THE PROFESSION WITHOUT A FRAME: THE ASSESSMENT OF PSYCHO-SYMPTOMATOLOGY AND HELP SEEKING ATTITUDES OF SET WORKERS IN RELATION TO BURNOUT

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The Profession without a Frame: The Assessment of Psycho-symptomatology and Help Seeking Attitudes of Set Workers in Relation to Burnout

Çerçevesiz Bir Meslek: Set İşçilerinin Psiko-semptomatoloji ve Yardım Arama Tutumlarının Tükenmişlik ile İlişkilerinin Değerlendirilmesi

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Abstract

The aim of the present study was to assess burnout levels of set workers in Turkey in the scope of psychopathological symptomatology and professional help-seeking attitude. A sample of 432 set workers participated to the study. Survey package included Demographic Information Form, The Brief Symptom Inventory (BSI), The Scale of Attitudes toward Seeking Psychological Help- Shortened (ASPH-S) and Maslach Burnout Inventory (MBI), respectively. The results revealed that there was a positive correlation between work load and burnout whereas a negative correlation with income, age and years of experience. The results also indicated the set workers in working in TV series and the assistants in the departments were experiencing higher levels of burnout. It was also found that there was a positive correlation between burnout and psychological symptoms in terms of depression, anxiety, negative sense of self, somatization and hostility. When help seeking attitude was taken into consideration, it was found that there was a positive relation between depersonalization and a negative relation with personal accomplishment. The present study also investigated whether the correlated psychological symptomatology and attitude toward seeking psychological help predict burnout while controlling for demographic variables. Finally, it was discussed for a suggestion of a new understanding of psychotherapy for certain professions, like the film and TV series industries.

Özet

Bu çalışmanın amacı, Türkiye'deki set işçilerinin psikopatolojik semptomatoloji ve profesyonel yardım arama tutumunun tükenmişlik düzeyleri kapsamında değerlendirilmesidir. Araştırmaya 432 set işçisi katılmıştır. Anket paketinde sırasıyla Demografik Bilgi Formu, Kısa Semptom Envanteri (KSE), Psikolojik Yardım Almaya İlişkin Tutum Ölçeği- Kısaltılmış Form (PYÖT-K) ve Maslach Tükenmişlik Envanteri (MTI) bulunmaktadır. İş yükü ve tükenmişlik arasında aynı yönde; gelir, yaş ve meslekteki deneyim süresi arasında ters yönde anlamlı ilişki bulunmuştur. Dizi çalışanlarının ve setteki departmanlardaki asistanların tükenmişlik düzeyleri daha yüksek seviyede bulunmuştur. Aynı zamanda tükenmişlik ile depresyon, anksiyete, olumsuz benlik, somatizasyon ve hostilite açısından psikolojik belirti gösterme arasında aynı yönde bir ilişki bulunmuştur. Yardım arama tutumu dikkate alındığında, duyarsızlaşma ile aynı yönde, kişisel başarı ile ters yönde anlamlı bir ilişki bulunmuştur. Bu çalışmada demografik değişkenler kontrol altında tutulduğunda, psikolojik semptomatolojinin ve yardım arama tutumunun tükenmişliği yordaması da incelenmiştir. Son olarak, film ve dizi sektörü gibi belli meslekler için yeni bir psikoterapi anlayışı önerisi tartışılmıştır.

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For those who lost

their lives while shooting…

1. Introduction

It has been widely thought that the people working in film and television industries enjoy themselves as much as the audience watching what they have created. With all the luxury, action, love, vendetta and horror; with the fame upon the perfect lives and perfect body images of actors and actresses, it can be considered as a dream job for someone who has no idea about what really is going on behind the scenes. Is that really the case of working behind the camera? Do the workers really enjoy their job? Are they really the *shiny happy people* as seen on the screen and the behind the scenes videos?

The film industry in Turkey can be an example of Post-Fordist Production as one of the features of this production style is the informal labor market elevation (Kıran, 2013). Lots of people work for the industry off the books, with no record. In this industry, every production leans on a small army of workers behind the camera. A movie, an episode of television series, a documentary, a music video, an advertisement etc. has a crew, spending at least 12 hours a day and 6 hours a week, mostly without an insurance and mostly in insecure set ups. A crew sometimes has no time to sleep or take a shower, let alone spending time with their loved ones. It is sometimes described as a crew that is constantly dreaming about ten minutes more sleep (Burgu, 2014).

With less sleep and self-care, in dangerous settings, it is seen that some members of the crew passed away, by a car accident or a heart attack,

or simply just because lack of attention in an exhausting long working day. That brings the question, ‘Is human life that cheap to waste in a million dollar industry?’ On January 2015, the profession started to be classified as ‘hazardous occupation’ (Kenarlı, 2015).

On the other hand, burnout has been an issue of interest for over 35 years since Maslach & Jackson developed Maslach Burnout Inventory in 1981 (Maslach, Leiter, & Jackson, 2012). Burnout was defined as an occupational stress, composed of *emotional exhaustion*, *depersonalization* and *reduced personal accomplishment*, according to the MBI (Maslach, Schaufeli, & Leiter, 2001). In the manuals that are used by clinicians and researchers to diagnose and classify mental disorders, burnout was defined as a ‘state of vital exhaustion’ in International Statistical Classification of Diseases and Related Health Problems ([ICD-10], World Health Organization, 1990); whereas the syndrome didn’t appear in Diagnostic and Statistical Manual of Mental Disorders 5 ([DSM-5], American Psychiatric Association, 2013). The current studies suggested that burnout was a form of depression (Bianchi, Schonfeld, & Laurent, 2015).

With the information above, the aim of the present study is to address psychopathological symptoms and help-seeking attitudes of set workers in Turkey in relation to burnout. Burnout should not be considered as only an occupational problem, but an issue which has also diffused into all areas of life. For this purpose, the film and television industries and the workers will be mentioned, the concept of burnout will be deeply

introduced, recent literature will be reviewed and hypotheses will be presented.

1.1. Set Crew

There is no single definition of a set crew, but it can be described as the workers who are hired by a production company for shooting a movie, television series, music clips, an advertisement, a documentary, or TV programs. The simplest definition is that set crew is the people who works behind the camera for a production.

The interpretations of the job descriptions are vague and not clear between film industry workers and TV program workers. Production and post production companies are not only working for Television broadcasting but also for advertisements and film industry, causing a debate about some professions' belongingness (Çelikcan, & Büker, 2013).

As the professions are engaged, sometimes it is hard to differentiate one member's duty from another in the same department. The titles and the duties are not fixed but flexible in every production. Moreover, the titles are not universal. One country's set member title, does not have a correspondence in another country. Besides that, some departments don't even exist in some countries, but the work is done by other departments.

Figure 1 offers a hierarchical organizational chart with the most present departments and titles in film and television series industries in Turkey.

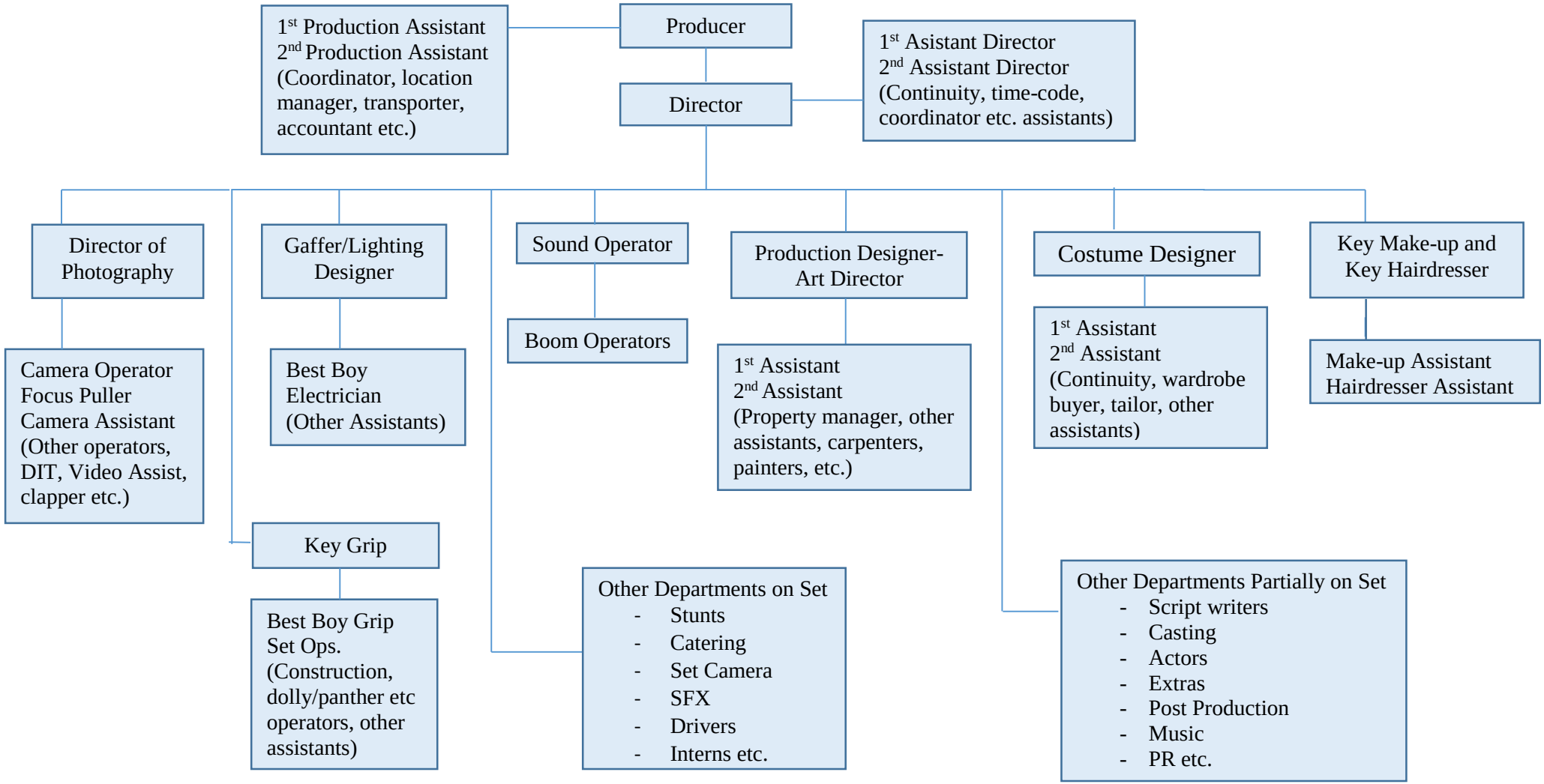

Figure 1. Hiearchical organizational chart of a production with the most used titles in Turkey.

1.1.1. Division of Labor within Set Crew

"Like the military, on a film crew all members know their jobs, where the boundaries are and who the boss is, always under absurd time constraints and while solving logistical problems under adverse physical conditions. Unlike the military, they are working on an artistic project that demands constant creative as well as financial problem solving" (Peterson, 2014, p. 90).

Set members' tasks are separated within a set crew. Every member is specialized in his/her task within his/her own department. If one member of the department is not present for some reason or if there is a second unit for the moment, the other members may take his/her place temporarily. The brief job definitions of the members' on set within the most apparent departments in Turkey are presented below.

Production Department: The head of the department is the *producer* who is responsible for the budget and creating the conditions for making the production. The producer is involved through all processes before, during and after the shooting; supervises and guides the entire crew, brings the key personnel to the crew**.** *Production assistants* (PA) assist the producer, director's team, alongside the entire crew. They are responsible for location, coordination, transportation, management and organization of the set (Winokur & Holsinger, 2001).

Directing Department: The head of the department is the *director* who interprets the script with the ability to lead and control people, advices to

the other head of departments, instructing major technical people, consults on the budget and responsible for what happens on the set. *Assistant directors* (AD) assist the director, prepare script breakdown and shooting schedule, work on call sheets, schedule meals and other facilities. They are responsible for continuity, supervising the set, directing the background action and coordinating the crew (Griesinger, 2015).

Camera Department: *Director of Photography* (DOP) is the chief of the camera and the lighting crew in the shooting, choosing the correct aperture, filtering and lightning of the scene with the instruction of the director. *Camera Operator* is the one responsible for the rolling of the camera with the instruction of DOP and responsible for the camera movement with satisfactory pictorial images. *Focus Puller* adjusts the focus of the lens for keeping the main action sharp. *Camera assistants* are the members whose main duty is to maintain and care for the camera and to record the sheets for the details of the shooting (Griesinger, 2015).

Lighting Department: *Gaffer* is the head of the department, responsible for the design and lighting of the production. *Best boy* is the chief assistant of the gaffer. *Lighting technicians/assistants* are involved with the setting up and controlling the equipment (AGCAS, 2015).

Grip Department: *Key Grip* is the chief of the department and the head of the operations in the set, helping for the set up of the set in coordination with the other departments. *Best boy grip* is the chief assistant of the key grip. *Grip assistants* are the ones responsible for construction, preparation

of the set and operating the equipment such as dolly, panther, crane etc. (Lilium Foundation, 2016).

Sound Department: *Sound operator* is responsible for the recording of the production sound. *Boom operators* are the ones holding the booms, placing microphones and operating various recording devices (Lilium Foundation, 2016).

Art Department: *Art director* is responsible for the design of the sets, coordinating and facilitating the decoration and dressing. *Art assistants* are the ones preparing the set and provides the necessary items (props) for the scenes (Griesinger, 2015).

Costume Department: *Costume designer* designs, maintains and obtains the costumes for a production with multiple rehearsals with the cast. *Costume/wardrobe assistants* are the ones responsible for continuity as well as organization and management of the costumes (Lilium Foundation, 2016).

Make-up and Hair Department: *Key make-up person* is the one applying and maintaining the make-up of the cast. *Key hair dresser* dresses and maintains the cast members' hair. *Make-up and hair assistants* are responsible for the maintenance of the make-up and hair of the cast (Lilium Foundation, 2016).

Other departments: There are certain other departments such as *cast department* responsible for the casting of the actors/actresses and extras; *catering* whose main duty is to keep the crew fed; *drivers* of every

department and cast vans; *actors/actresses, extras, script writers, action stunts, special effect supervisors, post-production crew* and so on…

1.1.2. Working Conditions of Set Crew

There is no regulation about the working conditions of a set crew in Turkey, yet. In most productions, the members of the set work for 6 days a week and 16-18 hours, in dangerous and unhygienic environments (Bekçi, 2015). There is no frame or boundary in the industry. The workers don't know when they will be done for the day as it depends on numerous things that one can never calculate. On January 2015, the profession started to be classified as 'hazardous occupation' (Kenarlı, 2015). Since January 2015, Cinema-Television Union has been working on smoothing the conditions in and the work load of the film and television industries (Sinema Televizyon Sendikası, 2015).

The set workers are usually paid per week, but sometimes production companies are in debt and cannot pay the employees for a few weeks, sometimes but rarely, the workers are not paid at all (Doğan, 2015). Uncertainty penetrates into usually every aspect of the industry.

The excessive work load and unhealthy conditions in the industry led to accidents and sometimes death of the members. Working long hours causes less sleep and exhaustion of the members, resulting in accidents.

Only a few of the problems are taking place in the newspapers. Most of these news are about actors and actresses, but very few are about the members working behind the camera. A few members died during or after

the shooting in the previous years (Vardar, 2015; Öztürk, 2005; Bilge, 2009). There were major accidents because of the working conditions (Şeker, 2009; DHA, 2014).

Set members do not only deal with the external conditions but also with each other. There had been some incidents of insults, fights and harassment within the set (Aral, 2016; Usanmaz, 2013, Uçar, 2013; Hararlı, 2009; Kırkeser, 2014).

These examples are the ones that are taken places in the newspapers. Every set member has another negative story under these extreme circumstances. With all the difficulty and work load in the industry, it is hard to stay strong and bear the challenges psychologically.

1.2. Help Seeking Attitude

Psychological help seeking was defined as an attitude of an individual which was the tendency to seek or resist professional aid during a personal crisis or psychological discomfort (Fischer & Turner, 1970). Help seeking attitude differed among socioeconomic status and gender according to research. Upper classes tend to have a more positive attitude toward help seeking than lower classes and also women tend to have a more positive attitude than men toward help seeking (Özbay, Terzi, Erkan, & Çankaya, 2011; Fischer & Turner, 1970).

Research showed that, as in many other countries, there was a high prevalence of mental health problems in Turkey and yet unwillingness to seek psychological help (Topkaya & Meydan, 2013). As a collectivistic culture, self was defined by important relationships and social roles in Turkey (Topkaya,

2015). As the family could be considered as central and the members of the family were close, they were also the main support in addressing problems. Consulting family and friends interfered with professional mental health care (Bilican, 2013; Setiawan, 2006).

On the other hand, mental health stigma, which disqualifies the individual from full social acceptance, was another barrier for help seeking (Çiftçi, Jones, & Corrigan, 2013). Willingness to seek psychological help was often seen as a loss of face -deterioration in one's social image-, self-stigma and public stigma. This stigmatization might effect the social network of the individual in terms of negative stereotypes and prejudices, resulting in label avoidance (Çiftçi, Jones, & Corrigan, 2013; Topkaya, 2015). Disclosing one self to other, which is a crucial component in psychotherapy, was considered as another factor in help seeking orientation, as much as the individual's own preoccupations and beliefs about the treatment (Fischer & Turner, 1970).

1.3. Psychological Symptoms (Psycho-symptomatology)

According to World Health Organization, mental health was defined as a state of well-being that helped to cope with stress in a productive and fruitful way while being able to contribute to the community (2014). Psychological symptoms could be explained as the abnormal symptoms that were used to diagnose psychological disorder (Kılıç, 1987). The brief definition of the present study's psychological symptoms that were taken into consideration according to the Brief Symptom Inventory (BSI) are presented below:

Anxiety: A set of symptoms in association with high manifest of anxiety with restlessness, nervousness and tension; a future oriented mood state in preparation for upcoming possible future events (Craske, Rauch, Ursano, Prenoveau, Pine, & Zinbarg, 2009).

Depression: Depressed mood or loss of interest in daily activities; change in mood and impaired social, occupational or educational function causing loss of appetite, weight, sleep or energy as explained in DSM 5 (APA, 2013).

Negative Sense of Self: A *self* is described as a sense of personal existence; in coordination with an idea of personal identity (s*elf-concept*) and feelings of personal worth (*self-esteem*) (Hamachek, 1985). Negative sense of self could be considered as the combination of adverse self-concept and self-esteem.

Somatization: The psychological distress arising from the perception of bodily dysfunction resulting in cardiovascular, gastrointestinal, respiratory and other systems with aches, pain and discomfort (Derogatis & Melisaratos, 1983).

Hostility: The cynical mistrust and aggressive verbal or physical acts with an aim of harming others (Geipert, 2007). Hostility is the feeling of annoyance and irritability with an urge to break things, frequent arguments and temper outbursts (Derogatis & Melisaratos, 1983).

1.4. Burnout

1.4.1. History and Development of the Concept

In the novel *A Burn-Out Case*, an English author, Graham Greene, presented an architect who had quit his job and got away into the African

jungle in 1961 (Maslach et al., 2001). After a decade, in 1974 the term *burnout* was introduced to the psychology field by Freudenberger referring to "to fail, wear out, or become exhausted by making excessive demands on energy, strength, or resources" (as cited in Kahill, 1988, p. 284). In addition to that, Freudenberger (1975) described burnout as an 'occupational danger', that was defined by "a feeling of exhaustion and fatigue; being unable to shake a cold, feeling physically run down; suffering from frequent headaches and gastro-intestinal disturbances; this may be accompanied by a loss of weight, sleeplessness, depression and shortness of breath." (p. 74). Burnout was identified as a psychological disease with psychosomatic reactions, arising as a result of working conditions.

Edelwich and Brodsky defined the term as 'loss of idealism, energy and purpose' of the helping professions due to working conditions (1980); whereas Muldary argued that burnout was a process of health professionals with the result of failing in stress management, experience of exhaustion and detachment from patients, fellow professionals and the organization (1983).

Later on, Maslach and Jackson developed the concept of burnout into a syndrome defined as emotional exhaustion and cynicism taking place between individuals doing 'people work' (Maslach & Jackson, 1981). Burnout was extended into three key dimensions, (a) over-whelming exhaustion, (b) feelings of cynicism and detachment from the job, (c) a sense of ineffectiveness and lack of accomplishment (Maslach et al., 2001, p. 399).

1.4.2. Symptoms of Burnout

Burnout is a process occurring as time progresses. There were a lot of symptoms forenamed in the literature; some overlapping, Einsiedel and Tully listed 84 symptoms, whereas Carroll and White listed up 47 different symptoms (Kahill, 1988). The symptoms of burnout can be grouped into five categories: *physical, psychological, behavioral, interpersonal and attitudinal.*

1.4.2.1. Physical Symptoms

These symptoms were characterized by fatigue, exhaustion, feeling drained, somatic headache and stomach aches, insomnia, weight loss, loss of appetite, gastrointestinal problems, heart disease, back pain, respiration difficulties, loss of energy, etc. (Eker, Anbar, & Karabıyık, 2007).

1.4.2.2. Psychological (Emotional) Symptoms

These symptoms included emotional exhaustion, disappointment, depression, loneliness, feeling meaningless, anxiety, restlessness, anger issues, cognitive problems, apathy, hopelessness, loss of motivation, decreased satisfaction, guilt etc. (Weinberg, Edwards, & Garove, 1983; Kaçmaz, 2005).

1.4.2.3. Behavioral Symptoms

These symptoms could be defined as difficulty in interpersonal relations, oversensitivity, getting easily angry, crying easily, role ambiguity, attitudes towards work such as coming late, cynical attitude, resisting change, increased tendency to use alcohol and/or substance, over smoking, consumption, isolation from others etc. (Eker et al., 2007; Soncu, 2010).

1.4.2.4. Interpersonal Symptoms

The burned-out individuals may communicate with clients, friends or family members impersonal; at work it may result such as not answering or hanging up the phone, the forms of avoidance or escape; complaints about clients or work most of the time (Jackson & Maslach, 1982); violence etc. (Kahill, 1982).

1.4.2.5. Attitudinal Symptoms

Pessimism, cynicism, negative attitudes toward everything including the oneself, clients, work, the world; with a desire to escape; reduced satisfaction and lowered expectations, reduced satisfaction with the job in terms of with coworkers, supervision, promotion, with pay or with specific work activities etc. could be considered as the attitudinal symptoms of burnout (Kahill, 1982).

1.4.3. Dimensions of Burnout

In their studies, Maslach and Jackson identified three key components of job burnout: *emotional exhaustion*, *depersonalization* and reduced *personal accomplishment*. These three dimensions were also the subscales of *Maslach Burnout Inventory* which was developed to assess experienced burnout in a range of human service workers (Maslach & Jackson, 1981).

1.4.3.1. Emotional Exhaustion (EE)

Emotional exhaustion was linked to tension, anxiety and physical fatigue (Lee & Ashforth, 1990). Jackson, Schwab and Schuler defined the cause of emotional exhaustion as psychological and emotional demands on the people who are helping other people (1986). It was referring to the "employee's feeling of mental fatigue that makes him/her lack the energy to invest and dedicate to his/her work" (Dimitrios & Konstantinos, 2014, p.44). It could also be considered as the feelings of being drained with an excessive burden of work.

1.4.3.2. Depersonalization (DP)

Depersonalization could be characterized as a distant attitude towards others related to work, with less motivation and withdraw from the work (Bianchi et al., 2014). The individual showed dehumanized behavior and attitude to the others and felt distant. It could be thought as a coping mechanism through treating

others as objects (Lee & Ashforth, 1990); and also using object names towards others instead of personal names (Jackson et al., 1986).

1.4.3.3. Personal Accomplishment (PA)

Personal accomplishment was scored differently than the other two components. The more the individual felt accomplished, the less likely he/she suffered from burnout. *Reduced personal accomplishment* was an important dimension of burnout. It could be described as less self-efficacy and feeling less capability (Lee & Ashforth, 1990); feelings of inadequacy and incompetence with the loss of self-confidence (Bianchi et al., 2014). The individual felt less motivated, less control and helpless towards work (Kaçmaz, 2005).

1.4.4. Factors Contributing to Burnout

Burnout had been an important concern to the organizations as there was a lot at stake, in the sense of lower commitment, performance, satisfaction etc. To understand the leading processes of burnout, different theories emerged throughout researches.

1.4.4.1. The Conservation of Resources Model of Burnout

Hobfoll and Freedy (1993) argued that resources are related differently to the dimensions of burnout. This model was centered on environmental and cognitive factors, proposing stress as a result of threat to resources, with specific implications for the

relationship between social support and burnout (Halbesleben, 2006). The main idea of the model was that the personal resources (i.e. employability, support from co-workers, family, friends,) may guard the worker against mental health problems, such as burnout (Halbesleben, 2006; Cuyper, Raeder, Van der Heijen, & Wittekind, 2012).

1.4.4.2. The Job Demands-Resources Model of Burnout

This modal proposed two categories of working conditions, which were job demands and job resources; assuming that burnout developed regardless of the occupation type when job demands were high and job resources were limited as these type of working conditions lead the employees into energy depletion and it also undermined the motivation of the employees (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). The Job Demands-Resources Model argued that while job resources encouraged engagement through motivation, job demands contributed to burnout (Crawford, Lepine, & Rich, 2010). There could be no doubt that this model gave a broader understanding of the burnout, not only developing among individuals doing ‘people work’ as Maslach and Jackson supposed (1981).

1.4.5. Prevention of Burnout

The quality of life and work was negatively effected by burnout. Research showed that as burnout occurred together with the individual

and organizational factors, an efficient intervention should focus on both individuals and organizations.

1.4.5.1. Organizational Prevention of Burnout

In an organization, reinforcement and award resources should be raised; long working hours should be lowered; low payment problem should be solved; vacation and social activities should be enhanced; personnel inadequacy should be fulfilled; the description of the work should be clear; orientation for the newcomers and supervision should be provided; regular team meetings should be organized for suggestions and criticism; tolerant, flexible, fair participation and management and a democratic management approach with horizontal responsibility would prevent and dissolve burnout away (Kaçmaz, 2005). It has also been identified that work engagement is a positive alternative of burnout (Leiter, Bakker, & Maslach, 2014).

1.4.5.2. Individual Prevention of Burnout

The individual should learn the risks and challenges of the job before applying; individuals should be encouraged to get help when they need to share feelings or difficulties; the individuals should know that they have boundaries and limitations; individuals should be encouraged to expand their lives outside of work; coworkers should spend quality time together outside of work so that they would develop an intimacy and support each other

(Kaçmaz, 2005). Personal resources such as self-care, self-awareness and self-monitoring are also important to reducing the risk of burnout as the resources lead the individual to gain constructive perspective, set boundaries and have activities outside of work as well as maintaining work/life balance (Rupert, Miller, & Dorociak, 2015). Hardiness may also prevent burnout as it has been found that is positively related to dedication and vigor, promoting work engagement (Bue, Taverniers, Mylle, & Euwema, 2013).

1.4.6. Burnout Research

The issue of burnout has been an interest for researchers for over 35 years. There has been many research on personalities and later on organizational factors. Health workers, academicians, teachers, social workers, nurses, doctors, mental health workers, police officers, individuals doing 'people work', have been used as target population in the studies. Most used variables have been organizational stressors and sociodemographic factors (Duquette, Kerowc, Sandhu, & Beaudet, 1994).

In a study conducted with 536 Greek midwives/obstetricians, it was found that younger participants reported greater depersonalization and less personal accomplishment than the older ones (Galanakis, Moraitou, Garivaldis, & Stalikas, 2009). In terms of gender, research showed that women experienced more job burnout than men; in terms of level of education, there was a significant difference in depersonalization and

personal accomplishment variables depending on the individual's university degree; and in terms of duration of service, some studies claimed that burnout was higher in employees with more experience (Dimitrios, & Konstantinos, 2014).

Some recent studies were on the association between burnout, depression, anxiety or previous mental health problems. According to a study with 423 hospital physicians, common mental disorders' prevalence from 6% for burnout to 42% for work-related fatigue; in between there was post traumatic stress disorder (PTSD), anxiety and depression (Ruitenberg, Frings-Dresen, & Sluiter, 2012).

Another research with 5575 school teachers assumed that the features of atypical depression were also observed in 63% of burnout participants, suggesting that burnout and depression were overlapping and depressive symptoms and depressive disorders were the central concerns in the management of burnout (Bianchi, Schonfeld, & Laurent, 2014).

A longitudinal study with 3717 Swedish healthcare workers argued that changes in physical activity associated with the changes in depression, anxiety and burnout across time (Lindwall, Jonsdottir, Gerber, Börjesson, & Ahlborg Jr, 2014).

1.4.6.1. Burnout Research in Turkey

A cross-cultural study with 226 psychiatrists working in Istanbul demonstrated that male psychiatrists had higher personal

accomplishment than the female psychiatrists; the ones using cigarettes had higher levels of depersonalization than the non-smokers; being married and working part-time were the factors that were increasing personal accomplishment; less years in service was associated with higher depersonalization; the ones that were more satisfied with their income had higher levels of personal accomplishment, whereas the others had higher levels of emotional exhaustion (Havle, İlnem, Yener, & Gümüş, 2008).

A study with 1076 female elementary school teachers, revealed that there was a meaningful positive relation between emotional exhaustion, depersonalization and career barriers from school and environment; a meaningful negative relation between personal accomplishment and carrier barriers (İnandı, 2009). Another study conducted with 532 secondary education teachers in Aydın argued that personal accomplishment of male teachers were higher than females; 20-40 year old teachers experienced more emotional exhaustion and depersonalization than 41 and over year old teachers; younger teachers had higher emotional exhaustion (Koruklu, Özenoğlu-Kiremit, Feyzioğlu, & Aladağ, 2012).

Eker, Anbar and Karabıyık (2007) investigated 160 academicians in Faculties of Economic and Administrative Sciences in universities of Turkey and found out that the depersonalization level of female academicians was higher than the male academicians; personal accomplishment of academicians with

university degree was lower than the ones with PhD degree; emotional exhaustion of associated professors and research assistants were higher than professors and personal accomplishment of assistant professors and research assistants were higher than professors; emotional exhaustion of the academicians working between 11-15 years were higher than the ones working more than 21 years. Toker (2011) also examined the levels of burnout among academicians with 648 participants from different universities in Turkey. The results indicated that research assistants had higher levels of emotional exhaustion than professors and higher levels of depersonalization than associate professors, whereas research assistants had lower levels of personal accomplishment than the others; single academicians had higher levels of depersonalization and married academicians had higher levels of personal accomplishment; younger academicians experienced higher levels of depersonalization (Toker, 2011).

With 32 hemodialysis nurses, a study posited that the score of emotional exhaustion of married nurses was lower than the unmarried nurses; the nurses with children had higher scores of emotional exhaustion and lower scores of personal accomplishment; nurses in state hospitals had higher depersonalization than the nurses working in private hospitals (Kavurmacı, Cantekin, & Tan, 2014).

Another study consisted of 270 assistant doctors, investigated that in terms of gender, depersonalization levels were significantly different and burnout levels differed according to the assistant doctors' medical branch (Dikmetaş, Top, & Ergin, 2011).

Other than the demographic information and work load of the participants, there had been some studies about the association between burnout, anxiety and depression. A similar study with 561 nurses working in a university hospital assumed that there was a positive correlation between depression scores, emotional exhaustionand depersonalization, whereas there was a negative correlation with personal accomplishment (Taycan, Kutlu, Çimen, & Aydın, 2006).

A similar study with 377 military nurses in Turkey, had found that there had been a strong correlation between burnout and depressive symptoms, esp. in the level of emotional exhaustion; however the nurses with chronic disease had high depressive scores but not higher burnout scores than the nurses without chronic disease. The study revealed that there was a strong association between burnout and depression but they were not the same condition (Bakir, Ozer, Ozcan, Cetin, & Fedai, 2010).

A study consisted of 37 ICU nurses argued that there was a strong relation between anxiety, depression and emotional

exhaustion and a marginal relation between depression and depersonalization (Tunçel, Kaya, Kuru, Menteş, & Ünver, 2014).

Buğdaycı, Kurt, Şaşmaz and Öner (2007) investigated 455 practitioners and specialists in Mersin and found out that there was a positive correlation between emotional exhaustion, depersonalization and depression whereas there was a negative correlation with personal accomplishment; in terms of age, when the physicians were older, depression, emotional exhaustion and depersonalization scores were lower and personal accomplishment score was higher than the younger ones.

1.5. Current Study

1.5.1. Aim of the Study

There is little if any literature on movie and television industries in respect to the psychology field. The aim of the study is to draw attention on the set workers' burnout levels in the scope of psychopathological symptomatology and professional help-seeking attitude. With a deeper discussion of these relations, the aim of the present study is to entertain a possibility to an expansion of the therapeutic frame for certain professions.

1.5.2. Hypotheses

Hypothesis 1: It was predicted that there was a significant relation between burnout levels and demographic characteristics of set workers in Turkey.

1.a. It was expected that there was a significant positive correlation between EE and working conditions, especially in terms of year of experience, type of work, set type, duration of work and their perception of working conditions.

1.b. It was expected that there was a significant negative correlation between EE and age, level of education and income of set workers.

1.c. It was expected that there was a significant positive correlation between DP and working conditions, especially in terms of year of experience, type of work, set type, duration of work and their perception of working conditions.

1.d. It was expected that there was a significant negative relation between DP and age, level of education and income of set workers.

1.e. It was expected that there was a significant negative correlation between PA and working conditions, especially in terms of year of experience, type of work, set type, duration of work and their perception of working conditions.

1.f. It was expected that there was a significant positive correlation between PA and age, level of education and income of set workers.

1.g. It was expected there was a significant difference between males and females in terms of EE, DP and PA. Females were expected to display more EE and DP than males, whereas males were expected to display more PA than females.

1.h. It was expected that there was a significant difference between set workers' set type and burnout levels. It was expected that television series' workers would display more EE and DP than the others, whereas movie workers would display more PA than others.

1.i. While controlling for income, it was expected that there was a significant difference between position of the set workers and their burnout levels. It was expected that the assistant in the departments would display more EE and DP than the head of departments, whereas the head of departments would display more PA than the assistants.

Hypothesis 2: It was predicted that there was a significant relation between burnout levels and psychological symptomatology of set workers in Turkey.

2.a. It was expected that there was a significant positive correlation between psycho-symptomatology of set workers (in terms of anxiety, depression, negative sense of self, somatization and hostility) and EE & DP.

2.b. It was expected that there was a significant negative correlation between psycho-symptomatology of set workers (in terms of anxiety, depression, negative sense of self, somatization and hostility) and PA.

Hypothesis 3: It was expected that there was a significant positive correlation between attitude of set workers toward seeking psychological help and EE & DP, whereas there was a significant negative correlation between attitude toward seeking psychological help and PA.

Hypothesis 4: It was expected that while controlling for background information, the correlated psychological symptomatology and attitude toward seeking psychological help would predict EE, DP and PA.

2. Method

2.1. Participants

A total of 833 set workers in Turkey signed the informed consent of the study through an online web site. Four hundred thirtyseven participants completed the survey; due to univariate and multivariate outlier analysis, the determined 3 outliers were excluded from the analysis. Moreover, two respondents were excluded from the sample since they indicated their gender as 'other' and not specified. Overall, the sample of the study consisted of 432 set workers (267 males, 165 females) who voluntarily participated in the study. Their ages ranged from 18 to 58 years (M = 30.17, SD = 6.15). Twenty-two percent of the sample was married and 11.3 % of the participants has children. Most of the participants (68.5 %) had a university degree and 5.6 % had graduate degree whereas 4.9 % graduated from primary school and 21.1 % were high school graduates. 131 of the set workers in the sample (30.3 %) have a union membership. 8.6 % of the participants reported getting psychological help from a psychologist or a psychiatrist and 9 % of those used psychiatric medicine. 73.8 % of the participants smoked, 79.9 % consumed alcohol and 17.6 % used drugs. Three hundred twenty participants (74.1 %) had insurance.

110 participants were from Directing Department; 57 from Production Department; 66 from Art Department; 30 from Wardrobe & Costume Department; 19 from Hair & Make up Department; 4 from Cast Department; 80 from Camera Department; 19 from Sound Department; 18 from Lighting Department; 18 from Grip Department; 7 from Set Photography & Behind the scenes; 4 from other departments. As the numbers of participants from the departments were not equal, they were gathered into 2 main groups: Head of departments (171 people, 39.6 %) and assistants (261 people, 60.4 %). (See Table 1 for working conditions.)

Table 1

Working Conditions of the Set Workers (*N* = 432)

Working Variables	*M*	*SD*	*N*	*%*
Years of experience (1-6)	4.64	1.22		
Less than 6 months			12	2.8
6 months – 1 year			13	3.0
1-2 years			41	9.5
2-5 years			104	24.1
5-10 years			141	32.6
More than 10 years			121	28.0
Type of Work (1-2)	1.16	.37		
Freelance			360	83.3
In-house			72	16.7
Set Type (1-6)	2.03	.75		
Movies			75	17.4
Television Series			255	59.0
Commercials			82	19.0
Music Clips			9	2.1
Catalogue shootings			2	.5

Other			9	2.1
Working Months of the Year (1-5)	4.0	.46		
Less than 1 month			4	.9
1-3 months			26	6.0
3-6 months			75	17.4
6-9 months			186	43.1
9-12 months			141	32.6
Working Days of the Week(1-4)	2.77	.87		
Less than 4 days			55	12.7
5 days			61	14.1
6 days			242	56.0
7 days			74	17.1
Working Hours of the Day(1-4)	3.09	.65		
Less than 8 hours			4	.9
8-12 hours			62	14.4
12-16 hours			256	59.3
More than 16 hours			110	25.5
Perception of Working Conditions (1-5)	4.28	.72		
Very easy			-	-
Easy			4	.9
Neither easy, nor hard			57	13.2
Hard			184	42.6
Very hard			187	43.3
Income per Week (1-8)	4.96	1.64		
Less than 250 TL			8	1.9
251-500 TL			29	6.7
501-750 TL			57	13.2
751-1000 TL			57	13.2
1001-1500 TL			93	21.5
1501-3000 TL			121	28.0
3001-5000 TL			45	10.4
More than 5001 TL			22	5.1

2.2. Instruments

Participants filled out several self-reports through an online website (www.surveymonkey.com) after signing out the informed consent (See Appendix A). The survey package was consisted of Demographic Information Form, The Brief Symptom Inventory (BSI), The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S) and Maslach Burnout Inventory (MBI), respectively.

2.2.1. Demographic Information Form

The demographic information form was composed of questions regarding gender, age, educational status, marital status, having children, number of children, usage of cigarette/ alcohol / drugs, years of experience in set, type of work, set type, union membership, position, duration of work (number of working months in a year, number of working days per week and working hours per day), perception of working conditions, insurance, income, psychological help and medication (see Appendix B).

2.2.2. The Brief Symptom Inventory (BSI)

The Brief Symptom Inventory was developed by Derogatis (1975). It was the shortened version of SCL-90-R, assessing the psychological symptom status. BSI was comprised of 53 items which reflected 9 symptom constructs: Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism. (Derogatis & Melisaratos,

1983). Items were rated on a 5-point Likert Scale (0 = not at all, 4 = extremely), on the bases of whether the respondents experienced within the last 7 days. According to Derogatis and Melisaratos (1983), BSI had high internal consistency reliability with alpha coefficients of dimensions ranging from .71 to .85.

The BSI was adapted to Turkish population and standardized by Şahin and Durak (1994), revealing 5 major factors: Anxiety (α = .87), Depression (α = .88), Negative Sense of Self (α = .87), Somatization (α = .75) and Hostility (α = 76). (See Appendix C).

2.2.3. The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S)

ASPH-S was designed, revised and shortened by Türküm (1997) to assess the attributes toward seeking psychological help. The self-report scale was consisted of 18 items, rated on a 5 point Likert Scale (1 = strongly disagree, 5 = strongly agree). There were two factors; 12 items for positive attitude and 6 items for negative attitude toward seeking psychological help. The instrument's internal consistency was .90 and test-retest reliability was .77. (Türküm, 2005). (See Appendix D).

2.2.4. Maslach Burnout Inventory (MBI)

MBI was a self-report questionnaire containing 22 items, developed by Maslach and Jackson (1981), measuring 3 dimensions of burnout: emotional exhaustion (EE), depersonalization (DP) and personal accomplishment (PA) (see Appendix E). The items were rated on a 7 point Likert Scale (0 = never, 6 = every day). Emotional exhaustion,

characterized by the feelings of being drained with an excessive burden of work, was measured by 9 items; depersonalization, characterized by distant attitude toward others, was measured by 5 items and personal accomplishment, as the self-efficacy and capability, was measured by 8 items. High scores on emotional exhaustion and depersonalization, low scores on personal accomplishment remarked burnout. The internal consistency rates for emotional exhaustion was .88 (α = .90); depersonalization was .72 (α = .71) and personal accomplishment was .83 (α =79) (Öner, 2006).

Analysis of reliability and validity of MBI was done in Turkish by Ergin (1992), reducing the scale rates into a 5 point Likert Scale (0 = never, 5 =always). Internal consistencies of emotional exhaustion was .83, depersonalization was .71 and for personal accomplishment was .72. Test retest reliability ranged from .67 to .83. Factor analysis also confirmed the 3 factor structure of MBI in Turkish adaptation (Öner, 2006).

2.3. Procedure

Data collection began after the approval from Ethics Committee Board of Istanbul Bilgi University. All of the data was collected via online web site www.surveymonkey.com. The link of the survey package was sent to the set workers by private message and shared through social media (e.g. Facebook). One of the unions, Sinema-Televizyon Sendikası (Cinema-TV Union), also helped for spreading the link. 833 set workers were reached within 8 days, in February 2016. Each respondent encountered the informed

consent page. Only after accepting to participate voluntarily, they could have continued to fill out the survey package. After filling out the Demographic Information Form, brief information about the scales were also present at the beginning of each scale. The contact information of the researcher was also provided in case the participants have any questions or interested in the results of the study when it's finished.

The data analysis of the current study was performed through Statistical Package for the Social Sciences (SPSS ver. 22.0).

3. Results

3.1. Preliminary Analysis and Test of Psychometric Quality of the Scales

Prior to analyses, data consisted of 437 participants was screened for missing values; there were no determined missing values in the data. Moreover, to determine whether any outliers existed in the data or not, univariate outlier analysis was conducted as the initial step. Three outliers were determined and excluded from the data. As the second step, multivariate outlier analysis was conducted in terms of Mahalanobis Distance by taking alpha as .001. No other outlier was determined in the multivariate outlier analysis. In addition to that, two respondents who indicated their gender as 'other' and not specified were excluded from the study. The final form of sample included 432 participants.

All scales used in the study had high reliability. Before investigating the study variables, scores of each factors of the scales were computed and

reliability coefficients were calculated. All scales and subscales had acceptable reliability coefficients ranging from .71 to .91 (See Table 2).

Table 2

Means, Standard Deviations and Cronbach Alpha Coefficients of the Scales (N =432)

Scales / Subscales	*M*	*SD*	*α*
Brief Symptom Inventory			
Anxiety (0-49)	14.01	9.91	.88
Depression (0-47)	18.36	11.37	.91
Negative Sense of Self (0-46)	14.89	10.26	.90
Somatization (0-36)	7.98	6.31	.81
Hostility (0-26)	10.04	5.83	.80
ASPH-S[1] (18-88)	36.04	12.72	.90
Maslach Burnout Inventory			
Emotional Exhaustion (0-36)	20.53	7.9	.89
Depersonalization (0-20)	8.32	4.47	.71
Personal Accomplishment[1] (6-32)	20.19	5.05	.72

[1] ASPH-S = The Scale of Attitudes toward Seeking Psychological Help – Shortened
[2] Unlike other MBI scores, a higher score on Personal Accomplishment subscale indicates lower burnout.

3.2. Analyses Relevant to Hypotheses

As the first step, the relationship between burn-out and background information of set workers in Turkey was examined through Pearson Correlation, t-test and one-way ANOVA. Correlations were computed among the three subscales of burn-out as emotional exhaustion (EE), depersonalization (DP), personal accomplishment (PA) and background information. The computed correlations are shown in Table 3.

The correlations between EE and background information, DP and background information, and PA and background information were computed separately. The results indicated that EE was significantly and positively correlated with working days, working hours and perception of working conditions (respectively $r = .306$, $p < .01$; $r = .219$, $p < .01$ and $r = .435$, $p < .01$), whereas EE was significantly and negatively correlated with income ($r = -.139$, $p < .01$). However no significant correlation was found between EE and age, level of education, years of experience and working months.

Furthermore, it was found that there was a significant and positive correlation between DP and working days, working hours and perception of working conditions ($r = .132$, $p < .01$; $r = .181$, $p < .01$; and $r = .241$, $p < .01$). On the other hand, there was a significant and negative correlation between DP and age, years of experience and income (respectively $r = -.224$, $p < .01$; $r = -.121$, $p < .05$ and $r = -.174$, $p < .01$). There were no significant correlation between DP and level of education and working months.

Table 3
Correlations Among Emotional Exhaustion (EE), Depersonalization (DP), Personal Accomplishment (PA) and Background Information

	Emotional Exhaustion	Depersonalization	Personal Accomplishment[1]
Age	-0.093	-.224**	.094
Level of Education	.034	.052	.005
Years of experience	-.032	-.121*	.134**
Working Months	-.023	.067	.102*
Working Days	.306**	.132**	-.019
Working Hours	.219**	.181**	-.062
Perception of Working Conditions	.435**	.241**	-.232**
Income	-.139**	-.174**	.188**

Note: Correlations marked with two asterisk (**) were significant at $p < .01$.

Correlations marked with an asterisk (*) were significant at $p < .05$.

[1] Unlike other MBI scores, a higher score on Personal Accomplishment subscale indicates lower burnout.

Moreover, it was found that there was a significant and positive correlation between PA and years of experience, working months and income (respectively $r = .134$, $p < .01$; $r = .132$, $p < .01$; $r = .102$, $p < .05$; and $r = .188$, $p < .01$). On the other hand, there was a significantly inverse relationship between PA and perception of working conditions ($r = -.232$, $p < .01$). In addition to that, there was no correlation between PA and age, level of education, working days and working hours.

As the second step, an independent samples *t* test was performed in order to compare gender in all of the subscales. The results indicated that gender was found to be statistically significant for EE variable ($t(430) = 2.777$, $p < .01$, $d = 0.26$). The effect size for this analysis was found to be Cohen's (1988) convention for a small effect ($d = 0.26$). These results indicated that female set workers experienced more EE ($M = 21.88$, $SD = 8.10$) than male set workers ($M = 19.70$, $SD = 7.81$). However, gender was found to be not statistically significant for DP and PA ($p > .05$).

The results of the second independent sample *t* test revealed that marital status was statistically significant for DP ($t(430) = -2.198$, $p < .05$, $d = 0.21$). The effect size for this analysis ($d = 0.21$) was also found to be Cohen's (1988) convention for a small effect ($d = .21$). These results indicated that single set workers experienced more DP ($M = 8.58$, $SD = 4.57$) than married set workers ($M = 7.44$, $SD = 4.00$). On the other hand, marital status was found to be not statistically significant for EE and PA. Another independent samples *t* test was performed in order to compare having children in all of the subscales. The results indicated that having

children was found to be statistically significant for DP variable ($t(430) = -2.219$, $p < .05$, $d = 0.21$), with also a small effect (Cohen, 1988). These results indicated that set workers without children experienced more DP ($M = 8.50$, $SD = 4.50$) than set workers with children ($M = 7.00$, $SD = 4.00$). However, having children was not found to be statistically significant for EE and PA ($p > .05$).

In order to compare type of work, union membership and psychological help in all of the subscales, independent samples t tests were performed. The results indicated that type of work, union membership and psychological help were not found to be statistically significant for all EE, DP and PA variables ($p > .05$).

Finally, independent samples *t* test was conducted and this final analysis showed that insurance was statistically significant for DP ($t(430) = 1.966$, $p \leq .05$, $d = 0.18$). The size of this effect ($d = 0.18$), as indexed by Cohen's (1988) coefficient d was found to be the convention for a small effect size ($d = .18$). The results showed that set workers who had insurance, experienced more DP ($M = 8.58$, $SD = 4.52$) than set workers who didn't have insurance ($M = 7.61$, $SD = 4.28$). Furthermore, insurance was found not to be statistically significant for EE and PA.

Later on, A One Way ANOVA was used to analyze the effect of set type on all EE, DP and PA. There was a significant effect of set type on EE $F(5, 426) = 5.208$, $p < .01$, $d = .057$. The effect size for this analysis was found to be Cohen's (1988) convention for a small effect. There was also a

significant effect of set type on DP and PA respectively $F(5, 426) = 3.361$, $p < .01$, $d = .037$ and $F(5, 426) = 2.313$, $p < .05$, $d = .026$. This analysis' effect sizes were also found to be a small effect (Cohen, 1988). The conducted post hoc analysis by using Tukey test on EE revealed that only, TV series and commercial workers differed significantly at $p < .01$ and it was observed that set workers in TV series experienced more EE ($M = 21.89$, $SD = 7.75$) than set workers in commercials ($M = 17.65$, $SD = 7.55$). However no other significant difference was determined. The second post hoc Tukey test on DP indicated that TV series and commercials differed significantly at $p < .01$ and it was suggested that set workers in TV series also experienced more DP ($M = 8.87$, $SD = 19.91$) than set workers in commercials ($M = 6.88$, $SD = 20.38$). Again there were no additional significant difference. Finally, the post hoc Tukey test was conducted to see the differences between set type groups on PA and the results indicated that there was only a significant difference between movies and other set types at $p < .05$ in which set workers working in movies experienced more PA ($M = 8.27$, $SD = 21.28$) than set workers in other sets ($M = 6.89$, $SD = 16.0$). However, no additional significant difference was obtained.

Moreover, three separate One-Way ANCOVA were conducted to determine a statistically significant difference between the levels of position as head of departments and assistants in the department on EE, DP and PA while controlling for income. There was a significant effect of position on EE after controlling for income, $F(2, 429) = 7.529$, $p < .01$, $d = .187$. There was also a significant effect of position on DP and PA respectively $F(2,$

429) = 8.33, $p < .01$, $d = .197$ and $F(2, 429) = 10.72$, $p < .01$, $d = .223$. The effect sizes of these analysis were found to be the convention of as small effect size (Cohen, 1988). These results indicated that assistants of the departments experienced more EE ($M = 21.66$, $SD = 8.05$) than head of departments ($M = 18.81$, $SD = 7.59$) and also more DP ($M = 8.91$, $SD = 4.43$) than head of departments ($M = 7.44$, $SD = 4.39$). These results revealed that head of departments experienced more PA ($M = 21.36$, $SD = 4.99$) than assistants of departments ($M = 19.42$, $SD = 4.95$).

To examine the relationship between psychological symptomatology and EE, DP and PA. Correlations between psychological symptomatology and these study variables were computed. The computed correlations are shown in Table 4.

The results indicated that EE was significantly and positively correlated with anxiety, depression, negative sense of self, somatization and hostility ($p < .01$ for all of the correlations). Furthermore, DP was found to be statistically and positively significant with all of anxiety, depression, negative sense of self, somatization and hostility. Moreover, it was found that there was a significant negative correlation between personal accomplishment and anxiety. However, the results indicated that there was no significant correlation between PA and depression, negative sense of self, somatization and hostility.

The correlation between attitude of Turkish set workers toward seeking psychological help and EE, DP and PA was examined (See Table

4). It was found that EE was not significantly correlated with total score of ASPH-S ($p > .05$); DP was statistically and positively significant with total score of ASPH-S ($r = .097$, $p < .05$) and PA was found to be statistically and negatively correlated with total score of ASPH-S ($r = -.101$, $p < .05$).

Table 4
Correlations Among Emotional Exhaustion (EE), Depersonalization (DP), Personal Accomplishment (PA) and Psychological Symptomatology & ASPH-S

	Emotional Exhaustion	Depersonalization	Personal Accomplishment[1]
Anxiety	.479**	.503**	-.113*
Depression	.453**	.444**	-.089
Negative Sense of Self	.450**	.522**	-.077
Somatization	.336**	.336**	-.076
Hostility	.410**	.471**	-.088
Total Score of ASPH-S[2]	.027	.097*	-.101*

Note: Correlations marked with two asterisk (**) were significant at $p < .01$.
Correlations marked with an asterisk (*) were significant at $p < .05$.
[1] Unlike other MBI scores, a higher score on Personal Accomplishment subscale indicates lower burnout.
[2] ASPH-S = The Scale of Attitudes toward Seeking Psychological Help- Shortened

As the final analysis, whether psychological symptomatology and attitude toward seeking psychological help predicted EE or not while controlling for background information, was assessed. Collected data was analyzed by multiple regression. Using the enter method, it was found that background information as the first step of the regression analysis and psychological symptomatology as the second step, explained a significant amount of variance in the EE (respectively, $F(7,424) = 19.975$, $p < .01$, $R^2 = .25$, R^2 Adjusted = .24, R^2 Change = .248 and $F(12,419) = 23.386$, $p < .01$, $R^2 = .40$, R^2Adjusted = .38 , R^2 Change = .153).

Working days and perception of working condition were found to significantly predict EE in the Step 1. Moreover, gender, working days, perception of working condition and anxiety were found to significantly predict EE in the Step 2 (see Table 5).

Moreover, the prediction of background information, psychological symptomatology and attitude of set workers in Turkey toward seeking psychological help of DP was assessed. The results indicated that these variables explained a significant amount of variance in the DP (respectively, $F(10,420) = 6.075$, $p < .01$, $R^2 = .13$, R^2Adjusted = .11 , R^2 Change = .126 and $F(16,414) = 14.062$, $p < .01$, $R^2 = .35$, R^2Adjusted = .33 , R^2 Change = .226).

Table 5
Summary of Multiple Regression Analysis for Variables Predicting Emotional Exhaustion

	Step 1					Step 2				
	B	SE B	β	*T*	*P*	B	SE B	β	*T*	*p*
Gender	-1.269	0.712	-0.077	-1.782	.076	-1.322	.652	-.081	-2.027	.043
Set Type	-.119	.461	-.011	-.259	.796	-.221	.418	-.021	-.530	.596
Position	1.206	.804	.074	1.501	.134	.595	.728	.036	.817	.414
Working Days	1.678	.416	.185	4.029	.000	1.341	.380	.148	3.524	.000
Working Hours	.524	.563	.043	.932	.352	.263	.513	.022	.513	.608
Perception of Working Conditions	3.750	.523	.340	7.170	.000	3.356	.476	.304	7.051	.000
Income	-.350	.237	-.072	-1.476	.141	-.048	.219	-.010	-.220	.826
Anxiety						.313	.071	.389	4.382	.000
Depression						-.014	.059	-.019	-.229	.819
Negative Sense of Self						.078	.067	.100	1.166	.244
Somatization						-.126	.074	-.100	-1.696	.091
Hostility						.031	.085	.023	.369	.713

Table 6
Summary of Multiple Regression Analysis for Variables Predicting Depersonalization

	Step 1					Step 2				
	B	SE B	β	*T*	*P*	B	SE B	β	*T*	*p*
Age	-.134	.046	-.185	-2.918	.004	-.073	.041	-.100	-1.772	.077
Marital Status	.032	.614	.003	.051	I	-.287	.539	-.027	-.532	.595
Having Children	.523	.798	.037	.655	.513	.861	.695	.061	1.238	.216
Years of experience	.340	.249	.092	1.366	.173	.347	.217	.094	1.596	.111
Position	.138	.528	.015	.262	.794	.072	.462	.008	.155	.877
Working Days	.428	.246	.084	1.737	.083	.194	.219	.038	.886	.376
Working Hours	.460	.346	.067	1.331	.184	.309	.303	.045	1.017	.310
Perception of Working Conditions	1.023	.318	.165	3.214	.001	.745	.280	.120	2.661	.008
Insurance	-.759	.472	-.074	-1.609	.108	-1.000	.414	-.098	-2.413	.016
Income	-.310	.160	-.114	-1.942	.053	-.131	.142	-.048	-.923	.356
Anxiety						.164	.042	.364	3.898	.000
Depression						-.068	.035	-.173	-1.950	.052
Negative Sense of Self						.138	.039	.317	3.513	.000
Somatization						-.103	.044	-.145	-2.318	.021
Hostility						.086	.050	.113	1.736	.083
Total Score of ASPH-S[1]						.002	.015	.006	.139	.890

[1] ASPH-S = The Scale of Attitudes toward Seeking Psychological Help - Shortened

As shown in the Table 6, age and perception of working conditions were found to significantly predict DP and income is found to be marginal predict in the Step 1. Furthermore, in the Step 2, perception of working conditions, insurance, anxiety, negative sense of self and somatization were found to be significant predictors of DP.

As the final regression analysis, a multiple regression analysis was conducted to see whether background information, psychological symptomatology and attitude of set workers in Turkey toward seeking psychological help predicted PA or not. The results of the analysis showed that these variables explained a significant amount of variance in the PA (respectively, $F(6,424) = 7.422$, $p < .01$, $R^2 = .09$, $R^2_{Adjusted} = .08$, R^2 Change = .095 and $F(8,422) = 6.095$, $p < .01$, $R^2 = .10$, $R^2_{Adjusted} = .09$, R^2 Change = .009).

As shown in the Table 7, perception of working conditions and income were found to be significant predictors of PA in the Step 1. However, in the Step 2, it was appeared that only perception of working conditions was found to be significantly predicting PA.

Table 7
Summary of Multiple Regression Analysis for Variables Predicting Personal Accomplishment

	Step 1					Step 2				
	B	SE B	β	*T*	*P*	B	SE B	β	*T*	*p*
Age	-.020	.050	-.025	-.401	.688	-.040	.051	-.048	-.773	.440
Years of experience	.074	.285	.018	.259	.796	.094	.285	.023	.332	.740
Working Months	.439	.262	.079	1.679	.094	.459	.262	.082	1.753	.080
Position	-.988	.600	-.096	-1.646	.101	-1.004	.600	-.097	-1.674	.095
Perception of Working Conditions	-1.390	.330	-.198	-4.209	.000	-1.383	.333	-.197	-4.159	.000
Income	.364	.182	.119	1.997	.047	.305	.184	.099	1.656	.098
Total Score of ASPH-S[1]						-.034	.019	-.085	-1.773	.077
Anxiety						-.020	.025	-.040	-.831	.406

[1] ASPH-S = The Scale of Attitudes toward Seeking Psychological Help - Shortened

4. Discussion

The primary objective of this study was to contribute to the understanding of burnout, in relation to psycho-symptomatology and professional help seeking attitude of set workers' in Turkey. The major aim was to draw attention to this frameless profession and its relation to psychological well being of its employees.

4.1. Discussion of the Hypotheses

4.1.1. The Relation between Demographic Characteristics of Set Workers and Their Burnout Levels

According to the analysis, it was found that there was a positive relation between working days, working hours, perception of working conditions of set workers and EE, as well as DP. When the set workers worked on sets more days in a week and more hours in a day, their levels of EE and DP increased. As they reported working conditions as harder, it also contributed to an increase on burnout. This finding was consistent with the findings of Ray (1991) as the unrealistic expectations causes staff overload as well as feelings of isolation. Working with high stress clients [in this case clients could be considered as fellow co-workers in a set] or high stress fields of practice also led to burnout (Lewandowski, 2015). Similarly, studies in Turkey revealed that work overload and longer working hours could be considered as one of the major factors to contribute burnout (Alimoğlu, & Dönmez, 2005; Oğuzberk, & Aydın, 2008; Günüşen, & Üstün, 2010). It could be thought that, the longer days and hours the set workers worked, the more levels of burnout they

displayed as they bear more stress in unrealistic expectations. High levels of stress occured because of excessive work-loads (Beheshtifar, & Omidvar, 2013). Emotional burden, tension, mental fatigue, as well as a distant attitude toward others, less motivation and withdrawl accompanied work overload. However, on the contrary, no significant different was found between working hours of a sample of hemodialysis nurses and burnout levels in Kavurmacı, Cantekin and Tan's research (2014).

According to Job Demands-Resources Model of Burnout, burnout developed when demands were high and resources were limited (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001). So it was not just about people doing 'people work' as Maslach & Jackson suggested (1981). Not all the set workers are supposed to do 'people work' in set, but as the demands are higher with excessive workload and resources are limited in set, the current study's findings were also consistent with the theory.

When set workers earned more per week, their EE and DP levels decreased. This finding could be thought as the feeling of earning what they felt they deserved. Earning more caused emotional burden to ease. According to the study of Ackerley, Burnell, Holder, & Kurdek (1988), with 562 licensed psychologists, it was also found that the clinicians with low income experienced higher levels of EE and DP, and also higher income levels indicated higher levels of PA.

Although age and years of experience had a negative relation with DP, it was found that there was no relation with EE. Eker, Anbar and Karabıyık (2007) had also found no correlation between age and DP, EE and PA, however they found a meaningful difference between years in occupation and EE & PA. EE levels of academicians who worked between 11-15 years were higher than 21 year workers, whereas PA levels of 21 year workers were higher than others. In the present study, it was also found that the years of experience was positively related with PA. The results were also similar with the study of Tunçel et al. (2014), arguing that nurses with more years of experience, displayed less levels of DP. Present study's findings suggested that the more experience the set workers had, the less levels of burnout they displayed.

There was no relation found between level of education and EE & DP, also in consistent with the study of Eker et al. (2007). And the present study also found that there was no relation between working months of the year and EE & DP.

As mentioned above, unlike the other subscales of MBI, elevated PA levels shows less burnout. In this study, it was found that the years of experience the set workers had, the longer they worked in a year and the more they earned, the less feelings of burnout occured among the set workers. Working longer hours and more days in a week caused higher levels of burnout. But working more months in a year reduced the levels of burnout and increased PA. Regardless of workload, working longer

months in a year could be thought as decreasing the unemployment risk and could be considered as certainity in an uncertain industry.

On the other hand, there was no relation between age, level of education, working days, working hours and PA. Work load increased the levels of burnout but according to this study, it didn't have any relation with the feelings of less self-efficacy or capability.

Ergin (1993) argued, gender was an important variable among burnout levels; especially in terms of EE, females displayed higher levels than males. This study's results indicated that gender was found to be significant for EE; but not significant for DP and PA. It was found that female set workers experienced more EE than the male set workers. Studies implied that females' gender roles of observing and caring for people around, led to more emotional burden and caused elevated levels of EE (Schweitzer, 1994). However, Dikmetaş, Top and Ergin (2011) had found that there was a significant difference between gender and DP but not with EE. On the contrary, Toker (2011) argued that there was no significant relation between gender and burnout.

Although Eker et al. (2007) had found no relation between marital status, having children and any of the burnout subscales, the present study revealed that, when marital status was taken into consideration, single set workers had higher DP than married ones. Likely, the set workers without children experienced more DP than the ones with children. Marital status and having children were not found to be significant for EE and PA. Being single and not having children were

also found to be related to burnout and less levels of PA (Toker, 2011; Günüşen, & Üstün, 2010). Having a family could be thought as an extenuating factor for burnout. The findings were consistent with the thought that family being one of the major sources of support in marking problems (Topkaya, 2015). According to the Conservation of Resources Model of Burnout, social support was a preventing factor against burnout (Hobfoll & Freedy, 1993). If being married and having children could be considered as having a support group outside of work, this study's findings were also consistent with the theory.

Having an insurance was also found to be significant for DP but not significant for EE and PA. Surprisingly, as insurance could be considered as a safety in work. But one could argue that having insurance also alienated workers from each other and made them feel less motivated as they might feel safer than the others. Hovewer, no literature was found consistent with this finding.

According to the results of the study, set workers working in television series' sets experienced more EE and DP than set workers working in advertisement sets, as expected. Set workers working in movie sets displayed more levels of PA than the others. It was thought that, TV series' sets were perceived as the most difficult set by the workers, in terms of work load among the others.

While controlling for income, position of the set workers differed in terms of displaying EE, DP and PA. The results indicated that the assistants in the departments experienced more EE and DP than the head

of departments. The head of departments experienced more levels of PA than the assistants of the departments. This finding was also consistent with the findings of Toker (2011) and Eker et al. (2007), arguing that research assistants displayed higher levels of EE than associate professors and lower levels of PA than other academicians.

However, type of work, union membership and psychological help were not found to be statistically significant for all EE, DP and PA variables.

4.1.2. The Relation between Psychological Symptomatology of Set Workers and Their Burnout Levels

There had been different arguments about the relation between depression and burnout. Studies argued that there was a significant relation between burnout and depression (Taycan et al., 2006; Lacovides, Fountoulakis, Moysidou, & Lerodiakonou, 1999). Depression's progress was slower as consequence of burnout, and also burnout and depression were effected by demographic variables (Gül, Gül, Oruç, Gedik, Mayadağlı, Aksu, & Bıçakçı, 2012).

According to the findings of the study, the results indicated that there was a positive correlation between EE & DP and depression & anxiety. However, there was no relation between PA and depression, but there was a negative relation with anxiety. In the study of Buğdaycı et al. (2007), it was also found that depression prevalence was higher among physicians with burnout. Tunçel et al., (2014) also found out that there was a strong relationship between depression, anxiety and EE whereas

there was a medium relation between depression and DP. In a study which investigated the association between burnout and depression also revealed that EE had the strongest correlation with depression among other subscales (Bakir et al., 2010). Burnout was found to be moderately but significantly correlated with depression and anxiety (Toker, Shirom, Shapira, Berliner, & Melamed, 2005).

In the present study, there was also a significant positive relation between EE & DP and negative sense of self, somatization and hostility. However, there was no relation between PA and negative sense of self, somatization and hostility. As far as known, there was also no literature found, to support or controvert this findings. One might argue that, with high levels of burnout, it was expected to have higher levels of psychological symptoms such as somatization and negative sense of self, as well as aggression and hostility toward co-workers.

4.1.3. The Relation between the Attitude of Set Workers toward Seeking Psychological Help and Their Burnout Levels

According to studies, individuals in collectivistic cultures tend to solve their problems on their own or usually seek help from their families, rather than professionals (Bilican, 2013; Mocan-Aydın, 2000). Willingness to seek psychological help was seen as a loss of face - deterioration in one's social image-, self-stigma and public stigma. This stigmatization would effect the social network of the individual in terms of negative stereotypes and prejudice, resulting in label avoidance (Çiftçi, Jones, & Corrigan, 2013; Topkaya, 2015).

In her study, Bilican (2013) argued that there had been a big gap between treatment needs and meeting those needs. In the present study, it was found that there was a significant positive relation between DP and attitude toward seeking psychological help. As DP was characterized with a distant attitude toward others, the results of the present study was consistent with Topkaya (2015) study as public stigma was related not to seek help and it could be thought that the set workers having a positive attitude toward seeking help, were less motivated to have a support group around as they were already distant in terms of higher levels of DP. There was also a negative association between PA and attitude toward seeking psychological help. However there was no relation between EE and attitude towards seeking psychological help, surprisingly.

4.1.4. Prediction of Burnout

Research showed that some demographic variables, such as gender, age, level of education, marital status, income and working conditions were in relation to burnout (Burnell et al., 1988; Ray, 1991; Ergin, 1993; Anbar & Karabıyık, 2007; Toker, 2011). In this study, it was also found that demographic information were in relation to burnout. Moreover to the research, the present study also investigated that, whether the correlated psychological symptomatology and attitude toward seeking psychological help of set workers would predict EE, DP and PA or not, while controlling for demographic characteristics of set workers. It was found that working days and perception of working conditions predicted EE. In a second step, gender, working days, perception of working

condition and anxiety were found to be significant for predicting EE. It was also consistent with the previous findings about EE, as a result of work overload.

The association of DP with the correlated variables were investigated and found that perception of working conditions predicted DP, whereas income was found to be a marginal predictor of DP for the first step. Furthermore, as a second step, it was found that perception of working conditions, insurance, anxiety, negative sense of self and somatization were significant predictors of DP.

When PA was analyzed, for the first step, it was found that perception of working conditions and income were the predictors. However, in the second step, it was found that only perception of working conditions was found to be a significant predictor of PA.

It was found that for the first step, perception of working conditions was significant for all EE, DP and PA variables. Income was found to be significant for DP and PA. Working days was a significant variable for EE whereas age was only significant for DP.

When predictive value of psychological symptomatology and attitude toward seeking psychological help was assessed (while controlling the background information on step 1), it was found that perception of working conditions was still significant for all three variables, EE, DP and PA. Anxiety was fouınd significant for EE and DP, whereas working days and gender were only significant for EE. Insurance, negative sense of self and somatization were only found

significant for DP. Moreover, attitude toward seeking psychological help was not a predictor of burnout in any of the EE, DP and PA levels. It was seen that, the back ground information, in terms of gender, working days, insurance and most importantly the perception of working conditions still had effect on burnout.

4.2. Clinical Implications

The aim of the present study was to address the psychological symptoms and help seeking attitudes of set workers in relation to burnout levels of the employees of this profession. Secondly, it was aimed to suggest a new understanding of psychotherapy within certain professions.

The psychodynamic oriented clinicians, have been working as bound to the frame in terms of at least once a week, in the same room, at the same day and hour of the day. In this profession, it is nearly impossible for the set workers to follow that pattern as they have no idea when their job will end or whether they will be working the other day (next week, next month) or not. Even if they had known the circumstances, they wouldn't be sure if they will be still in the same city as the therapist or all of a sudden they may be out of town for shooting. It may rain the present day and shooting might be cancelled, or because of an actors/actresses or a location's schedule, they might end up shooting the next day even though they thought they were off.

With all the uncertainty and work load, it is almost impossible for a set worker to go to a regular therapy once a week, at the same day and hour. Because of that matter, there should be some arrangements made in the

psychotherapy frame, for certain professions like that. One might suggest that there can be psychoeducation and group therapies in set with the collaboration of producers. But working with the same people and being in the same group might also raise problems, individually and organizationally. And also, the same group of head of departments and the assistants would bring up hierarchical problems in a military like profession and would create more distance among the participants as well as the departments.

It would also be unfair to expect the therapists to clear all their schedule for the set workers. Because of time limit and the busy shooting schedule, the therapy could take place online via Skype or similar programs. But it might also create a problem of public stigmatization of the set workers as some have positive attitude towards help seeking, but some might not. And as they work and stay at the same place and spend pretty much 24 hours together (esp. when out of town), it might bring more harm than good, because of the stigmatization.

Another suggestion might be creating a brand new department formed of psychologists in the set. They may provide group and individual therapies in collaboration with the shooting schedule but as they would be a part of the set crew, they would also have a role conflict. They will be therapists of their co-workers and it would create boundary problems.

All these suggestions should be further thought and discussed with the individuals and organizations as well as the therapists to find a mutual solution.

4.3. Limitations and Implications for Future Research

The main limitation of the study was the sample characteristics. The participation was voluntarily and the participants were recruited by a snowball sampling. So it could be thought that, if there was a chance for random sampling, there could have been different results. Also, the results might differ and provide a deeper understanding in a qualitative study.

The second limitation of the study was the uneven sample size. Majority of the participants were male, working in TV series and they were assistants in the departments. Some departments, there were substantially more participants than the others (e.g. camera, art and directing departments). Also post production crew and actors/actresses (extras) were excluded from the study. One might also argue that the findings would have differed if they were included.

Although, some characteristics of the sample might make it difficult to generalize the findings, the numerical size of the sample (433) was big enough to allow for tentative conclusions.

Despite its limitations, this study could be considered as the first study providing a comprehensive profile on the set workers in Turkey. Further studies should try to deepen the understanding of set workers' psychological profiles that would turn into support in individual level and change in organizational levels.

5. Conclusion

The present study was a small but an important contribution for the psychology field which had little literature on set workers. Analyses

revealed that set workers have high levels of burnout and psychological symptoms, but yet little positive attitude towards seeking help.

Because of their working conditions, a regular therapy would be hard for them to attend. Because most of the time they don't know what happens on the next day, whether they are working or not, or at what time the shooting day end. Instead of a regular therapy, one might suggest that the frame of the therapy can be bend a little bit. There could have been different types of short term therapies for them to benefit from in collaboration with the producers. Group therapies or flexible frames just organized for the profession, could be kept in mind. Most importantly, film and television series industries should be revised into more humane conditions for the sake of physical and psychological health of every member in the crew.

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APPENDICES

Appendix A

Informed Consent

(Bilgilendirilmiş Onam Formu)

Katılımcı numarası:

Bilgilendirilmiş Onam Formu

Değerli katılımcı,

Bu çalışma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi ve Psikoloji Bölümü Araştırma Görevlisi Ece Akten tarafından, Doç. Dr. Ayten Zara danışmanlığında, yüksek lisans tezi kapsamında yürütülmektedir. Çalışmanın amacı psikolojik belirti gösterme, psikolojik yardım arama ve tükenmişlik düzeyi arasındaki ilişkinin değerlendirilmesidir. Yaklaşık 30 dakika sürecek olan bu çalışmada, sizden bir takım anket formlarının doldurulması istenecektir.

Çalışmaya katılım gönüllülük ilkesiyle yürütülecektir. Çalışmanın hiçbir bölümünde isminiz veya kimliğinizi ortaya çıkaran herhangi bir soru bulunmamaktadır. Tarafınızdan verilen tüm yanıtlar, araştırma maksadıyla kullanılacak ve araştırmacılar haricinde kimseyle paylaşılmayacaktır. Çalışma süresince kaydedilen verilerin tümü çalışmanın ardından yok edilecektir. Yöneltilecek soruların doğru ya da yanlış cevapları yoktur. Arzu ettiğiniz zaman, hiçbir mazeret sunmanıza gerek olmadan, araştırmadan ayrılabilirsiniz.

Çalışmayla ilgili her türlü soru ve çalışma hakkında daha fazla bilgi almak için, Ece Akten (ece.akten@bilgi.edu.tr) ile iletişime geçebilirsiniz.

Katılımınız ve katkılarınız için şimdiden teşekkürler.

Yukarıdaki yazıyı okudum, çalışmaya katılmayı ve bu çalışmanın bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.

Tarih / imza

Appendix B

Demographic Information Form

(Demografik Bilgi Formu)

1) Yaşınız: _____

2) Cinsiyetiniz:

☐Kadın ☐Erkek

3) Evli misiniz?

☐Evet ☐Hayır

4) Çocuğunuz var mı?

☐Evet (çocuk sayısı ____) ☐Hayır

5) Eğitim seviyeniz:

☐İlköğretim

☐Lise

☐Üniversite (ön lisans/lisans)

☐Lisansüstü (yüksek lisans/doktora)

☐Diğer (Lütfen belirtiniz) _____

Sigara kullanıyor musunuz?

☐Evet (Günde _____ adet)

☐Hayır

6) Alkol kullanıyor musunuz?

☐Evet (Sıklığı / Miktarı): Haftada _____ kez; _____ içiyorum)

☐Hayır

7) Madde kullanıyor musunuz?

☐Evet (Sıklığı / Miktarı): Haftada _____kez, _____kullanıyorum)

☐Hayır

8) Sigara/alkol/madde kullanımınız sette çalışırken artıyor mu?
(Kullanmıyorsanız boş bırakınız.)

Sigara: ☐Evet ☐Hayır

Alkol: ☐Evet ☐Hayır

Madde: ☐Evet ☐Hayır

9) Ne kadar süredir sektörde çalışıyorsunuz?

☐6 aydan az ☐2-5 yıl

☐6 ay-1 yıl ☐5-10 yıl

☐1-2 yıl ☐10 yıldan fazla

10) Çalışma şekliniz:

☐Freelance (serbest çalışan)

☐In-house (bir şirkete bağlı)

11) Ağırlıklı olarak hangi setlerde çalışıyorsunuz? (Lütfen tek seçenek işaretleyiniz)

☐Film ☐Dizi ☐Reklam ☐Klip ☐Katalog ☐Diğer_____ (Lütfen belirtiniz)

12) Yılda ortalama kaç ay çalışıyorsunuz?

☐1 aydan az ☐6-9 ay

☐1-3 ay ☐12 ay

☐3-6 ay

13) Herhangi bir sendika üyesi misiniz?

☐Evet (Lütfen sendikanızı belirtiniz) _____

☐Hayır

15) Ağırlıklı olarak hangi pozisyonda çalışıyorsunuz? (Eğer pozisyonunuz işe göre değişiyorsa, lütfen son setinizi düşünerek yanıtlayınız)

Yönetmen			Crane/Dolly/Panther Operatörü	
Yardımcı Yönetmen			Crane/Dolly/Panther Asistanı	
2. Yönetmen Yardımcısı			Ses Operatörü	

3. Yönetmen Yardımcısı			1.Boom Operatörü	
4. Yönetmen Yardımcısı			2.Boom Operatörü	
Reji Devamlılık			Işık Şefi	
Yapımcı			1.Işık Asistanı	
İdari Yapımcı			2.Işık Asistanı	
Yapım Amiri			3.Işık Asistanı	
Yapım Koordinatörü			4.Işık Asistanı	
Uygulayıcı Yapımcı			Set Amiri	
Mekân Sorumlusu			1.Set Asistanı	
1.Yapım Asistanı			2.Set Asistanı	
2.Yapım Asistanı			3.Set Asistanı	
3.Yapım Asistanı			4.Set Asistanı	
4.Yapım Asistanı			Grip Operatörü	
Yapım Muhasebe			1.Grip Asistanı	
Sanat Yönetmeni			2.Grip Asistanı	
1.Sanat Asistanı			3.Grip Asistanı	
2.Sanat Asistanı			Set Fotoğrafçısı	
3.Sanat Asistanı			Kamera Arkası	
4.Sanat Asistanı			SFX Süpervizörü	
Kostüm Tasarımcısı			SFX Teknisyeni	
1.Kostüm Asistanı			Stunt Koordinatörü	
2.Kostüm Asistanı			Stunt	
3.Kostüm Asistanı			Catering	
Makyaj Sanatçısı			Ulaşım Ekibi	
Makyaj Asistanı			Stajyer	
Kuaför			Diğer	
Kuaför Asistanı				
Cast Sorumlusu				
1.Cast Asistanı				
2.Cast Asistanı				
Görüntü Yönetmeni				

Kamera Operatörü				
Focus Puller				
Kamera 2. Asistanı				
Kamera 3. Asistanı				
DIT				
Video Assist				
Steadicam Operatörü				
Steadicam Asistanı				
Flycam Operatörü				
Flycam Asistanı				

Lütfen aşağıdaki sorulara, şu anda çalışmakta olduğunuz (veya şu anda çalışmıyorsanız <u>son çalıştığınız seti</u> düşünerek) yanıt veriniz:

16) Haftada ortalama kaç gün çalışıyorsunuz?

☐4 günden az

☐5 gün

☐6 gün

☐7 gün

17) Günde ortalama kaç saat çalışıyorsunuz?

☐8 saatten az

☐8-12 saat

☐12-16 saat

☐16 saatten fazla

18) Çalışma koşullarınızı değerlendirseniz, hangisi sizin için en uygun seçenek olur?

☐Çok kolay

☐Kolay

☐Ne kolay, ne zor

☐Zor

☐Çok zor

19) Sigortalı mısınız?

☐Evet ☐Hayır

20) Eğer sigortalı iseniz, sigortanız nasıl karşılanıyor?

☐Kendim ödüyorum

☐Yapım şirketi ödüyor

☐Diğer (Lütfen belirtiniz) _____

21) Sette çalıştığınızda (ön hazırlık süreci hariç) **haftalık / bölüm başı** geliriniz ortalama olarak ne kadardır? (Eğer günlük ücret alıyorsanız haftalık ücrete çevirerek yanıtlayınız.)

☐250 TL'den az

☐251-500 TL

☐501-750 TL

☐751-1000 TL

☐1001-1500 TL

☐1501-3000 TL

☐3001-5000 TL

☐5001 TL'den fazla

22) Şu an ruh sağlığınız için profesyonel bir yardım alıyor musunuz?

☐Evet, bir psikologla düzenli olarak görüşüyorum.

(Lütfen süresini belirtiniz: _____)

☐Evet, bir psikiyatristle düzenli olarak görüşüyorum.

(Lütfen süresini belirtiniz: _____)

☐Evet, hem bir psikologla, hem de bir psikiyatristle düzenli olarak görüşüyorum.

(Lütfen süresini belirtiniz: _____)

☐Hayır

23) Herhangi bir psikiyatrik ilaç kullanıyor musunuz?

☐Evet (Lütfen belirtiniz)_____ ☐Hayır

Appendix C

Brief Symptom Inventory (BSI)

(Kısa Semptom Envanteri)

Ölçek: KSE

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin sizde, bugün dahil, son bir haftadır ne kadar var olduğunu yandaki bölmede, uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:

(0) Hiç yok	(1) Biraz var	(2) Orta derecede var	(3) Epeyce var	(4) Çok fazla var

Bu belirtiler son bir haftadır sizde ne kadar var?

		Hiç				Çok fazla
1	İçinizdeki sinirlilik ve titreme hali	(0)	(1)	(2)	(3)	(4)
2	Baygınlık, baş dönmesi	(0)	(1)	(2)	(3)	(4)
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	(0)	(1)	(2)	(3)	(4)
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	(0)	(1)	(2)	(3)	(4)
5	Olayları hatırlamada güçlük	(0)	(1)	(2)	(3)	(4)
6	Çok kolayca kızıp öfkelenme	(0)	(1)	(2)	(3)	(4)
7	Göğüs (kalp) bölgesinde ağrılar	(0)	(1)	(2)	(3)	(4)

8	Meydanlık (açık) yerlerden korkma duygusu	(0)	(1)	(2)	(3)	(4)
9	Yaşamınıza son verme düşünceleri	(0)	(1)	(2)	(3)	(4)
10	İnsanların çoğuna güvenilmeyeceği hissi	(0)	(1)	(2)	(3)	(4)
11	İştahta bozukluklar	(0)	(1)	(2)	(3)	(4)
12	Hiçbir nedeni olmayan ani korkular	(0)	(1)	(2)	(3)	(4)
13	Kontrol edemediğiniz duygu patlamaları	(0)	(1)	(2)	(3)	(4)
14	Başka insanlarla beraberken bile yalnız hissetmek	(0)	(1)	(2)	(3)	(4)
15	İşleri bitirme konusunda kendini engellenmiş hissetmek	(0)	(1)	(2)	(3)	(4)
16	Yalnızlık hissetmek	(0)	(1)	(2)	(3)	(4)
17	Hüzünlü, kederli hissetmek	(0)	(1)	(2)	(3)	(4)
18	Hiçbir şeye ilgi duymamak	(0)	(1)	(2)	(3)	(4)
19	Ağlamaklı hissetmek	(0)	(1)	(2)	(3)	(4)
20	Kolayca incinebilme, kırılmak	(0)	(1)	(2)	(3)	(4)
21	İnsanların sizi sevmediğine, kötü davrandığına inanmak	(0)	(1)	(2)	(3)	(4)
22	Kendini diğerlerinden daha aşağı görme	(0)	(1)	(2)	(3)	(4)
23	Mide bozukluğu, bulantı	(0)	(1)	(2)	(3)	(4)
24	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	(0)	(1)	(2)	(3)	(4)
25	Uykuya dalmada güçlük	(0)	(1)	(2)	(3)	(4)
26	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek	(0)	(1)	(2)	(3)	(4)

27	Karar vermede güçlükler	(0)	(1)	(2)	(3)	(4)
28	Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	(0)	(1)	(2)	(3)	(4)
29	Nefes darlığı, nefessiz kalmak	(0)	(1)	(2)	(3)	(4)
30	Sıcak soğuk basmaları	(0)	(1)	(2)	(3)	(4)
31	Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	(0)	(1)	(2)	(3)	(4)
32	Kafanızın bomboş kalması	(0)	(1)	(2)	(3)	(4)
33	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	(0)	(1)	(2)	(3)	(4)
34	Günahlarınız için cezalandırılmanız gerektiği	(0)	(1)	(2)	(3)	(4)
35	Gelecekle ilgili umutsuzluk duygusu	(0)	(1)	(2)	(3)	(4)
36	Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/zorlanmak	(0)	(1)	(2)	(3)	(4)
37	Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	(0)	(1)	(2)	(3)	(4)
38	Kendini gergin ve tedirgin hissetmek	(0)	(1)	(2)	(3)	(4)
39	Ölme ve ölüm üzerine düşünceler	(0)	(1)	(2)	(3)	(4)
40	Birini dövme, ona zarar verme, yaralama isteği	(0)	(1)	(2)	(3)	(4)
41	Bir şeyleri kırma dökme isteği	(0)	(1)	(2)	(3)	(4)
42	Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	(0)	(1)	(2)	(3)	(4)
43	Kalabalıklarda rahatsızlık duymak	(0)	(1)	(2)	(3)	(4)
44	Bir başka insana hiç yakınlık duymamak	(0)	(1)	(2)	(3)	(4)

45	Dehşet ve panik nöbetleri	(0)	(1)	(2)	(3)	(4)
46	Sık sık tartışmaya girmek	(0)	(1)	(2)	(3)	(4)
47	Yalnız bırakıldığında/kalındığında sinirlilik hissetmek	(0)	(1)	(2)	(3)	(4)
48	Başarılarınız için diğerlerinden yeterince takdir görmemek	(0)	(1)	(2)	(3)	(4)
49	Yerinde duramayacak kadar tedirgin hissetmek	(0)	(1)	(2)	(3)	(4)
50	Kendini değersiz görmek/değersizlik duyguları	(0)	(1)	(2)	(3)	(4)
51	Eğer izin verirseniz insanların sizi sömüreceği duygusu	(0)	(1)	(2)	(3)	(4)
52	Suçluluk duyguları	(0)	(1)	(2)	(3)	(4)
53	Aklınızda bir bozukluk olduğu fikri	(0)	(1)	(2)	(3)	(4)

Appendix D

The Scale of Attitudes toward Seeking Psychological Help – Shortened (ASPH-S)

(Psikolojik Yardım Almaya İlişkin Tutum Ölçeği-Kısa Form)

Ölçek: PYTÖ-K

Açıklama: Aşağıda psikolojik yardımla ilgili, çeşitli cümleler yazılmıştır. Her bir cümleyi okuyarak, bu fikre ne ölçüde katıldığınızı yan taraftaki ilgili paranteze (X) işareti koyarak belirtiniz. Cümlelerin tek bir doğru veya yanlış cevabı yoktur. Sizden beklenen kendi görüşlerinizi samimiyetle işaretlemenizdir. Bu çalışmanın sonuçları bilimsel bir araştırmada kullanılacaktır. Vakit ayırıp, özen göstererek destek sağladığınız için teşekkür ederim.

	Tamamen Katılıyorum	Oldukça Katılıyorum	Kararsızım	Pek Katılmıyorum	Kesinlikle Katılmıyorum
1. Psikolojik rahatsızlığım kendiliğinden geçmiyorsa, psikolojik yardım almak benim için bir çözümdür.	( )	( )	( )	( )	( )
2. Danışacağım uzmanım benim ruh sağlığı bozuk bir kişi olduğunu düşünmesinden çekinirim.	( )	( )	( )	( )	( )
3. Psikolojik yardım alarak, ruhsal sıkıntılarımın nedenini anlayabilirim.	( )	( )	( )	( )	( )
4. Yakın bir arkadaşım, benden ruhsal problemi ile ilgili olarak fikrimi sorduğunda, psikolojik yardım almasını önerebilirim.	( )	( )	( )	( )	( )
5. Kendimi çok rahatsız hissedersem psikolojik yardım isteyebilirim.	( )	( )	( )	( )	( )
6. Gerektiğinde, duygusal sorunların çözümüne yardımcı olması için, kişisel sırlarımı bir uzmana açabilirim.	( )	( )	( )	( )	( )
7. Kişi psikolojik yardım alarak, yıpratıcı duygularıyla nasıl baş edebileceğini öğrenebilir.	( )	( )	( )	( )	( )
8. Ruhsal sorunlarımın olduğunun duyulması beni utandırır.	( )	( )	( )	( )	( )
9. Psikolojik yardım, kişinin sorunlarla başa çıkma gücünü yükseltir.	( )	( )	( )	( )	( )
10. Psikolojik yardım alarak, duygularımı gözden geçirebilecek güvenli bir ortam bulabilirim.	( )	( )	( )	( )	( )
11. Psikolojik yardım alan kişinin diğer insanlarla iletişimi kolaylaşır.	( )	( )	( )	( )	( )

	Tamamen Katılıyorum	Oldukça Katılıyorum	Kararsızım	Pek Katılmıyorum	Kesinlikle Katılmıyorum
12. Hakkımda söyleneceklerden dolayı, psikolojik yardım almaktan çekinirim.	( )	( )	( )	( )	( )
13. Psikolojik yardım, kişinin kendine saygısını azaltır.	( )	( )	( )	( )	( )
14. Bir uzmanla sorunlar hakkında konuşmak, duygusal çatışmalardan kurtulmanın etkili bir yoludur.	( )	( )	( )	( )	( )
15. Yaşamımda karşılaşabileceğim duygusal bir krizi psikolojik yardımla atlatabileceğime inanıyorum.	( )	( )	( )	( )	( )
16. Kişi, çevresiyle ilişkilerinin zarar görmesini istemiyorsa, ruhsal bir tedavi gördüğünü onlardan saklamalıdır.	( )	( )	( )	( )	( )
17. Ruhsal tedavi gördüğü bilinen kişi, arkadaşlarını kaybetmeye mahkumdur.	( )	( )	( )	( )	( )
18. Eğer bir ruhsal bozukluğum olduğunu düşünürsem, ilk yapacağım şey, profesyonel yardım almak olacaktır.	( )	( )	( )	( )	( )

Appendix E

Maslach Burnout Inventory

(Maslach Tükenmişlik Envanteri)

Ölçek: MTE

	Lütfen aşağıdaki ifadeleri "1- Hiçbir zaman, 5- Her zaman" skalasında değerlendiriniz.					
	Asla, kesinlikle hiçbir zaman böyle bir şey hissetmedim.....**1** Çok çok nadir, kırk yılda bir böyle hissettiğim olur ..... **2** Çok sıklıkla değil, ama ara sıra böyle hissettiğim oluyor..... **3** Çoğu zaman böyle duygular hissettiğim oluyor ..... **4** Çok sık hemen her zaman böyle duygular hissediyorum..... **5** **1- Hiçbir Zaman 2- Çok Nadir 3- Bazen 4- Çoğu Zaman 5- Her Zaman**					
1	İşimden soğuduğumu hissediyorum.	1	2	3	4	5
2	İş dönüşü kendimi ruhen tükenmiş hissediyorum.	1	2	3	4	5
3	Sabah kalktığımda bir gün daha bu işi kaldıramayacağımı hissediyorum.	1	2	3	4	5
4	İşimle ilgili karşılaştığım insanların ne hissettiğini hemen anlarım.	1	2	3	4	5
5	İşimle ilgili karşılaştığım bazı kimselere sanki insan değillermiş gibi davrandığımı fark ediyorum.	1	2	3	4	5
6	Bütün gün insanlarla uğraşmak benim için gerçekten çok yıpratıcı.	1	2	3	4	5
7	İşimle ilgili karşılaştığım insanların sorunlarına en uygun çözüm yollarını bulurum.	1	2	3	4	5
8	Yaptığım işten yıldığımı hissediyorum.	1	2	3	4	5
9	Yaptığım iş sayesinde insanların yaşamına olumlu katkıda bulunduğuma inanıyorum	1	2	3	4	5
10	Bu işte çalışmaya başladığımdan beri insanlara karşı sertleştim.	1	2	3	4	5
11	Bu işin beni giderek katılaştırmasından korkuyorum	1	2	3	4	5
12	Birçok şeyi başarabilecek güçteyim.	1	2	3	4	5
13	İşimin beni kısıtladığını düşünüyorum.	1	2	3	4	5
14	İşimde çok fazla çalıştığımı düşünüyorum.	1	2	3	4	5
15	İşimle ilgili karşılaştığım insanlara ne olduğu umurumda değil.	1	2	3	4	5
16	Doğrudan doğruya insanlarla çalışmak bende çok fazla gerginlik yaratıyor.	1	2	3	4	5
17	İşimle ilgili karşılaştığım insanlarla aramda rahat bir ortam yaratırım.	1	2	3	4	5
18	İnsanlarla yakın bir çalışmadan sonra kendimi canlanmış hissederim	1	2	3	4	5
19	Bu işte kayda değer birçok başarı elde ettim.	1	2	3	4	5
20	Yolun sonuna geldiğimi hissediyorum	1	2	3	4	5
21	İşimde karşılaştığım sorunları başarılı bir şekilde çözümleyebilirim.	1	2	3	4	5
22	İşimle ilgili karşılaştığım insanların bazı problemlerini sanki ben yaratmışım gibi davrandıklarını hissediyorum	1	2	3	4	5