (Demir, Halıcı, &Ötkan, 2017). However, it is seen that the burnout syndrome levels of the students of the faculty of sports sciences can vary according to gender, grade level, and department(Yalçın and Gacar 2016). The analysis found that the correlation between stress and a reduced sense of accomplishment was high between participants of all ages and levels of competition and that the correlation between stress and physical activity participation was lower in all groups (Lin, Lu, Chen, & Hsu, 2021).

In the results of burnout syndrome research conducted on university students, medical students took first place, and students from the faculty of health sciences (nursing department) were in second place (Abiola, Lawal, &Habib, 2015). On the other hand, sports sciences faculty students' burnout syndrome levels were lower than other faculty students (Öcalan et al., 2020). Therefore, burnout syndrome levels vary according to the departments of the students and the expectations of the students.

Burnout is a negative emotional response to chronic work stress. The development of burnout is a dynamic and complex process influenced by many factors. One of these factors is the individual's expectations from professional life because the main factor that motivates the individual depends on the expectations. In line with the expectations (reward) of the individual, behavior occurs depending on personal characteristics and environmental conditions. To reach this expected reward, the individual must choose among the behavioral patterns according to his perception. The individual's effort for a specific goal is related to two factors. These two factors are "valence" (the degree of the desire for the reward) and expectation (rewarding) (Koparalp&Özalp, 2013, p. 149). For this reason, the theoretical framework of this study is **Vroom's Expectancy Theory**.

Burnout syndrome is seen more frequently in "social and occupational groups" and negatively affects the future lifestyle and professional life. However, these occupational groups play an essential role in the individual, and therefore the society, to lead a healthy, qualified, and quality life. For this reason, it is vital to examine the burnout syndrome of sports sciences and physiotherapy and rehabilitation students, who receive training to increase the functional abilities and mobility of individuals throughout their lives (Higher Education Institution-YÖK, 2016), and the nursing department, which adopts competency-based approaches in all processes related to the health of the individual (YÖK, 2014). Furthermore, it is thought that examining students' burnout syndrome and its causes can contribute to the literature and program developers. For this reason, the research aimed to explore the reasons for the burnout syndrome of sports sciences and health sciences students by revealing whether it differs according to the faculties and departments.

## **Method**

The ethical approval numbered E-53938333-050-16540 was obtained from the Ethics Commission of TR Istanbul Rumeli University to carry out this research (No. 05, the permission of the Ethics Commission on 26.07.2022). Considering that the study's results, which were structured with a quantitative design, should be supported by qualitative data, an application was made to the ethics committee again. The ethical approval numbered E-53938333-050-16540 was obtained from the Ethics Committee of TR Istanbul Rumeli University (Meeting Date: 19. 08. 2022; Meeting No: 2022/07; Article No: 07). The data collection process in this study consists of two stages. Psychologist support was received at both phases of the study.

A mixed-method design was used in this study. The purpose of using mixed method design in this research is to ensure the "integrativeness" of the data. In this direction, quantitative and qualitative data were collected and analyzed sequentially in sequential time. Quantitative data results were augmented and supported by qualitative data results.

## **Participants**

The research sample was the students of the faculty of sports sciences and faculties of health sciences in different cities of Turkey in the 2021-2022 academic year. The sample group was reached by the easy sampling method. In addition, a purposive sampling method was used to select the students to be interviewed. Accordingly, students with high scores in the sub-dimensions of exhaustion and depersonalization were determined. Ten students were selected from each department (3 and 4 grades). 30 students agreed to participate voluntarily. Therefore, according to data satisfaction, 15 students were included in the study.

## Data Collection Tool

Data for the quantitative phase of the research were collected with the Maslach Burnout Scale-Student Form (MBI-SF). For the qualitative research phase, semi-structured interview questions were prepared to determine the students' views on situations that could lead to exhaustion and depersonalization. Data were collected with individual interview techniques.

*Maslach Burnout Inventory-Student Form (MSI-SF)*: Capri, Gündüz, and Gökçakan (2011) adapted the Maslach Burnout Scale-Student Form into its Turkish version. The measurement consists of 13 items and has a three-dimensional structure. The inventory has three sub-dimensions: exhaustion, depersonalization, and competence.

The lowest score for MSI-SF is 13, and the highest score is 65. The inventory is Likert-type and rated between 5 points (1 = Never, 2 = Sometimes, 3 = Usually, 4 = Often, 5 = Always). The highest score obtained from the exhaustion and depersonalization sub-dimension is accepted as an indicator of high burnout syndrome level. The competence sub-dimension is reversed. Exhaustion sub-dimension: 1-4-6-9-11; depersonalization sub-dimension: 2-5-7-10; competence sub-dimension: 3-8-12-13

*Semi-structured interview form*: During the validation process, the opinions of three faculty members working in the field of psychology were taken for semi-structured interview form questions. The content validity of the semi-structured interview form was ensured. In the reliability process of the research, the interview questions suitable for the study were clearly expressed, and the data collection process was carried out. There were five semi-structured questions in the interview form. The students were asked questions about the effects of the situations they encountered in school life on their personal lives, giving examples of situations where they felt exhausted during their time at school, experienced stress, did not feel physically well, and felt inadequate, how they coped with these situations and the reasons according to the students. The basic questions regarding the semi-structured interview form are: Are there any situations in your school life where you feel exhausted? Are you experiencing stress in your school life? Is there any situation in your school life where you don't feel well physically? Is there any situation in your school life where you feel inadequate? Do you ever want to do nothing during the day? What are your coping methods? Do such (the reasons mentioned above) or different situations you encounter in your school life impact your personal life?

### Validity and reliability:

In this study, the Cronbach Alpha test was applied to investigate the reliability of MBI-SF. As a result of the analysis, the Cronbach Alpha internal consistency coefficient was found to be .848. In addition, the Cronbach Alpha internal consistency coefficient of the exhaustion, depersonalization, and competence sub-dimensions were .752, .747, and .665, respectively.

Detailed quotes used in qualitative research methods, self-questioning of the researcher with questions, participant confirmation, and data triangulation were provided to ensure credibility in this research. First, three expert opinions were taken in creating the semi-structured interview form. Then, the participants' views were expressed in the findings section with direct quotations. Finally, the data obtained from the participants were presented for participant confirmation during and after the interview. Then, the results obtained from the participants were transferred to the participants. It was determined whether they were

understood correctly. Afterward, data triangulation was performed. The data obtained were simultaneously coded separately by two experts and compared with the codes of the other researcher. As a result, the credibility of the data obtained with both methods was supported. The method is explained in detail to ensure the transferability of the research results in a similar environment. The obtained data are described in detail. However, to ensure the confirmability of the research, the interview records were transcribed electronically. The coding made by the researchers, the notes, and the inferences created during the reporting phase was stored on the hard disk by the corresponding author.

## Data Collection

In the 2020-2021 academic year, the first data were collected from the health sciences and sports sciences faculty students through Google Forms. In line with the findings, data were collected from the students who scored high in the sub-dimensions of exhaustion and depersonalization by conducting individual interviews. Individual interviews were conducted online. The researcher, with the consent of the participants, recorded the interviews. The interviews lasted an average of 30-40 minutes. During the interview process, when the opinion of the parts that were not understood or that they should be explained in more depth, questions such as "Can you explain your opinion in more detail" (Yıldırım&Şimşek, 2018) were asked the participants.

## Data Analysis

SPSS 21 program was used to examine and analyze the data obtained within the scope of the research. To test whether the data showed a normal distribution, skewness, and kurtosis values were checked. The total score of the scale and the data obtained from the sub-dimensions of the scale (burnout, depersonalization, and competence) showed a normal distribution ( $p < 0.05$ ). Accordingly, the skewness value of the data was calculated as 0.302, and the kurtosis value as -0.356. Kurtosis and skewness values are considered as -1.0 to +1.0 normal distribution (Hair, Black, Babin, Anderson, & Tatham, 2013).

Independent Groups t-test and One-Way Analysis of Variance (ANOVA) from parametric tests were applied to determine the burnout level according to the groups, faculty type, and sub-dimensions. First, however, the effect value was calculated to assess the magnitude of the difference between the groups. The  $d$  value obtained from the calculations is .20 small, .50 medium, and .80 large effect size (Cohen, 1988). As a result of the independent groups t-test of this research data, the Cohen's  $d$  value between the groups is given below.

In independent groups, t-test effect sizes were calculated using the formula  $d = 2 * t / \sqrt{df}$ :  $d = 2 * -11.717 / \sqrt{646} = 0.921$  for burnout;  $d = 2 * -11.195 / \sqrt{646} = 0.880$  for Exhaustion and  $d = 2 * -7.431 / \sqrt{646} = 0.610$  for Depersonalization. Effect sizes have a high value.

The obtained qualitative data were analyzed by inductive thematic analysis. Accordingly, themes, categories, and sub-themes were created. Common themes and patterns among the participants were identified (Braun & Clarke, 2006). The stages of developing the themes are as follows: The raw data were deciphered in an electronic environment word for word. Then, the data was read until coders felt familiar with the content, that is, until gaining familiarity with the data. Afterward, these data were coded separately without being independent of any statement or sentence. Finally, the coded data were categorized, and sub-themes were created. Theme headings were problems caused by teaching programs, psychological effects, and physiological effects. In the findings section, attention was paid to ensuring that the theme titles were compatible with the content and that the content of the themes was supported with one-to-one quotations, which were the best examples in the explanations.

## Results

The results of the Independent Groups *t*-test and One-Way Variance (ANOVA) Analysis, which are parametric tests performed to determine the burnout level of the groups according to the faculty type and sub-dimensions, are given in tables.

**Table 1.**Independent Groups T-Test Results of Burnout Level and Sub-Dimensions by Faculty Type

	Groups	n	$\bar{x}$	SD	df	t	p
<b>Burnout</b>	Sport Sciences	484	2,195	0,272	646	-11,717	,000
	Health Sciences	164	2,491	0,299			
<b>Exhaustion</b>	Sport Sciences	484	1,667	0,467	646	-11,195	,000
	Health Sciences	164	2,174	0,590			
<b>Depersonalization</b>	Sport Sciences	484	1,521	0,555	646	-7,431	,000
	Health Sciences	164	1,893	0,546			
<b>Competence</b>	Sport Sciences	484	3,473	0,763	646	-1,662	0,097
	Health Sciences	164	3,361	0,686			

Table 1 shows a significant difference in the burnout level of the students of the faculty of sports sciences and the students of the faculty of health sciences ( $t=-11.717$ ,  $p<0.005$ ). Health science students have a higher burnout level than those in sports sciences. There is a significant difference in the exhaustion of students in sports sciences and health sciences ( $t=-11.195$ ,  $p<0.005$ ). Health science students have a higher exhaustion level than sports science students. There is a significant difference in the depersonalization of the students of the faculty of sports sciences and the students of the faculty of health sciences ( $t=-7.431$ ,  $p<0.005$ ). Health science students have a higher level of depersonalization than sports science students. There is no significant difference in the competence level of the students of the faculty of sports sciences and the students of the faculty of health sciences ( $t=-1.662$ ,  $p<0.005$ ).

**Table 2.**Exhaustion Level One-Way Analysis of Variance (ANOVA) by Department Type

		Sum of squares	df	Mean Squares	F	P
<b>Exhaustion</b>	Between groups	12.937	6	2.156	28.641	.000
	Within groups	48.257	641	0.075		
	Total	61.194	647			

Table 2 shows a significant difference between the exhaustion levels of students studying in recreation, exercise, disability, sports management, coaching, PTR, and nursing departments ( $F(6.641) = 28.641 = 0.000$ ). Anova Effect Size= Partial eta squared =  $12.937/61.194=0.211$  (Partial eta squared=sum of squares between groups / total sum of squares). Health sciences and sports sciences departments explain 21 percent of the variance in students' burnout levels.

**Table 3.**Exhaustion Level Comparison Analysis by Department Type (Tamhane's T2)

	Groups	n	$\bar{x}$	SD	Re c	Exe.	Dis.	S.Man	Coa .	PT R
<b>Exhausti on</b>	Rec.	83	2.19 7	0.28 1						
	Exe.	97	2.20 1	0.25 5	P>.05					
	Dis.	11 0	2.19 3	0.27 7	P>.05	P>.0 5				
	S.Man	11 8	2.19 4	0.24 3	P>.05	P>.0 5	P>.05			
	Coa.	77	2.20 3	0.29 3	P>.05	P>.0 5	P>.05	P>.05		
	PTR	67	2.43 1	0.29 2	P<.05	P<.0 5	P<.05	P<.05	P<.0 5	
	Nursing	96	2.54 2	0.29 1	P<.05	P<.0 5	P<.05	P<.05	P<.0 5	P>.05

In Table 3, Tamhane's T2 test was used as a posthoc test since the variance distributions were not equal to determine between which groups the difference was. The results revealed that the average burnout level of the students in the faculty of sports sciences is lower than those in the faculty of health sciences ( $p<0.05$ ). On the other hand, burnout levels of students studying in PTR and nursing departments are higher than students studying in recreation, exercise, disability, sports management, and coaching( $p<0.05$ ).

**Table 4.**One-Way Analysis of Variance (ANOVA) of Exhaustion Level by Department Type

		Sum of Squares	df	Mean Squares	F	P
<b>Exhausti on</b>	Between groups	37.268	6	6.211	25.428	.000
	Within groups	156.581	641	.244		
	Total	193.849	647			

Table 4 shows a significant difference between the burnout levels of recreation, exercise, disability, sports management, coaching, PTR, and nursing department students ( $F(6.641)=25.428=0.000$ ). Anova Effect Size= Partial eta squared =  $37.268/193.849=0.192$

(Partial eta squared=sum of squares between groups/sum of squares).Health Sciences and Sports Sciences departments explain 19 percent of exhaustion variance, a sub-dimension of students' burnout level.

**Table 5.**Exhaustion Level Comparison Analysis by Department Type (Tamhane's T2)

	Groups	n	$\bar{x}$	SD	Rec.	Exe.	Dis.	S.Man	Coa.	PTR
<b>Exhaustion</b>	Rec.	83	1.670	0.458						
	Exe.	97	1.620	0.468	P>.05					
	Dis.	110	1.693	0.466	P>.05	P>.05				
	S. Man.	118	1.608	0.425	P>.05	P>.05	P>.05			
	Coa.	77	1.757	0.509	P>.05	P>.05	P>.05	P>.05		
	PTR	67	2.034	0.562	P<.05	P<.05	P<.05	P<.05	P>.05	
	Nurisng	96	2.293	0.586	P<.05	P<.05	P<.05	P<.05	P>.05	P>.05

In Table 5, Tamhane's T2 test was used as a posthoc test since the variance distributions were not equal to determine between which groups the difference was. According to the results of this test, the average burnout level of the students studying at the faculty of sports sciences is lower than those studying health sciences ( $p<0.05$ ). On the other hand, burnout levels of students studying in PTR and nursing departments are higher than students studying in recreation, exercise, disability, sports management, and coaching departments ( $p<0.05$ ).

**Table 6.**One-Way Analysis of Variance (ANOVA) of Depersonalization Level by Department Type

		Sum of Squares	df	Mean Squares	F	P
<b>Depersonalization</b>	Between groups	23,451	6	3,909		
	Within groups	191,368	641	0,299	13,092	,000
	Total	214,819	647			



Table 6 shows a significant difference between the depersonalization levels of students studying in recreation, exercise, disability, sports management, coaching, PTR, and nursing departments ( $F(6,641)=13.092=0.000$ ). Anova Effect Sizes: Partial eta squared =  $23.451/214,819=0.109$  (Partial eta squared = sum of squares between groups / total sum of squares). Health Sciences and Sports Sciences departments explain 11 percent of the depersonalization variance.

**Table 7.** Depersonalization Level Comparison Analysis by Department Type (Tamhane's T2)

	<b>Groups</b>				<b>Rec.</b>	<b>Exe.</b>	<b>Dis.</b>	<b>S.Ma n</b>	<b>Coa.</b>	<b>PTR</b>
	<b>n</b>	<b><math>\bar{x}</math></b>	<b>SD</b>							
<b>Depersonaliz ation</b>	Rec.	83	1.55 1	0.55 5						
	Exe.	97	1.43 8	0.48 2	P>.05					
	Dis.	11 0	1.52 7	0.53 9	P>.05	P>.05				
	S. Man.	11 8	1.51 9	0.48 1	P>.05	P>.05	P>.05			
	Coa.	77	1.73 7	0.70 2	P>.05	P>.05	P>.05	P>.05		
	PTR	67	1.83 5	0.56 3	P<.05	P<.05	P<.05	P<.05	P>.05	
	Nursing	96	1.61 5	0.52 7	P<.05	P<.05	P<.05	P<.05	P>.05	P>.05

In Table 7, Tamhane's T2 test was used as a posthoc test since the variance distributions were not equal to determine between which groups the difference was. The results showed that the students in sports sciences' depersonalization averages are lower than those in health sciences ( $p<0.05$ ). Depersonalization levels of students studying in PTR and nursing departments are higher than students studying in recreation, exercise, disability, sports management, and coaching departments ( $p<0.05$ ).

The data obtained from the interviews were analyzed under three themes in the qualitative part of the research. Under each theme, the sports and health sciences students' opinions were included with the comparison method for the same subject. The themes are as follows: cognitive - problems caused by teaching programs, emotional - psychological effects, c. Direct quotations are given in Table 8.

**Table 8.** Direct Quotes Based on Data Obtained from Participants

<p><b>Theme 1</b>  <b>cognitive -</b>  <b>problems</b>  <b>caused by</b>  <b>teaching</b>  <b>programs</b></p>	<p><i>K1: "The internship was very tiring. Their demands were tiring. We haven't graduated yet, and 30 cases have been given, but we are not physiotherapists yet. It was mandatory. I tried to hold on. I'll pretend to do the next internship, but I won't."</i></p> <p><i>K5: "We are going through an intense internship. My workload is too much, and it is challenging me both emotionally and physically. Normally I can do better if I have more time. Patients need to be detailed. I have a time problem. I have communication problems, especially with nurses and patients. It is explained in the lesson as easy, but it is not like that in practice. I can't apply theory to practice."</i></p> <p><i>K4: "I can't answer. I feel inadequate. I get nervous. I don't know the answers. They teach the lessons, but the lectures are insufficient, or I can't study adequately. Passing the exams is not about knowing the job. There should be lessons for professional life in the exam. It doesn't happen as we memorize; I must apply it logically. There is a shortcoming. I can't relate. This is about the school system. They narrow the exam subjects, and I only study and memorize these subjects, but I fall short in applying. I think I am not good enough in the field."</i></p> <p><i>K3: "I just wanted more practice in the lessons. There was a lot of theory. I was stressed about going to the internship without knowing anything. The theory was too much."</i></p> <p><i>K12: "Theoretical course should be less; the practice should be more focused. Many things are not taught in the department, but we must take them from outside. I need these. It's not taught in school."</i></p>
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<p><b>Theme 2 - emotional - psychological effects</b></p>	<p><i>K2: "Hospital environment. I'm in the hospital most of the time. It's very stressful because I'm concerned with human health. This situation pushes me to exhaustion and fatigue. We are under constant observation; will I harm the patient?"</i></p> <p><i>K8: "I experience stress, especially when there is a lack of information or I cannot answer the patient's relatives. When I am inadequate, I experience stress when I give a wrong answer. I should know, but I don't know. When I should be able to give some answers, but I cannot. I have a lot of lack of knowledge. I am afraid of not knowing when I will be a nurse. I'm afraid of doing something wrong."</i></p> <p><i>K7: "It usually happens in the clinic. They act like nurses of ten to fifteen years. I'm not saying I don't know. Relatives of patients ask why you are doing this, but they do not teach. I'm learning from Google. I know the name of the drug, but for what? I'm stressed. I am stressed because I feel inadequate. They have expectations beyond my capacity."</i></p> <p><i>K9: "I panic; I'm stressed. I experience stress, especially when I practice with a patient I do not know or cannot answer questions I do not know. The nurse is telling me how to do it, but I forget. I forget when the nurse comes. What will I do when I become a nurse? I'm struggling. There are many times when I say why I chose this profession. Actually, I chose it because there was a job opportunity. I want to be appointed immediately due to family and environmental pressures, but I don't think I can be a nurse. Am I doing something wrong? I am scared. Will anything happen to the patient? Education should not be like this, especially when doing the first practice alone; a nurse should be with me. It is on their minds that we should finish our work as soon as possible, then sit down and rest."</i></p> <p><i>K13: "I am experiencing stress and anxiety. I am worried about the future. Will I be able to graduate? What will happen if I graduate? Can I find a job?"</i></p> <p><i>K1: "Physiotherapy gives a lot of graduates. There is a lot of unemployment. This department should not have been entered simply. Anyone can study PTR. However, the profession is precious. You change people's life. It shouldn't have been so easy. The practice area is missing. There are so many different patient groups, and I'm missing out."</i></p>
<p><b>Theme 3 - physical - physiological effects</b></p>	<p><i>K6: "I am constantly on my feet; I have pain. My feet hurt a lot. My head aches all the time."</i></p> <p><i>K9: "My workload is too much; I am mentally, psychologically, and physically tired. My legs hurt. My sleep is irregular and unproductive."</i></p>

## Discussion and Conclusion

This study examines the burnout syndrome of the students of the faculty of sports sciences and health sciences. It has been tried to reveal whether the burnout syndrome of students differs according to the faculties and departments and to reveal the causes of the burnout syndrome of the students.

It is seen that there are many studies examining the level of burnout syndrome in university students. However, studies examining and comparing burnout syndrome levels of students in sports and health sciences are limited.

As in the results of similar studies conducted in different faculties (Gündüz et al., 2012; Denat et al., 2018; İn & Şanlı Kula, 2019; Tansel, 2015; Smith, 2021), the burnout syndrome scores of health sciences faculty students, depending on the sub-dimensions of exhaustion and depersonalization, are high and different when compared to the students of the faculty of sports sciences. According to Denat et al. (2018) and İn and Şanlı (2019), burnout is increasing due to factors such as working status in the workplace, weekly course hours, physical conditions of the educational environment, and nursing internship experience. Denat et al. (2018) found that nursing department students have higher burnout syndrome levels than students from different departments. According to Buke and Yağcı (2022), high levels of burnout syndrome are observed in the students of the PTR department of the faculty of health sciences. Smith (2021) found that PTR department students' burnout syndrome levels were negatively affected due to unmanageable stress, excessive workload, and time pressure. İn and Şanlı Kula (2019) found a significant difference in the depersonalization sub-dimensions of the students depending on the faculties they studied. The students studying at the School of Health reported having the highest average in the depersonalization sub-dimension. However, some studies do not support these research results. In studies conducted on nursing students, it was found that the nursing students did not meet the necessary criteria for burnout syndrome. The university students' burnout syndrome scores did not differ regarding demographic variables (Çam et al., 2018; Valero-Chillerón et al., 2019).

The results of the qualitative research, which is the second stage of this research, support the results obtained from the quantitative design, which is the first stage of the study—exhaustion results from intense physical, emotional, and cognitive strain due to prolonged exposure to certain conditions. Burnout is an individual's tendency to quit his job, to stay away from their career, and to experience negative attitudes towards the job object, job content, or profession in general (Maslach & Jackson, 1984; Schaufeli et al., 2001; Schaufeli, 2005; Shmith, 2021). The students interviewed for this study stated these factors when describing their experiences and perceptions about the job. Ten students interviewed mentioned stress, anxiety, exhaustion, extreme fatigue, and reluctance, including physical, cognitive, and emotional aspects. However, students are also reportedly considering leaving the profession in the future. Because of the students' negative experiences during the internship period and teaching program problems, their interest and desire for the lessons decreased. It has brought doubts and worries about the usefulness and importance of the lessons. It is thought that this condition increases students' exhaustion and depersonalization toward the lectures and the field of practice.

Ten participants, consisting of students from the nursing and PTR department, are physically, emotionally, and cognitively challenged. In addition, students cannot get efficiency from the courses due to the intensity of the educational process consisting of the theoretical curriculum, the inconvenience of the timetable of the course schedule, and the inadequacy of the teaching and teaching methods used in the courses. For this reason, students cannot transfer their theoretical knowledge to practice.

Nursing students do not trust themselves in the practice field because they cannot receive sufficient support from the instructors and nurses during the internship. Students think nurses do not adequately support their development in the field of practice. Therefore, students are concerned that they will harm the patients and endanger their health. However, students feel inadequate because they cannot answer the questions of the relatives of the patients. For this reason, students do not feel ready for their professional life and move away from the profession. In line with these results, nursing students suggest that psychologists with whom they can communicate regularly should be provided, and there should be a training nurse in each service. In addition, all participants ask the instructors to provide more support in theory and practice.

In addition, the nursing department can focus on the course/courses that will enable students to get to know the sports branches, including the effect and importance of regular exercise activities on health, or they can be given to students through seminars. An orientation program can be added to the health sciences students in the university exams. Therefore, collaborative interventions are needed to promote resilience during clinical training to alleviate and overcome burnout symptoms.

Sports sciences students, on the other hand, feel competent and motivated in the practice field, despite the intensive course schedule. Therefore, they are willing to take courses and practice. This shows that it can be said that the burnout level of the students who exercise is lower than those who do not exercise. This may be due to the high level of participation in physical activity (Demir et al., 2017; Öcalan et al., 2020). Furthermore, it can be said that the exercise programs the students join increase their well-being (Öcalan et al., 2020; Ruser, Yukhymenko-Lescroart, Gilbert, Gilbert, & Moore, 2020), so they feel more competent and confident. However, since the students of the faculty of sports sciences enter the faculty of sports sciences with a particular talent exam, it is thought that it may be due to their readiness and awareness of what they will encounter during the school and internship period.

This study revealed that the burnout levels of the faculty of health sciences, department of nursing, and PTR department were higher than those of the faculty of sports sciences. According to Maslach and Jackson (1984), burnout may have many causes, such as age, gender, marital status, number of children, work commitment, personal expectations, motivation, personality patterns, performance, the stress in individual life, job satisfaction, and support from superiors. It is thought that this may result from personal expectations of the nursing and PTR students, the intensity of the education process, and the tempo of the business life waiting for the students. The most important findings obtained in this study; students are physically, emotionally, and cognitively challenged because of prolonged exposure to certain conditions. In addition, nursing department students' expectations in school life are not met due to the job descriptions of nurses during the internship period.

Furthermore, the expectations of PTR students about the content and weight of the theoretical course load are not met. According to Vroom, in this research, students are in an expectation because they show exceptional performance by making an effort towards a goal. However, students are not motivated because they are not satisfied with the results they have achieved. This allows students to experience stress for a long time and create an emotional reaction. Therefore, it causes physical, emotional, and cognitive exhaustion and depersonalization in students.

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