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An Assessment of Burnout, Fatigue, Quality of Life, Mental Health, And Sleep Disorders Among Security Personnel in Turkey

Abdulbari Bener[1,2,3*]

[1]*Department of Biostatistics & Medical Informatics, School of Medicine, Istanbul Medipol University, Turkey*

[2]*Department of Evidence for Population Health Unit, School of Epidemiology and Health Sciences, The University of Manchester, UK*

[3]*Department of Public Health, Medipol School of Medicine, Istanbul Medipol University, Turkey*

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***Corresponding author:** Abdulbari Bener, Advisor to WHO, Professor of Public Health, Dept. of Biostatistics & Medical Informatics, Istanbul Medipol University, School of Medicine, Dentistry and Pharmacy, Kavacık Güney Yerleşkesi, Göztepe Mahallesi, Atatürk Caddesi, Turkey

Abstract

Aim: The aim of this study was to explore and investigate burnout, working hours, equity, fatigue, mental health, sleeping disorders, low salary issues among security employees.

Methods: A cross-sectional design conducted and the sample size was based on 3,846 private security forces. The method included Maslach Burnout Inventory (MBI), Depression Anxiety Stress Scale (DASS-21), Patient Health Questionnaire- PHQ-15, Fatigue Assessment Scale (FAS) and the Epworth Sleepiness Scale (ESS). Univariate and multivariate stepwise regression analyses were used for statistical analysis.

Results: significant differences ($p<0.001$), between burnout case and normal subjects regarding age group, gender, educational level, occupational status, smoking cigarettes, number working hours, weekly work rotation, experience and subcontracting company contract. The prevalence of issues encountered by burnout cases significantly differences ($p<0.001$) included: low back pain, neck Pain, transportation problem, low salary, poor environmental hazard desolate and unsafe environment, job insecurity, unexpected workload, work accident, oppressive behavior in residence complex, professional burnout. Prevalence of mental health symptoms is significantly higher compared to normal subject included PHQ -15 somatic symptoms ($p<0.00$), fatigue ($p<0.001$) depression ($p<0.001$), anxiety ($p<0.001$), stress ($p<0.001$) Epworth sleepiness disorder ($p<0.001$), Emotional exhaustion (EE) ($p< 0.001$), Depersonalization (DP) ($p=0.041$), and Personal accomplishment (PA) ($p< 0.001$). Additionally, Table 5 gives Maslach burnout symptoms by sleeping disorders with the respect of emotional exhaustion ($p= 0.033$), depersonalization ($p<0.001$), and personal accomplishment ($p< 0.001$). Multivariable stepwise regression analysis revealed that decreased concentration and attention ($p<0.001$), heavy work-load ($p<0.001$), low back pain ($p<0.001$), sleeping disorder ($p<0.001$), pessimistic view about future ($p<0.001$), anxiety ($p<0.001$), cigarette smoking ($p<0.001$), low salary ($p<0.001$), decrease in appetite ($p<0.001$), income ($p<0.001$), low salary ($p<0.001$), depression ($p=0.013$), education level ($p<0.023$), bad risky environment ($p=0.035$), and personal accomplishment ($p=0.041$) were considered as the main predictor risk factors associated with burnout after adjusting for age and gender.

Conclusion: The study highlights significant occupational and psychological challenges for private security personnel in Turkey, including irregular hours, inadequate rest, mental distress, and limited support.

Keywords: Private security personnel; Burnout, Fatigue; Illegal working hours; Mental health; Equity; Low salary

Introduction

Burnout is a specific syndrome resulting from prolonged exposure to occupational stress, particularly in professions that involve emotionally demanding interactions with others [1]. Christina Maslach defined burnout as a psychological condition characterized by three dimensions: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment. These arise as responses to chronic workplace stress, especially in roles that require direct engagement with people [2-4]. Three key aspects of the burnout are Emotional

exhaustion (EE) involves feeling emotionally drained and overwhelmed by work, Depersonalization (DP) is marked by emotional detachment, a dehumanized view of clients, and a cynical or negative attitude toward one's work. Reduced personal accomplishment (PA) includes feelings of stagnation, incompetence, and unfulfillment. This manifests as low motivation, declining self-esteem, and reduced productivity. These components together reflect the complex nature of burnout and its impact on personal and professional well-being.

Private security refers to protection services provided by private security organizations to prevent crime, safeguard lives and property, and maintain order at their employers' facilities [5]. The sector consists of registered private companies that specialize in offering commercial services—both domestically and internationally—for the protection of people, assets, and premises in compliance with the law [5]. Private security agencies began to emerge in the late 20th century, experiencing significant growth in the early 21st century. In most Western countries, these agencies are tasked with maintaining public order and protecting critical national infrastructure, including banks, embassies, and airports [6]. Private security officers also perform duties not typically carried out by public police, such as conducting surveillance, safeguarding information, and managing risks [5,6].

Security forces and police work is thought to be stressful and is associated with poor physical and mental health outcomes, including burnout over time [7,8]. Police work is highly stressful and linked to poor physical and mental health, including burnout [9-12], studies showed significant prevalence rates: in the U.S. [9], and in the European Union (EU), [12,13]. Private security involves registered companies that provide services to prevent crime, protect people and assets, and maintain order in accordance with the law such as banks, embassies, and airports-especially in Western countries [14-16].

Working in the private security sector is like policing in most Western countries; security workers have almost identical responsibilities and perform similar tasks [12-17]. Private security workers perform tasks similar to police officers but lack official legal authority granted by the state. They operate mainly in protected areas and specific situations, receive less training, have less involvement in organizational decisions, and are generally less valued by society compared to police officers. [4-5,18]. The aim of this study was to explore and investigate illegal working hours, burnout, fatigue, mental health, sleeping disorders; low salary is prevalent among security employees.

Subjects and Methods

Participants and procedure

This cross-sectional study conducted in different private sectors in Istanbul. Turkey has 967,183 registered private security guards, making them the third largest workforce after the military and police. The study includes security personnel working in businesses, shopping malls, Apt. and housing estates, universities, Foundation Universities, consulates, professional and international institutions, hospitals and private institutions in Istanbul. The sample size calculated assuming a stress and burnout prevalence of 20%, a confidence interval of 99% and a margin of error of 1,5% is 4,575 people. The sample size was based on a total of 4,475 individuals and 3,846 participants completed the questionnaire (85% response rate). A multistage, cluster sampling method was used, and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy was 0.854.

Measures

Maslach burnout inventory (MBI)

The MBI questionnaire includes three scales: 9-item emotional exhaustion (EE) scale, 5-item depersonalization (DP) scale and 8-item personal accomplishment (PA) scale. The burnout symptoms is assessed by the respondent on a 7-point Likert-type scale (0 = never, 1 = a few times a year or less, 2 = once a month or less, 3 = several times a month, 4 = once a week, 5 = several times a week, 6 = every day) [2].

The depression anxiety stress scale (DASS-21)

The DASS-21 is a 21-item scale developed by Lovibond & Lovibond [21] and validated by Luceño-Moreno [22], reporting three subscales including seven items (ranging from 0 to 3). In this study we employed the validated Turkish translation of the tool and the reliability coefficients of the subscales were all valid for depression (α=.85), anxiety (α=.80), and stress (α=.78).

Patient health questionnaire- PHQ-15

The PHQ-15 is a scale [22] used to assess the severity of somatic symptoms for diagnosing somatoform disorders. It covers 15 common physical symptoms that represent over 90% of outpatient complaints (excluding upper respiratory symptoms). Scores are categorized as Minimal (0-4), Low (5-9), Medium (10-14), and High (15-30).

The fatigue assessment scale (FAS)

The FAS is a 10-item self-report questionnaire [23] and used to assess general fatigue. In sum: FAS scores 10 – 21 = no fatigue (normal) and FAS scores 22 – 50 = fatigue. A total FAS score < 22 indicates no fatigue (normal), and a score ≥ 22 indicates fatigue.

Epworth sleepiness scale (ESS)

Assessment of sleep-related drowsiness was carried out using the Epworth Sleepiness Scale (ESS) [8, 25]. Each item is scored on a scale from 0, indicating no tendency to fall asleep, to 3, indicating a high likelihood of dozing off. The total possible score ranges from 0 to 24, with classifications as follows: normal daytime alertness (0–7), mild drowsiness [8–9], moderate sleepiness [10-15], and severe sleepiness [16-24,25].

Statistical analysis

All data analyzed using SPSS version 25.0 (SPSS Inc., Chicago, IL, USA). The distribution of variables was analyzed using the Kolmogorov-Smirnow test. The significance level of differences

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between two groups assessed using independent Student's t tests. Differences between categorical variables determined using the chi-square test. Multivariate stepwise regression analysis was used to predict and determine potential risk factors after adjusted for age and gender and other potential.

Results

Table 1 gives participants' characteristics related burnout symptoms and results indicates significant differences (p<0.001), between burnout and normal subjects regarding age group, gender, educational level, occupational status, smoking cigarettes, number working hours, weekly work rotation, experience and subcontracting company contract.

Table 2 shows prevalence of issues encountered by security officer causes and their frequency by burnout significantly differences (p<0.001) included: low back pain, neck Pain, transportation problem, low salary, poor environmental hazard desolate and unsafe environment, job insecurity, unexpected workload, work accident, oppressive behavior in residence complex, professional burnout. Also, prevalence of WHO depression was higher among burnout subjects than normal subjects (p<0.001).

Table 3 presents prevalence of mental health symptoms by burnout. As can be seen from table burnout is significantly higher compared to normal subject included PHQ -15 somatic symptoms (p<0.00), fatigue (p<0.001) depression (p<0.001), anxiety (p<0.001), stress (p<0.001) and Epworth sleepiness disorder (p<0.001).

Table 4 shows prevalence of Maslach burnout symptoms by burnout and there were statistically significantly higher among the burnout compared to normal subjects with the respect of Emotional exhaustion (EE) (p< 0.001), Depersonalization (DP) (p=0.041), and Personal accomplishment (PA) (p< 0.001). Additionally, Table 5 gives Maslach burnout symptoms by sleeping disorders with the respect of emotional exhaustion (p= 0.033), depersonalization (p<0.001), and personal accomplishment (p< 0.001).

Table 1: Socio-demographic characteristics of participants by Burnout (N = 3,846).

		Normal Subjects N= 2005 n (%)	Burnout Subjects N= 1841 n (%)	*p*-Value Significance
Age Group	<35	607 (30.3)	777 (42.21)	0.001
	35-45	817 (40.7)	610 (33.1)	
	=>46	581 (29.0)	454 (24.7)	
Gender	Males	1495 (74.6)	1258 (68.3)	0.001
	Females	510 (25.4)	583 (31.7)	
Marital status	Single	481 (24.5)	635 (34.5)	0.001
	Married	1514 (75.5)	1206 (65.5)	
BMI	Normal (<25kg/m^2)	569 (31.9)	585 (31.8)	
	Overweight (29-30kg/m^2)	949 (44.8)	769 (41.8)	0.002
	Obese (>30kg/m^2)	487 (24.3)	487 (26.4)	
Educational level	High school	1183 (59.0)	1111 (60.3)	
	Technical school	222 (11.1)	324 (17.6)	0.001
	College	202 (15.1)	211 (11.5)	
	University	298 (14.9)	195 (10.6)	
Occupation status				
Income	Security	1595 (79.6)	1376 (74.7)	0.001
	Supervisor	410 (20.4)	465 (25.3	
	Low	724 (44.0)	830 (45.1)	
	Medium	924 (39.1)	731 (39.7)	0.001
	High	357 (16.8)	280 (152)	
Cigarette Smoker	Yes	559 (27.9)	389 (21.1)	0.001
	No	1446 (72.1)	1452 (78.9)	
Nargile –waterpipe smoker				

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Alcohol use	Yes	365 (18.2)	304 (16.5)	0.162
	No	1638 (81.8)	1537 (83.5)	
	Yes	130 (6.4)	91 (4.9)	0.040
	No	1875 (93.5)	1750 (95.1)	
Number of working hours				
Weekly rotation	< 12 Hrs	358 (17.9	500 (21.2)	0.001
	12 Hrs	1647 (82.1)	1341 (72.8)	
	Yes	1052 (52.5)	974 (47.5)	0.002
	No	953 (47.5)	967 (52.5)	
Night shifts	Yes	959 (47.8)	919(49.9)	0.196
	No	1046 (52.2)	922 (50.1)	
Years of Experience	< 5 Years	808 (40.3)	829 (45.0)	0.003
	> 5 Years	1197 (59.7)	1012 (55.0)	
Subcontracting company contract				
	Yes	1052 (52.5)	1137 (61.8)	0.001
	No	953 (47.5)	704 (38.2)	

Table 2: Prevalence of issues encountered by security officer causes and their frequency by PHQ-15 (N =3,846).

Problems Encountered in the Profession	Normal Subjects YES, N=2005 n(%)	Burnout YES, N= 1841 n(%)	p-value Significance
Low back pain	1556 (77.6)	1215 (66.0)	0.001
Neck Pain	866 (43.2)	579 (31.5)	0.001
Transportation problem	1059 (52.8)	880 (47.8)	0.002
Physical assault	1018 (50.8)	893 (48.5	0.160
Minimum Low salary	860 (42.9)	867 (47.1)	0.009
Poor environmental hazard	918 (45.8)	727 (45.2)	0.001
Desolate and unsafe environment	812 (40.5)	587 (31.9)	0.001
Job insecurity	992 (49.5)	822 (446)	0.003
Unexpected call to work or Workload	1223 (61.0)	876 (47.6)	0.001
Work accident	1110 (55.4)	713 (38.8)	0.001
Oppressive behavior of interlocutors in the workplace, residence, complex	1057 (52.7)	764 (41.5)	0.001
Professional burnout	845 (42.1)	1202 (65.2)	0.009
WHO Depression questionnaires			
Decreased concentration and attention	1046 (52.2)	730 (39.7)	0.001
Decreased self-esteem and self-confidence	1192 (59.5)	1231(68.9)	0.001
Ideas of guilt and worthlessness	141 (51.9)	1132 (61.5)	0.003
Pessimistic and pessimistic views about future	760 (37.9)	892 (48.5)	0.001
Self-harm or suicidal thoughts or actions	1230 (613)	1260 (68.4)	0.045
Disturbed sleep	886 (44.2)	1031(56.0)	0.001
Decreased appetite	642 (30.9)	737 (40.1)	0.001
Depression caused by overload	785 (36.7)	590 (32.0)	0.010

Table 3: Prevalence of mental health symptoms by burnout (N= 3,846).

Variables	Normal Subjects YES, N= 2005 n (%)	Burnout Subjects YES = 1841 n (%)	P-value Significance
PHQ15			

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None	267 (13.3)	274(14.9)	
Mild	423 (21.1)	387 (21.0)	0.005
Moderate	645 (32.2)	656 (35.6)	
Severe	670 (33.4)	524 (28.5)	
Fatigue			
Normal	395 (19.7)	483 (25.2)	
Fatigue	1351 (67.4)	1153 (62.7)	0.001
Severe	259 (12.9)	224 (12.2)	
DASS21 Depression			
Normal	491 (24.5)	539 (29.5)	
Mild	374 (18.7)	353 (19.2)	
Moderate	402 (20.1)	356 (19.4)	0.001
Severe	309 (15.4)	316 (17.2)	
Very severe	426 (21.3)	274 (14.9)	
DASS21 Anxiety			
Normal	513 (25.6)	563 (30.6)	
Mild	416 (20.7)	407 (22.1)	
Moderate	208 (10.4)	241 (13.1)	0.001
Severe	371 (18.5)	326 (17.7)	
Very severe	497 (24.8)	304 (16.5)	
DASS21 Stress			
Normal	495 (24.7)	539 (29.3)	
Mild	366 (18.3)	327 (17.8)	
Moderate	363(18.1)	329 (17.9)	0.001
Severe	316 (15.8)	314 (17.1	
Very severe	465 (13.2)	332 (18.0)	
Epworth Sleepiness Scale			
Normal sleep	594 (29.1)	548 (29.8)	
Mild sleep	446 (22.2)	429 (23.3)	0.027
Moderate sleep	635 (31.7)	616 (33.5)	
Severe sleep	340 (17.0)	248 (135)	

Table 4: Prevalence of Maslach burnout symptoms by gender (N= 3,846).

Variables	Normal Subjects YES, N= 2005 n (%)	Burnout Subjects YES = 1841 n (%)	p-value Significance
Emotional exhaustion (EE)			
Low level burnout	828 (413)	656 (55.6)	
Moderate level burnout	528 (26.3)	504 (27.4)	0.001
High level burnout	649 (32.4)	681 (13.7)	
Depersonalization (DP)			
Low level burnout	526 (26.2)	422 (22.9)	

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Moderate level burnout	435 (21.7)	438 (23.8)	0.015
High level burnout	1044 (52.1)	981 (531.3)	
Personal accomplishment (PA)			
Low level burnout	1292 (64.4)	1096 (59.5	
Moderate level burnout	475 (23.7)	426 (23.1)	0.001
High level burnout	238 (11.9)	319 (17.3)	

Table 5: Prevalence of Maslach burnout symptoms and sleeping disorders (N= 3,846).

Variables and Scores	Sleep quality				p-value Significance
	Normal sleep=1132 score 0- 5) Yes n (%)	Mild sleep =875 score 8-9) Yes n (%)	Moderate sleep=1251 score 10-15) Yes n (%)	Poor sleep= 588 score 16-24 Yes n (%)	
Emotional exhaustion (EE)					
Low level burnout	450 (39.8)	406 (46.4)	456 (36.5)	172 (27.2)	
Moderate level burnout	300 (26.5)	217 (24.8)	346 (27.7)	169 (27.6)	0.001
High level burnout	382 (33.7)	252 (28.8)	449 (35.9)	247 (45.2)	
Depersonalization (DP)					
Low level burnout	260 (23.0)	245 (28.0)	308 (24.6)	135 (23.0)	
Moderate level burnout	255 (22.5)	234 (26.7)	271 (21.7)	113 (19.2)	0.001
High level burnout	617 (54.5).	672 (53.7).	672 (53.7)	340 (57.8)	
Personal accomplishment (PA)					
Low level burnout	632 (60.2)	592 (67.7)	751 (60.0)	363 (61.7)	
Moderate level burnout	191 (16.9)	180 (20.6)	387 (30.9)	143 (24.3)	0.001
High level burnout	259 (22.9)	103 (11.8)	113 (9.0)	82 (13.9)	

Table 6 shows the relationship between burnout and mental health using multivariate stepwise regression analysis. It can be seen from this table that decreased concentration and attention (p<0.001), heavy work-load (p<0.001), low back pain (p<0.001), sleeping disorder (p<0.001), pessimistic view about future (p<0.001), anxiety (p<0.001), cigarette smoking (p<0.001), low salary (p<0.001), decrease in appetite (p<0.001), income (p<0.001), low salary (p<0.001), depression (p=0.013), education level (p<0.023), bad risky environment (p=0.035), and personal accomplishment (p=0.041) were considered as the main predictor risk factors associated with burnout after adjusting for age and gender.

Table 6: Multivariate stepwise regression analysis for predictors of burnout risk factors among private security personnel (N=3,846).

Independent Variables	Regression Coefficient	Standard Error	Beta	t-test	p-value
Decreased concentration and attention	0.148	0.016	0.147	9.356	0.001
Heavy work-load	0.115	0.016	0.115	7.242	0.001
Low back pain	0.117	0.018	0.105	6.656	0.001
Sleeping disorder	-0.101	0.017	-0.101	-6.049	0.001
Pessimistic view about future	-0.9	0.161	-0.089	-5.593	0.001
Anxiety	-0.222	0.05	-0.068	-4.145	0.001
Cigarette smoking	0.7	0.192	0.061	3,783	0.001
Low salary	-0.59	0.168	-0.059	-3.545	0.001

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Decrease in appetite	-0.56	,0171	-0.053	-3.183	0.001
Income	-0.35	0.112	-0.05	-3.112	0.001
Low salary	-0.51	0.162	-0.053	-3.152	0.001
Depression	-0.14	0.058	-0.041	-2,488	0.013
Education level	-,017	,007	-0.037	-2.273	0.023
Bad risky environment	0.35	0.17	0.035	2.111	0.035
Personal accomplishment	0.202	0.098	0.36	2,044	0.041

Discussion

In a country such as Turkey, which has experienced extensive economic, political, and social reforms—along with military and police restructuring—the hierarchy of job stressors is expected to differ from that in more developed countries. While it is impossible to eliminate all workplace stressors within a private company, identifying them is essential to reducing exposure and preventing the onset and progression of burnout syndrome [4-6]. Private security officers primarily focus on crime prevention within areas assigned to them by the private security commission and operate under limited authority, similar to the rights any citizen has in response to a crime [4-6]. Continuous exposure to high-pressure environments and potentially traumatic incidents has also been linked to cognitive impairments and heightened anxiety among security workers [19,20]. The elevated depression and anxiety scores observed in this study, especially among those with poor sleep quality, align with these outcomes and point to the psychological vulnerability of this workforce [8].

Police officers in large cities face heightened stress levels, including a greater risk of developing post-traumatic stress disorder (PTSD). PTSD is a mental health condition triggered by experiencing or witnessing an extremely stressful or traumatic event. Symptoms may include flashbacks, nightmares, severe anxiety, and intrusive, uncontrollable thoughts about the incident. Burnout can result in serious professional consequences such as reduced productivity, rule violations, and impaired judgment, as well as personal difficulties like strained relationships and increased aggression [20,21].

The study shows that private security personnel in Turkey face serious health risks due to long, irregular working hours, heavy workloads, burnout, mental health problems, and sleep disturbances which is consistent with previous studies [28,29]. Night shifts and extended schedules disrupt their circadian rhythms, leading to fatigue and sleep disorders [8]. These findings align with global research, highlight a high rate of sleep problems and daytime sleepiness, particularly among those with longer shifts and little control over their schedules [30].

Our results corroborate these findings, indicating a high prevalence of sleep-related problems and daytime sleepiness among participants, especially those reporting longer shifts and low schedule control. Security personnel often operate under irregular and extended work schedules, particularly night shifts, which disrupt circadian rhythms and have been strongly associated with increased levels of fatigue and sleep disorders Furthermore, insufficient organizational support and adverse job characteristics have been found to exacerbate psychological strain, often culminating in burnout characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment [27,28].

The study finds that insufficient support, poor job conditions, and high demands significantly contribute to burnout among security staff, especially men, who score higher on all burnout measures. International research shows private security workers often face worse mental health than other professions, a problem intensified during crises like COVID-19 due to job insecurity, irregular shifts, and understaffing [13, 27-29]. These effects are most severe for those working illegal or excessively long hours without proper rest.

In most Western countries, work in the private security sector closely resembles police work, as security personnel often share similar responsibilities and perform comparable tasks [30]. The main distinction lies in the fact that police officers possess legal authority granted by the state [31], whereas private security personnel, while holding powers similar to those of the police, can exercise them only within protected areas and under specific circumstances. Employees in the private security sector generally have less involvement in decision-making regarding work organization, receive less training than police officers, and are often less valued by society [10-13].

Research consistently shows that private security officers receive less training than their state police counterparts [32] also, study by Cihan [6] further notes that, in many cases, their training is inadequate.

Unregulated work hours in private security harm not only personal well-being but also job performance, emergency response, and public safety [27,28]. Without effective coping systems, workers face greater burnout and mental health risks [19,20]. The study calls for urgent reforms, including limiting excessive hours, improving health monitoring, providing psychological support, and fostering supportive workplaces to enhance well-being, job satisfaction, and workforce sustainability. Such interventions not only improve individual well-being but also contribute to

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job satisfaction and sustainable workforce management in the security sector [13,30]. Burnout harms both professional and personal life, leading to reduced work performance, poor relationships, and social isolation. It is related to physical health problems such as pain, digestive issues, heart disease, headaches, insomnia, chronic fatigue, and greater susceptibility to infections, ultimately lowering security employees' quality of life [32].

In summary, this study highlights a pressing need to recognize and respond to the interconnected issues of overwork, psychosocial strain, and health risks among private security personnel in Turkey. Organizational measures should promote dignity, fair pay, and employee involvement in decisions to boost job satisfaction and reduce work strain.

Limitations and Strengths

This study has several limitations. Firstly, this cross-sectional study exclusively focused on private security officers. Secondly, excluding those engaged in governmental settings. Thirdly, the sample size of security officers may restrict the generalizability of these findings. Fourthly, the reliance on self-reported data introduces potential biases such as recall bias, social desirability bias, and subjective perceptions of complaint significance. Despite these limitations, the study offers valuable insights on the challenges faced by private security personal in Turkey, which may suggest future interventions aimed at enhancing working conditions and job satisfaction.

Conclusion

This study presents a comprehensive overview of the occupational and psychosocial risks faced by private security personnel in Turkey. The findings indicate that irregular and long working hours, insufficient rest periods, heavy workloads, low wages, job insecurity, and poor working conditions are significantly associated with burnout, anxiety, depression, sleep disorders, and physical health problems. A significant proportion of participants exhibited emotional exhaustion, depersonalization, and a decrease in personal accomplishment; symptoms such as back and neck pain, attention and concentration problems, and pessimism about the future were particularly prominent. Study has revealed that burnout syndrome, mental health issues, and sleep disorders are widespread and severe among private security personnel, and that this situation has negative effects at individual, organizational, and societal levels. The data obtained indicates an important public health issue that requires urgent action by policymakers and employers.

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