



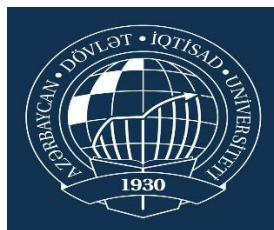
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**Habitual depression syndrome and  
ways to eliminate it**

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## **Abstract**

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## INTRODUCTION

In recent years, as the globalization has accelerated, the increasing competition has also influenced the staff in the organizations and increased the severity of the current stress. It is noteworthy that factors such as technology development, population growth, change in economic structure, and co-operation of spouses have been marked by significant increases in the existing troubles and concerns of business executives and employees. This situation, which is generally described as stress, puts significant costs on organizations such as dismissals, training of new staff, loss of productivity, inefficiency and loss of workforce. The evolution of industrialization and technology has begun to push workers into different situations and responsibilities. This situation brings about the fact that basics of stress hundreds of years ago have been subjected to scientific research today. These phenomena are becoming more important in the workplace where people spend most of their time.

Individuals working under intense tempo and stress may experience burnout at a certain level of their lives. In this sense, banking is a profession with a high risk of intense stress sources and professional financial risks, especially in relation to mental health and consequently the negative impact of working life. Employees are the main determinant of service quality in the service market. It is not possible for the employee exposed to organizational stress to offer a satisfactory level of service to the customer and to satisfy the customer at the desired level in a sector in which the customer who purchases the service and the employee who provides the service are faced with each other. Working life in human life has an important place. People spend most of their day-to-day life at work and planning their business activities. In this context, the relationship between the health of a working person and working life is in intense interaction. The concept of burnout, defined as the withdrawal of a person from his or her psychological work as a reaction to extreme stress and insatiability, or the emergence of people who are no longer really interested in the

people they serve and the breakdown of their profession's original meaning and purpose.

The concept of burnout was described by Herbert Freudenberger in 1974 as "Excessive demands on energy, power or resources, starting to run out of demands". Several models have been developed to identify the cause of burnout syndrome, identify its causes, and show the stages of its formation. The most popular of these models is the Jackson Model. This model is a state-of-the-art model that focuses on the developmental stages of syndrome and provides a complete understanding of burnout syndrome in all its aspects. Maslach (1976) defined burnout as "the loss of a professional person's original meaning and purpose, and the fact that he is no longer really interested in the people he serves". The concept of "job burnout" or "staff burnout" in English is expressed in terms of "burnout - burnout syndrome - occupational burnout" in Turkish. The concept of burnout is examined under three dimensions. The first of these dimensions; "Emotional exhaustion". Emotional exhaustion; the emotionlessness accompanying the loss of the individual's self and the decrease in interest are seen. The second dimension, desensitization; the individual exhibited negative attitudes such as negative and cynical attitudes towards the place of work he or she worked with, both of whom they interacted with. The third dimension is; personal success. Individuals who are less motivated towards work tend to focus more on activities outside of work in the sense of lack of control and helplessness and accordingly think that they can not fulfill their job responsibilities and are no longer effective in working life. Chronic working conditions, including excessive demands, which contribute to emotional exhaustion and depersonalization can overcome the successes of the people and increase their sense of disability.

Burnout can be seen especially in the sectors providing services to people and profession groups, and when the burnout occurs, problems such as decreased productivity, job insecurity and professionalism arise. Burnout is a problem that

threatens the working life in terms of both individuals and organizations, and physical, emotional and behavioral symptoms are seen in the case of burnout. Sleeping disorders, energy and weight loss, low back pain, respiratory distress, drowsiness, skin complaints, general pain and ooze, high cholesterol and high blood pressure, chronic heart disease, physical symptoms of burnout. Emotional symptoms; chronic nervousness, rapid anger, frustration and frequent feelings of guilt, anxiety, anger and impatience. Behavioral symptoms include frequent mistakes, not coming to work, late coming and leaving early, leaving work, getting frequent reports, innovations at work, lack of openness to constructive criticism, infertility of productive and creative initiatives, deterioration in work and non-work behavior, and alcohol consumption, role conflict and failure to avoid frequent living, discussing work with friends, being sarcastic and incriminating. Many researchers have identified their exhaustion as a result of excessive stress during their work. The stages after burnout are referred to as deterioration and extinction. Another problem with burnout, and often associated with burnout syndrome, job satisfaction is defined as the perception of one's work-related values as being satisfied with the job, and that these values are in harmony with the needs of the individual. Job satisfaction is expressed as emotionally satisfied or pleasure, which perceives the employee as a result of evaluating the work. The fact that today's world conditions are constantly leading individuals and organizations to innovate and fight increases the effort to compete well. Therefore, every operator and manager who wants to increase employee productivity has to observe the job satisfaction of the employees.

Job satisfaction; "An employee's emotional reaction to the work value of his work and the resulting interaction with his work" is an indication that the individual is in good physical and mental terms. The end result of the self-evaluation of the self is negative, inadequate self-perception in various work-related incidents, and a sense of failure in relation to the people in the workplace. Thus, the wasted effort and sense of guilt prevent the employee from achieving the necessary attitude for success by lowering the job motivation. If the employee is not happy in his job and is

experiencing stress due to his job, he or she will have to continue to work until a new job is found. This is a weak relationship between job turnover and satisfaction if economic prosperity and job turnover is high; economic welfare and job turnover is low, there is a strong relationship between job turnover and satisfaction. If the material interests are obtained from the work in harmony with the work environment and work, the happiness of the worker, that is, the job satisfaction will increase. The increase in job satisfaction shows the existence of an effective behavioral management practice in the business. The concept of job satisfaction, which is generally described as a reaction to employees' emotional feelings, was first introduced in the 1920s, and its importance was understood in the years 1930-40. One of the reasons for this is the satisfaction with life, which directly affects the physical and mental health of the person.

Job satisfaction and burnout, especially in the service-oriented sectors, can be seen in the fields of medicine, policing, nursing, psychological counseling, teaching, social service. The different factors that affect job satisfaction positively or negatively vary according to the individual. These factors are; wages, promotion opportunities, colleagues, job itself, development opportunities, subordinate relations, participation in decisions, working environment and possibilities. The results of job dissatisfaction affect both the individual and the business in physical, social and spiritual direction. Employees express satisfaction with their job as their needs are improved, achieve higher job satisfaction, lower job turnover and absenteeism. Fair rewarding also increases the level of employee satisfaction, while levels and amounts of rewards depend on employee performance.



## **Chapter I**

### **General information about depression.**

#### **1.1. The concept of depression and the factors leading to its formation.**

The Latin word "depressus" means depression, feeling sad. Depression is often mixed with depressive emotions, such as depressive emotional states. The depressive emotional state is a normal part of life, and reactions to emotional, emotional, and emotional experiences are also reactions to healthy people. Depressive emotions can be affected by depression, in other words depressive disorders, when the human life becomes negative. There are many different types of depression classifications, different types of depression have been identified, and some have been useless in our times. Some psychologists support single-minded hypothesis of depression subtypes, and argue that different types of depression are seen in the same patient over time.

All people are upset over time, feel alone, or mourn when they have lost one or both of them. This is a natural part of life, and it is self-destructive. However, if symptoms such as morbidity, reluctance, diminished interest, attention deficit and guilty feelings continue to affect our behavior in our everyday lives, we can talk about depressive anxiety. Depression-related illnesses change from person to person. Physical symptoms such as fatigue, muscle aches and insomnia are common. The most common diagnosis of depression is to change our thinking. Approximately 20 percent of the population will experience depression for life-long treatment. Depression is a mental illness that affects our mood, emotions, and behavior. Depression affects us in different areas:

**Emotions-** include sadness, weakness, and mental disorder. Some people are frustrated more often than others. It is commonplace that the curiosity, indifference,

and interest in subjects that were previously active. Unhappiness, unease and anxiety are also among the indicators.

**Behavior-** examples include disobedience, inconsideration, public retreat and passivity. Even the easiest business grows in the eyes and becomes impossible to make. Man has difficulty waking up in the morning. When we look around, there is a slender and dull appearance.

**Thinking-** people look at the world and the future with a negative view. The human being deals with events that have happened or frighten him to do so. Significant signs of man's self-accusation and feeling worthless. Focus on attraction begins to make trouble. Some people think of ending their lives.

**Physical reactions** are energy shortages, insomnia, and loss of appetite. Other major symptoms include nausea, dizziness, and other pain. In many people, sexual desire is diminished.

Depression shows itself as a combination of the above-mentioned simplexes, the density and degree of difference between humans and humans. It is the only occurrence for some, while others are repeated over and over again. Depression can be seen simultaneously with other mental illnesses.

Depression is also a component of bipolar disorder (manic depressive disorder). This is characterized by sudden rise and sediment in mood, energy, and mobility. In addition to depressive episodes in the individual, the level of excitement is significantly increased. The typical characteristic of these manic periods is to overcome everything and exaggerate their abilities. Humanity moves to a very moving stage and needs sleep. Those around you do not consider these thoughts and behavior as problematic. However, severe depression and mania can sometimes occur with mental symptoms, such as imagination and misunderstanding. Heredity plays an important role in bipolar disorders, but causes external factors to cause the disease.<sup>1</sup>

The presence of psychiatric problems has dramatically increased in recent years. It is an important public health problem both at the individual and social levels. There is a

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<sup>1</sup><https://www.kognitiv.no/wp-content/uploads/2014/11/Depresjon-Tyrkisk.pdf> s.3

psychiatric problem at the level of three-quarters of patients receiving medical care. Most common psychiatric disorders are depression. Depression may be a mood, mood, a syndrome, or an illness when it turns out to be exhausted. Everyone in life may suffer from time to time. But some people may become symptoms of this disease. We call this disease a depression. Depression is not a single disease, but we are talking about a number of subtype disorders. Psychiatric diseases are classified by different classification systems. The most common classification system in the world is the DSM IV Classification System of the American Psychiatric Association (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition). DSM IV depression subgroups

1. Major depressive disorder.
  2. Distinctive illness.
  3. Depression in bipolar disorder.
  4. General depressive disorder.
  5. Depression disorder disorder.
  6. An unknown, depressive misconception in another way.
- Premenstrual dysphoria disorder.
  - Minor depressive disorder.
  - recurrent small depressive disorder<sup>2</sup>.

Depression is the major depression that comes first. Other subgroups are in less interest. If depressive term is not shown in another way, major depressive disorder will be taken as same as depression. Due to the development of medicine and technology, many illnesses have either been eliminated or under effective control, but depression, especially in industrialized western countries, is rapidly increasing in the world and becoming a major health problem. The loss of labor force due to depression leads to a great economic downturn. In addition to the increase in the rate of depression, the age of the start has also decreased. Depending on depression, alcohol and drug use, one of the worst depression, has started to increase rapidly

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<sup>2</sup><http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf> s. 11

among young people. Another major complication of unhealthy depression is suicide. Suicide is the third cause of death in the United States

Depression is a major problem in all of these cases. As such, the problem that is important as the other problem is not considered as a chore for treating depression and is not used. The patients who are exposed to depression are often referred to the doctor when they have serious symptoms of depression. This is not a phenomenon specific for a country, but a phenomenon widely spread throughout the world. Therefore, the number of patients diagnosed with clinical depression is only a small proportion of patients. Epidemiological studies are needed to determine the true number of patients with epilepsy. Review of all parts of epidemiological studies The aim of epidemiological research is to find out the definition of events, division of events into society, historical trends, definition of causes, and answers to predictive questions. It is helpful to identify some epidemiological concepts to facilitate understanding of depression data.

**Degree of dissipation:** The proportion of patients identified in society at a specific time or time frame is the ratio of that society to the general public at the same time or within that time limit.

**Sensitivity rate:** The number of new patients in a society that has a certain period of time is the same as the general public, which is at risk of being infected in the same society. Generally, it is given an annual sensitivity degree.

**Risk Effect:** A specific factor that is thought to be a probable or likely occurrence of a particular disease.<sup>3</sup>

### Popularity

Detection of depression disorders is difficult for different researchers to use different diagnostic criteria. Most studies in the United States have focused on depressive

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<sup>3</sup><http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf> s. 12

symptoms rather than depression syndrome. This information is of little value. As part of a depressive disorder in these studies there are deficiencies in depressive symptoms and the depressive symptoms of another syndrome (example schizophrenia). However, it is more specific in recent studies.

The most common depressive disorder was depressive disorder. The lifetime risk for major depressive disorder is 5-12% for men and 10-25% for females. This ratio was approximately 6% for dysthymic disorder, and 1% for bipolar disorder. The prevalence of major depressive disorder in adults is 5-9% for women and 2-3% for men.

The sensitivity rate of depressive disorders is also high. Depression sensitivity was found to be approximately 10% in patients who applied to healthcare services on the first floor and about 15% in hospital beds. There are also studies on this subject in Turkey. According to the findings of Kuei and Güleç (1993), who reviewed epidemiological studies in Turkey:

- a) Depression rate at clinical level is around 10%;
- b) The somatic values of depression are approximately 20%, and psychological symptoms, such as guilty feelings, have a smaller (approximately 10%) dose prevalence rate;
- c) The second depression in chronic physical illness has a degree of attention. (4-8.8%);
- d) Depression is chronic in about one-third of the patients.<sup>4</sup>

## **Sex**

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<sup>4</sup><http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf> s.13

Where it is done in the world, depression has been found to be twice as high in women as in all studies. The differences between sexes are present in every age group, but this difference in youth and middle ages is more noticeable than the children and the elderly. The reason for this distinction between sexes is unknown, but there are different opinions on this subject. One of the possible reasons is the edocrine system that comes to mind first. However, it only appeared that postpartum and premenstrual periods increased the risk of depression, which was not the subject of such a risk for menopause. Research on this subject is now on the side that the difference between sexes can not be explained by the endocrine system.

Depressive men are more inclined to accept alcohol and drug abuse than women. For this reason, alcohol research and alcohol intoxication have been alleviated for depression, as men have been diagnosed with alcohol and drug misdiagnosis, making this distinction between sexes.

One of the reasons for the difference in gender is psycho-social factors. Especially in the present situation, women are under great moral burdens. In the industrialized countries, women were forced to execute all of their roles as both mother and business man, as well as husband and wife. And, given the fact that depressed women are more likely to be more interested in getting professional help, the difference between sexes can be explained in this way. This situation is particularly telling for our country. While women are on their way to all the depression and forms of depression men tend to seek help with more severe depression and family pressure.

### **Age**

The initial age for depression is 40. In most cases, the initial age is 20 to 50 years. Most studies have suggested that depression is low in children and elderly. Depression is above  $1.7 \pm 1.7$  years; Over 3.2% over 75%; Over the age of 79% 0.5; 1.8% for primary depression; is a very low spread rate of 1.9% for second-rate depression. However, recent studies have shown that depression in the elderly is

rising due to the change in socio-cultural structure. Again, recent times, depression is more common than age 20. Depression is at peak between 35-45 and men 55-70 years.<sup>5</sup>

### **Marital status**

People's relationships play an important role in the emergence or exertion of depression. It can also depress the relationship between people. Depression is most commonly seen in divorced or separated people. It should be discussed whether depression is a cause of divorce or whether only living or depression is present. Married men form the lowest risk stroke. By the order, married women; only living and widowed women; only widows, divorced men; divorced or divorced women are at increased risk. However, another study suggested that only men and married women have created the biggest risk bunch.

In our country, research in the elderly over the age of 65, being a woman; being widowed; it has been found that dependence on others in daily life activities can increase the risk of depression.<sup>6</sup>

### **Socio-economic situation**

There is a lack of accurate information but a low level of socioeconomic situation and depression has been established. In women with low socio-economic class, depression is higher in those with higher socioeconomic status. In urban areas, depression is more commonplace Although this is not a result of research in our country, empirical observations support this meeting.

### **Social circle**

Facts affecting the social environment have gained importance in epidemiological studies on both physical and mental discomfort. Those who receive substantial,

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<sup>5</sup><http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf> s.14

<sup>6</sup><http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf> s.14

meaningful, and supportive support are better protected against stressful environmental stresses. Emil Durkheim, one of the first to grasp the importance of social support in mental situations. Durkheim " individuals are at greater risk for suicide. "The likelihood of mental disability is low in those with high social support.

Unemployment is another case where depression is intensified. In unemployed people are reported three times more likely to be depressed. Here, the meaning of the work is to feel the sense of a person working in addition to being economical.

### **Changing depression**

The rate of major depressive disorder increases over the years. Particularly, this increase is common in those born after 1940. Comparisons to the hospital: The number of patients receiving hospital treatment due to depression between 1950-1970 was three times more common than the previous one. The age of the disease has declined. Depression in young people has increased, especially in young people. Depression is increasing in all ages, especially in those born between 1960 and 1975. The increase in depression has not raised the difference between sexes. Even in women, depression is two to three times more likely than men. However, this difference seems to be gradually disappearing. Because of the high incidence of depression, especially in younger men. The likelihood of depression in individuals with family history of depression is two to three times more than normal. These common trends are data obtained from studies in developed western countries. Studies in other countries are not compatible with this information. However, as industrialization increases, it is likely that the situation will change in these countries



## **1.2. Types of Depression.**

Depression can be found in many different types, and most commonly occurring in two main categories: clinical depression (dyspepsia) and dysthymic depression. Depression is characterized by severe, moderate and severe depressive disorders. Correctly determined type of depression making it important for the proper treatment of the treatment process.

### **Clinical Depression (Major Depressive Depression)**

Clinical depression is one of the most severe types of depression. It can continue with severe negative emotions such as sadness, despair, and loss of self-esteem. In a two-week period of time to diagnose a clinical depression, five of the following cases you are also asked to meet more:

- Do not feel depressed in most parts of the day
- Reduced interest in daily activities
- Increased or decreasing weight gain
- Severe insomnia
- Deceleration of thoughts and motions
- Do not feel bitter in most parts of the day
- It is difficult to concentrate and make decisions
- Recurrent death and suicidal thoughts

The major depression in the middle ages (20-40 years) is one of the most common psychiatric disorders, one of every 4 women, and one out of every 8-10 men at least once during their lifetime. Negative life events that combine with genetic, biological and psychological integrity are key elements in the development of depression.<sup>7</sup>

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<sup>7</sup><https://www.psikologofisi.com/depresyon/turleri-nelerdir> s.1

### **Major depressive epidemic atypical specificity**

Atypical depressive episodes, which are assessed in the category of major depressive episodes, show themselves with behavioral patterns known to individuals. The good news is excessive joy, and bad news may seem overwhelming. Atypical depression usually begins for the first time in adolescence and continues in adulthood. In general, the following symptoms appear;

- Increased viscosity
- Increased appetite
- Intensive sleep carpet
- Anxiety in the arms and legs
- Discard sensitivity

It is a type of depression that is seen 2-3 times more frequently in women, characterized by eating and abundant sleep, symptoms that are intensified in the evenings, feeling bullong and with a very lethargic nature. Excessive sensitivity to rejection in patients is a key feature. Contrary to classical depression, positive events and positive response to life are given. In the treatment of atypical depression, mental health is recommended rather than antidepressants.

### **Seasonal sensation disorder**

Seasonal feeling is separated from other types of depression, even when it is detected during moods known as gestational disorders. Especially in the winter months, moody sensation disorder affects 1-2 percent of the population and generally occurs in women and young people. People experiencing muscular emotional distress are in the summer months the moody feeling disorder, which continues in a desperate, sad, stressful and unimaginable case, begins in the autumn-winter months and ends in the spring until the days are prolonged. The seasonal depression, which also includes the name of winter depression, begins in October-November, It ends in February and

April. Significant signs of atypical depression include excessive eating and weight loss, excessive sleep, and carbohydrate hunger in seasonal depression.

In human biology, seasonal changes in thyroid hormones, basal cortisol and basal prolactin levels, effects of darkness melatonin secretion, and bright light play a role in changes in brain serotonin function are associated with seasonal depression.<sup>8</sup>

### **Major Melancholic Depression**

Melanchyloia is a type of depression known and characterized by the past. Starts slowly with signs such as fatigue, dizziness, headache, anorexia, early morning waking. Worsening in the morning is a notable feature. Suffering is intense. Excess weight loss can be seen. The likelihood of suicide is high. Reduced pleasure from all activities, and unresponsiveness to events that will make you happy. It also carries the name of endogenous depression.

In the major depression of melanxic character, individuals start not enjoying any activity that they enjoy before, and in order for a person to be diagnosed with major depressive epidemics, at least three of the following indicators should be present;

- Do not enjoy the enjoyed activities
- Do not react to good events
- Differentiation in psychomotor behavior
- Sense of severe guilt
- Insomnia
- An increase in depression in the morning

### **Major depressive episode of mental illness**

The major depressive episode of hypersensitivity and delusions is called mental depression. Psychiatric major depression suggests that people are not worthy of their worth and that they are not worth living .At the same time, it is a form of severe depression, with delusions, hallucinations and mental disorders. Severe depression, with severe insomnia, psychomotor propagation, and retardation, have a clinical

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<sup>8</sup><https://www.psikologofisi.com/depresyon/turleri-nelerdir> s.1

picture. Movements and speech can slow down so that the patient can be completely immobile and silent. Failure, weakness, despair, poverty, and self-pity are very intense. Sinful feelings are so severe that the patient deserves to be punished. Hypochondria, somatic and nihilistic clarifications can be seen in deadly disease, cancer, and decay in internal organs. Curiosity such as meditation on the brain we see in schizophrenia, spreading their thoughts around the environment, or hearing guilty sounds can also be seen in psychotic depression. It is therefore difficult to distinguish between psychotic depression and schizophrenia in younger patients. Depression is one of the highest risk of suicide.

### **Major depressive episodes of catatonic nature**

Catatonic qualified individuals in major depression disorders are strongly psychomotor behavior. In catatonic depression, at least two of the following are seen;

- Muscular imbalance
- Unreasonable muscle aches
- Serious negatives or no talking
- Uncomplicated body position
- Do not repeat the words and actions of others

### **Distinctive exposure**

Pessimistic temperament, excitable, which means the patient has been determined since the time of Hippocrates distimik. The pessimistic temperament has been determined since the era of the dysthymic Hippocrates, meaning sick temperament. Depression, which lasting more than two years, is dysthymic. This is a year in child and teen depression. Dysthymic symptoms are seen every day throughout the day, characterized by despair, self-esteem, pessimism, lack of concentration, loss of appetite or excessive eating, sleeplessness or excessive sleep, energy shortage, fatigue. Chronic depression (dysthymic) is often associated with depressive human characteristics. Depressive human characteristics include::

- 1) Frustrated, unhappy, sad character.

- 2) A very thoughtful, pessimistic mind.
- 3) Sleep-loving, passive, indoors.
- 4) Be very careful about your own inadequacies and adverse events.
- 5) Suspect, excessive criticism, dissatisfied, complainant features.
- 6) Troublemaking to feel guilty and guilty.
- 7) Extremely affiliated, reckless, loyal.

Psychotherapy should be added to the antidepressant drug treatment in the distal treatment. Intercultural psychotherapy and cognitive-behavioral treatment will be effective. The main goal in psychotherapy is to increase the patient's individual and social abilities.

### **Masked depression**

The symptoms associated with masked depression are a kind of depressive disorder, since symptoms are often unclear and delayed. Psychological symptoms are secondary, and physical signs, alcoholic beverages or substance use, and sexual activity disorders have come to the fore. Complications of appetite, headaches and general body aches, insomnia, heart and digestive tract are intense. Some psychologists regard masculine depression as somatoform disorder.

Other types of depression:

- 1) Retirement depression
- 2) Postpartum depression
- 3) Childhood and adolescence depression
- 4) Neurotic-reactive depression
- 5) Minor depressive disorder
- 6) Recurrent short-term depression disorders

### **1.3. Symptoms of depression.**

The main symptoms of depression are:

- The person feels tired and frustrated for no reason.
- Difficulties with attraction or decision making.
- Doing no earlier curiosity or having difficulty in doing that job.
- People often feel hurt and morbid.
- Reduced appetite or increase in recent days.
- Having difficulty sleeping at night or having problems with getting up early and not getting back again.
- Thinking about death or thinking of ending your life.

It is normal for us to live in the flow of our lives, such as sadness, sadness, distress, stress, and feelings that take place in our lives for a while. For example, if you have a difficult time with your job or your attitude, sadness, drowsiness, and stress increase are considered normal.

In contrast to depression, positive emotions in your life are a "feeling of emptiness", "crisis" and "sadness". Events that make you happy and encouraging in the past have no effect if you are depressed. Although symptoms of energy shortage, anxiety, fatigue, excessive sleep or low sleep are among the first signs of depression, these symptoms may change from depression to human-to-human.

Depression has 4 main components:

- 1) Depressive mood: Simple behavior and dissatisfaction, pessimism, sadness and sophistication, which continue with enjoyment before and before the enjoyment of previously enjoyed situations.
- 2) Psychomotor slowdown, both mental and physical, lack of energy, and decline.
- 3) Cognitive deceleration with limited thinking in thought content.

4) Decrease in human functionality.<sup>9</sup>

We can summarize the symptoms of depression:

### **A) Emotional symptoms**

1) The emotional state of emotions that is depleted by immorality, pessimism, lack of enjoyment, despair, misery, sadness, sadness, sadness and self-excitement.

(2) Do not get pleasure from enjoying the preoccupation with the work, the environment, and the life itself before. (anhedonia)

3) Tiredness, tension, discomfort, and nervousness do not fall into the crisis. (anxiety)

4) An impulsive anesthesia called emotional reactions. (For example, a child's illness does not imply that).<sup>10</sup>

### **B) Cognitive disorders**

1) Thinking disorders:

- The patient is forced to speak verbally because of the duration of his thinking and flow and can not find the strength to answer the questions he or she can not focus on.
- Thought content has been violated. Feelings of guilt and worthlessness prevail. It feels that it does not work any longer in feelings of inadequacy.
- Self-esteem, the environment, the world and the negative vision of the future are symptoms of depression and are based on cognitive distortions.
- Despair is also a cognitive symptom of depression. Especially, the hopelessness of the future is intense and does not improve, and the thought that he and his close circle will be miserable.
- Difficulty in deciding for a slower meditation period and intense pessimism; serious discomfort prevents depression clinics.

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<sup>9</sup><http://www.psikoterapi.pro/psikiyatri-antalya/depresyon-cesitleri>. s.1

<sup>10</sup>Schulman Peter “Applying learned optimism to increase sales productivity”. Volume XIX, No1, Winter 1999. s.28

- Symptoms such as fatigue, body pain, depression, misinterpretation, and a deadly disease development belief, and the patient may suffer from hypochondriacal occupation.
  - Obsessions and phobias may develop.
  - Suicidal thoughts are expected in 75% of depressed patients.
- 2) Concentration power is part of a psychomotor slowdown, can not attract the attention of a patient in depression, understand speech, can not understand what he is reading, and fail at school and at school.
  - 3) Desirable and reluctant attention has diminished.
  - 4) Losing is also a popular symptom of depression.
  - 5) Rarely, hallucinations and illusions may cause perceptual disorders.

### **C) Physical symptoms of depression**

Fatigue, fatigue, loss of appetite, loss of weight, loss of sexual desire, sleep disorders, and most common symptoms of depression. Sexual desires are among the most recent physical symptoms. Sleep difficulty is the most common sleep disorder, often waking, early waking, and sometimes overuse. In some depressed patients, excessive eating and weight gain can be seen instead of appetite.<sup>11</sup>

### **D) Behavioral changes in depression**

Occasionally, a noticeable psychomotor slowdown occurs and there is a slowdown in the mimic, gestures, speech speed, location, and movement of the patient. Sometimes, on the contrary, it can be an energetic, uncomfortable, clinical incidence of difficulty.

### **E) Daytime changes**

Depressive symptoms are a typical feature of depression, which shows fluctuatingly in the course of the day, with varying severity in the morning and evening. At least half of the patients in the morning are challenging and pessimistic, making themselves feel worse.

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<sup>11</sup>Ylvisaker, Mark and Timothy Feeny “ Executive function, self-regulation and learned optimism in paediatric rehabilitation: a review and implications for intervention”. Developmental Neurorehabilitation volume 5, issue 2. 2012. s.25



It is not always easy to distinguish that depression or part of everyday life is because the human being is normally experiencing sadness, joy, loneliness, which is sometimes regarded as depression symptoms. It is important when you think that you normally have different reactions before the events, or if you have questions about it in your immediate surroundings, speak to a specialist. Because depression that has not been treated for a long time can develop as a "suicidal". Approximately half of the research on this subject shows that they continue to live without awareness of depression and without any treatment. Naturally, every depressed man can not commit suicide and may continue his normal life even if he is depressed. It is the start of treatment for the re-recovery of taste and constructive thoughts from the vital life. Depression can have a negative impact on your school and work performance. The following "depression symptoms" are commonly referred to as "first signs of depression". According to the degree of depression, one or more of these symptoms can be seen:

**Concentration Problems:** Do not be able to concentrate on the workplace, at school, or during cooking, or difficulty bringing a book or movie to the end.

Shortage of Details: Fear of being able to give the wrong decisions easily because of depression because of earlier decisions.

**Lack of energy and energy:** Unfavorable fatigue, hobbies, or other difficulties involved in making fun of.

Guilty, inexplicable or incompetent feelings: The sense of guilt that is inaccurate or inaccessible to you, and the feeling of incompetence in daily activities.

**Sleep normally or less:** Sleep 9-10 hours a day even if you are not able to sleep or vice versa.

**Failure to Prevent Negative Thoughts:** It is a negative idea that you can not avoid being overly concerned with the future, even if it's all right.

Inadequate appetite or excessive appetite: Appetite can be of two different types of depression as sleep. Some people may eat too much to cope with this dissatisfaction when some people lose their appetite due to negative thoughts.

**Feeling of anxiety, aggression:** Medium to feel uncomfortable for a reason, to give excessive nervous and aggressive reactions to events.

**Excessive use of alcohol:** Increased use of alcohol in people with depression can also be caused by excessive speeds, gambling and dangerous behaviors such as making dangerous sports.

**Thinking that life is not worth living:** You may have a diverse social life, good relationships, and a successful job, but you can imagine that life does not have a meaning without seeing it depressed.<sup>12</sup>

### **Signs of depression in young people**

It is normal for young people to feel unhappy with themselves at intervals. However, the "unhappiness" that lasts more than 2 weeks may be a sign of depression. This type of depression, called "teenage depression" in young people (according to the United Nations), affects one out of every 33 children and one out of every 8 teenagers.

The symptoms of depression in young people are similar. However, it should be closely monitored by the family because it is more difficult for a young person to recognize these symptoms. Deprivation of friends, increasing revolutions, loss of memory, increased irresponsible behavior, failure in school, difficulty in decision-making, alcohol or drug use, and reluctance to go to school may be symptoms of depression.

### **What are the "alarming" symptoms of depression?**

Untreated depression can lead to and lead to suicidal thoughts. Since every depression patient does not treat itself, one of your relatives should also get professional help as soon as you see the following symptoms. These are the signs:

- Sudden mood swings through a very sad mood.
- Talk and think about death continuously.
- Deep sadness, loss of interest, insomnia and eating problems.
- A person's "desire for death" and consequently an increase in dangerous behavior.
- Reducing or disappearing attitudes toward things that he or she values before.

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<sup>12</sup>Seligman, Martin. "Learned optimism". New York, NY:Pocket books.1998 s.115

- Increased comments about despair, despair, meaninglessness.
- Frequently using phrases like, "I want to be martyred", "I would not be better here".
- Suicide talk.

As a result; it is not always easy to recognize the symptoms of depression in yourself. However, if you are unable to enjoy life even if there are generally positive events, it can be a depression if you do not have the pleasure to meet with people.

#### **1.4. Depression outcomes and ways to overcome them.**

Psychotherapy in depression. Psychotherapy is a technique used by psychiatrists and psychologists to help people with psychological problems other than medication. Psychotherapy can be used individually and in group therapy. There are psychological rules in which every psychotherapy process is based. There are thousands of psychotherapy techniques. Currently, the most widely used psychotherapy technique in the world is cognitive-behavioral approach. Speaking during the psychotherapy process, the depressive person gains different angles of view. People are aware of it. At the same time many treatments can be applied together. Sometimes drug use alone is insufficient in the treatment of depression, and psychotherapy can also yield very positive results. Sometimes it is more useful to combine psychotherapy with a medicine. It is commonly used in combination with drug therapy and psychotherapy.<sup>13</sup>

**The most commonly used psychotherapy techniques for depression treatment include:**

- **Behavioral Therapy:** Behavioral treatment is based on behaviors. The logic is focused on working, doing things that are troublesome, damaging, unhealthy. In general, rewards are aimed at enhancing behaviors that are positive and useful. Negative behaviors are used to eliminate, deactivate, and erase systems.
- **Cognitive Therapy:** This treatment technique focuses on negative auto thinking patterns, functional schemes, and negative background receptions. That is, they choose to find the harmful ideas of the human mind and bring them more comfortable, functional thinking patterns. The thought of "I can not enter the university" is negative thinking. "How will we change this? What is the benefit of this idea, what is the loss? What can I do if I can not be included? "
- **Expression Art Therapy:** This treatment technique aims to help people who have difficulty expressing their emotions and thoughts to cope with this problem by using

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<sup>13</sup>Schulman Peter " Applying learned optimism to increase sales productivity". Volume XIX, No1, Winter 1999. s.65

creative methods. The purpose of art therapy is to help people increase self-esteem, combat traumatic experiences and symptoms, and promote positive changes . Art therapy uses different artistic activities such as art, dance, action, theater, music and poetry.

- **Game Therapy:** This therapy method is used in older children. Playing with toy, drawing and other activities. Game therapy aims to make children feel more comfortable and easy, especially when they can not express their feelings and thoughts in words.
- **Psychoanalysis:** This type of treatment deals with the moments, events, and emotions of a person in the past to disclose today's feelings and behaviors. The child's timing and biological impulses change man's behavior and thinking according to the treatment technique. It is believed that direct transitions are directed by humans. conscious impulses are investigated and efforts are made to make changes to improve people's life. Trying to exploit techniques like yaw analysis and free association. Phsychoanalysis persists for many years and is a great type of treatment. Sometimes, several sessions per week can be applied over several years.
- **Scientific behavioral treatments:** This treatment has been caused by the combination of two techniques. Now they work according to the law. Short term. It is said that both techniques have been learned later by harmful thoughts and behaviors. Therapy therapy describes depression in human life as a deficiency and poverty. , enjoyable pleasures, body comfort, positive behavior. Exercises to increase people's enjoyment of life and behavior are more common. Therapeutic therapy is also associated with more thinking. It involves finding and changing people's ideas about depression.

### **Why are depression cases inaccessible?**

Depressive situations often occur in situations such as lightning, reluctance, loss of interest, dissatisfaction, lack of motivation, motivation loss, and numbness. These situations can lead to an increasingly insignificant increase in human activity. People

often criticize themselves, feel guilty, criticize others, and work as a mountain grows. A businessman said that the loss of material that he had not been working for over three months was at least \$ 200,000. The wife is depressed, home clothes and dishes did not wash up. Humanity does not want to do anything. Because he has lost his ability to move. He gets up and gets up. Movement always leads to darkness, space and trouble. It is very useful to act. According to many studies: see If it does, it will feel so good. Depressive people will not get up and work when they want it. Physiologically, the body's chemical balance is broken. The main reason that irritates this is the negative sentiments that people are saying to themselves. "I am not working. No man from me. I do not care. Thank you. Thinking back to me, I think, can lead a person to a disadvantage. All solutions for depressive human exhaustion have been exhausted. She leaves her alone.<sup>14</sup>

### **How can you change your thoughts that create depressive emotions?**

A person with a depression is not one of the worst-minded in all aspects of his life. When you feel helpless as a result of a trauma you are experiencing, you start to think negatively. After some time, these thinking patterns are automated. Every moment you come to your senses, and thus an infinite loop occurs. Negative thoughts create negative emotions. For months, you can live in depression. You do not think negative about everything in the past. This event is caused by depression. Over time you will be depressed. So it is possible to get rid of it. These negative thoughts do not reflect the essence of a person. If we learn how to handle these negative thoughts, we can easily change them. In the therapies, patients are taught strategies to combat these negative thoughts. These negative thoughts become intricate and automated over time. It's as if they are a reflex; you may not be aware of their existence. People take their hands for many years. They think that they have decided independently, but they

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<sup>14</sup>Ylvisaker, Mark and Timothy Feeny “ Executive function, self-regulation and learned optimism in paediatric rehabilitation: a review and implications for intervention”. Developmental Neurorehabilitation volume 5, issue 2. 2012. s.201

are automatically thought out. These are automatic thoughts that pass by your mind and talk to yourself. One of the features of these automatic thoughts is that they are easily convinced. They do not investigate suspicion of their authenticity. It's as if everything is considered exactly right. How can we be sure of the accuracy of these thoughts? If we pay attention, such thoughts will never be questioned.<sup>15</sup>

Depression affects people's thinking ability. For this, it is necessary to move away from the thoughts down or to turn them into the opposite. A physician or other specialist can help to cope with this illness. Life style is important in depression. It is seen that doing sports and being fit helps to overcome depression. However, drinking alcoholic beverages can cause depression and aggravation, even though it is less commonly used. The use of other drugs that give you drunkenness can lead to similar results.

Information and guidance is one of the important factors. It's one of the important conditions to examine the symptoms and the patient's ability to determine the most appropriate treatment for the patient's needs. Individual treatment in patients with moderate and moderate depression is sufficient.<sup>16</sup> During personal therapy, the psychologist and the patient experience the perceived feelings and experiences that are related to the life of the patient and are related to depression and try to clarify them. Many people are reluctant to change negative thoughts and give people a positive response to speech therapy. Drugs are generally used in long-term moderate or severe depressions or in the treatment of frequent depressive depressions. It should not be forgotten that the medicines will not give the feeling of happiness and satisfaction but simply to reduce depression symptoms. Because serious depression causes some suicidal incidents, their treatment is crucial. This way, in serious depression, directs a family doctor to a specialist. In order to avoid duplication after a period of depressive episode, it is advisable to treat behavioral treatments in addition

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<sup>15</sup>Schulman Peter “ Applying learned optimism to icrease sales productivity”. Volume XIX, No1, Winter 1999. s.156

<sup>16</sup>Schulman Peter “ Applying learned optimism to icrease sales productivity”. Volume XIX, No1, Winter 1999. s.156

to medication. As a result of the experience gained in the treatment, it is possible to recognize and prevent the beginning of a recurrent depression. The treatment of depression is a combination of different forms. Regardless of the type and density, these factors will be included in the treatment:

- Detailed knowledge of basic information on basic human condition in depression.
- Individual treatment aimed at helping to change negative thoughts and help people become active.
- Speeches aimed at addressing the situation in which it is concerned.
- Evaluation of treatment through drugs
- Physical factors

If necessary, the patient's relatives may also be included in certain stages of treatment. Many questions about depression are of interest to people. Here are some of them.

### **How long can depression continue?**

It can normally last for several weeks or months. Serious depression is a long-term disease cycle, but proper treatment can greatly reduce this process.

### **Do depressive periods always repeat itself?**

Depression is recurring in more than half of those with depression. Treatment in these conditions can prevent depression.

### **When should you get help from doctors?**

If you have problems at home, at work, or at school, and if these problems persist for some time, you can contact a physician and ask for help if you can not find a solution. If you are thinking of committing suicide sometimes, do not hesitate to seek help.

### **How terrible is the risk of suicide in the time of depression?**

Most depressed do not attempt suicide. However, a large number of suicide bombers are likely to be depressed for a while. If you think that one of your loved ones is thinking of committing suicide, you need to direct it to an end. If yes, you should consider going to the doctor with this person.



Depression is contrary to what is considered to be a terrible disease. Previously, depression was thought to be a form of anesthetic and it was thought to have been a complete cure. However, it is known that depression that has not been treated today is chronic and the number of attacks increases as the number of attacks increases. Depression increases the risk of alcohol and substance use. Depression-related suicides are among the top causes of death. Depression is contributing to the emergence of a number of medical disorders, or it can aggravate an existing disease. Today, when relationships between people are reduced, social and economic structure transforms people into loneliness, it is difficult to find a suitable environment for depression today. Because depression itself violates inter-human relations, an infinite loop occurs, and the situation is even worse. Another problem is that people and society are in the grip of illness. Depression is regarded as a disease and is regarded as an individual. Depression begins at an early age, and people are unable to live a normal life, and this creates the wrong belief that this situation is the nature of man. Society's view of this disease also causes chronic depression to be chronic. Also, antidepressants are forced to discontinue the treatment of those who are ill treated by their illnesses in the form of narcotics or damage to the brain. The findings show that the incidence of depression at least for a while will further increase and will continue to be a serious public health problem.

## **Chapter II**

### **Resolution on burnout and disposal of hopelessness syndrome.**

#### **2.1. Burnout syndrome and factors that contribute to its formation.**

Many individual and organizational factors take part in the formation of burnout. Research and observations on burnout show that these factors, which have been found to affect exhaustion, are important in terms of better recognition of burnout and coping with burnout.

##### **A. INDIVIDUAL FACTORS**

Individual factors are factors that emerge from the members of the organization and cause depletion. On the other hand, these factors have a positive or negative impact on the impact of organizational features on individuals. Employees' personality structures have a significant impact on the possibility of burnout.

In terms of the personality structure, it is assumed to be an idealist, a perfectionist, a goal-oriented, a bellicose, those who like the competition, do not like to lose, an angry and aggressive behavior performers, a critical, a hasty, those who think that their lives are governed by external factors such as luck and fate, individuals with no self-sufficiency and individuals with no empathy are at greater risk of exhaustion.

On the other hand, differences in demographic characteristics have a significant effect on burnout. In burnout investigations, women are generally more likely to be distressed than men. The reason for this is that women are more observant and careful about the people they meet because of their internal motivation due to their gender. It has been found that there is a negative relationship between age, duration of work and occupational seniority and burnout level. The increased incidence of exhaustion in young and inexperienced employees can be attributed to the fact that the newcomers

are much more excited and enthusiastic about the job and spend more energy and tired in less time. Those individuals who want to prove themselves in their work usually believe that they will gain very great success in a short time, but if they can not reach their goals over time, their excitement will go away. As a result, they become frustrated and exhausted rather than accepting the truth and lowering their goals. Another reason for the increased incidence of burnout in newcomers is the complexity of roles and responsibilities of new work and the lack of professional and / or organizational loyalty. Singles were found to have more burnout compared to in marriages. Even though single and married individuals work in the same environment, the less exhausted lives of married people can be attributed to the greater general life satisfaction of married people. In addition, married individuals may have experience in coping with interpersonal conflicts and crises and may have improved problem-solving skills. In summary, even under the same conditions, it can be observed that some individuals are exhausted due to individual reasons, some are not consumed.

## B. ORGANIZATIONAL FACTORS

In the years when the concept of burnout was first defined, it is assumed that your burnout is more of a "personality trait" problem. From this traditional point of view, the problem is the individual and the solution is to get rid of the problems of the individual or to get rid of the individual. But in the investigation that has been done in the following years, it turns out that your exhaustion is not just an individual-focused problem.

According to this view, burnout is a "source of organizational factors" that is influenced by variables related to occupation and work environment rather than individual variables.<sup>17</sup>

Different classifications of organizational factors with significant effect on burnout syndrome have been made. However, in terms of the scope of work, this section will focus only on the six areas that are referred to as study areas, developed by Maslach

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<sup>17</sup>Maslach and Leiter, 1997;

and Leiter, and explain how these areas affect burnout. According to Maslach and Leiter, neither traditional understanding of "burnout" nor burnout of "organizational factors" emerging later is sufficient to truly define burnout syndrome. Maslach and Leiter have approached the issue of burnout from a different point of view and have examined the individual and organizational factors together.

According to them, the factors that cause burnout are "areas of working life" and burnout will be avoided if these areas are examined and necessary changes are made. Maslach and Leiter have identified six factors in the work environment of the individual as working areas, and in terms of these factors have created a model that addresses the harmony or incompatibility between the individual and the work. This model describes the phenomenon of burnout as "a gradual process of development that arises from a fundamental disagreement between job demands and the needs of individuals doing business". According to the model, burnout syndrome has positive and negative ends. The greater the difference between the demands of the work and the needs of the individuals doing the work, in other words, the greater the incompatibility between the individual and the work means that there is the higher the probability of extinction. Otherwise, the greater the compliance arise the greater the likelihood of engagement. These six key factors, called domains of work life, are defined below.

1. **Workload.** The workload, which is one of the main areas of work, can be defined as "the amount of work that must be done at a certain time". Workload refers to organizational efficiency, and from an individual standpoint is time and energy spent doing work. In the Maslach and Leiter model, it is stated that not only excessive workload but also less workload stresses the individual. Harmony between individual and work, in terms of workload; is the work to be done means to meet the expectation of the individual. If there is a harmony between the individual and the work in terms of workload, the work the individual has done has a certain level. However, the work

is neither too much to force the individual and to force the capacity, nor is it enough to cause it to be left empty and bored. When the individual and the work are harmonized in terms of workload, the individuals plan their individual careers by developing themselves professionally while doing their jobs with pleasure. In general, nonconformity arises between the individual and the work in terms of workload, in case the work or amount of work forces the capacity of the individual. The job that an individual has to do can be a complex business or a job that does not have the necessary knowledge or experience. In such a case, individuals die out of intense job demands and find no time to come and collect their energy. The fact that the other side does not fit the performance the individual shows at work also makes him feel unworthy and useless for the individual to get bored. In terms of the work load between the individual and the work, non-conformity usually causes fatigue on the basis of exhaustion.

2. Control. The control is defined as "control, choice, decision-making, problem solving and the ability to fulfill its responsibilities"<sup>18</sup>. Coherence in control between the individual and his work arises when the control that the individual has on the job overlaps with the responsibility he or she has on the job. The individual and business mismatch in control occurs when individuals can not control resources needed for their work or do not have the authority to make decisions about how the work is done. This incompatibility causes individuals to move away from their jobs, reduce their performance and eventually become exhausted. The nonconformity experienced in terms of control is related to the extent to which your burnout falls in personal success.
3. Rewards. The third place in the study life fields is the award that expresses the appreciation of the individual in terms of material or moral in return for the contribution made by the individual. A successful rewarding system is an indication of the fact that the contributions of individuals are recognized and valued. Harmony

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<sup>18</sup>(Maslach, Schaufeli and Leiter, 2001).

between individuals and work in terms of prizes; which allows the individual to feel satisfied, appreciated and rewarded for his or her contribution to the job. Individuals believe that they have achieved meaningful and important results for their organization as a result of the awards that are consistent with their expectations. If there is incompatibility between the individual and the work in terms of prizes; arises when there is no award or lack of a prize for the contribution that the individual provides for his / her work. If the individual does not get the rewards he thinks he ought to get because of his work, he thinks that his contribution is ignored by the organization, which causes his motivation and performance to fall. Since the inadequacy of the awards has developed the sense that they do not fit for the work, the discordance in this regard is related to the diminishing personal success of the burnout

4. Participation. The fourth dimension of working life domains affecting exhaustion is the sense of belonging (unity). Because people are social entities, they feel the need to belong to a community and to build close relationships with other people. Satisfying such needs will allow one to achieve a certain satisfaction from the social side and increase the work motivation. Harmony between individual and work in terms of belonging; it is a sign that individuals are in a supportive relationship with one another and that unity and solidarity in work are dominant. If there is an incongruity between the individual and the work in terms of belonging; it causes the individual to fail to capture positive communication with his colleagues or cause him to lose. An individual who is incompatible with his / her affiliation falls into an active conflict with the rest of the planet, alone and with the abstained shareholder and / or others. According to Maslach and colleagues, the most detrimental situation for working life is the chronic and unresolved disputes among employees. Conflicts or disagreements within the organization cause individuals to lose the sense that they have a positive relationship with their colleagues. Negative thoughts towards colleagues and work lead to a sense of incompatibility in terms of belonging between

the individual and the work. According to Ross et al. in terms of belonging between the individual and the work, he has the incentive to increase levels of emotional exhaustion and depersonalization.

5. Justice. The concept of justice means "the organization has a consistent and equal rule for all". In order for an organization to be able to speak of the existence of justice, the organization must have consistent and equal rule for all. Harmony between the individual and the business in terms of justice; it means that employees feel that all important business decisions are taken openly, consistently and equally, even if they are individuals with different thinking structures within the organization. If there is a mismatch between the individual and the work in terms of justice; it means that the employees of the organization think that the decisions that are important to the organization are taken in the interests of the strong individuals and cliques. Inequalities related to workload, decision making in line with the interests of the parties, and inability of the top management to make the evaluations and performances fair and equal are examples of in-organization injustice. On the other hand, disagreements and conflict-related procedures also lead to injustice<sup>19</sup>, which does not allow the parties to equally defend themselves. Uncertainty perceived in terms of justice in an organization has two effects on burnout. The first is emotional collapse and exhaustion when the individual feels injustice in the organization they work with. The second is that the unfair environment causes the individual to become desensitized towards the work and the institution.

6. Values. Values can be defined, in their simplest terms, as "shared criteria or ideas, which indicate which types of behavior are good, right and desirable". Accordingly, a value is a coherent and profound belief that a particular mode of behavior or purpose of life is superior to another. Harmony between individuals and work in terms of values; that the individual identifies his or her mission and goals with his or her own

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<sup>19</sup>(Maslach, Schaufeli and Leiter, 2001: 415)

mission and aims, and that the mission of the organization influences the individual's daily working life. If there is a discrepancy between the individual and the work in terms of values; some of the features of the structure of the company are in conflict with the expectations of the individual. Incompatibility may be related to the services offered by the organization, the interaction with the outside world, and / or the behavior of employees. In terms of the values that are the sixth and last field of working life, the discrepancy between the individual and the work is related to all three dimensions of burnout. As a result, if these six areas are harmonized, this synergism will not allow burnout to occur, but will also engage with the work that has the opposite characteristics of exhaustion and can be considered crucial to organizational success.



## **2.2. Symptoms of congenital despair syndrome.**

Burnout syndrome is not a sudden occurrence, but a slowly developing symptom is absent. People who experience burnout generally experience a complexity of occupational dissatisfaction and fatigue. However, the difficulty of expressing these feelings and the lack of clear indications make it often overlooked. The ignorance of burnout causes it to progress and become incomprehensible. For this reason, it is very important that the symptoms of the burnout syndrome are well known and that the necessary precautions are taken in time. Although the burnout differed from person to person, it is examined under three headings as physical, psychological and behavioral symptoms in general.

A. PHYSICAL CERTIFICATES. According to Freudenberger and Richelson people who experience burnout are usually; are talented, self-confident, energetic, enthusiastic about work, overworked, with high performance despite their sleeplessness in their first years of work. For a number of reasons over time, the metabolisms of these individuals are not beginning to work regularly, which leads to their energies. The depletion of the energy they reflect on their work and their surroundings can cause them to live serious problems physically. Burnout shows itself primarily as mild symptoms in the physical sense. These indications are; feeling of exhaustion and fatigue, headache, numbness, sleep disorders. If measures are not taken, in the ongoing process; high blood pressure, high cholesterol, muscle stress, heart failure, and skin diseases, may be associated with a wide variety of conditions,

including chronic colds, diminished resistance to infections, weight loss or obesity, respiratory distress, general pain and ooze, gastrointestinal disorders. In the event of continuous complaints from such and such inconveniences, the individual should not ignore this indication and take precautions without delay. These kinds of symptoms can be the messenger of your burnout.

**B. PSYCHOLOGICAL / EMOTIONAL CERTIFICATES.** Psychological manifestations are less obvious than burnout symptoms. These indications are; feelings of frustration and nervousness, openness to psychological harm and psychological problems, feelings of uneasiness and uneasiness, impatience, fear of self-esteem, feelings of hostility toward the environment, weakness, energy loss, desperation about the work, criticizing other people, indifference, dissatisfaction, negative attitudes toward life, decline in positive emotions such as courtesy, respect and friendship, uncertainty and complexity in thinking, unfounded doubts and paranoia, depression, feeling of guilt and helplessness. In addition, the psychological description of burnout shows itself as a way of thinking about leaving work and not wanting to go to work often. When these signs are experienced, the individual's sense of accomplishment suffers. In the individual who is less confident and self-conscious about accomplishing something, the ground for other statements of your burnout is prepared and it is now much more difficult to get rid of it. Because the individual; He believes that he is unsuccessful and useless with his frustration, frustration and guilt.

**C. BEHAVIORAL SYMPTOMS.** Behavioral symptoms are signs of burnout that can be more easily observed by others according to physical and psychological considerations. These symptoms can be seen as general reactions in the form of forgetfulness, feeling of failure, domestic conflicts, low concentration, rapid anger, sudden nerve bursts, frequent crying seizures, desire to be alone, susceptibility and not being appreciated. It is also possible to count some indications as work-specific indications. These include: slowing the business, theft tendencies, departure from

work, deterioration in the quality of service, erroneous interventions in service personnel and increased complaints of servicemen, frauds related to documents, poor business performance, cynical and accusatory against colleagues, job dissatisfaction, the tendency to take work, the tendency to go to work and go, the decrease in organizational loyalty, the increase in labor force turnover, the increase in work and late arrivals due to illness. An individual who can not find peace with such signs at all, who can not enjoy anything he / she has done and who can not hold on to his / her duties and makes a habit of jumping from one work to another, concentrates himself / herself on different areas in order to forget the problems he / she is facing. These; eating too much food, eating too much tea and coffee to threaten your health, alcohol consumption up to alcoholism can be listed as. In addition to this, insomnia is extremely uncomfortable and sedating and sedative drugs are started to reduce tension. All these developments increase the health problems of the individual and reduce the productivity of the individual. When the specifications of your burnout are noticed in time, and the measures are not taken, the intensity of the symptoms increases. In the early days, only symptoms such as headache, low self-esteem and rapid anger turned into more harmful and destructive statements over time, and even suicide occasionally resulted.

### **2.3. Outcomes of burnout syndrome and ways to eliminate them.**

The prevalence of burnout syndrome lies in the individual and organizational negative consequences. But it is not possible to talk about the exact standards for the consequences of depletion. The reason for this is that the level of being affected by the factors influencing exhaustion differs depending on the person and time.

Investigations have been proven that burnout leaves people with temporary or permanent discomfort. However, it is possible to have an idea that the burnout will temporarily leave the individual, long-lasting treatment or lasting discomfort by looking at the physical, psychological and behavioral signs of exhaustion before such discomforts arise. For this reason, the cases studied under the heading of exhaustion can also be considered as the consequences of burnout.

Although the results to be described in this section are not only specific to the burnout, these results show how costly and damaging the burnout can be, while underlining the necessity and importance of the burnout.

#### **A. NEGATIVE EFFECTS ON INDIVIDUAL**

Burnout syndrome, which is a stress derivation, affects individuals in many ways. But the main source of the individual's sense of fatigue is the tension that they experience in the work environment. This continuing tension in the business

environment causes the individual to see nightmares, to suffer from insomnia and fatigue, and often to be confronted with a dream that things will go wrong. On the other hand, chronic fatigue and tension is probable. It also increases the likelihood of catching cold such as influenza, colds, and headache. One of the most important and most visible consequences of exhaustion is the decrease in energy that is due to all of these<sup>20</sup>.

On the other hand, physiologic discomforts that may develop due to the stress; diseases such as circulatory system and cardiovascular diseases, respiratory system diseases, digestive system diseases, reproductive system diseases, endocrine gland diseases, skin diseases, movement system diseases and migraine are very high due to burnout and stress relationship.

Against the physiological consequences of burnout, the individual will try to protect himself by developing some somatic reactions. The physiological problems faced by the individual in the process of extinction will tend to disrupt his psychological discipline. Indications such as depression, anxiety, helplessness and loss of self-esteem in such situations are indicative of a "mental illness" at the beginning of depression<sup>21</sup>. These and similar problems that are experienced in the physical and psychological environment cause negative effects on the individual, causing the individual to lose his sense of accomplishment and respect for himself / herself. The individual in this kind of emotion will start to think that he is not doing well and doing his job well. For the organization he works for, he feels himself worthless, his performance drops, he constantly feels unsuccessful, and he tends to blame himself. This tendency causes the individual to isolate himself / herself from the human being in order to weaken communication in the business environment.

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<sup>20</sup>Freudenberger and Richelson, 1981: 443

<sup>21</sup>Maslach, Schaufeli and Leiter, 2001: 406

For the reasons listed above, the person who feels exhausted from the emotional side and who is growing dissatisfied with people is much more easily annoyed and may respond with a sudden anger against even a minor error. The uneasiness and anger that occurs does not only affect the negative feelings of the other person, but also the suspect / paranoia attitude. The person who experiences burnout begins to think that everyone around him is trying to make his life difficult. Individuals who experience exhaustion exhibit negative behaviors in relation to their clients or those they meet in the workplace. On the other hand, job separation, disproportionate behaviors, poor personal communication and low job satisfaction arise.

In addition to all this, the exhausted person can try to challenge anyone encountered by running a defense mechanism, believe everything he knows, know everything he knows. One can think of the idea of "Nobody can do that, only I do it", which may lead the individual to enter into more risky jobs than normal. Individuals can see excessively risky jobs as an opportunity to prove themselves and others to "work". These effects negatively affect the quality of life of the individuals and cause unhappiness.

## **B. NEGATIVE EFFECTS ON THE BREEDING WORKING LIFE**

Burnout is a syndrome that initially affects on an individual level. However, this situation increases over time in individual dimensions. Burnout, which causes the individual to lose their health and deteriorate their morale, has some negative effects on working life. According to Maslach and Zimbardo (1982), burnout is the most effective on the working life because it causes the performance of the individual to decline. This decline usually manifests itself in the nature and quality of work done. As a result of poor performance, motivation is falling and the individual is beginning to feel hindered.

In this case, the individual does not worry about being more successful if he does not care about his work anymore. Therefore, they do not make much effort for the business, causing the success of the enterprise to fall and consequently the organizational success to fall. It can be said that this situation brings heavy costs to both the employees and the middleman.

Another negative effect of the burnout on working life is that it does not cause inadequate attention to the people / customers given the service. Thus, the individual is beginning to pay no attention to the needs of the people / customers he / she serves and to serve them in a disrespectful manner. The poor quality of service and the non-humanistic attitude of the individual negatively affect the customers who are served. This condition is related to the desensitization dimension of your depletion.

The burnout, which spreads like an infectious disease due to angry, skeptical, belligerent attitudes and slowing down work, also affects other workers. This reduces the efficiency and efficiency of the organization because it causes low performance and high labor turnover rate.

One of the effects of burnout on working life is the effect on employee job satisfaction. Individuals who are not satisfied with the work they are doing and who cannot find the peaceful working environment they want within the organization, have a high level of morale and motivation disorder. Individuals who have been exhausted may have a tendency to completely abandon their profession when they lose their confidence in their knowledge and experience when they cannot find the energy they can carry on. This means that the specialized staff in the field is lost in terms of organizations, and both person and organization and the country's economy suffer from this situation.

The increasing effect of the occupational turnover rate of burnout also adds to the costs of organizations. On the other hand, situations such as absenteeism or

presenteeism in the workplace, on the other hand, reduce productivity and efficiency by increasing the working costs of organizations.

One of the negative consequences of burnout on the organization is that the individual who is exhausted has to leave his / her job because he is not satisfied with energy and self-confidence. <sup>22</sup>The absenteeism, false illness, extravagance, and casualties that arise in the compulsory remaining in the organization also cause massive financial loss to the organization. In this case, job dissatisfaction, lack of organizational dependence and insensitivity to work will significantly reduce organizational success and productivity.

Another negative effect of burnout on working life is the decline in production quality and work accidents. Because of the problems they face, individuals are confused and their ability to do business is weakened. This can cause job accidents from time to time because they produce defective or poor quality and cannot give themselves up to what they are doing.

Individuals suffering from exhaustion also have a negative impact on their colleagues as a result of interpersonal conflicts and / or impeding work done. Problems with burnout are not confined to the person who is exhausted by spreading around by means of interpersonal relationships. According to Burke and Greenglass (2001: a), burnout, which spread like an epidemic disease, immortalizes itself within the organization after a certain period of time.

### **C. NEGATIVE EFFECTS ON FAMILY LIFE**

The consequences of burnout do not end with the negative effects on the individual and the working life, the burnout causes negative consequences on the

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<sup>22</sup>Cooley and Yovanoff, 1996



family life as it causes psychological distress, behavioral disorders and interpersonal conflicts.

When an individual experiences extinction due to problems he or she has encountered in his work, his or her effects show itself seriously in private life. The person who comes home with feeling of exhaustion, the children or the parents feel neglected and alone, and the individual feels dissatisfied with being with them. For this reason they accuse the individual. The individual who has the feeling of guilt due to the already burned out causes the family to be subjected to more serious problems by such accusations and to cause the conflicts within the family, the family members to move away from each other, the divorce or the separation in the separate home and the child and the parent.

On the other hand, women in working life have to carry out a two-shift work system due to their responsibilities related to their wives, children, family elders and housework after their working hours at the end of their working hours. This affects the success of women in their working life and makes it difficult for them to fulfill their responsibilities regarding family life. Women who are unable to find time to devote themselves to being in a two-shift working system in this way are much more likely to be exhausted than men. This situation causes the woman to experience the problems of her family life or bring her problems while bringing about uneasiness and conflicts in the family.

One of the causes of the divisions within the family is the restriction of the private life to the job, such as the individual being called at inappropriate times, or even forced to go to work. Such situations are heavily weighted for the individual. As a matter of fact, the most important problem in this regard is; the individual who has to be prepared at any time because it will not be known when any emergency will emerge; Nevertheless, the way in which the time spent in common with the family is interrupted in this way, and that it repeats frequently over time, will distract the

family members from each other. Increased discomfort and quarrels in the family can cause serious family problems. Among these problems, separation / divorce is in the first place.

The next part of the work will focus on a concept that is opposed to burnout syndrome, which has both significant individual and organizational negative effects. For years, the literature has talked about the burnout of the stricken person due to his work; the consequences of burnout, the negative consequences and ways of coping. However, the concept of engagement with work, which is the other side of the medallion, has not been given particular importance to our country. There are a number of recent studies in Turkish literature on work integration. In the next part of this study, the concept of work integration will be defined, the relation to burnout and its sub-dimensions will be examined, and then the strategies that can be proposed to form integration with the work that has the opposite effects of exhaustion.

#### **IV. CONCLUSION**

The concept of burnout is a syndrome seen in people who have to constantly face people face to face. This syndrome is also seen intensely in the banking sector, one of the sectors in which people serve humanity. As a result of the research, it was investigated whether the burnout levels of the bank employees affect the job satisfaction. The results are summarized below:

When we look at the statements about job satisfaction, it is seen that employees generally go between dissatisfaction and undecided satisfaction. It seems that the exhausted levels of employees are not high, but they are concerned that future burnout in the future will increase.

Satisfaction and burnout levels of both employees were found to be unchanged according to gender. There was no significant relationship between satisfaction and marital status of the employees. It can be stated that there is no meaningful difference between the marital status of the employees and the burnout levels, so there is no relation. It can be said that the dimensions of job satisfaction are related to each other and the level of this relationship is high and very high. A meaningful relationship was found between emotional exhaustion and personal failure, and this relationship was found to be moderate. There is also an association between depersonalization and personal failure, but it can be said that this relationship is weak and negative. It can

be said that the emotional burnout, personal failure and desensitization levels affect half of the internal satisfaction of the employees when they are affected by the internal satisfaction of the burnout levels of the bank employees. It is seen that the external satisfaction of the employees is less affected by the internal satisfaction from the burnout levels. Satisfaction which the exhaustion levels of the bank employees had the greatest effect on the job satisfaction of the employees was the general satisfaction. Later on, internal satisfaction was in second place and external satisfaction was in third place.

As a result, it has been seen that employees are more likely than their external gratifications to be satisfied with their internal qualities such as achievement, recognition or appreciation, job itself, job responsiveness, job change due to promotion, and so on. This can be thought of as a sign that employees are satisfied with their work when they are first satisfied by their internal gratification. The higher the burnout level of employees, the lower the job saturation ratings. Therefore, it will be inevitable for managers to enter into a long-term process to destroy the burnout that has occurred.

## REFERENCES

- Arnold, J. H. and Feldman, C. D. (1986). Individuals in organizations. USA: McGraw Hill Int. Editions.
- Balay, R. (2000). Organizational commitment of managers and teachers in private and public high schools (unpublished doctoral thesis). Ankara university. Ankara.
- Bolat, İ.O., (2011). Self-efficacy and burnout relationship: mediating effect of leader-member interaction. Aegean Academic Overview. 11 (2), 255-266.
- Boone, E. L. and Bowen, D. D. (1987). The great writings in management and organizational behavior. (2nd ed.). USA: McGraw Hill. Inch.
- Çetin, F., Basım, H.N. and Aydoğan, O. (2011). Relation of organizational commitment to burnout: a survey on teachers. Selcuk University Journal of Social Sciences Institute. 25, 61-70.
- Erol, A., Sarıççek, A. and Gülseren, Ş. (2007). Burnout in assistant physicians: job satisfaction and depression. Anatolian Journal of Psychiatry. 8, 241-247.
- Erkmen, T. and Şencan, H. (1994). Research on the effect of organizational culture on job satisfaction in two different sized businesses operating in the automotive industry. II. Management Congress, DEU. Faculty of Business Publications: 1, 143.

Sunning, N.P. and Üstün, B. (2010). the second stage burnout in physicians and nurses working in health care in Turkey: review of the literature. ", Dokuz Eylul University, School of Nursing Electronic Journal. 3 (1), 40-51.

Holy, D. and Bilge, F., (2012). Burnout and social support levels of high school students. Education and Science. 37 (164), 283-297.

Maslach, C., Schaufeli, W.B. and Leiter, M.P. (2001). Job burnout. Annual Review Psychology. 52, 397-422.

Özsoy, E. ve Gündoğdu, H. (2013). Tükenmişlik düzeyleri ile iş-aile, aile-iş çatışması arasındaki ilişki: bankacılık sektöründe bir araştırma. 12. Ulusal İşletmecilik Kongresi. 283-297.

Sat, S., (2010). Banka çalışanlarının iş doyumu ve tükenmişlik düzeylerinin incelenmesi. Çukurova Üniversitesi İktisadi İdari Bilimler Fakültesi Dergisi. 14(2),47-66.

Serinkan, C. ve Bardakçı, A. (2007). Pamukkale üniversitesi'nde çalışan öğretim elemanlarının iş tatminlerine ilişkin bir araştırma. Selçuk Üniversitesi Karaman İ.İ.B.F. Dergisi. 12(9),152-163.

Ylvisaker, Mark and Timothy Feeny “ Executive function, self-regulation and learned optimism in paediatric rehabilitation: a review and implications for intervention”. Developmental Neurorehabilitation volume 5, issue 2. 2012

Seligman, Martin. “Learned optimism”. New York, NY:Pocket books.1998

Schulman Peter “ Applying learned optimism to increase sales productivity”. Volume XIX, No1, Winter 1999

<https://www.kognitiv.no/wp-content/uploads/2014/11/Depresjon-Tyrkisk.pdf>

<https://www.psikologofisi.com/depresyon/turleri-nelerdir>

<http://www.psikoterapi.pro/psikiyatri-antalya/depresyon-cesitleri>

<http://www.ctf.edu.tr/stek/pdfs/17/1701ms.pdf>