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DETERMINING THE PERCEPTIONS OF GENDER DISCRIMINATION OF HEALTHCARE PROFESSIONALS: THE EXAMPLE OF TUNCELİ¹		

SAĞLIK ÇALIŞANLARININ CİNSİYET AYRIMCILIĞI ALGILARININ BELİRLENMESİ: TUNCELİ İLİ ÖRNEĞİ		
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ABSTRACT

As in other sectors, female employees in the health sector are exposed to gender discrimination in areas such as career choice, recruitment, career, promotion, remuneration and access to rights. This situation is not unique to our country, but is experienced at different levels in almost every part of the world. The way to ensure social equality in business life is possible with the prevention of gender discrimination, whether consciously or unconsciously. For this reason, the more researches on the subject, the more awareness is created and awareness is raised, the faster the progress will be made. In this context, the aim of the research is to determine the attitudes of healthcare professionals towards female employees and to offer solutions to employees and managers about gender equality with the data obtained, and to provide scientific contribution on this issue. For this purpose, a research was carried out in the hospitals and units in the city center of Tunceli. The data of the study were collected from 180 health workers through the "Attitude Scale towards Female Employees". The collected quantitative data were analyzed in the statistical package program and the findings were interpreted and discussed. As a result of the research, when the participants evaluated the "Attitude Scale Towards Female Employees" together with all demographic sub-dimensions as a whole, no significant difference was detected. However, when evaluated separately, significant differences were found in gender, marital status, age, number of children, occupation and years of service.

Keywords: Female Labor Force, Gender Discrimination, Health Sector, Health Workers

ÖZ

Diğer sektörlerde olduğu gibi sağlık sektöründe de kadın çalışanlar iş yaşamında meslek seçimi, işe alım, kariyer, terfi, ücretlendirme ve haklara erişim gibi alanlarda cinsiyet ayrımcılığına maruz kalmaktadır. Toplumsal eşitliğin iş yaşamında da sağlanabilmesinin yolu farkında olarak ya da olmadan yaşanan cinsiyet ayrımcılığının önlenmesiyle mümkündür. Bu nedenle konuyla ilgili ne kadar çok araştırma yapılarak farkındalık yaratılıp bilinçlendirme yapılırsa o kadar hızlı yol alınacaktır. Bu bağlamda araştırmanın amacı, sağlık çalışanlarının kadın çalışanlara yönelik tutumlarının belirlenmesi ve elde edilen verilerle cinsiyet eşitliği ile ilgili çalışanlara ve yöneticilere çözüm önerileri sunmak ve bu konu hakkında bilimsel katkı sağlamaktır. Bu amaç doğrultusunda Tunceli il merkezindeki hastane ve birimlerde bir araştırma gerçekleştirilmiştir. Araştırmanın verileri "Kadın Çalışanlara Yönelik Tutum Ölçeği" aracılığıyla 180 sağlık çalışanından toplanmıştır. Araştırma sonucunda; katılımcılar "Kadın Çalışanlara Yönelik Tutum Ölçeği"ni demografik tüm alt boyutlar ile birlikte bir bütün olarak değerlendirdiklerinde anlamlı bir farklılık tespit edilememiştir. Ancak ayrı ayrı değerlendirme yapıldığında cinsiyet, medeni durum, yaş, çocuk sayısı, meslek ve hizmet yılında anlamlı farklılıklar tespit edilmiştir.

Anahtar Kelimeler: Kadın İşgücü, Cinsiyet Ayrımcılığı, Sağlık Sektörü, Sağlık Çalışanları

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1. INTRODUCTION

Although women make up the majority of the world's population, the presence of women in social and economic life is less than that of men. In particular, it is seen that women in the management levels are proportionally much less than men. Although some legal arrangements are made to eliminate discrimination and ensure equality, this situation cannot be prevented in any country in the world. In the "Global Gender Inequality Report" by the World Economic Forum (WEF) in 2018, issues such as working life, health, gender inequality, politics and education were examined based on 149 countries. In this report, it is stated that it will take more than a century to achieve gender equality at the global level. It is emphasized that the areas where inequality is most intense are remuneration and the glass ceiling syndrome experienced in public institutions. In addition, according to the results of the 2006 report, it is seen that Turkey, which is in the 105th place in gender inequality, has fallen 25 places in 12 years and is in the 130th place (WEF, 2018).

Discrimination experienced by female employees in business life is seen in employment, promotion, remuneration, etc. Mostly attributing some work-related characteristics to a single gender leads to discrimination by assuming that the other gender lacks these characteristics.

As it is known, the health sector is a labor-intensive work area where many personnel with different titles (physician, midwife, nurse, anesthesia, etc.) work together and where female employees are the majority. The quality of health services is important in terms of protecting, improving and treating the health of the society. The concept of societal gender is also in different positions in the field of health services due to the roles of men and women. In this study, it was aimed to determine the gender discrimination perceptions of health workers and a field study was carried out in this direction.

2. THEORETICAL FRAMEWORK

Although the rapidly increasing urbanization, industrialization, technological advances after the Republic, and the improvements made in the legal system have brought women to an equal position with men, due to the inability of the mechanisms to fully function in practice, women's participation rate in working life compared to men in Turkey, as in almost all over the world, are lower. According to TUIK 2020 data, while the number of labor force workers in our country is 30,632,000, only 9,718,000 of them are women (TUIK, 2020).

Female employees are faced with biased behaviors and attitudes from managers, colleagues and individuals they serve, and are discriminated against because of their gender in working life. Women are marginalized in working life and may encounter unfair behaviors (Türel and Dolmacı, 2013). Today, female employees are oppressed under the pressure and weight of social roles. Sociocultural factors and stereotypical prejudices about gender reveal gender bias. This situation causes female employees to experience gender discrimination and move away from working life (Valerio, 2009; Çelik and Şahingöz, 2018).

Discrimination practices faced by female employees in their working life manifest themselves in different forms and are grouped as "discrimination in career orientation", "discrimination in the recruitment process", "discrimination in the promotion process", "discrimination in remuneration" and "psychological and sexual harassment". (Kocacık and Gökkaya, 2005; Dikmetaş, 2009; Özkan and Özkan, 2010; Urhan and Etiler, 2011; Kılıç and Öztürk 2014; Haşit and Yaşar 2015; Kartal and Çoban, 2018).

Discrimination in professional orientation: As a result of traditional and cultural determinations, women are concentrated in certain professions. Due to the patriarchal perspective and social prejudices, jobs with low status and low wages are defined as women's work (Demirel, 2011; Eroğlu and İrdem, 2016). Apart from professions that are seen as women's jobs (such as teaching, nursing, dietitian, secretarial, etc.), female employees in professions that are seen as male jobs are also expected to show masculine attitudes by getting rid of their feminine characteristics (Eroğlu and İrdem 2016).

Discrimination in the process of referral to work: According to social prejudices, women are more emotional, less competitive and combative than men. The fact that women are seen as physically weaker than men is also a factor in women not being preferred when hiring. In addition, pregnancy, childbirth and childcare processes are given as reasons by businesses and cause women to be less preferred in their recruitment and to be exposed to gender discrimination (Özkan and Özkan, 2010).

Discrimination in the promotion process: Although the number of female employees is increasing day by day, the number of female employees working at the managerial level is not at the desired level. Female employees cannot be in positions that require responsibility due to pregnancy and postpartum processes, and it is preferred that managers be chosen from among male employees. The discrimination that female employees face in their professional advancement after being hired is called the glass ceiling syndrome and is defined as the invisible career barrier that female employees face (Çakıroğlu, 2019).

Discrimination in remuneration: It is observed that female employees who have received the same training as male employees and do the same job receive lower wages compared to men. In other words, the fact that female employees receive lower wages than male employees is not due to the nature of the job, but simply because they are women. While female employees are subject to gender discrimination in working life due to gender, the objective features that would justify the lack of equal remuneration reappear through gender roles.

Inequality in benefiting from social rights: Female employees fall behind male employees in participating in union activities and organizing unions. Inequality in benefiting from social rights: Female employees lag behind male employees in participating in union activities and organizing unions. This situation can be shown as a reason for the perception of union activities as men's work. In addition to benefiting from social security services that protect women in working life against old age, illness, work accident, incapacity, occupational disease, unemployment and maternity within the framework of the "principle of equality between women and men", it should be essential that women employees who are faced with these risks benefit without gender discrimination (Kocacık and Gökkaya, 2005).

Psychological and sexual harassment: Women are more likely to encounter psychological and sexual harassment because they seem weaker than men (Solmus, 2005). Sexual harassment causes not only the deterioration of the productivity of people in working life, but also the deterioration of their psychological and physical health. Women who are exposed to emotional abuse more, as in the case of sexual harassment, are women.

In the health sector, it is stated that male health workers are in senior positions as decision-makers and managers, while female health workers work in lower-level positions that implement the

decisions taken. This situation creates a hierarchical stratification in the current structure of the health sector and causes vertical segregation (Urhan and Etiler, 2011).

Due to the high rate of female employees in the health sector, it is thought that gender discrimination is less when the health sector is compared to other sectors. However, this view is misleading. Problems such as difficult and intense work conditions, long hours of shifts, insufficient wages, and unfair promotion system occur in the field of health, and this triggers negative attitudes such as gender discrimination and mobbing in the sector (Karsavuran, 2014; Yaşar, 2019). Studies show that female employees are directly and indirectly discriminated against in various fields, including performance evaluation, recruitment, salary, leadership positions, career development and employment (Çakıroğlu and Baykal, 2021).

Unequal and discriminatory attitudes have a potential negative impact not only on female health workers, but also on health services and the health system itself. Perception of gender discrimination has several consequences, such as increases in workforce turnover and decreases in organizational trust, organizational peace, health care quality and productivity. Employees who experience and witness gender discrimination experience stress and burnout, and their psychological and social well-beings are affected. For this reason, negative attitudes and approaches towards women in health institutions are a global human rights issue that should not be ignored and require a solution. It is therefore extremely important to raise awareness of discriminatory attitudes towards women in health care and to systematically combat gender inequalities in the health workforce. In this context, it is aimed to conduct a research in order to reveal the attitudes of health sector workers towards female workers and to offer solutions.

3. RESEARCH

3.1. Purpose and Importance of the Research

More in-depth quantitative researches are needed on issues, which are issues that female employees often encounter with discriminatory attitudes and behaviors in the working life, such as traditional gender roles, performance, career, employment, and remuneration. It will contribute to eliminating or minimizing the perception that female employees behave in the context of traditional gender roles (detailed, organized and planned, responsible, following the rules, self-sacrificing, emotional, touchy, unable to take initiative).

Since the health sector has a special importance in terms of the intensity of women's employment, it is of great importance to investigate this issue in depth and to develop strategies to eliminate female employee discrimination at the administrative, organizational and country level, to ensure equality between women and men in the society.

The aim of this research is to determine the attitudes of health workers towards female workers. For this purpose, answers to the following questions will be sought in this study:

What are the attitudes of the participants towards female employees?

- Do the attitudes of the participants towards female workers show statistically significant differences according to the ages of the health workers?
- Do the attitudes of the participants towards female workers show statistically significant differences according to the number of children of health workers?
- Do the attitudes of the participants towards female workers show statistically significant differences according to the education levels of health workers?

- Do the attitudes of the participants towards female workers show statistically significant differences according to the professions of health workers?
- Do the attitudes of the participants towards female workers show statistically significant differences according to the length of service of the health workers?

3.2. Population and Sample of the Research

The population of the research consists of health workers working in hospitals and units in the city center of Tunceli. For this purpose, a face-to-face questionnaire was applied to 200 people selected by convenience sampling method among a total of 685 personnel working between 20 October and 1 December 2021, by obtaining the necessary official permissions. Analysis procedures were carried out on 180 questionnaires that were suitable for the analysis. Statistical Package for Social Science for Windows (SPSS) 24.0 package program was used to evaluate the data obtained in the study.

3.3. Data Collection Tools

In the first part of the questionnaire used in the research, there are demographic (7 pieces) questions. In the second part, there is the "Attitude Scale Towards Female Employees" consisting of 30 questions, the use of which was obtained from the authors, and the validity and reliability study was conducted by Çakıroğlu and Baykal (2019). In the aforementioned study, it was determined that the Cronbach's alpha coefficient of the total scale was 0.86 and the Cronbach's alpha coefficient of the scale sub-dimensions ranged between 0.63 and 0.91.

The Attitude Scale Towards Female Employees consists of 5 sub-dimensions: performance (8 items), gender roles (10 items), employment and placement (4 items), career (5 items), and emotionality (3 items). The response options of the scale are in Likert type as 1: Strongly Disagree, ... 5: Strongly Agree.

3.4. Limitations of the Research

Since data were obtained only from the public hospital in the city center of Tunceli, the findings can only be generalized for the province of Tunceli. There are also some limitations in terms of generalizing the findings obtained in the study to all healthcare professionals. In addition, the fact that the research identifies the situation in a certain time period is another limitation of the research.

3.5. Validity and Reliability Analysis for the Scale Used in the Study

In order to measure the internal consistency and reliability of the "Attitude Scale Towards Female Employees" question list consisting of 30 statements, the alpha coefficient values were first checked. As a result of the analysis, the α value of the whole scale was calculated as 0.916. Therefore, it is possible to say that the scale is reliable.

To test the reliability of the scale, the **total score correlation** values of the scale are also examined along with the alpha value, and this value should be greater than 0.30 (Şencan, 2005). In the analysis, it was observed that the item-total score correlation values were not less than 0.36 and the question list was reliable.

Factor analysis was performed to determine the structural validity of the scales used in the study. Kaiser-Meyer-Olkin (KMO) and Barlett tests are applied to determine whether the data obtained from the respondents are suitable for factor analysis.

The factor loads of the expressions belonging to the "Attitude Scale towards Female Employees" are shown in Table 1.

Table 1. Factor Analysis Values of the Question List of the Scale

	Gender Roles	Career	Performance	Employment and Placement	Emotionality
S8	,854				
S9	,847				
S6	,842				
S10	,837				
S1	,782				
S12	,765				
S2	,762				
S7	,751				
S11	,735				
S5	,718				
S22		,870			
S23		,809			
S21		,651			
S20		,620			
S18		,591			
S25			,500		
S24			,407		
S29			,878		
S27			,842		
S28			,832		
S30			,755		
S26			,567		
S19			,478		
S16				,774	
S17				,743	
S15				,738	
S14				,527	
S4					,794
S3					,782
S13					,535
KMO	0.874				
App. Chi-Square	3177.031				
Varyans	79.754				

As a result of the factor analysis, the KMO value of the "Attitude Scale Towards Female Employees" question list was found to be **0.874**. A KMO value above 0.50 indicates that the scale is suitable for factor analysis.

Secondly, Barlett test values were examined regarding factor analysis. Barlett sig. value of "Attitude Scale Towards Female Employees" question list was significant ($p = 0.000 < 0.01$; $\chi^2=3177,031$).

4. RESULTS

Table 2 presenting the demographic information of the participants is given below. The characteristics of the participants from the findings in the table are as follows.

Table 2. Demographic Characteristics of the Respondents

Features	n	%
Gender		
Female	103	57.2
Male	77	42.8
Marital Status		
Single	74	41.1
Engaged	7	3.9
Married	88	48.9
Divorced	9	5.0
Widow	2	1.1
Age		
25 and Under	45	25,0
Between 26 and 35	64	35,6
Between 36 and 45	48	26,6
Between 46 and 55	18	10,0
56 and Over	5	2,8
Educational Status		
High school	14	7,8
Associate Degree	60	33,3
Bachelor's Degree	87	48,3
Post-graduate	12	6,7
Doctorate	7	3,9
Number of Children		
No Child	98	54.5
1 Child	34	18.9
2 Children	42	23.3
3 Children and Over	6	3.3
Profession		
Doctor	33	18,3
Nurse	49	27,2
Health Personnel	65	36,1
Personnel	9	5,0
Other	24	13,3
Service Period		
1-5 Years	63	35,0
6-10 Years	49	27,3
11-15 Years	33	18,3
16-20 Years	17	9,4
21 Year and Over	18	10,0

It was observed that 103 (57.2%) of the participants were women, and 88 (48.9%) were married. In addition, it was determined that 54.5% of the participants did not have children, and 35.6% (64 people) were between the ages of 26 and 35. It was observed that 48.3% (87 people) of the participants were Bachelor's graduates and 36.1% were assistant health personnel. In addition, when the service period of the participants was examined, it was determined that 35% (63 people) had been working for less than 5 years and 10% had been working for 21 years or more.

4.1. Levels of Participation in the Attitude Scale and its Sub-Dimensions towards Female Employees

The mean and standard deviation values of the scale used in the research and its sub-dimensions are given in Table 3 below.

Table 3. Attitude Scale towards Female Employees and Their Participation Levels in Its Sub-dimensions

Scales	Average Level of Participation (\bar{x})	Standard Deviation
Attitude Scale Towards Female Employees	2,91	0,66
Societal Gender Roles	3,45	0,99
Career	2,62	0,99
Performance	2,60	1,03
Employment and Placement	2,12	0,90
Emotionality	3,55	1,03

When the participants' level of participation in the attitude scale towards female employees was examined, it was realized at the "undecided" level with an average of $\bar{x}:2.91\pm0.66$. Considering the sub-dimensions of the scale, the highest level of participation was at the level of "agree" in the "emotional" sub-dimension with an average of $\bar{x}:3.55\pm1.03$. The levels of agreement with the other sub-dimensions were, respectively, "agree" with an average of $\bar{x}:3.45\pm0.99$ in the "gender roles" sub-dimension and "undecided" with an average of $\bar{x}:2.62\pm0.99$ in the "Career" sub-dimension. In the "Performance" sub-dimension, it was at the "undecided" level with an average of $\bar{x}:2.60\pm1.03$ and at the level of "disagree" with an average of $\bar{x}:2.12\pm0,90$ in the sub-dimension of " Employment and Placement".

The increase in the average score obtained from the total scale and the sub-dimensions of the scale reflects the negative attitude towards the female employees, while the decrease in the average score reflects the positive attitude towards the female employees. In this context, the high level of participants' agreement with the "gender roles" dimension indicates that the perception of health professionals that they behave in the context of traditional gender roles (detailed, organized and planned, responsible, following the rules, self-sacrificing, emotional, touchy, unable to take initiative) is dominant. This situation is in parallel with the results of Çakıroğlu's (2019) research.

Similarly, the participants' high level of agreement with the expressions of the "emotional" dimension indicates that health professionals are more likely to encounter physical, verbal, psychological and sexual violence attitudes and behaviors of managers and service recipients in working life, and also have positive interpersonal relations and communication in working life (understanding and harmonious, collaborative, paying attention to men's behavior) and negatively (gossip and jealousy, deterioration in professional communication). This result again shows parallelism with the results of Çakıroğlu's (2019) research.

4.2. The Differences in the Levels of Participation in the Attitude Scale towards Women and its Sub-Dimensions According to the Gender of the Participants

In this context, the differences in the "Attitude Scale towards Women" and its sub-dimensions according to the gender of the participants are given in Table 4.

Table 4. Differences in the Level of Participation in the Attitude Scale towards Women and Sub-dimensions according to the Gender of the Participants

Scales	n	\bar{x}	Ss	Levene Test			t Test	
				F	p	sd	t	p
Attitude Towards Women								
Female	103	2,87	0,75	10,177	,002	178	-,937	,350
Male	77	2,96	0,52					
Societal Gender Roles								
Female	103	3,64	0,99	1,069	,303	178	2,995	,003**
Male	77	3,20	0,95					
Career								
Female	103	2,42	0,99	,107	,744	178	-3,128	,002**
Male	77	2,88	0,92					
Performance								
Female	103	2,35	1,04	2,148	,144	178	-3,898	,000**
Male	77	2,94	0,91					
Employment and Placement								
Female	103	2,18	0,99	4,248	,041	178	1,020	,309
Male	77	2,04	0,75					
Emotionality								
Female	103	3,33	1,12	8,144	,005	178	-1,813	,072
Male	77	3,61	0,88					

*IndependetSamples T-Test, *<0,05, **<0,01*

There was no statistically significant difference in the level of participation in the overall attitude scale towards women in terms of the gender of the participants (t:-0.937 ; p:.350>0.05).

4.3. Differences in the Levels of Participation in the Attitude towards Women Scale and its Sub-Dimensions According to the Marital Status of the Participants

In this context, the differences in the level of participation of the participants in the "Attitudes Towards Women Scale" and its sub-dimensions according to the marital status of the participants are given in Table 5.

Table 5. Differences in the Level of Participation in the Scale of Attitude towards Women and its Sub-dimensions according to the Marital Status of the Participants

Dimensions	n	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	p	LSD
Attitude Towards Women										
1. Single	74	2,86	0,56	Among G. Intragroupal Total	3,813 75,293 79,107	4 175 179	,953 ,430	2,216	,069	
2. Engaged	7	3,37	0,24							
3. Married	88	2,87	0,70							
4. Divorced	9	3,10	0,96							
5. Widow	2	3,83	0,23							
Total	180	2,91	0,66							
Societal Gender Roles										
1. Single	74	3,62	0,98	Among G. Intragroupal Total	10,729 167,907 178,636	4 175 179	2,682 ,959	2,796	,028*	1-3 1-4
2. Engaged	7	4,11	0,77							
3. Married	88	3,24	0,93							
4. Divorced	9	3,44	1,47							
5. Widow	2	4,40	0,14							
Total	180	3,45	0,99							
Career										
1. Single	74	2,36	0,82	Among G. Intragroupal Total	10,580 165,713 176,292	4 175 179	2,645 ,947	2,793	,028*	1-3 1-4
2. Engaged	7	2,60	0,58							
3. Married	88	2,77	1,08							
4. Divorced	9	3,22	1,09							
5. Widow	2	2,90	1,55							
Total	180	2,62	0,99							
Performance										
1. Single	74	2,42	0,93	Among G. Intragroupal Total	8,816 181,134 189,950	4 175 179	2,204 1,035	2,129	,079	
2. Engaged	7	3,32	0,72							
3. Married	88	2,65	1,07							
4. Divorced	9	2,86	1,33							
5. Widow	2	3,62	0,17							
Total	180	2,60	1,03							
Employment and Placement										
1. Single	74	2,04	0,82	Among G. Intragroupal Total	5,316 141,247 146,563	4 175 179	1,329 ,807	1,647	,165	
2. Engaged	7	2,39	0,40							
3. Married	88	2,11	0,97							
4. Divorced	9	2,36	1,00							
5. Widow	2	3,50	0,35							
Total	180	2,12	0,90							
Emotionality										
1. Single	74	3,43	1,10	Among G. Intragroupal Total	2,615 188,379 190,994	4 175 179	,654 1,076	,607	,658	
2. Engaged	7	3,66	1,07							
3. Married	88	3,42	0,92							
4. Divorced	9	3,44	1,45							
5. Widow	2	4,50	0,70							
Total	180	3,45	1,03							

One Way ANOVA, * $<0,05$, ** $<0,01$

There was no statistically significant difference in the level of participation in the overall Attitude Scale Towards Women in terms of the marital status of the participants (F:2.216; p:.069>0.05). In addition, a statistically significant difference was found in terms of the marital status of the participants in the sub-dimensions “Gender Roles” (F:2.796; p:.028<0.05) and “Career” (F:2.793; p:.028<0.05). The differences detected were significant between single participants and married and divorced participants in gender roles and career sub-dimensions.

4.4. Differences in the Levels of Participation in the Attitude Scale towards Women and its Sub-Dimensions According to the Ages of the Participants

In this context, the differences according to the age of the participants in the "Attitude Scale towards Women" and its sub-dimensions are given in Table 6.

Table 6. Differences in the Level of Participation in the Attitude Scale Towards Women and its Sub-dimensions according to the Age of the Participants

Dimensions	n	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	p	LSD
Attitude Towards Women										
1.25 and Under	45	2,99	0,52	Among G. Intragroupal Total	3,438 75,669 79,107	4 175 179	,859 ,432	1,988	,098	
2. Between 26 and 35	64	2,75	0,65							
3. Between 36 and 45	48	2,92	0,69							
4. Between 46 and 55	18	3,17	0,70							
5. 56 and Over	5	3,18	1,16							
Total	180	2,91	0,66							
Societal Gender Roles										
1.25 and Under	45	3,84	1,00	Among G. Intragroupal Total	12,211 166,425 178,636	4 175 179	3,053 ,951	3,210	,014*	1-2 1-3
2. Between 26 and 35	64	3,31	0,93							
3. Between 36 and 45	48	3,19	0,96							
4. Between 46 and 55	18	3,65	0,97							
5. 56 and Over	5	3,70	1,32							
Total	180	3,45	0,99							
Career										
1.25 and Under	45	2,36	0,84	Among G. Intragroupal Total	11,643 164,649 176,292	4 175 179	2,911 ,941	3,094	,017*	4-1 4-2 4-3
2. Between 26 and 35	64	2,49	0,82							
3. Between 36 and 45	48	2,60	1,13							
4. Between 46 and 55	18	3,14	1,16							
5. 56 and Over	5	2,85	1,34							
Total	180	2,62	0,99							
Performance										
1.25 and Under	45	2,40	0,89	Among G. Intragroupal Total	6,947 183,003 189,950	4 175 179	1,737 1,046	1,661	,161	
2. Between 26 and 35	64	2,48	0,98							
3. Between 36 and 45	48	2,85	1,11							
4. Between 46 and 55	18	2,80	1,09							
5. 56 and Over	5	2,95	1,34							
Total	180	2,60	1,03							
Employment and Placement										
1.25 and Under	45	2,26	0,82	Among G. Intragroupal Total	6,242 140,321 146,563	4 175 179	1,560 ,802	1,946	,105	
2. Between 26 and 35	64	1,91	0,79							
3. Between 36 and 45	48	2,10	0,99							
4. Between 46 and 55	18	2,43	0,96							
5. 56 and Over	5	2,55	1,44							
Total	180	2,12	0,90							
Emotionality										
1.25 and Under	45	3,76	1,01	Among G. Intragroupal Total	10,787 180,208 190,994	4 175 179	2,697 1,030	2,619	,037*	5-2 5-3
2. Between 26 and 35	64	3,16	1,09							
3. Between 36 and 45	48	3,43	0,84							
4. Between 46 and 55	18	3,59	0,99							
5. 56 and Over	5	3,86	1,50							
Total	180	3,45	1,03							

*One Way ANOVA, * $<0,05$, ** $<0,01$*

There was no statistically significant difference in the level of participation in the overall attitude scale towards women in terms of the marital status of the participants (F:1.998; p:.098 >0.05). In

addition, a statistically significant difference was found in terms of age of the participants in the “Gender Roles” (F:3.210; p:.014<0.05), “Career” (F:3.094; p:.017<0.05) and “Emotionality” (F:2.619; p:.037<0.05) sub-dimensions scales.

However, in the gender roles sub-dimension, significant differences were found between the participation levels of the participants aged 25 and under and those between the ages of 26 and 35 and those between the ages of 36 and 45. Accordingly, the perception of gender roles of the participants aged 25 and under is higher than the participants in the other age group.

In the career sub-dimension, significant differences were found between the participation levels of the participants aged between 46 and 55 and those under the age of 25, between the ages of 26 and 35, and between the ages of 36 and 45. Accordingly, the career perceptions of the participants between the ages of 46 and 55 are higher than the participants in the other age groups.

Significant differences were found between the participation levels of the participants aged 56 and over in the emotionality sub-dimension and the participants between the ages of 26 and 35 and those between the ages of 36 and 45. Accordingly, the perception of emotionality of the participants aged 56 and over is higher than the participants in the other age groups. As the age value increases, the emotionality perceptions of the participants also increase.

4.5. Differences in the Levels of Participation in the Attitudes towards Women Scale and its Sub-Dimensions According to the Number of Children of the Participants

In this context, the differences in the level of participation of the participants in the "Attitudes towards Women Scale" and its sub-dimensions according to the number of children of the participants are given in Table 7.

Differences in the level of participation in the attitude scale towards women and its sub-dimensions according to the number of children of the participants

Table 7. Differences in the Level of Participation in the Attitude Scale towards Women and its Sub-dimensions according to the Number of Children of the Participants

Dimensions	n	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	p	LSD
Attitude Towards Women										
1. No Child	98	2,84	0,65	Among G. Intragroupal Total	3,928 75,178 79,107	3 176 179	1,309 ,427	3,066	,029*	3-1 3-2
2. 1 Child	34	2,77	0,53							
3. 2 Children	42	3,13	0,70							
4. 3 Children and Over	6	3,29	0,83							
Total	180	2,91	0,66							
Societal Gender Roles										
1. No Child	98	3,52	1,00	Among G. Intragroupal Total	1,600 177,035 178,636	3 176 179	,533 1,006	,530	,662	
2. 1 Child	34	3,32	0,87							
3. 2 Children	42	3,37	1,05							
4. 3 Children and Over	6	3,65	1,20							
Total	180	3,45	0,99							
Career										
1. No Child	98	2,42	0,89	Among G. Intragroupal Total	14,623 161,670 176,292	3 176 179	4,874 ,919	5,306	,002**	3-1 3-2 3-4
2. 1 Child	34	2,61	0,97							
3. 2 Children	42	3,12	1,03							
4. 3 Children and Over	6	2,46	1,32							
Total	180	2,62	0,99							
Performance										
1. No Child	98	2,46	0,98	Among G. Intragroupal Total	11,353 178,597 189,950	3 176 179	3,784 1,015	3,729	,012*	3-1 3-2 1-4
2. 1 Child	34	2,44	1,02							
3. 2 Children	42	2,97	1,02							
4. 3 Children and Over	6	3,31	1,15							
Total	180	2,60	1,03							
Employment and Placement										
1. No Child	98	1,91	0,80	Among G. Intragroupal Total	7,995 138,568 146,563	3 176 179	2,665 ,787	3,385	,019*	2-3 2-4 1-3 1-4
2. 1 Child	34	2,03	0,68							
3. 2 Children	42	2,41	1,18							
4. 3 Children and Over	6	2,75	0,75							
Total	180	2,12	0,90							
Emotionality										
1. No Child	98	3,36	1,14	Among G. Intragroupal Total	8,577 182,417 190,994	3 176 179	2,859 1,036	2,759	,044*	2-3 2-4
2. 1 Child	34	3,22	0,80							
3. 2 Children	42	3,72	0,82							
4. 3 Children and Over	6	4,16	1,00							
Total	180	3,45	1,03							

One Way ANOVA, * $<0,05$, ** $<0,01$

A statistically significant difference was found in the level of participation in the overall Attitude Scale towards Women in terms of the number of children of the participants. (F:3.066; p:.029<0.05). On the other hand, in the "Career" (F:5.306; p:.002<0.01), "Performance" (F:3.729; p:.012<0.05), "Employment and Placement" (F:3.385; p:.018<0.05) and "Emotionality" (F:2.759; p:.044<0.05) sub-dimension scales, statistically significant difference was found in terms of the number of children of the participants.

In the attitude scale towards women, significant differences were found between the participants who have two children and those who do not have children and those who have one child. Accordingly, the attitudes towards women of the participants who have two children are higher than the participants who do not have children and who have one child. As the number of children increases, the perception of attitudes towards women decreases.

In the performance sub-dimension, significant differences were found between the participation levels of the participants who have two children and the participants who do not have children and those who have one child, and between the participants who do not have children and those who have three or more children. Accordingly, as the number of children of the participants increases, their level of participation in the performance sub-dimension increases, that is, their perception of performance towards women decreases.

In the sub-dimension of employment and placement, significant differences were found between the participation levels of the participants who have a child and those who have two children and three children or more, and between the participants who do not have children and those who have two children and three or more children. Accordingly, as the number of children of the participants increases, their level of participation in the sub-dimension of employment and placement increases, in other words, their perception of employment towards women decreases.

In the emotionality sub-dimension, significant differences were found between the participation levels of the participants who have one child and the participants who have two children and those who have three or more children. Accordingly, as the number of children of the participants increases, their level of participation in the emotionality sub-dimension increases, that is, as the number of children increases, the emotional aspects of female employees increase.

4.6. Differences in the Levels of Participation in the Attitudes towards Women Scale and its Sub-Dimensions According to the Education Levels of the Participants

In this context, the differences in the level of participation of the participants in the "Attitude Scale towards Women" and its sub-dimensions according to the education levels of the participants are given in Table 8.

Table 8. Differences in the Level of Participation in the Attitude Scale towards Women and its Sub-dimensions according to the Education Levels of the Participants

Dimensions	n	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	P	LSD
Attitude Towards Women										
1.High school	14	2,72	0,65	Among G. Intragroupal Total	2,107 77,000 79,107	4 175 179	,527 ,440	1,197	,314	
2.Associate Degree	60	3,00	0,58							
3.Bachelor's Degree	87	2,92	0,71							
4.Post-graduate	12	2,83	0,68							
5.Doctorate	7	2,53	0,56							
Total	180	2,91	0,66							
Societal Gender Roles										
1.High school	14	3,30	1,16	Among G. Intragroupal Total	3,270 175,366 178,636	4 175 179	,817 1,002	,816	,517	
2.Associate Degree	60	3,59	1,07							
3.Bachelor's Degree	87	3,40	0,98							
4.Post-graduate	12	3,57	0,77							
5.Doctorate	7	3,01	0,31							
Total	180	3,45	0,99							
Career										
1.High school	14	2,67	0,97	Among G. Intragroupal Total	1,558 174,734 176,292	4 175 179	,390 ,998	,390	,816	
2.Associate Degree	60	2,69	0,86							
3.Bachelor's Degree	87	2,61	1,08							
4.Post-graduate	12	2,51	0,91							
5.Doctorate	7	2,22	1,16							
Total	180	2,62	0,99							
Performance										
1.High school	14	2,39	0,86	Among G. Intragroupal Total	1,327 188,623 189,950	4 175 179	,332 1,078	,308	,872	
2.Associate Degree	60	2,60	1,08							
3.Bachelor's Degree	87	2,66	1,04							
4.Post-graduate	12	2,56	0,87							
5.Doctorate	7	2,39	1,01							
Total	180	2,60	1,03							
Employment and Placement										
1.High school	14	1,67	0,63	Among G. Intragroupal Total	8,648 137,914 146,563	4 175 179	2,162 ,788	1,743	,186	
2.Associate Degree	60	2,32	0,82							
3.Bachelor's Degree	87	2,15	0,99							
4.Post-graduate	12	1,68	0,71							
5.Doctorate	7	1,71	0,36							
Total	180	2,12	0,90							
Emotionality										
1.High school	14	3,11	1,20	Among G. Intragroupal Total	5,540 185,454 190,994	4 175 179	1,385 1,060	1,307	,269	
2.Associate Degree	60	3,52	1,07							
3.Bachelor's Degree	87	3,53	0,98							
4.Post-graduate	12	3,16	0,98							
5.Doctorate	7	2,90	0,83							
Total	180	3,45	1,03							

One Way ANOVA, * $<0,05$, ** $<0,01$

There was no statistically significant difference in the level of participation in the overall attitude scale towards women in terms of education levels of the participants (F:1.197; p:.314 >0.05). In

the meantime, no statistically significant difference was found in the sub-dimensions in terms of the education levels of the participants.

4.7. The Differences in the Levels of Participation in the Attitudes towards Women Scale and its Sub-Dimensions According to the Profession of the Participants

In this context, the differences in the level of participation of the participants in the "Attitude Scale towards Women" and its sub-dimensions according to the professions of the participants are given in Table 9.

Table 9. Differences in the Level of Participation in the Attitude Scale towards Women and its Sub-dimensions according to the Professions of the Participants

Dimensions	N	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	p	LSD
Attitude Towards Women										
1. Doctor	33	2,77	0,55	Among G. Intragroupal Total	5,101 74,006 79,107	4 175 179	1,275 ,423	3,016	,019*	2-1 2-4 2-5
2. Nurse	49	3,07	0,79							
3. Health Personnel	65	3,00	0,60							
4. Administrative Personnel	9	2,52	0,53							
5. Other	24	2,67	0,59							
Total	180	2,91	0,66							
Societal Gender Roles										
1. Doctor	33	3,41	0,67	Among G. Intragroupal Total	15,007 163,628 178,636	4 175 179	3,752 ,935	4,013	,004**	4-1 4-2 4-3
2. Nurse	49	3,69	1,15							
3. Health Personnel	65	3,51	0,93							
4. Administrative Personnel	9	2,33	1,11							
5. Other	24	3,30	0,91							
Total	180	3,45	0,99							
Career										
1. Doctor	33	2,50	0,99	Among G. Intragroupal Total	4,676 171,617 176,292	4 175 179	1,169 ,981	1,192	,316	
2. Nurse	49	2,63	1,07							
3. Health Personnel	65	2,69	1,00							
4. Administrative Personnel	9	3,15	0,92							
5. Other	24	2,38	0,77							
Total	180	2,62	0,99							
Performance										
1. Doctor	33	2,56	0,94	Among G. Intragroupal Total	3,382 186,568 189,950	4 175 179	,845 1,066	,793	,531	
2. Nurse	49	2,68	1,06							
3. Health Personnel	65	2,66	1,09							
4. Administrative Personnel	9	2,76	1,00							
5. Other	24	2,28	0,90							
Total	180	2,60	1,03							
Employment and Placement										
1. Doctor	33	1,69	0,68	Among G. Intragroupal Total	13,562 133,001 146,563	4 175 179	3,390 ,760	4,461	,002**	1-2 1-3
2. Nurse	49	2,39	1,01							
3. Health Personnel	65	2,24	0,88							
4. Administrative Personnel	9	1,55	0,58							
5. Other	24	2,05	0,80							
Total	180	2,12	0,90							
Emotionality										
1. Doctor	33	3,11	0,90	Among G. Intragroupal Total	21,073 169,921 190,994	4 175 179	5,268 ,971	5,426	,000**	2-1 2-4 2-5
2. Nurse	49	3,73	1,12							
3. Health Personnel	65	3,66	0,97							
4. Administrative Personnel	9	2,81	0,94							
5. Other	24	2,94	0,81							
Total	180	3,45	1,03							

One Way ANOVA, * $<0,05$, ** $<0,01$

A statistically significant difference was found in the level of participation in the overall attitude scale towards women in terms of the professions of the participants (F:3.016; p:.019<0.05). On the other hand, in the "Gender Roles" (F:4.013; p:.004<0.01), "Employment and Placement" (F:4.461; p:.002<0.01) and "Emotionality" (F:5.426; p:.000<0.01) sub-dimensions scales, a statistically significant difference was obtained in terms of the professions of the participants.

Significant differences were obtained between nurses and doctors, administrative staff and other employees in the scale of attitude towards women. Accordingly, nurses' perceptions of attitudes towards women are higher than doctors, administrative staff and other employees.

In the sub-dimension of gender roles, significant differences were found between the participation levels of the administrative staff and the participation levels of doctors, nurses and health personnel. Accordingly, the participation levels of the administrative staff in the sub-dimension of gender roles are lower than the participation levels of doctors, nurses and health personnel.

Significant differences were found between the participation levels of doctors and nurses and health personnel in the sub-dimension of employment and placement. Accordingly, the level of participation of doctors in the sub-dimension of employment and placement is lower than that of nurses and health personnel, that is, their perception of employment for women decreases.

Significant differences were found between the levels of participation of nurses in the sub-dimension of emotionality and the level of participation of doctors, administrative personnel and other employees. Accordingly, nurses' level of participation in the emotional sub-dimension is higher than that of doctors and other personnel.

4.8. Differences in the Levels of Participation in the Attitude Scale towards Women and its Sub-Dimensions According to the Service Period of the Participants

In this context, the differences in the level of participation of the participants in the "Attitude Scale towards Women" and its sub-dimensions according to service period of the participants are given in Table 10.

Table 10. Differences in the Level of Participation in the Attitude Scale towards Women and its Sub-dimensions according to the Service Period of the Participants

Dimensions	n	\bar{x}	Stan. Deviation	Var. Kay.	Sum of Squares	sd	Squares Avg.	F	p	LSD
Attitude Towards Women										
1. 1-5 Years	63	2,93	0,59	Among G. Intragroupal Total	4,748 74,359 79,107	4 175 179	1,187 ,425	2,793	,028*	5-1 5-2 5-3 5-4
2. 6-10 Years	49	2,62	0,67							
3. 11-15 Years	33	2,79	0,61							
4. 16-20 Years	17	3,00	0,68							
5. 21 Year and Over	18	3,27	0,79							
Total	180	2,91	0,66							
Societal Gender Roles										
1. 1-5 Years	63	3,73	0,96	Among G. Intragroupal Total	10,852 167,784 178,636	4 175 179	2,713 ,959	2,830	,026*	1-2 1-3
2. 6-10 Years	49	3,31	1,02							
3. 11-15 Years	33	3,15	0,97							
4. 16-20 Years	17	3,20	0,83							
5. 21 Year and Over	18	3,70	1,04							
Total	180	3,45	0,99							
Career										
1. 1-5 Years	63	2,43	0,90	Among G. Intragroupal Total	18,453 157,839 176,292	4 175 179	4,613 ,902	5,115	,001**	5-1 5-2 5-4
2. 6-10 Years	49	2,48	0,76							
3. 11-15 Years	33	3,09	1,05							
4. 16-20 Years	17	2,23	1,21							
5. 21 Year and Over	18	3,17	1,07							
Total	180	2,62	0,99							
Performance										
1. 1-5 Years	63	2,45	0,97	Among G. Intragroupal Total	10,411 179,539 189,950	4 175 179	2,603 1,026	2,537	,042*	5-1 5-2
2. 6-10 Years	49	2,16	0,98							
3. 11-15 Years	33	2,61	1,08							
4. 16-20 Years	17	2,61	1,03							
5. 21 Year and Over	18	2,97	1,06							
Total	180	2,60	1,03							
Employment and Placement										
1. 1-5 Years	63	2,10	0,88	Among G. Intragroupal Total	4,699 141,863 146,563	4 175 179	1,175 ,811	1,449	,220	
2. 6-10 Years	49	1,94	0,64							
3. 11-15 Years	33	2,18	1,02							
4. 16-20 Years	17	2,17	1,04							
5. 21 Year and Over	18	2,52	1,13							
Total	180	2,12	0,90							
Emotionality										
1. 1-5 Years	63	3,54	1,15	Among G. Intragroupal Total	9,629 181,366 190,994	4 175 179	2,407 1,036	2,323	,059	
2. 6-10 Years	49	3,15	1,03							
3. 11-15 Years	33	3,65	0,72							
4. 16-20 Years	17	3,17	0,84							
5. 21 Year and Over	18	3,79	1,04							
Total	180	3,45	1,03							

One Way ANOVA, * $<0,05$, ** $<0,01$

A statistically significant difference was found in the level of participation in the overall attitude scale towards women in terms of the length of service of the participants (F:2.793; p:.028 <0.05).

However, in the "Gender Roles" (F:2.830; p:0.026<0.05), "Career" (F:5.115; p:0.001<0.01) and "Performance" (F:2.537; p:0.042 < 0.01) sub-dimension scales, a statistically significant difference was obtained in terms of the length of service of the participants.

In the attitude scale towards women, significant differences were found between the participation levels of the participants with a service period of 21 years or more and the participation levels of the participants with a service period in other years. Accordingly, as the length of service of the participants increases, their level of participation in the attitude scale towards women and their perceptions increase.

In the gender roles sub-dimension, no significant differences were found between the participation levels of the participants with a service period of 1 to 5 years and the participation levels of the participants with a service period of 6 to 10 years and 11 to 15 years. Accordingly, participants with a service period of 1 to 5 years have a higher level of participation in the gender roles sub-dimension than participants with a service period in other years.

Significant differences were found between the participation levels of the participants in the career sub-dimension with more than 21 years of service and the participation levels of the participants in the career sub-dimension of the participants who had service in other years. Accordingly, the level of participation in the career sub-dimension of the participants with a service period of more than 21 years is higher than the participation levels of the participants with a service period in other years. As the length of service increases, the level of participation in the career sub-dimension increases, in other words, career perceptions towards women decrease.

In the performance sub-dimension, significant differences were found between the participation levels of the participants with 21 or more years of service and the participation levels of the participants with 1 to 5 years and 6 to 10 years of service. According to this, the participation levels of the participants with a service period of 21 years and above are higher than the participation levels of the participants with a service period of 10 years or less. As the length of service increases, the level of participation in the performance sub-dimension increases, that is, the perception of performance towards women decreases.

4.9. Correlation Analysis Results of the Relationships between Gender Roles, Career, Performance, Employment and Placement and Retention, and Emotionality Scales

The analysis of the relationship between the scale and its sub-dimensions used in the research is given in Table 11 below.

Table 11. Correlation Analysis Results of the Relationships between Gender Roles, Career, Performance, Employment and Placement, and Emotionality Scales

		Societal Gender Roles	Career	Performance	Employment and Placement	Emotionality
Societal Gender Roles	Correlation Coefficient (r)	1				
	P					
	N	180				
Career	Correlation Coefficient (r)	-,053	1			
	P	,476				
	N	180	180			
Performance	Correlation Coefficient (r)	,093	,673**	1		
	P	,216	,000			
	N	180	180	180		
Employment and Placement	Correlation Coefficient (r)	,259**	,379**	,393**	1	
	p	,000	,000	,000		
	n	180	180	180	180	
Emotionality	Correlation Coefficient (r)	,536**	,148*	,356**	,269**	1
	p	,000	,048	,000	,000	
	n	180	180	180	180	180

There is a statistically significant relationship between the participants' level of participation in the sub-scale of "Employment and Replacement" and the level of participation in all other subscales. Accordingly, there is a weak positive correlation between "Employment and Replacement" subscale and the "Gender Roles" subscale (r:0.259; p:0.000<0.01); a weak positive correlation between "Employment and Replacement" subscale and the "Career" subscale (r:0.379; p:0.000<0.01); a weak positive correlation between "Employment and Replacement" subscale and the "Performance" subscale (r:0.393; p:0.000<0.01) and a weak positive correlation between "Employment and Replacement" subscale and the "Emotionality" subscale (r:0.269 ; p:0.000<0.01).

There is a statistically significant relationship between the participants' level of participation in the sub-scale of "Emotionality" and the level of participation in all other subscales. Accordingly, there is a moderately positive correlation between "Emotionality" subscale and the "Gender Roles" subscale (r:0.536; p:0.000<0.01); a very weak positive correlation between "Emotionality" subscale and the "Career" subscale (r:0.148; p:0.048<0.05); a weak positive correlation between "Emotionality" subscale and the "Performance" subscale (r:0.356; p:0.000<0.01) and lastly a moderately positive correlation between "Emotionality" subscale and the "Gender Roles" subscale (r:0.673; p:0.000<0.01).

5. DISCUSSION AND CONCLUSION

The expected roles from men and women are expressed as society gender roles. These roles, which also affect women in working life, cause women employees to be discriminated against in many ways, such as employment, promotion, remuneration, and inability to benefit equally from social rights. Psychological and sexual harassment is another problem experienced by women. Experiencing these problems disrupts the physical and psychological health of female employees, decreases their productivity in working life, increases costs for employers, and causes irreparable results. For this reason, eliminating discrimination among employees, complying with legal protections, raising the level of awareness of managers and employees on these issues will be effective in eliminating the problems.

When the literature on this subject is examined, it is seen that many scientists try to contribute with their research. For example, Zeybek (2018) states that the biggest obstacle in front of women's careers in health institutions is the stress and exhaustion caused by the addition of family responsibilities as well as responsibilities in business life. In another study, Ersoy and Ehtiyar (2020) argue that female employees are at a disadvantage compared to male employees in career progression due to obstacles such as motherhood, marriage, prejudices and discrimination.

In this theoretical framework, it is aimed to determine the gender discrimination attitudes that health workers are exposed to in order to contribute to the scientific knowledge on the subject, to raise awareness and consciousness among female employees and managers, and to offer some solution recommendations.

As a result of this research, significant relationships were detected between the effects of demographic factors such as gender, age, marital status, and participation levels in the sub-dimensions of "Gender Roles", "Career", "Performance", "Acceptance and Retention" and "Emotionality" of the "Attitude Scale towards Female Employees" when statistically examined one by one.

The following suggestions can be made within the scope of the studies and the results obtained:

- Regular research can be conducted on the discriminatory attitudes and behaviors that female employees often encounter in business life, and on career, employment, performance and remuneration
- In order not to reduce the return of female employees to work life, especially after pregnancy, conditions such as flexible working hours, encouraging and relaxing working conditions can be offered during breastfeeding periods.
- In order to prevent gender discrimination and raise awareness, trainings/seminars on gender equality can be given in institutions. It may be appropriate to hold courses and seminars on gender roles and its change.
- Organizing meetings to combat mobbing and removing people who are mobbing from the work environment can be effective in solving the problem.
- In order for women to be developed and empowered, it is critically important to reflect society's perception of gender in policies, practices and strategies. Although many legal steps have been taken to eliminate gender discrimination and ensure gender equality in the world, the desired level has still not been reached and there are many more steps to be taken.

In order to eliminate the negative beliefs, values and prejudices of healthcare professionals towards female employees it is necessary to;

- Integrating information on gender, gender roles and gender equality into the training programs of healthcare professionals,
- Include gender equality in the education programs they receive before and after graduation,
- Roles and responsibilities of healthcare professionals should be determined with written protocols, warning of wrong attitudes and behaviors towards female employees and female patients, and taking criminal action when necessary,
- Pave the way for the professionalization of health personnel to try to get rid of sexist actions and attitudes.

Finally, it can be suggested that researchers who want to work on this subject in the future should consider the subject in a way that covers the larger main universe and contribute to reach generalizable results. In addition, it would be appropriate to examine the attitudes and views on the subject with in-depth qualitative analyzes.

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Evrak Tarihi ve Sayısı: 06.10.2021-27766



T.C.
MUNZUR ÜNİVERSİTESİ REKTÖRLÜĞÜ



GİRİŞİMSSEL OLMAYAN ARAŞTIRMALAR ETİK KURULU
BAŞKANLIĞI
ETİK KURULU KARARLARI

Oturum Tarihi	Oturum Saati	Karar No	Oturum Sayısı
30.09.2021	14:00	06	2021/13

Kurulumuzun 30.09.2021 tarihinde saat 14:00'da Kurul Başkanı Prof. Dr. Fulya Benzer başkanlığında, aşağıda imzaları bulunan kurul üyelerinin katılımlarıyla toplanarak gündemdeki konuları görüşmüş ve aşağıdaki kararları almıştır.

KARAR NO 2021/13-6: Yüksek Lisans Öğrencisi Öğretim MÜLDÜR'ün 29/09/2021 tarihli ve E. 26955 sayılı başvurusuna istinaden;

Munzur Üniversitesi İşletme Anabilim Dalında Yüksek Lisans yapan Öğretim MÜLDÜR ve danışmanlığı yapan Prof. Dr. Arzu KARACA'ya zıt "Kadın Sağlık Çalışanlarına Yönelik Tutumların Belirlenmesi: Tunceli İli Örneği" konulu çalışma etik kurulumuzda görüşülmüş olup; çalışmanın etik kurallara uygun olduğuna oybirliği ile karar verilmiştir.

Kararın gereği için Girişimsel Olmayan Araştırmalar Etik Kurulu Başkanlığına sunulmasına karar verilmiştir.

Kurul Üyeleri:

Prof. Dr. Fulya BENZER (Başkan)
Prof. Dr. Nuran ÇIKCIKOĞLU YILDIRIM (Üye)
Prof. Dr. Murat ÇİMEN (Üye)
Doç. Dr. Mehmet ALATAŞ (Üye)
Doç. Dr. Ebru YÜCE BABACAN (Üye)
Doç. Dr. Basmı KUTLU (Üye)
Doç. Dr. Doğançan ÖZSEL (Üye)
Doç. Dr. Savaş SERTEL (Üye) (Katılmadı)
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Doç. Dr. Görkemli KAZAR (Üye)
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Dr. Öğr. Üyesi Duygu ÇELİK (Üye)
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e-İmzalıdır
Prof. Dr. Fulya Benzer
Kurul Başkanı

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Dr. Öğr. Üyesi Duygu ÇELİK Üye		Dr. Öğr. Üyesi Demet GÖLÇİÇEK Üye	
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