

**A STUDY ON JOB SATISFACTION LEVELS OF EMPLOYEES WORKING IN 112
EMERGENCY HEALTH SERVICES****Asst. Prof. Kemal TEMEL (Ph.D.)** **ABSTRACT**

The information asymmetry, non substitutability, and non storability inherent in healthcare services highlight the importance of examining organizational concepts, paving the way for scientific studies that address similar issues in diverse ways. Employee job satisfaction levels are considered a significant factor in patient intervention and diagnosis. In this context, the research investigates the job satisfaction levels of personnel working in 112 emergency ambulance services across eight provinces in Turkey. Data from 595 participants were analyzed using the job satisfaction scale developed by Weiss et al. (1967) and reliable tests (Mann-Whitney U). The study aims to gain a deeper understanding of organizational behavior in stressful work environments by focusing on demographic factors, intrinsic and extrinsic satisfaction dimensions, and job related variables. In this regard, the research contributes to the fields of health management and organizational behavior by providing new findings on regional differences among provinces, the role of hobbies, and variations based on job titles. These contributions are significant in the context of the limited number of studies related to prehospital emergency health services.

Keywords: Job Satisfaction, Organizational Commitment, Health Management.

JEL codes: D23, O15, M12.

1. INTRODUCTION

Job satisfaction is defined as the emotional responses an individual develops toward the role they undertake within the work environment (Vroom, 1967, p. 99). It is influenced by various organizational factors, such as working conditions, salary, financial and social benefits, participation in management, managerial approach, relationships with colleagues and supervisors, and promotion opportunities. Although many factors influence the concept of job satisfaction, it is generally attributed to two main factors (Blegen, 1993, p. 37). The first involves the intensity of needs based on individual characteristics, while the second relates to the conditions of the job itself. Job satisfaction encompasses the internal reflections resulting from an individual's personal evaluation of the opportunities and benefits provided

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by their work. In this context, job satisfaction includes the emotional and cognitive assessments made by an individual concerning their job (Davis, 1988, p. 6). When the working environment and conditions meet an individual's expectations, job satisfaction emerges and is structurally linked to various organizational concepts such as workplace attitudes and behaviors, performance, absenteeism, and a sense of belonging (Heller, Judge, and Watson, 2002). The concept of job satisfaction is closely associated with issues such as productivity, loyalty, absenteeism, turnover, and the loss of time and effort for both organizations and employees. Additionally, low job satisfaction can lead to adverse outcomes such as sleep disturbances, stress-related abdominal and headaches, and mood disorders (Miner, 1992, p. 119).

Healthcare services, which operate 24 hours a day without interruption, are distinguished from all other sectors due to their unique characteristics. In this context, studies focusing on job satisfaction among healthcare professionals are likely to differ from those conducted in other sectors. Particularly within emergency healthcare services, factors such as varying working conditions based on situational demands, available resources and opportunities, and the need for rapid and accurate decision-making play a significant role. Among various organizational concepts, job satisfaction is considered one of the key determinants. Emergency healthcare services are structurally distinct not only from other sectors but also from other divisions within the healthcare field. The presence of life-threatening, unexpected, and highly ambiguous situations contributes to increased and variably experienced job stress among employees, which in turn can significantly affect their job satisfaction.

In addition to organizational factors such as working conditions, staff shortages, workload, and managerial issues, external elements such as individual characteristics, family, and the work environment are also considered determinants of job satisfaction. The reflections of job satisfaction levels on both professional and social lives of personnel working in 112 ambulance services are of organizational significance. The unique structure of healthcare services, the unpredictability of service demand, and the non-routine nature of the work may influence the quality of service delivery by healthcare professionals. Given the critical impact of accurate decision-making, timely intervention, correct diagnosis, and appropriate treatment on human life, evaluating organizational factors affecting employees in 112 emergency healthcare services becomes vital for the well-being of the patients they serve. This study aims to investigate the job satisfaction perceptions and levels of healthcare personnel working in 112 ambulance services across different provinces, and to determine whether there are any regional differences. The findings will contribute to future initiatives aimed at identifying and improving issues related to job satisfaction among 112 ambulance service employees.

The intrinsic characteristics of healthcare services namely information asymmetry, non-substitutability, and non-storability amplify the relevance of organizational behavior frameworks, necessitating nuanced analyses of organizational constructs through multidisciplinary approaches.

Within this context, employee job satisfaction emerges as a critical psychological and behavioral outcome, significantly influencing patient interaction quality and diagnostic efficacy. Organizational antecedents such as unfavorable working conditions, staffing inadequacies, high role overload, and managerial dysfunctions are consistently associated with variations in job satisfaction. Moreover, extra organizational factors including individual dispositions, family related stressors, and broader socio-professional environments are also acknowledged as salient predictors within integrative models of job satisfaction in healthcare settings.

2. LITERATURE REVIEW

Job satisfaction refers to an individual's internal response to work and working conditions, shaped by personal factors such as values, judgments, and expectations (Çekmecelioğlu, 2005, p. 28). Owing to its influence not only on the individual but also on various organizational constructs, job satisfaction has become a prominent subject of inquiry within organizational behavior research. Numerous studies have explored the relationship between job satisfaction and organizational variables (Agho, Mueller, and Price, 1993; Glisson and Hemmelgarn, 1998; Lawler and Porter, 1969; Locke, 1970; Argyris, 1973; Dawney, Don, and Slocum, 1975; Lund, 2003). Frequently positioned at the core of investigations in the social sciences, job satisfaction is widely recognized as a construct of critical importance from both individual and organizational perspectives.

Job satisfaction is closely associated with several organizational outcomes, including productivity, performance, turnover, absenteeism, workplace accidents, and alienation. Empirical findings indicate that job satisfaction is influenced by a range of factors, including compensation, promotion opportunities, managerial style, working conditions, collegial relationships, recognition, job security, leadership, social interaction, and the system of rewards and sanctions (Aksu and Aktaş, 2005, p. 480; Misener, Haddock, Gleaton and Ajamieh, 1996, p. 87; Friday and Friday, 2003, p. 429; Savery, 1996, p. 19; Lam, 1995, p. 74). Studies consistently show that positive levels of job satisfaction contribute to enhanced organizational performance and increased productivity (Carroll and Tosi, 1982). Research on job satisfaction tends to focus on the scope of the job and its surrounding environment (Newstrom and Davis, 1986). Given its influence on employee success, mental and physical well being, and overall organizational effectiveness, job satisfaction is regarded not merely as an individual construct, but as an essential factor in cultivating a healthy and productive workplace (Locke, 1970). While high levels of job satisfaction are desirable, low satisfaction is often manifested through problems such as absenteeism, reduced productivity, work slowdowns, and employee turnover (Davis, 1988, p. 95).

Within the organizational behavior literature, increasing attention has been given to the effects of employees' engagement in hobbies, participation in leisure courses, and utilization of free time on

various work related outcomes such as organizational commitment, burnout, stress, job performance, and both job and life satisfaction. Empirical studies emphasize the positive association between effective leisure time utilization and individual well being (Walker and Ito, 2017; Haworth and Lewis, 2015; Cho, 2020; Kim, 2010; Kılıklı, Ergün and Doğan, 2016; Kurtipek, Kılıçarslan and Durhan, 2023; Yaşartürk and Yılmaz, 2019). The concept of the work leisure relationship, first introduced by Wilensky in 1960, has inspired a body of research indicating that work can influence leisure time and vice versa (Chick and Hood, 1996).

In the context of public sector employment, the structural guarantee of job security may contribute to a more rigid organizational culture, often resistant to innovative practices that support employees' personal development and social engagement. As a result, organizational interventions addressing public employees' social lives such as structured leisure opportunities or programs to enhance work life balance tend to be overlooked in both policy and practice.

Among healthcare professionals, factors such as staffing shortages, extended shifts during nights, holidays, and weekends, increasing patient volumes, heightened service demands, and administrative practices contribute to elevated workloads, which in turn lead to a variety of organizational and psychological challenges (Needleman, Buerhaus, Mattke, Steward and Zelevinsky, 2002). In prehospital emergency medical services, working conditions are further complicated by life threatening occupational risks, inadequate compensation, lack of psychological support, limited career advancement opportunities, long working hours, unsupportive managerial practices, suboptimal work environments, and the attitudes and behaviors of patients and their relatives. These factors collectively contribute to outcomes such as burnout, interpersonal conflict, and chronic stress.

The increasing demand for healthcare services, diversification of medical conditions, rapid technological advancements, and rising health literacy levels have elevated expectations placed on healthcare professionals. As the quality of healthcare services is fundamentally determined by the human capital within the system (Kavuncubaşı and Yıldırım, 2018), identifying and addressing the challenges faced by healthcare workers is essential to improving service quality.

Work life significantly influences an individual's daily experiences, social identity, cognitive frameworks, and family dynamics. In the context of prehospital emergency medical services, care delivery often occurs under extreme time constraints, where recipients face life threatening conditions and their personal privacy is often compromised. Within this high pressure and emotionally charged environment, healthcare personnel are required to maintain composure, exhibit empathy, and make swift yet accurate decisions to effectively manage the scene.

Prehospital 112 emergency ambulance services, a critical component of the intervention and treatment process initiated at the scene in life threatening situations, have become increasingly

widespread in Türkiye. According to 2023 data from the Ministry of Health, approximately 5.5 million individuals are served annually through 3,402 stations and 5,738 land ambulances across the country (T.C. Ministry of Health). The unpredictability regarding when, where, and to whom the service will be delivered alongside the uncertainty of the conditions under which care must be provided intensifies the pressure experienced by employees in this field.

Unlike many other sectors, the demanding nature of emergency medical work, the 24 hour operational schedule, the necessity of team based coordination, managerial oversight, and the variability of work environments all contribute to a unique and often strenuous professional experience for ambulance personnel. In this context, understanding the level of job satisfaction among 112 emergency ambulance staff is critical not only for ensuring effective service delivery but also for safeguarding the well-being and satisfaction of care recipients.

3. METHOD

The study was conducted using a survey form that included demographic variables and the Minnesota Satisfaction Questionnaire (MSQ), originally developed by Weiss, Dawis, England, and Lofquist (1967) and adapted into Turkish by Baycan (1985), with a reported Cronbach's alpha reliability coefficient of 0.77. No additional confirmatory factor analysis (CFA) was performed as part of this study. The questionnaire was digitally administered and distributed online to personnel working in pre-hospital 112 ambulance services through informal professional networks. Data were collected using purposive sampling from individuals who voluntarily agreed to participate.

Informed consent and explicit approval for participation were made mandatory within the online platform; individuals who did not provide consent were unable to access the questionnaire. No personally identifiable information was recorded, and all data collection procedures were carried out in accordance with ethical research standards. Ethical approval was obtained from the Graduate Education Institute Ethics Committee of Çanakkale Onsekiz Mart University.

The research was conducted with pre-hospital emergency medical services (112 ambulance) personnel working across various provinces and regions in Turkey, including Istanbul, Bursa, Artvin, Nevşehir, Malatya, Çanakkale, Sakarya, and Adıyaman, based on a purposive sampling approach. The target population for the study consisted of approximately 8,500 personnel working in these eight provinces. The sample size was determined using the sample size table developed by Krejcie and Morgan (1970). According to Krejcie and Morgan (1970), for a population of 8,500, a minimum sample size of 368 is recommended. In this context, data were collected from 608 participants who voluntarily agreed to participate. After excluding incomplete or incorrectly filled surveys, the final dataset included responses from 595 participants.

3.1 Aim of the Study

The unique working conditions within healthcare services, as compared to other sectors, give rise to distinct processes that affect employees. In this context, the aim of the study is to examine the perceived job satisfaction of employees working in 112 emergency ambulance services, with a focus on role ambiguity, role conflict, and excessive workload, and to identify their behavioral and attitudinal outcomes.

3.2. Research Analysis

In accordance with the Central Limit Theorem, when the sample size is sufficiently large ($n \geq 30$), the sampling distribution of the mean tends to approximate a normal distribution regardless of the underlying distribution of the variables (Field, 2018; Tabachnick and Fidell, 2013). Based on this theoretical foundation, parametric statistical techniques are typically considered appropriate for data analysis. Nevertheless, in the present study, the normality of continuous variables was assessed using the Kolmogorov-Smirnov test as well as histogram plots. As the assumption of normality was not met, non-parametric statistical methods were employed to conduct the analyses. For comparisons in which statistically significant differences were observed, both the median and arithmetic mean values were reported in the corresponding tables to facilitate interpretation.

The data obtained in this study were analyzed using the JAMOVİ statistical software (The jamovi project, 2023; R Core Team, 2022). Initially, the dataset was examined for missing data, and descriptive analyses were performed to provide information about the general characteristics of the groups. Continuous variables were presented as mean \pm standard deviation, while categorical variables were represented as frequencies and percentages. The normality of numerical variables, based on the total scale score, was assessed using the Kolmogorov-Smirnov test and histogram plots. Given that the normality assumption was not met, the Mann-Whitney U test was applied for variables with two groups, and the Kruskal-Wallis test was employed for comparisons involving more than two groups. In cases where the Kruskal-Wallis test indicated statistically significant differences, post-hoc pairwise comparisons were conducted to identify which groups exhibited significant differences. The significance level was set at 0.05, and when $p > 0.05$, it was concluded that there was no relationship or difference between the variables.

To assess the magnitude of group differences, effect size values were examined in the analysis. Effect size is a standardized measure that indicates the degree of difference between the groups being compared and the impact of the independent variable on the dependent variable. As the difference between groups increases, the effect size also rises (Cohen, 1998). In this study, effect sizes for the comparison tests that showed significant differences were calculated and interpreted. Due to the failure to meet the assumption of normal distribution, point-biserial values for the Mann-Whitney U test and

epsilon squared (ϵ^2) values for the Kruskal-Wallis test were used to calculate effect sizes. Point-biserial values were interpreted as negligible (0), small (0.1), medium (0.3), large (0.5), and very large (0.7), while epsilon squared (ϵ^2) values were interpreted as small (0.01), medium (0.09), and large (greater than 0.25) (Iacobucci, Popovich, Moon and Roman, 2023).

3.3. Limitations of the Study

The study was conducted through informal worker groups and organizational support for participation was not available. In addition, the data obtained within the scope of the study could only be realized with voluntary participants in 8 provinces. In this context, the limitation of the study is seen as the inclusion of pre-hospital emergency health services employees working in 8 provinces. In order to obtain more comprehensive results, studies with organizational support should be conducted.

4. EMPIRICAL FINDING

Of the study participants, 61.2% were female, 77.6% were married, 73.7% held a bachelor's degree, and 48.7% had more than 16 years of experience in their respective professions. Regarding professional roles, 7.8% were physicians, 32% were Emergency Medical Technicians (EMTs), 39.3% were Paramedics, and 20.8% were nurses or healthcare officers. The demographic data of the participants are presented in Table 1.

Table 1. Socio-Demographic and Descriptive Characteristics of Participants (n=595)

Variables	Groups	n	%
Gender	Male	282	47,4
	Female	313	52,6
Marital status	Married	339	57,0
	Single	256	43,0
Age	18-26	208	35,0
	27-35	261	43,9
	36 and above	126	21,2
Work experience	1-5 years	262	44,0
	6-10 years	171	28,7
	11-15 years	80	13,4
	16 years and above	82	13,8
City	Adıyaman	38	6,4
	Artvin	74	12,4
	Bursa	103	17,3
	Çanakkale	69	11,6
	İstanbul	136	22,9
	Malatya	63	10,6
	Nevşehir	62	10,4
	Sakarya	50	8,4
Title	Emergency Medical Technician (EMT)	198	33,3
	Emergency Medical Technician (Paramedic)	340	57,1
	Doctor	9	1,5
	Other Healthcare Workers	48	8,1

Work unit	112 Emergency Medical Service (EMS)	540	90,8
	Command Control Center (CCC)	55	9,2
Hobby	Yes	392	65,9
	No	203	34,1

The scale used in this study is a five-point Likert-type scale, with scores ranging from 1 to 5. There are no reverse-coded items in the scale. The scale consists of a general satisfaction scale, along with intrinsic and extrinsic satisfaction subscales. It contains a total of 20 items, with 12 items measuring intrinsic satisfaction and 8 items measuring extrinsic satisfaction. The general satisfaction score is calculated by dividing the total score from the 20 items by 20, the intrinsic satisfaction score by dividing the score from the 12 items by 12, and the extrinsic satisfaction score by dividing the score from the 8 items by 8. Higher scores on the scale indicate higher levels of job satisfaction (Baycan, 1985).

According to the data obtained from the study, the participants' general job satisfaction score was 61.02 ± 14.45 , the intrinsic satisfaction score was 39.69 ± 8.77 , and the extrinsic satisfaction score was 21.33 ± 6.52 . The Cronbach's Alpha value for the scale in this study was 0.923. Based on these findings, it was observed that while the participants' overall satisfaction levels were high, their intrinsic and extrinsic satisfaction levels were relatively low. The relevant data are presented in Table 2.

Table 2. Job Satisfaction Scores of Participants (n=595)

Scale Subscale	Number of Items	Minimum Score	Maximum Score	Participant Scores			Cronbach's Alpha
				$\bar{X} \pm ss$	Min.	Max.	
General Job Satisfaction	20	20	100	$61,02 \pm 14,45$	21	99	0,923
Internal Satisfaction	12	12	60	$39,69 \pm 8,77$	12	60	0,882
External Saticfaction	8	8	40	$21,33 \pm 6,52$	8	40	0,845

To examine whether there is a significant relationship between the two-category variables and the total and subscale scores obtained from the scale, the Mann-Whitney U test was used, as the assumption of normal distribution was not met. It was found that there was no statistically significant difference between the participants' gender and marital status and their general job satisfaction and subscale scores ($p > 0.05$ for each). Analysis indicated that extrinsic job satisfaction scores significantly varied among pre-hospital emergency care providers according to their assigned operational units. ($Z: 2.490$, $p: 0.013$). According to the data, employees working in the command control center had higher extrinsic satisfaction scores compared to those working in emergency healthcare stations. Additionally, the unit of employment variable had a moderate effect size on extrinsic satisfaction scores (point-biserial: 0.366). The effect of the unit of employment on extrinsic satisfaction was interpreted as a result influenced by working conditions. The variable of working in emergency healthcare stations, where workers are

subject to different conditions in the field and variable working environments, plays a determining role in this outcome.

The analysis revealed that employees who reported having a hobby demonstrated higher mean scores on both the overall job satisfaction scale and its subdimensions, compared to their counterparts without a hobby. This suggests that engaging in leisure activities outside of work may be positively associated with various facets of job satisfaction among employees. Having a regular hobby had a moderate effect size on general job satisfaction and its subscales (General job satisfaction: $Z: 3.720$, $p < 0.001$, point-biserial: 0.351), (Intrinsic satisfaction subscale: $Z: 3.013$, $p = 0.003$, point-biserial: 0.315), (Extrinsic satisfaction subscale: $Z: 4.037$, $p < 0.001$, point-biserial: 0.353). This suggests that employees' hobbies in their social lives positively reflect on their work life. Activities outside of work create a space where employees feel good about themselves, resulting in psychological differentiation. The Kruskal-Wallis test was used to examine whether there was a significant relationship between the total scale and subscale scores and multicategory variables, as the assumption of normal distribution was not met. It was determined that there was no statistically significant difference between the participants' age groups and the total scale and subscale scores ($p > 0.05$ for each). However, a statistically significant difference was found between the years of employment and the intrinsic satisfaction scores. Employees with 1-5 years of work experience had higher intrinsic satisfaction scores compared to those with 11-15 years of experience. The variable of years of employment had a small effect size on intrinsic satisfaction scores ($X^2: 7.824$, $p: 0.049$, $\epsilon^2 = 0.0132$). Statistically significant differences were also found between employees' titles and the total scale and subscale score averages, with a small effect size. The higher job satisfaction reported by employees who were new to the profession compared to those with more years of experience should be evaluated in terms of burnout, fatigue, working conditions, managerial problems, and employee expectations. The meaningful difference obtained in this study was interpreted as a negative correlation between employees' expectations and their experiences in their working lives.

According to the scale total and subscale scores, the highest to lowest job satisfaction among job titles is ranked as follows: doctors, emergency medical technicians, paramedics, and other employees (nurses, healthcare officers). Based on the study data, doctors report the highest level of job satisfaction. When evaluating the findings, the higher satisfaction level among doctors can be explained by professional fulfillment, income earned, and societal respect. The differences in working conditions, entitlements, compensation, and managerial practices between doctors and other healthcare personnel have been identified as influential factors on job satisfaction in the healthcare service provision.

According to the study data, job satisfaction levels vary across different cities. Based on the total and subscale scores, the highest level of job satisfaction is observed in Nevşehir, while the lowest is recorded in Sakarya. The variable of different cities shows a low effect size. Although the internal job

satisfaction scores of employees in Bursa and Nevşehir are identical, those in Bursa report lower external satisfaction scores. The same trend is observed among employees in Adıyaman and Istanbul. Despite having similar internal job satisfaction scores, employees in Istanbul report lower external satisfaction scores compared to those in Adıyaman. When evaluating the subscales, Artvin stands out as the most notable region. Despite being second to last in internal job satisfaction, employees in Artvin rank second in external satisfaction (X^2 : 74.186, p : 0.01, ε^2 =0.124). The data are presented in Table 3.

The general job satisfaction ranking is as follows: Nevşehir > Bursa > Artvin > Adıyaman > Çanakkale > Istanbul > Malatya > Sakarya.

The internal job satisfaction ranking is: Nevşehir, Bursa > Çanakkale > Adıyaman, Istanbul > Malatya > Artvin > Sakarya.

The external job satisfaction ranking is: Nevşehir > Artvin > Bursa > Çanakkale > Adıyaman > Istanbul > Malatya > Sakarya.

Table 3. Results Regarding Demographic Variables and Overall Job Satisfaction Scores

Groups		General job satisfaction scale total score		Internal satisfaction score		External satisfaction score	
		$\bar{X} \pm ss$	Ortanca [Q1-Q3]	$\bar{X} \pm ss$	Ortanca [Q1-Q3]	$\bar{X} \pm ss$	Ortanca [Q1-Q3]
Gender	Male	60.53±14,3	60(51-70)	39.72±8.54	40(35-46)	20.87±6.70	22(18-26)
	Female	61.46±14.6	62(53-71)	39.71±8.98	40(34-46)	21.75±6.35	20(16-26)
	Z/p	1.024/0.306		0.263/0.788		1.952/0.051	
Marital Status	Married	60.83±13.8	60(52-70)	39.48±8.3	40(34-45)	21.35±6.4	21.31±6.7
	Single	61.3±15.3	62(52-71.75)	39.96±9.4	41.5(35-46)	21(17-26)	21(16-26)
	Z/p	0.564/0.573		1.100/0.271		0.030/0.976	
Work Unit	EMS	60.69±14.5	60(52-70)	39.57±40(34-46)	40(34-46)	21.11±6.5	21(16-25.75)
	CCC	64.24±13.8	65(55-78)	40.78±7.7	41(35-47)	23.45±6.7	23(20-30)
	Z/p	1.757/0.079		0.859/0.391		2.490/0.013 d:0.366	
Hobby	Yes	62.72±13.6	62.5(54-71.75)	40.62±8.2	41(36-46)	22.11±6.2	22(18-26)
	No	57.72±15.4	58(48-69)	37.89±9.5	39(31-45)	19.83±6.8	20(15-24)
	Z/p	3.720/<0.001 d:0.351		3.013/0.003 d:0.315		4.037/<0.001 d:0.353	
Age Groups	18-26	62.33±14.2	62.5(54-71.75)	40.58±8.8	42(36-47)	21.75±6.1	22(17.25-26)
	27-35	59.9±14.7	60(50-70)	39.00±8.8	40(34-45)	20.92±6.8	20(16-25.5)
	36 and above	61.10±14.2	60.5(51-70.25)	39.62±8.5	41(33-46)	21.48±6.6	22(16-25.5)
	X ² /p	3.681/0.159		4.583/0.101		2.451/0.294	
	1-5	62.04±14.1	63(54-71)	40.56±8.5	42(36-46) ^b	21.48±6.4	22(17-26)

Work experience	6-10	60.50±14.8	60(50-71)	39.29±8.8	39(33-46)	21.20±6.8	21(16-26)
	11-15	58.96±14.1	57(49.25-68.75)	38.13±8.6	38(33-44)^a	20.84±6.5	20(16-24.75)
	16 ve üzeri	60.83±15.2	63(48.75-71.75)	39.24±9.4	41(32-46.25)	21.59±6.5	22(17-26)
	X ² /p	4.535/0.209		7.824/0.049 $\epsilon^2 = 0.0132$		1.217/0.749	
Title	EMT	59.41±14.9	60(49-69)^c	38.61±9.1	39.5(33-45)^{bd}	20.80±6.7	20(16-25)^b
	PRM	62.01±14.2	62.5(53.25-71)^d	40.30±8.6	41(35-46)^{bc}	21.75±6.3	22(17-26)^b
	Dr.	71.00±9.4	71(62-80.5)^a	45.67±4.6	48(40.5-49.5)^a	25.33±5.4	25(21.5-31)^a
	Others	58.71±14.4	56.5(46.75-70)^{bcd}	38.69±8.4	39(33-44.75)^b	20.02±7.1	19.5(14.25-26)^b
	X ² /p	11.020/0.012 $\epsilon^2 = 0.0186$		10.860/0.013 $\epsilon^2 = 0.0183$		8.337/0.040 $\epsilon^2 = 0.0140$	
City	Adıyaman	60.39±15.2	61.5(48.75-76)	38.18±9.5	38.5(30.5-46.5)	22.24±6.4	21(17-27)
	Artvin	65.59±12.7	66.5(55-76.25)	42.57±7.6	36(42-48)	23.03±6.0	23.5(19-28)
	Bursa	65.96±11.3	68(58-74)	43.11±7.2	44(38-48)	22.85±5.0	23(19-26)
	Çanakkale	60.68±15.1	60(50.5-71)	38.81±8.6	40(33.5-45.5)	21.87±7.1	22(16.5-26)
	İstanbul	56.95±12.7	57.5(48.25-65)	37.48±7.8	38.5(33-43)	19.47±5.8	19(16-23)
	Malatya	56.00±14.2	57(48-65)	37.22±9.0	37(33-43)	18.87±6.2	18(15-23)
	Nevşehir	68.66±15.8	69(59-81)	43.34±9.0	44(39-49)	25.32±7.3	26.5(19.75-32)
	Sakarya	52.90±14.6	53(44.25-63.5)	35.32±9.8	35(28.5-42.25)	17.58±6.0	17.5(13.75-21.25)
	X ² /p	74.186/<0.01 $\epsilon^2 = 0.124$		62.507/<0.01 $\epsilon^2 = 0.125$		73.800/<0.01 $\epsilon^2 = 0.105$	

The social amenities and conditions of the region in which employees work, as well as the work environment and managerial practices, significantly impact their job satisfaction levels. The working life is not solely within the scope of the organizational structure and management practices. Therefore, both the work environment and social and family life should be considered. According to the data obtained in this study, the varying job satisfaction levels of employees with similar working conditions can be explained by the socio-cultural structure and resources provided in the region they are located. In this context, differences in internal and external satisfaction levels are influenced by environmental factors, playing a decisive role in employees' overall job satisfaction. Job satisfaction is impacted by environmental factors such as the living conditions in employees' cities, time losses due to traffic and distance, high costs of rent and commuting, and childcare. In this regard, studies targeting employees, especially those living in large cities, are of great importance.

5. CONCLUSION

The data obtained in this study were statistically evaluated, and impact factor tests were applied to variables showing significant differences. According to the data from the scale, it was found that employees' overall job satisfaction levels are high, while their internal and external satisfaction levels are low. It was observed that employees' job satisfaction levels are influenced by variables such as job

title, years of experience, the region of employment, work unit, and having a hobby. However, no significant impact was found from variables such as gender, marital status, and age.

According to the study data, the job title variable shows significant differences not only in overall job satisfaction but also in the internal and external satisfaction subdimensions. Physicians exhibit the highest level of job satisfaction, followed by emergency medical technicians. It was found that job satisfaction is lower among employees holding the titles of health officers and nurses. Physicians are distinctly differentiated from other healthcare workers in terms of salary, working hours, working conditions, and financial and social benefits. Furthermore, the societal perception of the profession is also considered an important factor. The higher satisfaction levels of physicians compared to other employees have been evaluated from this perspective and are suggested as a factor to consider in future studies. The results should be interpreted in the context of organizational factors and the concept of professional affiliation. It is believed that the structure and working conditions of pre-hospital emergency ambulance services contribute to this situation. In addition, the inappropriate training for employees holding titles such as nurses and health officers, which does not align with their working conditions and structure, is another issue that needs to be addressed.

Studies have shown that there is an inverse relationship between years of service and organizational commitment, indicating that as years of service increase, organizational commitment tends to decrease (Mueller et al., 1999, p. 210; Yang and Kassekert, 2009, p. 433; Wasti, 2002, p. 540). The data obtained in our study indicate a significant relationship between years of service and internal satisfaction levels. Employees who are new to the profession exhibit higher internal satisfaction levels compared to those who have been working for longer periods. The findings of our study are consistent with the relevant literature. When the results are examined, it can be inferred that factors such as working conditions and management issues have a significant impact on this situation. The decreasing internal satisfaction levels of employees over time are interpreted as an indication of the negative discrepancy between individuals' expectations and what they have achieved.

Employees experience relaxation in social, psychological, and physiological aspects through the activities they engage in during their leisure time (Eskiler, Yıldız and Ayhan, 2019). Studies indicate that conflicts arise when the need for both work and leisure time is insufficiently met (Thompson and Bunderson, 2001). According to the data obtained from participants in this study, individuals who have a hobby in their social life report higher levels of job satisfaction, consistent with the relevant literature. It is observed that creating a personal space outside of work has a positive impact on employees' work lives. The individual's personal hobbies create positive externalities that influence organizational concepts. In this context, providing employees with opportunities to engage in hobbies under appropriate conditions and training has been considered an important factor in terms of job satisfaction and productivity.

The research data indicates a significant relationship between the units in which employees work and their external job satisfaction. Employees working in command centers report higher levels of job satisfaction compared to those working in emergency medical service stations. This difference can be attributed to the resources and opportunities available to employees in command centers, in contrast to the working conditions at emergency service stations. Employees at emergency service stations face uncertainty regarding when, where, and how they will provide services. This ambiguity affects their external job satisfaction levels.

The data obtained in the study indicates a significant relationship between the province in which employees work and their job satisfaction levels. Among the provinces where the study was conducted, employees in Nevşehir reported the highest job satisfaction, while those in Sakarya had the lowest. Job satisfaction can also be influenced by the social, cultural, and demographic structure of the province, as well as the city's resources and opportunities. However, the relationship between the province and job satisfaction levels in this study has been interpreted as a reflection of differences in working conditions and management practices. Considering that all 112 ambulance services in the country operate under a standardized system with similar working conditions, salaries, and employment practices, managerial practices have been identified as the key factor contributing to the variation in job satisfaction levels.

Organizational concepts such as commitment, job satisfaction, productivity, and turnover tendencies are considered critical elements in the service delivery of pre-hospital emergency medical services. The labor force, which plays a vital role in all processes from patient intervention to treatment procedures, should be evaluated through these concepts, and necessary adjustments must be made, as they are crucial for patient care outcomes. In this context, improving service quality and enhancing employee productivity can be achieved by organizing the work environment, ensuring efficient use of resources, creating employee-friendly workplaces, and planning social activities and sports events. These processes represent a sound approach for achieving desired outcomes.

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