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The Effect of Workaholism Tendencies of Health Care Workers on Work-Family Life Conflict and Burnout Levels[1]

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Abstract

Burnout is frequently observed in occupational groups in the service sector requiring one-to-one interaction with people, and particularly in health care workers where people are provided with assistance. The heavy workload caused by shifts, long working hours and overwork creates potential workaholic victims in the health sector. Workaholic workers are more likely to experience burnout and work-family conflict than other workers. In this study, it is aimed to determine the effect of workaholism tendencies of health workers on their burnout levels and work-family life conflict. According to the findings of Structural Equation Model analysis; the workaholism levels of health care workers affect 33% of their work-family life conflict levels and 41% of their burnout syndrome perceptions, and burnout syndrome perceptions affect 36.4% of their work-family life conflict levels. It was concluded that the workaholism levels of healthcare workers had a low effect on their work-family life conflict levels (21.5%) through the perception of burnout syndrome.

Keywords: Workaholism, Work-Family Life Conflict, Burnout, Health Care Workers

JEL Codes: M10, M12, D23

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1. Introduction

In today's societies, competition in business life is increasing gradually. Employees are forced to struggle with the increasing and complex pressure due to competition in modern business life and to keep up with rapid changes. The heavy workload requires longer working hours and more work, which constantly creates "potential workaholic victims" (Aydintan, 2018: 454). Although workaholism behaviour is perceived as a desired behaviour since it is not fully understood in society, it is a quite negative phenomenon in terms of its general results. Workaholism causes individuals to experience health problems, increase their stress levels, lead them to become unhappy and obsessed, and adversely affect their social life (Dosaliyeva and Bayraktaroglu, 2015: 213-214).

As extension of working hours, overtime work, irregular working hours, narrowing of employment, etc. increase the time spent by individuals for work and reduce the time spent for family life; therefore, the work-family balance of individuals and consequently, their life balance deteriorate (Baykal, 2014: 11). Today, how the competitive demands of work and family life can be harmonized with each other continues to be an increasing problem (Kanbur, 2015: 150). The business world influences the family life of individuals deeply as well as their work life. As a result of the pressure exerted on working individuals recently, the changing structures in the work and family spaces have started to make it more difficult for them to successfully carry out their roles in the family and work life (Unal, 2019: 15). Especially in societies where economic conditions force men and women to work together, and where male and female roles are perceived differently, this process can be more psychologically destructive. This situation causes the roles related to the responsibilities of the employee at work and at home not to be separated and may increase the psychological pressure on the individual. If this pressure continues for a while, it may result in burnout, which starts with people's emotional processes and causes personal performance to decline (Yilmaz, 2018: 1). Especially, the family is a living system and it is very important to establish a balance for the continuation of this system. However, since all these changes make it difficult for the working individual to maintain the balance between work and family spaces, the individual remains between his work and his family. In this situation where the individual is in between, by choosing one of the roles of work and family, he / she fulfils his / her obligations in this role more successfully. Therefore, the emergence of conflict and experiencing burnout is inevitable (Unal, 2019: 15). Continuation of this conflict for a while may result in the intention

of quitting work or divorce by increasing burnout. However, individuals who are able to establish their work-family balance become happy and can realize themselves. Being a happy family member also supports the happiness of the other family members. On the other hand, being happy in business life increases the productivity and efficiency by reducing burnout. High employee performance is among the general business objectives. With this purpose, it was aimed to determine the relationship between workaholism and work-family conflict of health care workers who are among service sector employees and to measure the effect on their burnout syndrome levels.

2. Conceptual Framework

2.1. Workaholism

Oates (1971), who used the concept of workaholism for the first time, defined workaholism as the need to work continuously because of necessity or in an uncontrollable way". Schaufeli, Bakker, Heijden and Prins (2009) define workaholism in two dimensions as overwork and obsessive work. In the overwork dimension, it is suggested that workaholics tend to devote exceptional time to work and work beyond reasonable time to meet organizational and economic expectations; in the obsessive or compulsive working dimension, it is suggested that workaholics persistently and often think about work, even if they are not at work, and they are connected to their work obsessively (Del Líbano, Llorens, Salanova and Schaufeli, 2010: 143-144).

Individuals who work for long hours do not have the opportunity to relieve themselves by taking time to sleep, rest or for leisure activities. The relationship between workaholism and burnout arises right here (Schaufeli et al. 2009: 254). Meanwhile, there are studies (Aydintan, 2018: 457) that show that working compulsively or obsessively is related to obsessive-compulsive personality disorder (Scott et al., 1997; Naughton, 1987; Liang and Chu, 2009; Emhan, Mete and Emhan, 2012).

Although there are researchers who initially regard being a workaholic as a positive phenomenon, most authors agree that there is negativity in the nature of workaholism (because it is not passion but obsession). Those who have positive opinions about workaholism regard workaholism as a love of work (Cantarow, 1979) and as a strong urge for long-term and hard work (Machlowizt, 1980; Spankle and Ebel, 1987); and those with negative views, describe it as a non-rational commitment to overwork (Cherrington, 1980) and some form of addiction (Oates, 1971; Schaef and Fassel, 1988; Killinger, 1991; Porter, 1996; Robinson, 1989, 1997). Workaholism is seen to be classified in different typologies as work-addicts, obsessed

workaholics (Naughton, 1987), workaholics, enthusiastic workaholics, work enthusiasts (Spence and Robbins, 1992) and compulsive dependent, perfectionist, success-oriented workaholics (Scott et al., 1997). As a result, those who perceive workaholism as positive, encourage such behaviours of employees and those who evaluate them as negative, try to prevent them from performing this behaviour (Snir and Harpaz, 2004: 522).

The factors that cause employees to be workaholic can be examined in two dimensions as individual and organizational factors. Individual factors include demographic characteristics, beliefs and fears, type A personality, having an obsessive personality, desire to be successful and number one, fear of failure and need to control their environment, social pressures, role model being workaholic, self-esteem, perfectionism, excessive ambition, distrust towards others, unwillingness to transfer responsibility, and lack of satisfaction in family life etc. On the other hand, business or executive pressure or encouragement, organizational culture and values, management practices such as organizational downsizing and restructuring, etc. are among the organizational factors (Dogan, 2015: 4-5; Schaufeli, Taris and Van Rhenen 2008: 175; Bayraktaroglu, Ersoy Yilmaz and Cetinel, 2015: 211-213). In addition, workaholism can be experienced due to economic, social and technological developments in the general environment. Fear of unemployment and economic uncertainties in this direction, narrowing general employment, reducing success to economic gain, technological developments (mobile phone, e-mail, message, etc.) make it difficult to draw the boundaries of work life and triggers individuals to be workaholic (Dogan, 2015: 5).

While workaholism has positive consequences such as job satisfaction, increase in income, professional success in terms of promotion, high performance; it has negative effects such as stress, burnout, mental and physical health problems and more importantly negative effects on the family. Although positive results are short-term, negative results may be long-term (Aydintan, 2018: 460; Tahir & Aziz, 2019: 420). Workaholism is related to high efficiency, but on the other side it can be devastating for the family. It provides intensive participation for work but chronic stress and time pressure may be the cause of work-family conflict (Andreassen, Hetland and Pallesen, 2013: 79). When these negative consequences are considered, it is inevitable to say that workaholism is a bad way of working (Beek, Hu, Schaufeli, Taris and Schreurs 2012: 31).

2.2. Work-Family Life Conflict

Most of the internal conflicts of people occur depending on the role the person takes on. Role conflict is expressed as conflicts or contradictions that occur in one's inner world (Deveci, 2017: 541). According to Greenhaus and Beutell (1985), work-family conflict and family-work conflict are related to role conflict. When the increasing expectations and pressures of one role are incompatible with the increasing expectations and pressures of another role, a conflict between the roles arises. In terms of conflict between roles, in the conflict between work and family, expectations about work (family) are incompatible with family (work) expectations and are incompatible and in conflict (Kanbur, 2015: 150). "Work-family conflict is defined as mutual conflicts where role pressures from work and family spaces cannot be carried out in a harmonious and balanced manner. (Andreassen et al., 2013: 79).

Work-family conflict is discussed in three groups in terms of the structural differences and main characteristics of the conflict. Accordingly, the types of work-family conflict are as follows (Kiraç, Demir and Kahveci, 2008: 58-59): Time-based work-family conflict; the time pressure associated with the performance of one role impedes the demands and expectations of another role. Tension-based conflict is a situation in which stress, fatigue, tension and irritability in one area negatively affect the person's performance in another area. Behaviour-based conflict on the other hand, is the case that behaviours required by one role are incompatible with behaviours in another role or makes it difficult to adapt.

The work-family conflict takes place in two ways: work-family and family-work conflict. Work-oriented conflict (conflict from work to family) occurs when work-related roles impede family-related roles while family-related conflict (conflict from family to work) occurs when family-related roles impede work-related roles. Studies on the subject reveal that the work-family conflict is experienced more than the family-work conflict (Baykal, 2014: 12; Turunc and Celik, 2010: 214).

The reasons of work-family life conflict can be listed as individual reasons, family-related reasons and work-related reasons. Individual reasons include; gender, age, marital status and personal characteristics. Family-related reasons include reasons such as the lack of time allocated to the family, the period of household chores, the number of children, their age and responsibilities, the existence of individuals in need of care in

the family, the satisfaction or conflict experienced in marriage, the family structures with double careers, and the lack of support of spouses for each other. Among the reasons of work-related conflict are long working hours, role conflict in the workplace, role uncertainty, excessive role loading, excessive workload, lack of job security, lack of time allocated to work, and lack of flexible working hours. The possibility of conflict increases among individuals undertaking multiple roles (Unal, 2019: 24-31; Kaya, 2008: 280).

While the degree of commitment of the individual to work or family, the problems and demands faced in both environments lead to conflict, thereafter, declines in life satisfaction of an individual at work or in private life can be observed (Altıok Gurel, 2018: 33). Continuity and intensity of the conflict and exposure to stress caused by conflict between work and family may result in individual's being exposed to indicators of exhaustion such as boredom, unhappiness, anxiety, failure, etc. at work or at home (Negiz and Tokmakci, 2011). Guran and Kumbul Guler, 2019: 155). Work-family conflict reduces work-life satisfaction, performance, organizational commitment, and organizational citizenship behaviour; while it increases intention to quit, stress, burnout, regression behaviour (Kaya, 2008: 280-282).

2.3. Burnout

Burnout was first used in the 1970s to refer to the occupational depression experienced by people working in customer service in the United States. Conceptually, it was first defined by Herbert Freudenberger in 1974. Freudenberger described burnout as the state of exhaustion of the individual's work resources as a result of to failure, wear, reduction of energy and power, or unsatisfied wishes (Ilhan, 2018: 518).

According to Maslach (1981), burnout is a syndrome, seen in people who are exposed to intense emotional demands due to their work and have to work face-to-face with other people, arising from the reflection of feelings of physical exhaustion, long-term fatigue, helplessness and unhappiness on work, life other people (Maslach and Jackson, 1981: 99).

Employees who experience burnout often realize that they experience a complex situation of personal, occupational dissatisfaction and fatigue. Increasingly, individual starts to take a dislike to work and the environment. Decrease in the desire to go to work, intolerance, self-doubt and behaving in violation of their own image are among the symptoms of burnout (Tutar, 2014: 357).

Burnout is a long-term response to chronic, emotional and interpersonal stress factors at work, and is defined in three dimensions; emotional exhaustion, desensitisation and feeling of low personal accomplishment. The first component, the emotional exhaustion, represents the basic individual stress dimension of burnout and refers to the exhaustion of the individual's emotional and physical resources. The desensitisation component represents the dimension of interpersonal relationship of burnout and refers to the extent of negative response or excessive insensitivity to various aspects of the job. The low personal achievement component, on the other hand, represents the self-assessment dimension of burnout and refers to the insufficiency of the individual at work and the decline in success and productivity in the workplace. (Maslach Schaufeli and Leiter, 2001: 397-399).

While Individual factors affecting burnout can be listed as demographic variables such as having type A personality structure, being focused on external control, having difficult expectations to meet, lack of self-efficacy and lack of empathy; organizational factors affecting burnout can be listed as workload, excessive control, lack of rewards such as wage, bonus, professional development opportunities, appreciation, promotion opportunities, participation in decisions and transfer of authority, organizational conflict, lack of sense of belonging, perception of injustice, length of working hours, lack of organizational communication, lack of social support, role conflict, role uncertainty, negative physical conditions of the work area, emotional and sexual harassment in the workplace, lack of job security, leadership types not suitable for organizational structure, lack of job standardization, organizational culture, restructuring and downsizing (Ilhan, 2018: 543-548; Ardic and Polatci, 2008: 72).

Burnout syndrome is a condition that must be learned to deal with for both the worker and his or her family, because the reflections of the problems caused by the burnout experienced by the employee in the work life will be in the form of increased fighting, disagreements, problems, domestic conflicts and restlessness in the family life (Negiz and Tokmakcı, 2011: 4050). Similar to workaholism, burnout is also associated with various negative consequences. The experiences of employees about burnout can be listed as more job dissatisfaction, less organizational commitment, more intention to quit, more absenteeism and showing less performance than other employees (Beek et al., 2012: 32).

3. Related Literature and Studies

The findings of Taris Schaufeli and Verhoeven's (2005) study on Dutch workers show that workaholism affects the burnout and job-unemployment conflict directly and indirectly. Naktiyok and Karabey (2005) found in the study they carried out on faculty members that there is a meaningful relationship between workaholism and burnout, and that the work participation and work motivation sub-dimensions of workaholism increase burnout and diminish working pleasure dimension. Aziz and Cunningham (2008) found that work stress and work-life imbalance were associated with workaholism in their study they carried out on Americans working in consulting firms, hospitals, and universities. When Schaufeli, et al. (2009) found a significant relationship between workaholism and burnout in their study on young Dutch doctors, they also found that the role conflict fully mediated the relationship between workaholism and burnout at the same time. Akin and Oguz (2010) found a negative and significant relationship between teachers' workaholism and burnout levels according to the results of their research they carried out on 227 teachers working in Ankara to examine whether there is a relationship between the workaholism and burnout levels of teachers.

In his study on employees working in private companies, Erdogu (2013) found a positive medium-strong relationship between workaholism and work-life balance. Andreassen et al. (2013) found a positive and significant relationship between workaholism and work-family and family-work conflict in their research on Norwegian employees in six different enterprises. Gulova et al. (2014) found a positive relationship between workaholism and burnout in their study on 191 white collar workers for the relationship between workaholism and burnout. Clark et al. (2014), as a result of their meta-analysis, found that workaholism is associated with many negative consequences such as burnout, work stress, work-life conflict, reduced physical and mental health. Pekdemir and Kocoglu (2014) found that there is a relationship between workaholism and work-life and life-work balance in their research on individuals who are members of a foundation and who have working life. Sterland (2015), in his study on Australian church workers, found a positive relationship between overwork and low personal achievement and job satisfaction; a positive relationship between compulsive work and emotional exhaustion and desensitisation; a negative correlation between low personal success and job satisfaction and compulsive work.

Chernyak-Hai and Tziner (2016) concluded that work-family conflict of workaholic workers is high and their burnout is high as well. Dilek and Yılmaz (2016), in their study conducted on 520 teachers in order to determine the relationship between work-life balance and workaholism tendencies of teachers, found that as self-employed teachers' level of pleasure from work increases, the level of conflict in the size of family-work conflict decreases, or pleasure from work levels of family-work conflict increases. Cheung, et al. (2018), in their study conducted with Chinese and US participants, concluded that even if workaholism, job demand and job autonomy are controlled, job burnout significantly increases the sub-dimensions of emotional exhaustion and desensitisation. Macit and Ardic (2018), in their research on lawyers, found a positive relationship between workaholism and motivation, and between burnout and work-family conflict; they found that there was a negative relationship between workaholism and pleasure from work.

Yilmaz (2018) found a significant relationship between job-family conflict and burnout in his study on individuals working in the service sector in Adana and Nigde. The findings of Tahir and Aziz's (2019) study on private and public sector employees reveal that there is a significant positive relationship between workaholism and work-family conflict, and a significant negative relationship between workaholism and mental well-being. Taylor Huml and Dixon (2019), in their research on the inter-university athletics department employees, showed that there is significant positive relationship between workaholism and burnout and a significant positive relationship between workaholism and burnout mediated by work-family conflict. In the literature, it can be seen that the studies that deal with all three concepts together are limited and have been started to be studied recently.

4. Methodology of the Research

4.1. Purpose and Hypothesis of the Research

The main purpose of this study is to determine the relationship between workaholism and work-family life conflict of health care workers and to measure its effect on their burnout syndrome levels.

For the purpose mentioned above, the following hypotheses were formed:
H1 = Workaholism levels of health care workers affect their levels of work-family life conflict.
H2 = Workaholism levels of health care workers affect their burnout syndrome levels.
H3 = Work-family life conflict levels of health care workers affect their burnout syndrome levels.

H4 = Workaholism levels of health care workers affect their burnout syndrome levels through work-family life conflict.

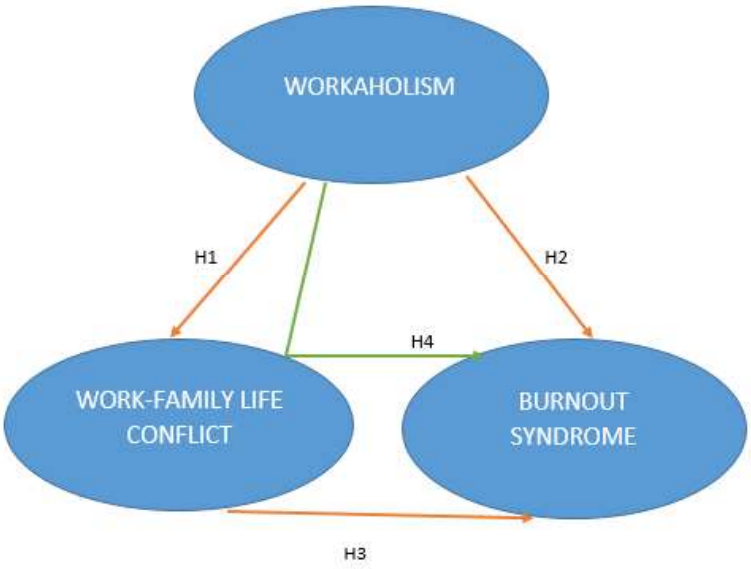

Figure 1. Research Model

4.2. The Universe and Sample of the Research

The population of the research consists of the health care workers of a public hospital in Konya. The widespread efforts to improve the service quality of health care workers and to solve the difficulties they have experienced in recent years have been an important factor in the selection of this hospital. There are a total of 3385 personnel (health care, technical, administrative services and service procurement) in all units (three campuses) of this hospital. Of these 3385 employees, the health, technical and administrative services workers (doctor, nurse, health technician, health officer, medical secretary) are considered as the universe. However, some of the staff could not be reached on the grounds of assignment, maternity leave, examination, intensity of surgery and so on. A total of 450 questionnaires were completed but 51 questionnaires were not included in the analysis because of incomplete filling. Therefore, the sample consisted of 399 employees.

4.3. Limitations of the Research

The most important limitations of the study are time and economic limitations. On the other hand, there is a possibility that the participants may have answered the questions biased so that they do not cause a negative judgment about themselves or the institution they work for. Data were collected between February and May 2019.

4.4. Data Collection Method of the Research and Statistical Techniques Used in Data Analysis

The questionnaire method based on personal interview was chosen as the data collection method. The study questionnaire consists of four sections. In the first part, demographic information about the interviewee takes place. In the second part, the "Duwas Workaholism Scale" which was developed by Schaufeli, Taris and Bakker (2006) and adapted to Turkish by Dogan and Tel (2011), to measure the workaholism level of the participating health care workers. This scale consists of two sub-dimensions and 17 expressions. It consists of sub-dimensions called "*Excessive Work*" and "*Compulsive Work*". In the third part, "Work-Family Life Conflict Scale" was used to measure the levels of work-family life conflict among the health care workers participating in the study. The scale was developed by Netenmeyer, Boles and McMurrian (1996) and adapted to our language by Efeoglu (2006). It consists of 10 expressions in two sub-dimensions called "Work-Family Conflict" and "Family-Work Conflict. In the fourth part, in order to measure the burnout syndrome levels of the health care workers, the "Maslach Burnout Scale (MBS)" which was developed by Maslach and Jackson (1981) and adapted to Turkish by Ergin (1992) was used. It consists of a total of 22 expressions and three sub-dimensions of "*Emotional Exhaustion*", "*Desensitisation*" and "*Low Personal Achievement*". Expressions under the low personal achievement dimension were coded reversely because they were negative (expressions 4-7-9-12-17-18-19-21.). All scales are 5-point Likert scale.

SPSS 25 package program and LISREL 9.30 were used to analyze the data collected in the study. Frequency analysis was used to determine the demographic characteristics of the participants. In order to see the reliability of the scales, Cronbach's alpha coefficients were examined. The data set was evaluated with confirmatory factor analysis and Structural Equation Model.

5. Findings

5.1. Demographic Findings

Most of the health care workers in the research were composed of people including female (59.4%), between the ages of 31-40 (39.8%), married (69.9%), with no children (31.1%), having undergraduate academic degree (35,4%), with non-administrative duty (92%), with 11-15 years of work experience (32.1%), working as a nurse (40.5%) and working in the emergency medical unit (9.5%).

5.2. Reliability of the Data Collection Tool

Cronbach Alpha coefficients were examined for the reliability (internal consistency) of the scales and this value was noted to be 0.70≤ (Durmus et al., 2013: 89). The reliability coefficient of all scales in the research; The Cronbach's Alpha value of the Workaholism scale was 0.897; The Cronbach's Alpha value of the Work-Family Life Conflict Scale was 0.907; The Cronbach Alpha value of the Burnout scale was 0.860. These values mean that the reliability of the scales is high.

5.3. Confirmatory Factor Analysis

Confirmatory factor analysis was applied to confirm the factor structure of the scales used in the research model. In the confirmatory factor analysis, goodness of fit results, factor load value (factor load> 0.50) and t value (t value> 1.96) are the issues to be noted (Secer, 2013; 151). The confirmatory factor analysis results are as follows:

1. As expected, the Workaholism Scale was explained by two sub-dimensions. The first sub-dimension is called “Excessive Work” and the second sub-dimension is called “Compulsive Work”. The factor loads in the dimensions ranged between 0.587 and 0.755 and t values were within the expected limits (t value> 1.96). During the analysis, the 6th-15th expressions were excluded from the scale due to the fact that factor load weights were also valued in the other sub-dimension and were low.
2. Work-Family Life Conflict Scale was explained by two sub-factors as expected. The first sub-dimension is called “Work-Family Conflict” and the second sub-dimension is called “Family-Work Conflict". The factor loads in the dimensions varied between 0.686 and 0.876 and t values were within the expected limits (t value> 1.96).

3. As in the literature, the Burnout Syndrome Scale was explained by three sub-dimensions. The first sub-dimension is defined as "Emotional Exhaustion", the second sub-dimension is defined as "Depersonalisation" and the third sub-dimension is defined as "Low Personal Achievement". The expressions of 7.-13.-14.-16.-21 were excluded from the scale during the analysis because they did not carry the required values. Factor loads in the dimensions varied between 0.576 and 0.803 and t values were within the expected limits (t value> 1.96).

Another factor to be taken into consideration in the confirmatory factor analysis process is the goodness of fit indexes. Many adaptation indexes are used to show whether the model established at the beginning of the research is compatible. The fit indexes of the scales used in this research model are shown in Table 1.

Table 1. Adaptation Indexes of Scales Used in the Research Model

Fit Index	Breakpoints for Acceptance	Fit Indexes of Scales		
		Workaholism	**Work-Family Conflict**	**Burnout Syndrome**
χ^2 / sd	χ^2 / sd <4 olmalıdır	**1,06**	**2,01**	**2,42**
RMSEA	0,00< 0,05= perfect fit ≤0,05-0,08= acceptable fit	**0,03** Perfect fit	**0,05** Perfect fit	**0,08** Acceptable fit
NFI	≥0,95= perfect fit ≥0,90= acceptable fit	**0,97** Perfect fit	**0,96** Perfect fit	**0,93** Acceptable fit
NNFI	≥0,95= perfect fit ≥0,90= acceptable fit	**0,97** Perfect fit	**0,97** Perfect fit	**0,94** Acceptable fit
CFI	≥0,97= perfect fit ≥0,95= acceptable fit	**0,98** Perfect fit	**0,97** Perfect fit	**0,95** Acceptable fit
GFI	≥0,90=perfect fit ≥0,85= acceptable fit	**0,92** Perfect fit	**0,90** Perfect fit	**0,87** Acceptable fit
AGFI	≥0,90=perfect fit ≥0,85= acceptable fit	**0,91** Perfect fit	**0,88** Acceptable fit	**0,85** Acceptable fit
IFI	≥0,95=perfect fit ≥0,90= acceptable fit	**0,98** Perfect fit	**0,97** Perfect fit	**0,94** Acceptable fit

(Source: Secer, 2013: 152).

As shown in Table 1, it is seen that the burnout syndrome scale used in the research model was within the acceptable fit limits and the other two scales have excellent fit values. These values of goodness of fit indicate that all scales are statistically significant and valid.

5.4. Evaluation of the Structural Equation Model

The validation of the conceptual model created at the beginning of the research was initiated with the scales that were finalized with confirmatory factor analysis. At the stage of testing the model created at the beginning of the research with path analysis, t values were noted as 5% significance level and t> 1.96. The research model aimed to investigate the relationship between actual latent variables. The evaluation of hypotheses in the context of the research model is given in Table 2.

Table 2. Hypothesis Results

Hypotheses	**ß**	**SH**	***t***	***p***	**Result**
H_1= Workaholism levels of health care workers affect their levels of work-family life conflict.	0,330	,059	6,976	0,00	**ACCEPTED**
H_2= Workaholism levels of health care workers affect their burnout syndrome levels.	0,411	,038	9,733	0,00	**ACCEPTED**
H_3=Work-family life conflict levels of health care workers affect their burnout syndrome levels.	0,364	,160	6,467	0,00	**ACCEPTED**
H_4=Workaholism levels of health care workers affect their burnout syndrome levels through work-family life conflict.	0,215	,047	10,427	0,00	**ACCEPTED**

In order to test the relationships established in the conceptual model formed according to the main purpose of the research, firstly, the hypothesis of "H_1 = The workaholism levels of health care workers affect their levels of work-family life conflict" test was tested and accepted according to the result obtained (**ß =, 33, p =, 000**). Workaholism levels have a significant and positive effect on work-family life conflict. According to this result, 33% of work-family life conflict is related to workaholism.

Secondly, the hypothesis of "H_2 = workaholism level of health care workers affects their burnout syndrome levels" was accepted after testing (**ß =, 411 and p = 0.00**). In other words, it is observed that 41.1% of burnout syndrome levels of health care workers are related to their workaholism levels. Workaholism levels have a significant and positive effect on burnout syndrome levels.

Thirdly, the hypothesis of "H_3 = levels of work-family conflict of health care workers affect their burnout syndrome levels" was accepted after testing. According to the results obtained, it is seen that 36.4% of the increase in burnout levels of health care workers is related to work-family conflict (**ß =, 364 and p = 0.00**).

Finally, the hypothesis of "H_4 = workaholism levels of health care workers affect their burnout syndrome levels through work-family life conflict" was accepted after testing (**ß =, 21.5 and p = 0.00**). According to this result, 21.5% of burnout syndrome levels of health care workers are caused by the effect of work-life levels through work-family life conflict levels.

6. Discussion

The main purpose of this study was to determine the relationship between workaholism and work-family conflict of health care workers in the service sector and to measure its effect on their burnout syndrome levels.

In the research, personal interview questionnaire method was chosen as the data collection method. The number of returned questionnaires was 450. However, due to 51 incomplete questionnaire forms, 399 questionnaires could be included in the analysis.

Data were evaluated with descriptive analysis, confirmatory factor analysis and Structural Equation Model (SEM). Firstly, the hypothesis of "H_1 = The workaholism levels of health care workers affect their levels of work-family life conflict" test was tested and accepted according to the result obtained (**ß =, 33, p =, 000**). Workaholism levels have a significant and positive effect on work-family life conflict. The results obtained support the studies in the literature (Bonebright et al., 2000; Brady et al., 2008; Taris et al., 2005; Burke, 1999; Bakker et al., 2009, Schaufeli et al., 2009, Demirel and Erdirencelebi, 2019)

Secondly, the hypothesis of "H_2 = workaholism level of health care workers affects their burnout syndrome levels" was accepted after testing (**ß =, 411 and p = 0.00**). Workaholism levels have a significant and positive effect on burnout syndrome levels. Similar results have been reached in the literature (Andreassen Ursin and Eriksen 2007; Schaufeli et al., 2008; Schaufeli at al., 2009; Cheung at al., 2018; Taylor et al., 2019; Akin and Oguz, 2010; Metin, 2010; Gulova, Ispirli and Eryilmaz, 2014, Demirel and Erdirencelebi, 2019; Arslantas et al., 2016; Turker, 2019; Yazit, 2019; Gulova et al., 2014; Bashan, 2012; Akyuz, 2012;

Aydogan, 2014; Naktiyok and Karabey, 2005, Olçer, 2005; Kulaklikaya, 2013; Macit ve Ardic, 2018; Sonmez, 2019; Salmela-Aro and Nurmi, 2004; Schaufeli et al., 2008; Taris, Beek and Schaufeli, 2010; Schaufeli et al., 2009; Burke, Richardsen, and Mortinussen, 2004; Schaufeli, Taris, and Bakker, 2008; Taris et al., 2005; Clark et al., 2014, Sterland, 2015).

Thirdly, the hypothesis of "H_3 = levels of work-family conflict of health care workers affect their burnout syndrome levels" was accepted after testing (**ß =, 364 and p = 0.00**). In short, burnout syndrome levels of health care workers are significantly and positively affected by their work-family life conflict levels (Demirel and Erdirencelebi, 2019; Yılmaz, 2018; Macit and Ardıç, 2018; Taris et al., 2005; Clark et al., 2014; Hill, et al., 2008).

Finally, the hypothesis of "H_4 = workaholism levels of health care workers affect their burnout syndrome levels through work-family life conflict" was accepted after testing (**ß =, 21.5 and p = 0.00**). Similar studies have been found in the related literature (Demirel and Erdirencelebi, 2019; Macit and Ardıç, 2018, Taris et al.,2005; Clark et al., 2014; Tahir and Aziz, 2019).

According to SEM results, four hypotheses, formed at the beginning of the research, were accepted. The results obtained in the study support the previous studies in the literature (Tahir and Aziz, 2019, Taylor et al., 2019; Cheung et al., 2018; Sterland, 2015, Clark et al., 2014; Andreassen et al., 2013; Schaufeli et al., 2009; Aziz and Cunningham, 2008; Taris et al., 2005; Salmela-Aro and Nurmi, 2004; Andreassen et al., 2007; Schaufeli et al., 2008; Taris et al., 2010; Burke, Richardsen, and Mortinussen, 2004; Schaufeli, Taris, and Bakker, 2008; Taris et al., 2005, Yilmaz, 2018; Macit and Ardic, 2018; Pekdemir and Kocoglu, 2014; Erdogu, 2013; Naktiyok and Karabey, 2005; Arslantas, Soybas and Yalcinsoy, 2016; Turker, 2019; Yazit, 2019; Gulova et al., 2014; Bashan, 2012; Akyuz, 2012; Aydogan, 2014; Olçer, 2005; Kulaklikaya, 2013; Sonmez, 2019; Metin, 2010; Demirel and Erdirençelebi, 2019).

7. Conclusion and Suggestions

Due to the recent intense competition, increasing productivity, efficiency and efforts to keep qualified personnel in the organization are gaining importance. However, in today's conditions, it is very difficult for individuals to fully fulfil their roles as both an employee and a family member. In this context, while the changes in the structure of the labour force such as the increase in the number of families with double income

and double careers, the increase in divorce rates, change the dimensions of the interaction between work and family life spaces; maintaining a work-family balance by keeping workaholism at a positive level is increasing its importance gradually. In addition, the healthy upbringing of children by happy families is of great importance for social welfare. However, choosing between work and family roles brings about conflict, burnout and some other problems. As a matter of fact, the increase in the studies where three concepts are handled together is an indicator that the issues remain important.

Individuals, organizations and families have certain duties in preventing workaholism and ensuring work-family life balance. In order to prevent this conflict, the social support of the organization they belong to and the family is of great importance. Some of the tasks of organizations; the establishment of an open communication system, clarification of job descriptions, careful approach to employee leave, active functioning of conflict management, managers equipped with the skills to be a mentor, and support from organizational psychologists when necessary. It is of great importance for the individual to be liked and respected by his / her managers and colleagues, to be valued, listened to his / her problems and to be appreciated. It is very important for organizations to popularise practices such as nursery and so on, to switch to flexible working system if possible, work arrangements such as working from home, reduced working hours and social activities planning with employees' families from time to time to provide employees with organizational support. Organizations can play an effective role in regenerating the balance through supportive programs and trainings in some life stages in which the workaholism of the employee increases and the work-family life balance is damaged or deteriorated. On the other hand, the biggest duty in familial social support falls to the spouse. It is important for the spouse to listen to the individual, to support in the framework of respect and love, to help in the household chores, and to share responsibilities with children. It should be remembered that an employee with impaired balance of work-family life as a result of a workaholic life, and experiencing burnout will bring more harm to the organization than good.

This study was limited to health personnel working in a public hospital. The results obtained within the scope of the research did not provide a comparison between the other hospitals operating in the same sector and the companies operating in different sectors. Subsequent studies are thought to make significant contributions to the literature by expanding the study area or by working in different sectors.

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