

# SAĞLIK ÇALIŞANLARININ İŞ TATMİNİ ÜZERİNDE İŞYÜKÜ ALGISININ ETKİSİ

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## ÖZET

**Amaç:** Çalışma, Türkiye’de devlet hastanelerinde çalışan sağlık personelinin bireysel işyükü algısının iş tatmini üzerindeki etkisini belirlemeyi amaçlamaktadır. Bu amaç doğrultusunda, çalışanların bireysel iş yükü algıları ve iş tatmin düzeyleri ölçülmüştür. Ayrıca, ilgili problemlere çözüm önerileri sunulmuştur.

**Yöntem:** Türkiye Aksaray Devlet Hastanesinde çalışan 249 sağlık personelinin iş yükü algısı ile iş tatmini düzeyleri arasındaki ilişkiyi ölçmek amacıyla yapılan çalışmada Yapısal Eşitlik Modeli uygulanmıştır. Araştırma, Haziran 2015 ve Eylül 2015 tarihleri arasında gerçekleştirilmiştir. Seçilen örneklem grubu için "Bireysel İş Yükü Algısı Ölçeği" ve "Minnesota Doyum Ölçeği" kullanılmıştır.

**Sonuç:**Hipotezleri test etmek amacıyla Yapısal Eşitlik Modeli kullanılmıştır. Analiz sonuçlarına göre, bireysel işyükü algısının içsel iş tatmini ve genel iş tatmini üzerinde etkisi bulunmaktadır. Ancak, bireysel iş yükü algısının dışsal iş tatmini üzerinde bir etkisi yoktur.

**Değerlendirme:** Çalışma ortamı iş tatminini etkilemektedir, ayrıca iş tatmini de çalışma ortamını etkilemektedir. Çalışma ortamında geçirilen uzun saatler göz önüne alındığında, bireylerin aile hayatlarında ve sosyal yaşamlarında mutlu olabilmeleri için çalışma ortamları iyileştirilmeli, çalışanlar meslektaşları ve yöneticileri tarafından saygı görmelidir. Kurum içinde işbirliğinin olduğu şeffaf ve güvenilir bir ortam sağlanmalıdır.

**Anahtar Kelimeler:** İş Tatmini, Bireysel İş Yükü Algısı, Çalışma Ortamı, Sağlık Çalışanları, Yapısal Eşitlik Modeli.

**Jel Kod:** C10, J50, H75

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**THE EFFECT OF WORKLOAD PERCEPTION ON HEALTHCARE EMPLOYEES' JOB SATISFACTION****ABSTRACT**

**Purpose:** The purpose of this study is to determine the effect of individual workload perception on the employees' job satisfaction in a State Hospital of Turkey. In accordance with this purpose, individual workload perception and job satisfaction levels of the employees are investigated. Moreover, related solutions are offered to the problems.

**Method:** Structural Equation Model is applied in order to examine the relationship between job satisfaction and levels of workload perception of 249 health care personnel working in Aksaray State Hospital of Turkey. The study was carried out between June 2015 and September 2015. "Individual Workload Perception Scale" and "Minnesota Satisfaction Questionnaire" was applied to the sample group.

**Result:** Structural Equation Model was used for testing hypotheses. According to the results of the analysis individual workload perception has an impact on intrinsic job satisfaction and general job satisfaction. However, individual workload perception has not an impact on extrinsic job satisfaction.

**Evaluation:** The working environment affects job satisfaction and the job satisfaction level also affects the working environment. Considering the long hours spent in the work environment in order to be happy in people's family and social life, working environments should be improved, workers should be respected by their managers and colleagues, that there is the cooperation within the organization should be created in a transparent and reliable environment.

**Keywords:** Job Satisfaction, Individual Workload Perception, Working Environment, Health Care Workers, Structural Equation Model.

**Jel Code:** C10, J50, H75

## 1. INTRODUCTION

The percentage of the service sector in GDP steadily increased over the last decades both in Turkey and the World. While in the first years of established the Turkish Republic agriculture sector was forefront of the other sectors. Then, with industrialization the share of agriculture sector in economy have decreased day by day. Increase of production depends on industry cause development of trade, as a result services sector have become important. The share of services sector in Turkish economy have calculated %72 of GDP in Turkish economy. One of the most important items in the services sector is health expenditures. In the 2014 %5.4 of GDP allocated health spending. In the same year, the total number of applications is 396.577.644 for public hospitals; and 28.755.295 for private medical centers and clinics in Turkey. The total number of healthcare personnel is 611.898 working in public hospitals and 140.981 working in private hospitals (Health Statistics Yearbook, 2014: 6). As a result, health care sector, including hospital, employees, drugs etc., institutions and health care personnel has been catching the attention of social scientists since it is directly related to human life. Health care employees can devote all of the energy to the patient care and treatment when they are satisfied with the internal and external conditions within the working environment. This provides a safe atmosphere both for employees and for patients.

People are spending a significant portion of their lives by working in business. Workload and job satisfaction affect the level of people's health, happiness levels, social and private life. In this manner, workload perception is so extremely important that they maintain a happy life and provide efficient service.

## 2. CONCEPTUAL FRAMEWORK AND HYPOTHESES

Individual workload perception is derived from the sub-dimensions of executive support, colleague support, unit support, work environment and intention to continue work (Cox et al., 2007: 13). Organization management structures and management processes positively affect the behavior of employees as much as it sets a clear mission for the institution. It is observed that executive support and organizational supporting structure increase job motivation of employees (Franco et al., 2002: 1259).

Colleagues support and unit support are the factors that affect the workload perceptions of employees. According to the literature, work-based social support effectively reduces sense of burnout and redundancy trends of people (Janssen et al., 1999: 1364; Ducharme et al., 2008: 88).

The working environment in the health sector has an extremely important effect on both people's mental and physical health. It seems that poor working environment is related with decreased job satisfaction, absenteeism, physical complaints, burnout and depression (Rossberg et al., 2004: 576). Similarly, it is reported that people working under poor working conditions in healthcare institutions are more prone to negative behavior toward their patients and colleagues (Maslach, 1982: 242). Van Bogaert et al. (2012: 1522) stated that the working environment impact the nurses' emotional exhaustion, personal accomplishment and the degree of sensitivity.

A poor work environment, when affects negatively the productivity of workers, increases the probability of redundancy of employees. Research conducted by Abu Al Rub et al. (2016: 3) demonstrates that a supporting work environment both increases people's work motivation and affect positively on the desire to continue working in the same job. Tzeng (2002) states that job satisfaction is a determinant of intention to continue to work for nurses in Taiwan.

All these concepts are the subscales of individual's workload perception. When these subscales are assessed together, it can be seen that executive, colleague and unit support and working environment are prominent factors in order to improve the productivity of employees and work motivation, and to reduce the burnout.

It was Locke (1969: 317) who described the job satisfaction for the first time. Locke has defined job satisfaction is "pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating one's job values". Cranny et al. (1992: 1) describes job satisfaction as the emotional reaction of an individual reached after the comparison of the job which is desired and which is worked. According to Oshakbemi (1999: 338) job satisfaction is an emotionally positive reaction of a person, attitude and behavior towards his job. According to Luthans (2011: 141), job satisfaction is "a result of employees' perception of how well their job provides those things that are viewed as important". Evaluating all these definitions, it can be said that job satisfaction is the pleasure or happiness which people get from their job.

Job satisfaction is a concept which is related to the labor market such productivity, redundancy, and continuing to work (Gazioglu and Tansel, 2006: 1163). Job satisfaction levels are varied by age, gender, type of work, working conditions and sectors. Steel and Warner (1990: 4) classified the workers as self-employed, working in the private sector and public sector. According to the survey results, the highest level of satisfaction is seen in the group of people who work in their own business. Moreover, it is observed that job satisfaction levels in the public sector is higher than the level of job satisfaction in the private sector.

Weiss et al. (1967) were divided job satisfaction into three dimensions (intrinsic, extrinsic and general satisfaction). Extrinsic satisfaction refers to satisfaction with aspects that have little to do with the job tasks or content of the work itself, such as pay, working conditions and co-workers. Intrinsic satisfaction refers to the job tasks themselves, such as variety, skill utilization, autonomy. General satisfaction is the total of intrinsic and extrinsic satisfaction.

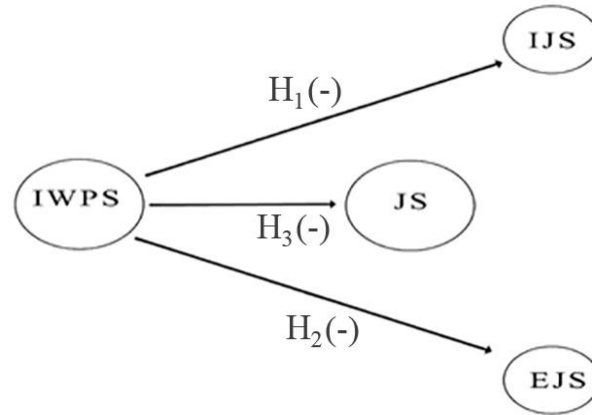
In the light of this information, the  $H_1$ ,  $H_2$  and  $H_3$  hypothesis is as follows:

**H<sub>1</sub>:** Individual Workload Perception has a negative impact on Intrinsic Job Satisfaction

**H<sub>2</sub>:** Individual Workload Perception has a negative impact on Extrinsic Job Satisfaction

**H<sub>3</sub>:** Individual Workload Perception has a negative impact on General Job Satisfaction

The conceptual model which integrates the hypothesized relationship (Hypotheses 1, 2 and 3) appears Figure 1.



**Figure 1. Proposed Causal Model**

### 3. METHODOLOGY

This study was carried out between dates of June and September 2015. In this study, health care personnel working in public hospitals are obtained as sample group. The first reason for that is the number of cases encountered in public hospitals is more than in personal practice or private hospitals in Turkey. Secondly, healthcare personnel working in public hospitals constitutes a large part of the total health care professionals. Choosing the sample group as public hospital employees will provide obtaining more consistent analysis results about the general state of healthcare personnel in Turkey.

Job satisfaction measurements are divided into two broad groups: the global measurements in the form of single subject and the mixed measures consisting of satisfaction of various business components. The most commonly used scales are Minnesota Satisfaction Questionnaire, Warr Job Satisfaction Survey, Occupational Stress Indicator, Michigan Organizational Assessment Questionnaire, Job Diagnostic Survey, Job Description Index and Brayfield-Rothe Survey. These are all very omnibus survey with self-report scale (Faragher et al., 2005: 107). In this study Minnesota Job Satisfaction Scale is used which preferred by many researchers.

The data of the study have been collected by questionnaire methods. To test the hypothesis, a sample of 249 was completed a questionnaire including individual workload perceptions scale (IWPS) with 31 items adapted from Cox (2007), job satisfaction scale (JSS) with twenty items adapted from Davis et al. (1997). IWPS consist of five subscales such as manager support (MS; eight items), peer support (PS; eight items), unit support (US; six items), work environment (WE; six items) and intent to stay (IS; three items) in the relevant literature. But, Cronbach Alpha for IS and WE dimensions was under of recommended reliability value. So, IWPS consists of MS, PS and US. JSS consists of two subscales such as intrinsic satisfaction (12 items) and extrinsic satisfaction scale (6 items). Intrinsic satisfaction scale reflects ability utilization, achievement, the chance to do things for other people and so forth while extrinsic satisfaction scale reflects the way company policies, the quality of working conditions and so forth. Respondents were asked to rate items using a five-point Likert type scale (1= strongly disagree to 5= strongly agree) for IWPS and a five point scale (1= very dissatisfied, 5 = very satisfied) for JSS. All analyzes were made according to 240 usable data because some of them were empty or not correctly answered. Demographic features of participants are given in Table 1.

#### 4. ANALYSIS AND RESULTS

Female respondents consisted of 70%, whereas the male respondents consisted of 30%. %77 of sample was between 26 and 41 age. 64% of respondents comprised of married and approximately 2% of respondents have five child. With respect to educational background, 45% have faculty. Generally unit of respondents is clinical service and %60 of respondents is service nurse. Lastly, 62% in regarding to working condition of respondents is watch.

Structural equation modeling (SEM) with a maximum likelihood (ML) was used to analyze the hypothesis. Structural model was performed using LISREL 8.7. The measurement model was constructed to estimate relationships between constructs and their indicators before the hypothesized structural models were tested.

**Table 1. Demographic Profile of Participants**

Sample Characteristic	Categorical Scale	Frequency	Percentage (%)
Gender	Female	169	70
	Male	71	30
Marital Status	Single	53	22
	Married	154	64
	Widow	29	12
	Divorced/Seperate	4	2
Child	1	80	33,3
	2	52	21,7
	3	86	35,8
	4	17	7,1
	5	5	2,1
Age	18-25	38	15,6
	26-33	79	33
	34-41	105	44
	42-50	17	7
	51/+	1	0,4
Education	Primary school	1	0,4
	High school	33	13,8
	Junior college	83	34,6
	Health education institute	2	0,8
	Faculty	109	45,4
	Master	8	3,3
	Expertise in medicine	4	1,7
Unit	Intensive care unit	61	25,4
	Emergency room	57	23,8
	Clinical service	70	29,2
	Operating room	11	4,6
	Dialysis	11	4,6
	Home health care	3	1,3
	Lab	15	6,3
	X-ray/Tomography	11	4,6
	Policlinic	1	0,4
Position	Service officer	18	7,5
	Service nurse	143	59,6
	Health officer	38	15,8
	Laboratory	13	5,4
	X-Ray technician	12	5,0
	Midwife	8	3,3
	Emergency Medical Technician	8	3,3
Conditions	Continuous day	76	31,7
	Monthly rotation	4	1,7
	Continuous night	5	2,1
	Standby	1	0,4
	Shift	5	2,1
	Be on duty	149	62,1

Measurement model was assessed using confirmatory factor analysis (CFA) and was examined validity and reliability. Validity of measures began with construct validity of each measure and then discriminant validity between constructs. Construct validity are used three criteria such as model fit, factor loadings and average variance extracted (AVE). The results of measurement model were shown in Table 2. As shown in Table 2, model fit measures of measurement model suggested acceptable fit to data. The coefficient of factor loading on the latent construct ranged from 0.58 to 0.92 and each indicator t-value exceeded recommended t-value 1.96. AVE were suggested critical value of 0.50 (Fornell and Larcker, 1981). Composite construct reliability (CR) of all the scales was greater than 0.60 (Bagozzi and Yi, 1988) and discriminant validity of constructs was conducted with chi-square difference test. The results are shown in Table 3. The  $\chi^2$  values of the constrained and unconstrained models were compared and the  $\chi^2$  differences were much larger than the 3.841 threshold, the result showed the existence of discriminant validity between all the model constructs ( $\Delta\chi^2= 30.30$ ,  $\Delta sd= 1$ ,  $p= 0.05$ ). As shown in Table 2 and Table 3, the results supported validity and reliability of all of the scales.

**Table 2. Measurement Model**

	<b>St.Load.</b>	<b>AVE</b>	<b>CR</b>	<b><math>\alpha</math></b>
<b>IWPS</b>		0,711	0,880	0,898
<b>US</b>	0.84			
<b>MS</b>	0.87			
<b>PS</b>	0.82			
<b>JS</b>		0,564	0,832	0,912
<b>IJS</b>	0.84			
<b>EJS</b>	0.92			
<b>JS19</b>	0,60			
<b>JS20</b>	0,58			
<b>Model fit statistics</b>				
$\chi^2=$	1932,02			
$\chi^2/sd =$	2.37			
<b>NFI=</b>	0.90			
<b>NNFI=</b>	0.93			
<b>CFI=</b>	0.93			
<b>RMSEA=</b>	0.76			

**Table 3. Results of Discriminant Validity**

<b>Model</b>	<b><math>\chi^2</math></b>	<b>sd</b>
Constraint model	1962,32	817
Unconstrained model	1932,02	816
$\Delta\chi^2$	30,30	
$\Delta sd$		1
1 $\chi^2 .05 = 3.841$		

#### 4.1 Structural Model

For testing hypotheses was used structural equation model. Table 4 was showed results of structural equation model. The results indicated an acceptable fit ( $\chi^2= 1881.67$ ;  $\chi^2/df =2.31$ ; RMSEA= 0.76; NFI= 0.90; NNFI = 0.93; CFI = 0.93). Thus, the findings provide a good basis for testing hypothesis. Hypothesis H<sub>1</sub> and H<sub>3</sub> were supported, but H<sub>2</sub> were rejected.

**Table 4. The Results of Structural Model**

Hypotheses	Standardized path coefficient	t-values	Results
H <sub>1</sub> : IWPS → IJS	-0,63	-4,50*	Supported
H <sub>2</sub> : IWPS → EJS	-0,21	-1,71	Rejected
H <sub>3</sub> : IWPS → JS	-0,95	-8,88*	Supported

The hypothesis findings (H<sub>1</sub>) on the internal satisfaction composed of the items relating to the intrinsic qualities of the employees such as success, recognition, work itself, work responsibility and promotions suggest that there is a statistically negative significant relationship between individual workload perception and job satisfaction . These findings are consistent with other studies (Tovey and Adams, 1999; Chen, 2007; Bernal et al., 2005).

There is no statistically significant relationship between public hospital employees' individual workload perception and extrinsic job satisfaction composed of the items such as agency policy, management and control of shape, working time, relations with employees at the junior and senior, working conditions and wages. The hypothesis findings (H<sub>2</sub>) are consistent with the other studies findings (Borzag et al., 2006; Diaz and Park, 1992).

#### 5. CONCLUSION

Health sector has become a rapidly growing and expanding industry in Turkey and World economy. The potential of health care sector development, which specializes in providing services to human health and jobs to provide quality services while performing their aims, who are happy with their jobs is accomplished by high-performing health care workers.

Rapid technological development and changes in our world located in healthcare is increasing interest in the day to day management issues in the provision of compulsory labour force. Moreover, the increasing demands of patient health information and quality services, to be in the hospital a number of competitive intelligence and ethical issues, which makes it necessary to ensure employee satisfaction. Working environment is one of the important indicators of job satisfaction.

The working environment affects the job satisfaction, job satisfaction levels also affects the working environment. This is a mutual connection and balance, workers with high job satisfaction can create a therapeutic environment, which is important for the patient. One of the most important reasons for the decline in job satisfaction of employees in health care are the problems caused by the working environment.

Considering the long hours spent in the work environment, policy makers have to design strategies that focus on the structure of work environment of health care areas to enhance work conditions and job satisfaction.

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