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ÖZGÜN ARAŞTIRMA / ORIGINAL ARTICLE

An Examination of Healthcare Workers' Perceived Levels of Organizational Depression

Sağlık Çalışanlarının Örgütsel Depresyon Algı Düzeylerinin İncelenmesi

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Abstract

Aim: This study aims to assess the perceived levels of organizational depression among healthcare personnel working at Bitlis Tatvan State Hospital and to examine whether these perceptions vary according to key demographic characteristics.

Methods: This study was designed as a descriptive cross-sectional study. A face-to-face survey was administered to 325 healthcare workers. The data were analyzed using SPSS 26, employing descriptive statistics, independent samples t-tests, ANOVA, Chi-Square, and Tukey post hoc tests. The 42-item Organizational Depression Scale developed by Sezer served as the primary measurement instrument.

Findings: The findings indicated an average organizational depression perception score of 2.74. No significant differences were observed in relation to gender, age, education level, job title, smoking status, or years of service. However, marital status, job satisfaction, and salary satisfaction were significantly associated with depression perceptions. Married employees reported lower levels of perceived organizational depression than single employees, while those dissatisfied with their salaries reported higher levels.

Conclusion: The study concludes that healthcare workers experience moderate levels of organizational depression. Interventions such as improving work-life balance, revising wage policies, and implementing psychosocial support mechanisms are recommended to mitigate these effects. Healthcare administrators should prioritize mental health strategies to promote employee well-being and service quality.

Keywords

Depression, Organizational Depression, Healthcare Workers, Perception, Demographic variables

ETHICAL STATEMENT: Ethical approval for this research was obtained from Bitlis Eren University's Institutional Review Board prior to data collection (Approval No: 2023/05-03; Ref. No: E.3761).

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Öz

Amaç: Bu araştırmanın temel amacı, Bitlis Tatvan Devlet Hastanesi'nde çalışan sağlık personelinin örgütsel depresyon algılarını değerlendirmek ve bu algıların çeşitli demografik özellikler bağlamında farklılaşma gösterip göstermediğini ortaya koymaktır.

Yöntem: Bu çalışma betimleyicikesitsel bir araştırma olarak tasarlanmıştır. Bu çalışmada, 325 sağlık çalışanı ile yüz yüze anket yöntemi kullanılarak bir araştırma yürütülmüştür. Toplanan verilerin analizinde SPSS 26 programından yararlanılmış ve betimsel istatistikler, bağımsız örneklemler t-testi, ANOVA, Ki-Kare ve Tukey testleri uygulanmıştır. Ölçüm aracı olarak Sezer tarafından geliştirilen 42 maddelik Örgütsel Depresyon Ölçeği kullanılmıştır.

Bulgular: Çalışmada sağlık çalışanlarının örgütsel depresyon algı ortalaması 2.74 olarak belirlenmiştir. Cinsiyet, yaş, eğitim durumu, ünvan, sigara kullanımı ve çalışma süresi gibi değişkenlerle örgütsel depresyon algısı arasında anlamlı bir fark bulunmazken; medeni durum, iş memnuniyeti ve maaş memnuniyeti değişkenlerine göre anlamlı farklılıklar tespit edilmiştir. Örneğin, evli çalışanların algı düzeyi bekârlara göre daha düşük, maaş memnuniyeti düşük olanların ise örgütsel depresyon algısı daha fazladır.

Sonuç: Araştırma sonuçları, sağlık çalışanlarının örgütsel depresyon algısının orta düzeyde olduğunu göstermektedir. Özellikle iş-yaşam dengesi, ücret politikaları ve psikososyal destek mekanizmalarının iyileştirilmesi, örgütsel depresyonun azaltılmasında kritik rol oynayabilir. Bu kapsamda, kurum yöneticilerinin çalışanların mental sağlığını korumaya yönelik stratejiler geliştirmesi önerilmektedir.

Anahtar Kelimeler

Depresyon, Örgütsel depresyon, Sağlık çalışanları, Algı, Demografik değişkenler

Introduction

Depression is defined as a common mood disorder characterized by a diminished capacity to experience pleasure, pervasive feelings of sadness, hopelessness, and guilt, as well as a significant decline in functional ability. It manifests not only through emotional symptoms but also through cognitive and somatic indicators. Individuals with depression often develop pessimistic thoughts about the future and experience profound regret concerning their past. This mental health condition substantially impairs daily functioning and has a profound a severe impact on psychological well-being (American Psychiatric Association, 2022). Depression can be described as a marked change in a persistent alteration in mood, manifesting as sadness, loneliness, apathy, a negative self-concept characterized by self-blame, tendencies toward self-punishment. It can also include desires urges to escape, withdraw, or die, along with involuntary physiological changes such as appetite disturbance, insomnia, loss of libido, fluctuations in activity levels, psychomotor retardation or agitation (Sezer, 2011, p. 43; Beck & Alford, 2009).

Kendrick and Green, (2023) deil define the concept of depression as "a condition in which the desire and pleasure of living are lost, the individual feels deep sorrow, holds pessimistic thoughts about the future and intense regret and guilt about the past. It may involve thoughts of death, suicide attempts and sometimes result in death, alongside physiological and psychological disorders such as disruptions in sleep, appetite and sexual desire." An individual experiencing depression is unable to continue work activities and increasingly withdraws from his social environment, showing a tendency toward isolation (Sezer, 2011, p. 43). Depression results in a significant decline in self-esteem and self-worth (Gotlib & Lee, 2022). Feelings of burnout and alienation from work exacerbate the experience of depression (Sağır, Göksoy & Aslan, 2018, p. 57). Soane, Rees, Alfes, Truss, Gatenby and Shantz (2015) noted that this aligns with the consequences of work alienation, including feelings of powerlessness and worthlessness, pessimism, loss of self-identity, distancing from ideals, guilt and failure, increased complaints about work, inability to concentrate, loss of enthusiasm for work, increased employee turnover, reduced communication, withdrawal, and self-isolation. Furthermore, individuals suffering from depression exhibit a marked decrease in interest in the world and a diminished capacity to form connections or invest in others. Depression is accompanied by severe self-criticism, self-reproach and feelings of inferiority and self-deprecation (American Psychiatric Association, 2013, pp. 160–162). Although depression is often considered a personal issue, in organizations, it can develop distinct characteristics that are distinct from the personalities of the individuals involved. The feelings of depression experienced by individuals, along with their negative effects, may permeate organizations through the employees (Bianchi & Schonfeld, 2020, p. 350).

Organizational depression is best understood as an emergent, collective mood state reflecting pervasive inertia and hopelessness within a workplace climate, rather than as individual clinical pathology. Bianchi and Schonfeld (2020,

p. 350) define it as “a shared organizational response to chronic dysfunction, marked by widespread demotivation, inability to envision future direction, and emotional numbness.” Unlike occupational burnout, which the WHO/ILO characterizes as “a syndrome resulting from chronic, unmanaged workplace stress” confined to exhaustion, cynicism, and reduced efficacy (World Health Organization & International Labour Organization, 2022, p. 6), organizational depression captures the broader climate of systemic stagnation. Similarly, whereas organizational stress denotes employees’ negative psychophysiological reactions to high demands and low resources (Ganster & Rosen, 2013, p. 1092), and work alienation describes individuals’ subjective estrangement and loss of meaning at work (Nair & Vohra, 2019, p. 210), organizational depression refers to a collective sense of being “stuck” at the systemic level, which undermines both individual engagement and interdepartmental collaboration.

Contemporary research identifies chronic exposure to adverse psychosocial factors—such as low autonomy, poor leadership support, and uncertainty around organizational change as primary antecedents of organizational depression (Goh, Pfeffer & Zenios, 2022). Meta-analytic evidence further confirms that environments with sustained effort–reward imbalance and insufficient social support predict not only individual depressive symptomatology but also broader declines in organizational innovation, communication, and commitment. Systemic inefficiencies—such as rigid hierarchies, inadequate feedback mechanisms, and punitive performance cultures-amplify this effect, creating a feedback loop of disengagement and reduced collective efficacy (Madsen Nyberg, Magnusson Hanson, Ferrıe, Ahola, Alfredsson, ... Kıvımäkı, 2017). In summary, while burnout, stress, and alienation describe specific facets of work-related strain or individual experience, organizational depression denotes a pervasive climate phenomenon that requires systemic interventions—such as leadership development, participatory decision-making, and organizational justice reforms-to restore a healthy, forward-looking organizational mood.

Recent research has demonstrated a significant correlation between workplace stressors and depressive symptoms (Goh et al., 2022). For example, employees with perfectionist tendencies - those who maintain unrealistically high personal standards and attribute failures entirely to themselves - are particularly vulnerable to chronic stress when facing setbacks. This pattern of self-blame and catastrophizing (e.g., believing mistakes will have permanent consequences) frequently escalates into clinical depression over time. Meta-analytic evidence confirms that job dissatisfaction and poor working conditions consistently emerge as key predictors of depression in organizational settings (Madsen et al., 2017). However, scholars continue to debate the precise mechanisms linking organizational factors to depressive symptomatology.

Contemporary organizational scholarship emphasizes that neglecting inherent tensions and paradoxes rather than engaging with them—undermines adaptability and fuels internal conflict. Recent meta—reviews argue that when organizations rigidly prioritize formal structures, processes, and performance metrics without addressing paradoxical demands (e.g., stability versus change; control versus autonomy), siloed subunits emerge and cross-functional collaboration collapses (Schad, Lewis, Raisch & Smith, 2016, p. 12; Jarzabkowski & Lê, 2017, p. 735). This misalignment creates a climate of distrust and miscommunication, which can exacerbating collective demotivation and contribute to an “organizational depression” in which teams feel stuck and unable to resolve conflicting priorities.

Clinically, depression is defined in the ICD-11 as a mood disorder marked by persistent sadness or low mood, diminished interest or pleasure, and at least several additional symptoms—such as significant weight or appetite change, sleep disturbance, psychomotor slowing or agitation, fatigue, feelings of worthlessness or excessive guilt, impaired concentration, and recurrent thoughts of death-lasting most of the day, nearly every day, for at least two weeks (World Health Organization, 2019). These symptoms span four domains:

Emotional: pervasive sadness, anhedonia, irritability

Cognitive: self-critical rumination, hopelessness, impaired decision-making

Behavioral: social withdrawal, reduced activity, psychomotor changes

Somatic: appetite and sleep disturbances, fatigue (American Psychiatric Association, 2013, pp. 160–162; World Health Organization, 2019).

The factors that contribute to the emergence of organizational depression can be grouped into organizational factors (stress, burnout, organizational climate, and th e perceived alienation), individual factors (personality traits, motivation, and job satisfaction), and managerial factors (leadership qualities, communication, workplace harassment, etc.) (Keleş, 2016, p. 24).

The symptoms of organizational depression have been described by Frankel (2002, p. 2; cited in Sezer, 2011) as follows:

- A general state of lethargy,
- Resistance to change,

- Low creativity and a reluctance to embrace innovations,
- Operating at the bare minimum acceptable level of productivity,
- An increase in behaviors such as absenteeism, tardiness, and prolonged lunch breaks,
- Limited communication both within and across departments,
- A decline in productivity or profitability due to reduced motivation among depressed employees
- Delays in decision-making,
- A lack of joy or celebration following achievements.

Depression is a common mental disorder with significant negative effects on individuals. For healthcare personnel, these effects tend to be even more severe and pervasive. Depression can negatively impact the physical health of healthcare workers. Several studies have shown that depression decreases job performance, reduces empathy and increases the risk of professional burnout among healthcare workers (Fond, Fernandes, Lucas, Greenberg & Boyer, 2022, p. 6). Professions that involve serving others are known to encounter burnout more frequently and healthcare workers are among these groups (Sezgin, Kaya & Tanyıldızı, 2022, p. 544). Psychologically, depression can adversely affect the emotional and mental health of healthcare workers. Depressed healthcare professionals may experience a lack of job satisfaction and motivation, diminished empathy and face a heightened risk of emotional burnout in patient care (Brown & Jones, 2018; Miller, 2020). In terms of professional performance, depression can decrease the quality of healthcare delivery and jeopardize patient safety. Depressed healthcare workers may experience issues such as attention deficits, a tendency to make errors and communication difficulties (Adams & Clark, 2016; White & Smith, 2021). Additionally, employees may show a decline in performance, a loss of self-confidence, disruptions in relationships with colleagues and their social circle and difficulties concentrating (Düşükcan, Sezgin & Kaya, 2019, p. 435). Furthermore, depression is known to lower the quality of healthcare services and compromise patient safety (Clarke, Skoufalos, Medalia & Fendrick, 2016).Healthcare workers are exposed to a multitude of occupational stressors—such as elevated patient loads, responsibility for critically ill and end-of-life care, uneven task allocation, rotating and night-shift schedules leading to sleep disruption, emotionally taxing interactions with patients' families, and financial strains—that contribute to a heightened risk of burnout and depressive symptoms (Ghahramani, Lankarani, Yousefi, Heydari, Shahabi & Azmand, 2021; Li, Scherer, Felix & Kuper, 2021). These effects of depression in healthcare institutions highlight the risks to both healthcare workers' and patients' health and safety. Therefore, protecting and supporting the mental health of healthcare employees should be addressed as a crucial issue in healthcare institutions.

Methods

Research Design and Model

This study aims to measure the perceived levels of organizational depression among healthcare workers employed at Bitlis Tatvan State Hospital and to examine potential variations across different demographic groups. This study was designed within the framework of "descriptive survey model", one of the quantitative research approaches. In accordance with the cross-sectional nature of the study, the data were collected in a single time period based on a face-to-face questionnaire.

Population and Sample

The research was conducted in January-February 2024 at Tatvan State Hospital, located in Tatvan district of Bitlis province, among the healthcare workers employed there. Due to factors such as the heavy workload, time constraints and the high level of responsibilities of healthcare workers, certain personnel (such as doctors and managers) were excluded from the sample. The population of the study consists of 972 healthcare workers actively employed at the hospital. According to the table developed by Sekaran, a sample size of 278 is sufficient for a population of 1,000 (Karagöz, 2019, p. 308). Therefore, based on statistical calculations, the sample size that would adequately represent the population with a 95% confidence interval was determined to be 278 healthcare workers. The sample group of this study consists of 325 individuals. Since this study was conducted in a single hospital, the generalizability of the findings is limited. In addition, the data were collected using face-to-face survey method and there is a risk of bias due to self-report criteria based on participant self-disclosure. Considering the workload and time constraints, physicians and managerial staff were not included in the study; this may have created a role-based sample bias in the sample. In future studies, the effects of these limitations can be minimized and the validity and prevalence of the findings can be increased by using multicenter sample designs, sampling strategies that include different healthcare personnel groups, and additional measurement tools (e.g., observation, secondary data).

Measurement Instruments

Accordingly, a questionnaire consisting of two parts was distributed to all available healthcare workers. A total of 325 healthcare workers, who voluntarily agreed to participate in the study, provided analyzable questionnaire forms.

Demographic Form: The first section of the questionnaire includes 10 questions related to the participants' demographic characteristics (gender, age, education level, job title, marital status, job satisfaction, salary satisfaction, years of service, smoking status and the department they work in).

Organizational Depression Scale (ODS): The second part of the questionnaire incorporated Sezer's validated Organizational Depression Scale (ODS), a psychometrically robust instrument designed to measure employees' perceptions of depression in organizational settings. The scale is unidimensional and consists of 42 statements. The instrument utilizes a five-point Likert-type response format with anchors ranging from 1 ('Strongly Disagree') to 5 ('Strongly Agree').

To categorize healthcare workers' perceptions of organizational depression, numerical ranges were established based on the 5-point Likert scale responses. The arithmetic mean scores were categorized as follows:

- 1.00–1.80 = Very low perceived organizational depression
- 1.81–2.60 = Low perceived organizational depression
- 2.61–3.40 = Moderate perceived organizational depression
- 3.41–4.20 = High perceived organizational depression
- 4.21–5.00 = Very high perceived organizational depression

A lower total score on the scale indicates higher levels of organizational depression perception, while a higher total score reflects a lower perception (Sezer, 2011).

The Organizational Depression Scale (ODS) demonstrated strong psychometric properties in its original validation, reporting a Cronbach's alpha coefficient of 0.94. In the current study, reliability analysis yielded an internal consistency coefficient of $\alpha = 0.89$ for the scale. According to established psychometric standards (Kurnaz & Yiğit, 2010), Likert-type scales with Cronbach's alpha values above 0.70 are considered to have adequate reliability. Following the reliability classification framework proposed by Özcan and Balyer (2013, p. 144), coefficient values around 0.90 are classified as "excellent," while those around 0.80 are deemed "very good," and scores near 0.70 are regarded as "satisfactory." The obtained reliability coefficient ($\alpha = 0.89$) suggests that the ODS demonstrates strong internal consistency within the current sample. This finding confirms the scale's homogeneity and reliability for measuring organizational depression perceptions among healthcare workers.

Data Analysis

Normality test was applied to evaluate the distribution characteristics of the data used in the study. It was found that the significance levels of Kolmogorov-Smirnov and Shapiro-Wilk tests ($p < .05$) showed statistically significant deviation from the normal distribution. However, since these tests are sensitive to sample size, skewness and kurtosis coefficients were also taken into consideration to evaluate the normality of the distribution. The skewness value obtained was calculated as -0.371 and kurtosis value as 0.959. These values are within the ±1.50 limits suggested by Tabachnick and Fidell (2013) and indicate that the data reasonably meet the assumption of normal distribution. In addition, it also complies with the ±2.00 range specified by Oskaloğlu and Inan (2024). As a result of this comprehensive evaluation, it was accepted that the data set met the normal distribution condition required for the application of parametric tests and parametric tests were applied in the analysis process.

The analytical framework incorporated three primary comparative tests: Independent samples t-test for comparing means between two groups; One-way analysis of variance (ANOVA) for multi-group comparisons; Chi-square test for examining categorical variable associations.

Following the detection of statistically significant results through ANOVA, the Tukey Honestly Significant Difference (HSD) test was utilized for post-hoc analysis. In contrast to the Least Significant Difference (LSD) method, which provides limited control over Type I error rates in the context of multiple comparisons, the Tukey HSD test offers a more conservative and rigorous approach by accounting for the increased probability of false positives (Arslan & Bardakçı, 2020: p. 46; İslamoğlu & Alnıaçık, 2016: p. 326). This method is particularly well-suited for situations in which all possible pairwise comparisons among groups are of interest, as it effectively controls the familywise error rate. By employing the Tukey HSD test, the present study aimed to enhance the reliability and validity of the findings, reducing the risk of spurious significance while preserving sufficient statistical power to detect meaningful group differences.

Ethical Statament

Ethical approval for this research was obtained from Bitlis Eren University's Institutional Review Board prior to data collection (Approval No: 2023/05-03; Ref. No: E.3761).

Findings

The findings were presented in tables and explained. The sociodemographic data of the healthcare workers are provided in Table 1.

Table 1. Socio-Demographic Information of Healthcare Workers

Gender	**Quantity**	**%**	**Marital Status**	**Quantity**	**%**
Female	166	51.1	Bekâr	151	46.5
Male	159	48.9	Evli	174	53.5
Age	**Quantity**	**%**	**Education**	**Quantity**	**%**
18-24	38	11.7	High School	32	9.8
25-31	202	62.2	Associate Degree	50	15.4
32-38	46	14.2	Undergraduate and Graduate Studies	243	74.8
39 and above	39	12.0			
Title	**Quantity**	**%**	**Years of Service**	**Quantity**	**%**
Nurse/Midwife	221	68.0	0-5	178	54.8
Health Technician	39	12.0	6-10	99	30.5
Other Healthcare Workers	65	20.0	11 and above	48	14.8
Job Satisfaction	**Quantity**	**%**	**Salary Satisfaction**	**Quantity**	**%**
Yes	185	56.9	Low	180	55.4
No	105	32.3	Medium	111	34.2
Undecided	35	10.8	Good and above	34	10.5
Department Worked In	**Quantity**	**%**	**Smoking Status**	**Quantity**	**%**
Surgical Clinics	105	32.3	Yes	105	32.3
Internal Medicine Clinics	88	27.1	No	220	67.7
Administrative and Technical Units	50	15.4	**Organizational Depression Perception**		
Intensive Care Unit	33	10.2	Mean	2,74	
Other Units (Emergency, Polyclinics, Radiology,Laboratory)	49	15.1	Std. Deviation	.56	
			Minimum	1.00	
			Maximum	4.62	

According to Table 1, 51.1% (n = 166) of participants were female and 53.5% (n = 174) were married. The majority were aged 25–31 years (62.2%, n = 202), and 74.8 % (n = 243) held a bachelor's or graduate degree. Nurses and midwives comprised 68.0% (n = 221) of the sample, and 54.8% (n = 178) had between 0 and 5 years of service. More than half of respondents reported being satisfied with their job (56.9 %, n = 185), while 55.4% (n = 180) indicated low satisfaction with their salary. In terms of department, 27.1% (n = 88) worked in internal medicine clinics and 32.3% (n = 105) in surgical clinics. Finally, 67.7% (n = 220) were non-smokers. The mean score for perceived organizational depression was 2.74 ± 0.56, indicating a moderate level of organizational depression among healthcare professionals.

To examine potential variations in organizational depression perceptions among healthcare workers across demographic variables (gender, marital status, and smoking status), independent samples t-tests were conducted. This parametric test compares the means of two independent groups on a continuous dependent variable, with the assuming normally distributed data (Ergin, Çatı & Oskaloğlu, 2023, p. 276). The detailed outcomes of these comparative analyses are systematically presented in Table 2.

Table 2. Results of the t-test for Organizational Depression Perceptions of Healthcare Workers in Relation to Gender, Marital Status and Smoking Habits

	Groups	N	Mean	SD	T	P
Gender	Female	166	2.74	0.48	0.165	0.86
	Male	159	2.73	0.64		
Marital Status	Married	174	2.80	0.62	-2.120	0.03
	Single	148	2.66	0.48		
Smoking Status	Yes	105	2.74	0.63	0.112	0.91
	No	220	2.74	0.53		

According to the results in Table 2, it is observed that there is no statistically significant difference in the organizational depression perceptions of healthcare workers based on gender (p=0.86>0.05). However, there is a statistically significant difference in organizational depression perceptions based on marital status (p=0.03<0.05). Specifically, married healthcare workers reported lower levels of organizational depression compared to their single counterparts. Additionally, no statistically significant difference wa observed in organizational depression perceptions based on smoking status (p=0.91>0.05).

To determine whether there is a statistically significant difference in healthcare workers' perceptions of organizational depression based on age, education level and job title, the "ANOVA-One-Way Variance" test was applied. Variance Analysis is a statistical method used to compare two or more independent groups with respect to a metric variable being studied and to assess differences between these groups. The one-way ANOVA test is employed to assess whether statistically significant differences exist across the compared groups (Ergin et al., 2023, p. 276-277). The detailed results of this test are shown in Table 3.

Table 3. ANOVA Test Results for Healthcare Workers' Perceptions of Organizational Depression Based on Age, Education Level and Job Title

	Groups	N	X	SD	Source of Variance	Sum of Squares	df	Mean Square	F	P
Age	18-24	38	2.72	.45	Between Groups	.020	3	.007	.021	.996
	25-31	202	2.74	.54						
	32-38	46	2.74	.66	Within Groups	104.407	321	.325		
	39 and above	39	2.75	.69						
Education Level	High School	32	2.70	.83	Between Groups	.651	2	.325	1.010	.365
	Associate Degree	50	2.84	.74						
	Undergraduate and Graduate Studies	243	2.72	.47	Within Groups	103.777	322	.322		
Title	Nurse/Midwife	221	2.71	.49	Between Groups	1.162	2	.581	1.812	.165
	Other Healthcare Workers	65	2.77	.78						
	Health Technician	39	2.89	.53	Within Groups	103.266	322	.321		

According to the data in Table 3, when the organizational depression perceptions of healthcare workers were examined by age, no statistically significant difference was observed (p= 0.996 > 0.05). Similarly, when examining organizational depression perceptions by education level, no statistically significant difference was found (p=0.365 > 0.05). Likewise, when examining organizational depression perceptions by title, no statistically significant difference was found (p = 0.165 > 0.05). These results indicate that demographic variables—including age, educational attainment, and professional role—do not exert a significant influence on healthcare workers' perceptions of organizational depression. Consequently, we conclude that no statistically significant differences in perceived depression scores are attributable to these three demographic factors.

A one-way ANOVA test was applied to identify whether there is a statistically significant difference among healthcare workers' perceptions of organizational depression, jop satisfaction, salary satisfaction, and work experience. The results of this test are detailed in Table 4.

Table 4. Results of the ANOVA Test on Healthcare Workers' Organizational Depression Perceptions in Relation to Job Satisfaction, Salary Satisfaction, and Work Experience

	Groups	N	X	SD	Source of Variance	Sum of Squares	df	Mean Square	F	p
Job Satisfaction	Yes	185	2.83	.61	Between Groups	4.904	2	2.452	7.933	.000
	No	105	2.56	.46						
	Undecided	35	2.80	.47	Within Groups	99.52	322	.309		
Salary Satisfaction	Low	180	2.65	.52	Between Groups	3.153	2	1.577	5.013	.007
	Medium	111	2.84	.54						
	Good and above	34	2.89	.74	Within Groups	101.274	322	.315		
Years of Service	0-5	178	2.68	.54	Between Groups	1.300	2	.650	2.030	.133
	6-10	99	2.82	.60						
	11 years and above	48	2.79	.55	Within Groups	103.128	322	.320		

One-way ANOVA results presented in Table 4 indicate a statistically significant difference in organizational depression perceptions by job satisfaction ($p = 0.00 < 0.05$). Participants who reported job satisfaction had a mean score of 2.83 ± 0.61, whereas those who were dissatisfied scored 2.56 ± 0.46, suggesting that satisfied employees exhibited lower perceived organizational depression. A significant difference was also observed across salary satisfaction groups ($p = 0.007 < 0.05$): those with low salary satisfaction scored 2.65 ± 0.52, those with moderate satisfaction 2.84 ± 0.54, and those with high or above satisfaction 2.89 ± 0.74. In contrast, years of service did not yield a significant effect on depression perceptions ($p = 0.133 > 0.05$). These findings demonstrate that job and salary satisfaction are significant determinants of healthcare workers' perceptions of organizational depression, whereas length of service is not. In this study, a homogeneity test was applied and it was determined that the variances of the main groups were homogeneously distributed (Sig. > 0.05). Given these findings, post hoc comparisons were conducted using the Tukey test to identify specific differences between group means. The detailed results of the Tukey analysis are presented in Tables 5 and 6.

Table 5. The Differentiation Status of Salary Satisfaction Among Groups According to Tukey Analysis

Multiple Comparisons

Tukey HSD

(I) Salary Satisfaction	(J) Salary Satisfaction	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Low	Medium	-,18396*	,06768	,019	-,3433	-,0246
	Good and above	-,23528	,10487	,066	-,4822	,0116
Medium	Low	,18396*	,06768	,019	,0246	,3433
	Good and above	-,05132	,10993	,887	-,3102	,2075
Good and above	Low	,23528	,10487	,066	-,0116	,4822
	Medium	,05132	,10993	,887	-,2075	,3102

*. The mean difference is significant at the 0.05 level.

According to the results of the Tukey HSD multiple comparison test in Table 5, the depression perception of individuals with low salary satisfaction (mean = 2.65) was statistically significantly higher ($p = 0.019$) than that of individuals with medium satisfaction (mean = 2.84). This indicates that individuals with moderate salary satisfaction have a lower perception of depression than those with low satisfaction. In the comparison between the low satisfaction group and the "good or better" satisfaction group (mean = 2.89), a borderline difference was observed with $p = 0.066$, but this difference did not reach statistical significance. The difference between the moderate and "good or better" satisfaction groups was also not significant ($p = 0.887$). Overall, the findings suggest that there is a tendency for

depression perception to increase as salary satisfaction increases, but this increase is only evident between the low and moderate satisfaction groups.

Table 6. The Differentiation Status of Job Satisfaction Among Groups According to Tukey Analysis

Multiple Comparisons						
Tukey HSD						
(I) Job Satisfaction?	**(J) Job Satisfaction?**	**Mean Difference (I-J)**	**Std. Error**	**Sig.**	**95% Confidence Interval**	
					Lower Bound	**Upper Bound**
Yes	No	,26631*	,06793	,000	,1064	,4263
	Undecided	,02640	,10248	,964	-,2149	,2677
No	Yes	-,26631*	,06793	,000	-,4263	-,1064
	Undecided	-,23991	,10851	,071	-,4954	,0156
Undecided	Yes	-,02640	,10248	,964	-,2677	,2149
	No	,23991	,10851	,071	-,0156	,4954

*. The mean difference is significant at the 0.05 level.

The depression perception of individuals with job satisfaction (mean = 2.83) was statistically significantly lower than the depression perception of individuals without job satisfaction (mean = 2.56) (p = 0.000). While there was no significant difference between the job satisfaction group and the neutral group (mean = 2.80) (p = 0.964), the difference between the job dissatisfaction group and the neutral group was marginally significant and did not reach statistical significance (p = 0.071). These findings reveal that individuals with job satisfaction have a lower level of depression perception compared to individuals with job dissatisfaction (Table 6).

The Chi-Square test was applied to determine whether there are differences between healthcare workers' salary satisfaction and their educational status, jop titles, departments and length of employment. The Chi-Square test is used to identify relationships and differences between variables (Güven, Çatı & Oskaloğlu, 2022: p. 475). Table 7 summarizes the key findings of the analysis.

Table 7. Results of the Chi-Square Test for Salary Satisfaction and Demographic Characteristics of Healthcare Workers

Crosstab						
		Salary Satisfaction			**Total**	**Pearson Chi-Square**
		Low	**Medium**	**Good and above**		
Educational Level	**High School**	10	15	7	32	.000
	Associate Degree	17	24	9	50	
	Undergraduate and Graduate Studies	153	72	18	243	
Title	**Nurse/Midwife**	152	61	8	221	.000
	Health Technician	17	11	11	39	
	Other Healthcare Workers	11	39	15	65	
Department	**Surgical Clinics**	60	38	7	105	.000
	Internal Medicine Clinics	58	25	5	88	
	Administrative and Technical Units	14	26	10	50	
	Intensive Care Unit	20	7	6	33	
	Other Units (Emergency, Polyclinics, Radiology,Laboratory)	28	15	6	49	
Years of Service	**0-5**	106	64	8	178	.001
	6-10	54	30	15	99	
	11 years and above	20	17	11	48	
Total		180	111	34	325	

Chi-square analyses demonstrated significant associations between salary satisfaction and several demographic factors. Salary satisfaction varied by education level (p =.001<0.05), with 63.0% of those holding undergraduate or graduate degrees reporting low satisfaction, compared to 31.3% of high school graduates and 34.0% of associate degree holders. A similar pattern emerged by job title (p =.001<0.05): 68.8% of nurses and midwives reported low salary satisfaction, versus 43.6% of health technicians and only 16.9% of other healthcare workers. Departmental differences were also significant (p =.001<0.05), as 65.9% of internal medicine clinic staff and 57.1% of surgical clinic staff indicated low satisfaction, while 28.0% of administrative/technical unit personnel did so. Finally, years of service was significantly associated with salary satisfaction (p = .001), among employees with 0–5 years of tentüre, 59.6% reported low satisfaction, compared to 54.5% of those with 6–10 years and 41.7% of those with 11 or more years. These results suggest that education, professional role, department, and tenure all significantly influence healthcare workers' perceptions of salary adequacy (Table 7).

A Chi-Square test was applied to determine whether there were significant differences in job satisfaction among healthcare workers based on their educational status, titles, departments, and length of employment. The analysis results are presented in Table 7 below.

Table 8. Results of the Chi-Square Test for Job Satisfaction and Demographic Characteristics of Healthcare Workers

Crosstab						
		Are you satisfied with your work?			Total	Pearson Chi-Square
		Yes	No	Undecided		
Educational Level	High School	21	5	6	32	.003
	Associate Degree	36	9	5	50	
	Undergraduate and Graduate Studies	128	91	24	243	
Title	Nurse/Midwife	106	90	25	221	.000
	Health Technician	27	7	5	39	
	Other Healthcare Workers	52	8	5	65	
Department	Surgical Clinics	61	33	11	105	.000
	Internal Medicine Clinics	47	33	8	88	
	Administrative and Technical Units	39	6	5	50	
	Intensive Care Unit	9	18	6	33	
	Other Units (Emergency, Polyclinics, Radiology,Laboratory)	29	15	5	49	
Years of Service	0-5	91	65	22	178	.014
	6-10	61	31	7	99	
	11 years and above	33	9	6	48	
Total		185	105	35	325	

Chi-square analyses demonstrated significant associations between job satisfaction and several demographic factors. Job satisfaction varied by education level (p = .003 < .05), with 65.6% of high school graduates, 72.0% of associate degree holders, and 52.7 % of those with undergraduate or graduate qualifications reporting satisfaction. A similar pattern emerged by job title (p < .001): 48.0% of nurses and midwives, 69.2% of health technicians, and 80.0 % of other healthcare workers were satisfied with their work. Departmental differences were also significant (p < .001), as 78.0% of administrative/technical unit staff, 58.1 % of surgical clinic personnel, 53.4 % of internal medicine clinic personnel, 59.2% of staff in other units, and only 27.3% of intensive care unit staff reported job satisfaction. Finally, years of service was associated with job satisfaction (p = .014 < .05), with 51.1% of those with 0–5 years of tenure, 61.6% of those with 6–10 years, and 68.8 % of those with 11 or more years expressing satisfaction (Table 8).

Discussion

In this study, organizational depression perceptions of health care workers were examined in terms of different demographic variables, and while significant differences were found in marital status, job satisfaction and salary satisfaction variables; no significant difference was found in variables such as gender, age, education and title. These

findings show some consistency and differences when compared with various studies in the literature. According to our research findings, the average organizational depression score of healthcare professionals was found to be 2.74. Similarly, in Saygılı Avcı, Uğurluoğlu and Özer,'s (2016) study, the average score was 2.82 among health care workers in Ankara, 2.98 among 135 health care workers in Atasoy's (2018) study, and 2.92 among teachers. These results show that healthcare workers have a moderate level of organizational depression perception, and it is thought that high workload, stressful working environment and difficulties in workplace relationships may contribute to this situation. The findings of the current study are largely consistent with the literature and it is seen that the levels of organizational depression in healthcare workers are noteworthy.

In our study, the fact that married healthcare workers had a lower perception of organizational depression compared to their single colleagues may be explained by the social support mechanisms provided by marriage. This result is consistent with the study of Henty, Jury, Lıao and Cıurtın, (2022) in the UK; married healthcare workers reported both higher levels of well-being and higher job satisfaction than their single counterparts. In Henty et al.'s study, married participants showed significant superiority over their single counterparts in both resilience and job enjoyment. This supports the view that social support networks such as marriage can enhance resilience. On the other hand, some studies, such as Atasoy (2018), did not find a significant difference between marital status and depression perception; in this case, the effect of marital status may vary depending on factors such as cultural context, sample characteristics and intra-organizational relationships.

In our study, the finding that health care workers with high job satisfaction had low organizational depression scores and those with low job satisfaction had high organizational depression scores was similarly observed in the literature. In a study conducted in Korea, low job satisfaction was found to be associated with higher levels of depressive symptoms in employees (Park, Yang, Kım, Jung, Kım & Leem, 2024). In alignment with our study, another Chinese from study examined the relationship between job satisfaction and depression and showed that increased job satisfaction decreased depressive symptoms by increasing subjective well-being and life satisfaction, and that the effect of job satisfaction on depression was mediated by subjective well-being and life satisfaction (Yang, Wu, Xu, Zhong & Yang, 2023). These results reveal that employees' satisfaction with their jobs increases psychological well-being and decreases depressive symptoms, thus emphasizing that there is a negative relationship between job satisfaction and depression. Furthermore, salary satisfaction may also be a determinant of organizational depression perception. As income level decreases, negative moods and depressive symptoms increase in individuals, while increased financial security increases psychological resilience. For example, Yang, Hu, Ren, and Li (2022) reported that those in the low-income group experience depressive symptoms more and that financial security plays a protective role in mental health.

According to the study conducted by Atalay and Çakırel (2022), healthcare workers indicate that while their profession provides benefits to patients and their families and brings intrinsic satisfaction, they believe they are not receiving adequate compensation for the work they do. Another study reveals that the most significant cause of job dissatisfaction is the insufficient level of wages. Additionally, physical conditions and working hours are identified as important factors contributing to the dissatisfaction (Kılıç & Kekli, 2012: p. 153).

In a study conducted by Çalışkan and Bekmezci (2019) in healthcare institutions, the impact of excessive workload on job satisfaction was examined. The results of this research indicate a negative relationship between job satisfaction and excessive workload. Several factors, such as the expectation for employees to perform more work than their responsibilities dictate, are identified as causes of excessive workload. Employees with high job satisfaction are reported to be more successful compared to their peers, experience positive emotions and these emotions are reflected in their behavior. Additionally, Tamer (2019) has pointed out that as the general stress level increases, job satisfaction decreases. It is thought that managers' efforts to manage stress are important in increasing the job satisfaction levels of healthcare personnel.

No significant difference was found in terms of gender in our study. There are contradictory findings in the international literature on this issue. Although some studies have reported that women are more prone to depression, Henty et al. (2022) found that gender had no significant effect on job satisfaction or psychological resilience during the pandemic period. Park et al. (2024) also examined the relationship between job satisfaction and depression and reported that this relationship was stronger in women, but the overall gender difference was not significant. Therefore, the role of gender in the perception of organizational depression is largely contextual and, as our study suggests, does not exhibit a clear effect.

In our study, no significant difference was found across age, education, and occupational title regarding the perception of depression. Previous studies in the literature give mixed results for these variables. Although Henty et

al. (2022) indicated that younger employees reported lower well-being and psychological resilience increased with age, there was no significant difference between age groups in our study. Similarly, Saygılı et al. (2016) found that while there was no difference between education level and organizational depression levels, employees under the age of 35 reported a slightly higher perception of depression based only on age.

Similar patterns are also observed in comprehensive studies conducted internationally. In a study conducted by Habtu, Kumıe, Selamu, Harada and Girma (2024) among 1426 health workers in Ethiopia, it was found that organizational depression symptoms were 39%; female gender, history of chronic diseases, low job satisfaction and long working hours were among the factors that increased depression symptoms. In addition, younger age groups were more likely to report symptoms of work-related stress. Similarly, in a longitudinal study conducted by Carvalho-Alves et al. (2025) in Brazil, it was shown that depression and anxiety symptoms increased and posttraumatic stress decreased over time in healthcare workers, but organizational support had a protective effect on these symptoms. On the other hand, in a study conducted by Papa Okun, Barıle, Jıa, Thompson and Guerın (2024) in the USA, it was reported that even after the pandemic, depression and moral injury levels remained high in healthcare workers, which negatively affected psychosocial functioning. This shows that beyond workload and economic factors, ethical and emotional challenges are also important determinants of organizational depression.

Conclusion and Recommendations

This study was conducted to assess the organizational depression perception levels of healthcare workers at Bitlis Tatvan State Hospital and to investigate whether these perception levels vary according to various demographic variables. According to the data obtained from the research, the average organizational depression perception score of healthcare workers was found to be 2.74. This finding indicates that healthcare workers generally have a moderate level of organizational depression perception.

The Chi-Square test was used in this study to analyze whether salary satisfaction and job satisfaction differ according to demographic characteristics. Accordingly, the difference between salary satisfaction and demographic characteristics of healthcare workers was found to be significant. However, the difference between job satisfaction and some demographic characteristics (education level and length of service) was not found to be statistically significant. The striking results here are that the nurse/midwife group has the highest salary dissatisfaction among all groups, and the highest rate (more than 50%) among the groups who are dissatisfied with their job is found to be those working in intensive care.

In the study, it was determined that there was no statistically significant difference between the organizational depression perception levels of healthcare workers and demographic variables such as gender, age, educational level, smoking, and working hours. This result reveals that the perception of organizational depression is independent of these variables and that these factors are not effective in determining the perception of depression of healthcare workers. On the other hand, organizational depression perception levels were found to be related to variables such as marital status, title, job satisfaction and salary satisfaction. It is especially noteworthy that married healthcare workers have lower levels of depression perception than single health care workers. This may be explained by the fact that the social support, emotional solidarity and life stability provided by marriage make it easier for individuals to cope with organizational stress.

Moreover, it is observed that the perception of organizational depression increases when job and salary satisfaction is low. This finding suggests that individuals' dissatisfaction with their jobs and earnings triggers feelings of depression at the organizational level. According to the results of the research, some suggestions have been developed and listed below.

Family-Friendly Policies: According to the findings of the study, married healthcare professionals have a lower level of organizational depression perception compared to their single colleagues. This may be explained by the social support and emotional balance provided by marriage. In this context, it is recommended that family-friendly policies that will strengthen employees' family ties and social support resources should be expanded. Practices such as flexible shift scheduling, increased parental leave opportunities, and institution-sponsored childcare services may contribute to the prevention of organizational depression by supporting the psychosocial resilience of not only married individuals but also all employees.

Job and Salary Satisfaction: Low job and salary satisfaction is an important factor that increases the perception of depression. Especially, low salary satisfaction significantly increases the perception of depression. Accordingly, salary transparency should be ensured among employees with similar titles, and practices such as incentive allowances

or on-call compensation should be implemented for staff working in units with heavy workloads. In addition, workload should be distributed fairly by implementing rotation programs for employees who have been working in the same unit for a long time. On the other hand, low job satisfaction is another important factor that increases the perception of organizational depression. In this context, job descriptions of employees should be clarified and authorities and responsibilities should be structured in a balanced manner. Establishing merit-based promotion and career development systems will increase employees' sense of institutional belonging. In addition, operationalizing institutional feedback mechanisms will contribute to creating a working environment where employees can express themselves and participate in decision-making processes. Performance-based reward systems, salary increases and career opportunities to increase job and salary satisfaction should be considered as effective strategies to reduce the perception of organizational depression.

Psychosocial Support: To reduce organizational depression: Psychological resilience training should be organized for all employees at least once a year. A psychosocial support unit should be established within the organization; counseling services based on the principle of confidentiality should be provided. Emotional intelligence in leadership and "empathic management" training should be provided for the management level to support the managerial climate to increase psychological safety.

Management Approach: Management approach plays a major role in reducing organizational depression. By developing a management approach based on empathy, the needs and expectations of employees should be taken into consideration and they should be made to feel valued in the work environment. In this direction, open communication channels and feedback mechanisms should be used effectively. The impact of the measures taken to address the risk areas identified in this research should be monitored through periodic corporate internal audits and satisfaction surveys. In this way, the sustainability and effectiveness of the recommendations can be evaluated with concrete data.

As a result, increasing uncertainties, workload and global health crises in the health sector have become factors that directly affect the mental well-being of employees. Therefore, the development of holistic and sustainable strategies to reduce health workers' perception of organizational depression will both protect employee health and increase organizational efficiency and quality in service delivery. Since ensuring employee well-being will directly affect the quality of both employees and healthcare services, such measures are a necessity for healthcare organizations. It is also important to develop organizational and psychosocial support strategies. Accordingly, the implementation of family-friendly policies, satisfaction-enhancing improvements and empathy-oriented management approaches will contribute to preventing organizational depression and improving the quality of healthcare services by supporting the mental well-being of healthcare workers.

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Özet

Bu çalışma, Bitlis Tatvan Devlet Hastanesi'nde görev yapan 325 sağlık çalışanının örgütsel depresyon algı düzeylerini ölçmeyi ve bu algının demografik değişkenlere göre farklılık gösterip göstermediğini belirlemeyi amaçlamaktadır. Sağlık sektörü, yüksek stres düzeyleri ve yoğun çalışma temposu nedeniyle çalışanların mental sağlığını tehdit eden bir ortam sunmaktadır. Bu bağlamda, örgütsel depresyon kavramı, çalışanların iş ortamından kaynaklanan olumsuz psikolojik etkilerini anlamak açısından büyük önem taşımaktadır.

Bu çalışma betimleyicikesitsel bir araştırma olarak tasarlanmıştır. Araştırma sürecinde nicel yöntemler esas alınmış olup, çalışmanın veri seti, iki bölümden oluşan sistematik anket formu derlenmiştir. Anketin birinci bölümünde

katılımcıların demografik özelliklerini belirlemeye yönelik 10 soru yer alırken, ikinci bölümde Sezer tarafından geliştirilen ve geçerlilik-güvenilirlik çalışmaları yapılmış 42 maddelik "Örgütsel Depresyon Ölçeği" kullanılmıştır. Ölçek, 1 ('Kesinlikle Katılmıyorum') ile 5 ('Kesinlikle Katılıyorum') arasında puanlanan beşli Likert tipi bir ölçme aracıdır. Araştırma verilerinin istatistiksel analizinde SPSS 26 yazılımından yararlanılmış olup, betimleyici istatistiklerin yanı sıra bağımsız gruplar t-testi, tek yönlü varyans analizi (ANOVA), Ki-Kare ve Tukey testleri gibi analiz yöntemleri uygulanmıştır. Araştırmanın etik kurul onayı Bitlis Eren Üniversitesi'nden alınmıştır.

Çalışmanın sonuçlarına göre, sağlık çalışanlarının örgütsel depresyon algı düzeylerine ilişkin ortalama puanları 2.74 olarak belirlenmiştir. Bu sonuç, katılımcıların orta düzeyde bir örgütsel depresyon algısına sahip olduklarını göstermektedir. Demografik değişkenler açısından yapılan analizlerde: Cinsiyet, yaş, eğitim durumu, ünvan, sigara kullanımı ve çalışma süresi değişkenleri ile örgütsel depresyon algısı arasında anlamlı bir fark tespit edilememiştir ($p>0.05$). Sağlık çalışanlarının örgütsel depresyon algıları ile medeni durum, iş memnuniyeti ve maaş memnuniyeti gibi demografik değişkenler arasında istatistiksel anlamda farklılık tespit edilmiştir ($p<0.05$). Evli çalışanların bekârlara göre daha düşük depresyon algısına sahip oldukları görülmüştür. Ünvan bazında yapılan analizde, tıbbi sekreterlerin en düşük (2.49), sağlık teknikerlerinin ise en yüksek (2.89) algı düzeyine sahip olduğu belirlenmiştir.

İşinden memnun olan çalışanların depresyon algısı (2.83), memnun olmayanlara (2.56) göre anlamlı derecede farklı çıkmıştır. Benzer şekilde, maaş memnuniyeti düşük olan çalışanların depresyon algısı (2.65), memnun olanlara (2.97) göre daha yüksek bulunmuştur. Yoğun bakım ünitelerinde çalışanların %50'den fazlasının işlerinden memnun olmadığı, buna karşılık teknik birimlerde çalışanların yüksek memnuniyet düzeyine sahip oldukları görülmüştür.

Elde edilen bulgular, alanyazınla kısmen uyumlu, kısmen de çelişkili sonuçlar ortaya koymaktadır. Saygılı ve arkadaşlarının (2016) çalışmasındaki 2.82'lik ortalama ile bu çalışmanın sonuçları (2.74) benzerlik göstermektedir. Ancak, Atasoy'un (2018) erkek çalışanların daha yüksek depresyon algısına sahip olduğuna dair bulguları, bu çalışmayla çelişmektedir. Bu durum, örgütsel depresyonun kültürel ve kurumsal bağlama göre değişebileceğini düşündürmektedir.

Araştırma sonuçları, sağlık kurumlarında örgütsel depresyon algısını azaltmaya yönelik çok boyutlu müdahale alanları sunmaktadır. Evli çalışanların daha düşük depresyon algısına sahip olması, sosyal destek mekanizmalarının önemini ortaya koymakta; bu doğrultuda, tüm çalışanları kapsayacak şekilde aile dostu politikaların yaygınlaştırılması önerilmektedir. Ayrıca, düşük iş ve maaş tatmininin depresyon algısını artırdığı göz önünde bulundurularak, ücret şeffaflığı, performansa dayalı ödül sistemleri, rotasyon uygulamaları ve liyakate dayalı kariyer gelişimi gibi yapısal iyileştirmelere ihtiyaç duyulmaktadır. Öte yandan, çalışanların psikolojik iyi oluşunu desteklemek amacıyla kurumsal düzeyde psikososyal destek birimlerinin oluşturulması, düzenli psikolojik dayanıklılık eğitimlerinin verilmesi ve empatik liderlik yaklaşımının benimsenmesi önem arz etmektedir. Tüm bu uygulamaların etkisi, periyodik iç denetim ve memnuniyet anketleriyle izlenerek kurumsal gelişim süreçlerine veri temelli katkı sağlanmalıdır.

Bu çalışma, sağlık çalışanlarının orta düzeyde örgütsel depresyon yaşadığını ortaya koymuştur. Özellikle evlilik, iş ve maaş memnuniyeti gibi faktörlerin depresyon algısını önemli ölçüde etkilediği görülmüştür. Sağlık kurumlarında çalışanların mental sağlığını korumaya yönelik bütüncül stratejilerin geliştirilmesi hem çalışan sağlığı hem de hast bakım kalitesi bakımından belirleyici bir rol oynar. Dolayısıyla çalışma koşullarının iyileştirilmesi ve destekleyici örgüt ikliminin oluşturulması için kurumsal politikaların gözden geçirilmesi önerilmektedir.