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PREFERENCES FOR JOB LIFE QUALITY AND MOTIVATION IN HEALTHCARE

The effectiveness of job performance depends on most of all on the staff engagement with the working process. To have a high motivation at work and better living standards, work-life balance is an important determinate. It is expected that not just monetary benefits increase the motivation but also psychological factor like approval and feeling of helping others. Bingol city is located in East of Turkey and has just one main government hospital providing main healthcare services to 106 thousand people in the city centre and surrounding districts. The purpose of this study is to determine preferences of job life quality and motivation of workers in healthcare. To determine the Job Quality of Life (JQL) and motivating factor affecting satisfaction, 109 surveys about 10% of staffs (900 staffs) were applied to the hospital during the third quarter of 2016. Descriptive statistics, One-Way ANOVA test, Kruskal Wallis Test, Pearson correlation and regression models are used to analyze questionnaires and check the hypotheses. The research conclusions include some thesis. Materialistic prizes such as permission and wage increases are seen as the most effective rewarding methods with high 3.93 mean. But the older staffs prefer first of all to have more cooperation and communication with colleagues and management. Furthermore, they care more about approval and psychological needs. Female staffs prefer to have training and promotion for awarding of successes than monetary benefits and also do not want to have closer relationships with management. The important fact that the work satisfaction has the strongest correlation with the preference for motivation and a moral main group among six sub-groups. The most effective factor to improve JQL is people's needs group with 0.353 coefficients from the regression model.

Keywords: effectiveness, staff, motivation, benefit, healthcare.

Introduction. The level of morale and motivation, motivation tools, variables determining job satisfaction, leadership styles and qualifications, promotions, awarding system, preferences for business quality of life, business dissatisfaction, overall expectations and expectations in terms of professional development are main factors affecting both job life quality and motivation. Healthcare is a service-oriented field needing high motivation for better treatment and increasing satisfaction of patients. Work life and personal life balance take the attention of many authors and different cultures have different motivational tools, working styles and lifestyles. Hence, there are varieties of studies on healthcare staffs motivational tools. World Health Organization (1948) has declared health as "a state of full physical, spiritual and social well-being, not just the absence of disease including emotional and mental states such as depression, anxiety, fear, anger, happiness".

Some employees stay at work until late hours. But, some of them start to prepare to leave the premises once the working hours are nearing completion. What is necessary to do in these two behaviours in order to determine the motivating factors and to ensure that these behaviours are not repeated or repeated? The answers to such questions must be found by the managers and the solution should be investigated (Koçel, 2013). Managers must be able to create a workforce that can be harmonious with the organization

as well as to be able to find solutions to them by observing some of the employees' needs to increase the commitment of staffs. Economical tools as income, awards, social helps and being a part of profit; psycho-social tools as recognition, status, consultancy services, security, independence in work, suggestion systems etc. and organizational and management tools as promotion possibilities, purpose unity, physical working conditions, enlargement of work, enrichment of work, justice, work discipline etc. can be used to increase the motivations of staffs by management (Korkmaz, 2008).

Physical factors like high motivation and anxiety situations have a high effect efficiency and productivity of staffs. Hence, it is aimed to determine factors affecting the life quality and motivations of staffs working at Bingöl Government Hospital. To find the most effective factors affecting the motivation and Job Life Quality (JLQ), a survey method was applied to gather data and compare the results found from this study with other national and international studies. Different from past studies, each staff was asked to make some preferences/ranking of factors for each factor. Later, subfactors/groups are combined to create two main groups named as preferences for moral and motivation and preferences for JLQ.

Bingöl Government Hospital is the main health care providers totally supported by Turkish governments. There are about 300 thousand populations in the city with about 106 thousand at the city centre and the total numbers of visits are high from all parts of the city. The main problem of the hospital as directly stated by staffs' interviews is the lack of enough and expertise staffs. There is a high need for expert physicians in the city besides more nurses and technicians. As it is stated by Aslan (2016) that there is a high circulation of staffs resulting in high dissatisfaction since many staffs after two years obligatory government service prefer to working in more developed cities of Turkey mainly West cities. Another problem is stated by staffs that they are afraid due to security cases reported in Bingöl city and they are afraid of going to rural areas for healthcare services. Thus, more patients come to the city centre to get health services.

Theoretical literature. JLQ measured as the level of meeting the requirements of workers and instilling on workers trustability, honesty, family democracy, ownership, autonomy, responsibility, flexibility is related to satisfaction level, motivation, and personal experience at work. It supports employees to increase the business quality of life, to open communication channels at all levels, to identify opportunities for participation in decisions, and to empower them to perform their duties. Motivation is concerned with how employees are treated and how/what they feel about their work. According to Riggio (2003: 184), motivation is a force that performs three functions: it gives energy or causes people to act, directs behaviour toward a specific purpose and makes efforts to achieve those goals. Bentley (1999: 180) defines the motivation as the power within a person that enables him or her to be in some manner either positively or negatively to reach a certain person will and be satisfied with the result. Furthermore, the motivation is a power that comes from the satisfaction of personal needs according to Cascio (1989: 428). According to Luthans (1997: 147) motivation: As a process that starts with the psychological needs that activate the behaviours guiding the purpose. According to Herzberg's two factor theory, hygiene factors; salaries, wages & other benefits, company policies & administration, good interpersonal relationships, quality of supervision, job security, working conditions and work-life balance are effective factors on general satisfaction and sense of personal achievement, status, recognition, challenging stimulating the work, responsibility, opportunity for growth, promotions and growth are motivational factors resulting in high motivation and strong commitment (Wiki, 2016)

Psycho-social factors: independent work, social participation, value and status, development and success, compliance with the environment, recommendation system, psychological assurance and social endeavors and organizational-managerial factors: balance, training and promotion opportunities, participation in decisions, communication, expansion of work, job enrichment, semi-autonomous working groups, improvement of working environment are main groups affecting JLQ and motivation of staffs. Moreover, workers also want to be appreciated for their work and their personality, depending on the

confidence that the person has felt for himself and the development of respect. Some workers can show extraordinary achievements by being appreciated and praised. Furthermore, these effects can be motivating factors in the future. It is found for medical secretaries that socio-psychological factors were found to be more effective than the physical working conditions and it was understood that the management should increase the activities for the motivation of the employees and give the necessary subjects from 46 medical secretaries study done in Turkey in 2015 (Küçükler & Mergen, 2015). Öztürk (2010: 3-4) found that nurses did not exhibit healthy lifestyle behaviours adequately and they fulfilled their job satisfactorily at a medium level and had the quality of work life under the middle in the study of work quality of 478 nurses in Zonguldak province. In addition, psychosocial areas and job quality defined as healthy lifestyle behaviours of nurses affecting job satisfaction levels were statistically found significant from the study. Better payment, working hours, management, and recognition were stated by 206 nurses and doctors from 1,032 sample of study in Australia to improve JLQ. According to the results of the research, it is found that there is a statistically strong relationship between the human relational model and job satisfaction, organizational commitment, empowerment and decision making, whereas there is a negative relationship between the human relational model and staff turnover from a study 276 staffs from seven different hospitals in the USA. It has been determined that sufficient support for individual development in the business environment, having sufficient knowledge and skills for the work done, stress and reasonable workload are variables affecting JLQ from 71 nurses study in Kırıkkale, Turkey (Kılıç & Keklik, 2012).

The definition of Dikmetaş (2006: 170) also reveals the other dimensions of working life quality as the work (structure and organization), wages, earnings, working environment and conditions, management, technology, employee satisfaction and motivation, industrial relations, participation, employment security, social justice and social security, demographic structure and continuing education. As it can be seen, there are many factors affecting working quality. The quality of working life, in general, depends on the workplace itself, the design, the ergonomic structure, and the degree of motivation of the occupation, the taste from the work, the application of modern management principles in operation and the use of technological innovations (Tavmergen, 2000: 47). Autocratic, democratic, participative, liberal, charismatic, paternalist, transactional and transformational leadership styles affect the productivity of healthcare staffs. Health workers preferred leaders who respect their employees, appreciate good work, trust in their subordinates, reassure them, give importance to employee ideas, and allow them to develop their profession that advocates employee rights in Turkey from a 130 staffs study in a training and research hospital. From this point of view, it is expected that the leaders in the position of managers are open and harmonious, fast and determined to adopt the changing conditions with a humanistic style of leadership by being sensitive to work and non-work problems, defining job descriptions, reducing role conflicts, simplifying work, and participating in job rotation and decisions. Task-oriented leadership and transformational leadership are respectively the most important leadership styles from that study to increase the satisfaction of staffs (Çelmeçe & Işıklar, 2015:202-216). Supervisor-worker relationship, feedback mechanism, co-worker's relationship, and training are found important motivational factor from 218 questionnaires at N/E/M/M/G/Hospital, Hadiya zone, S/N/N/P/R, Ethiopia, June 2016 (Tiruneh, et, al., 2016). Expectancy-valence theory a more customized person specific motivation theory based upon the choices of an individual while reaching a goal takes into account the management and supervisors influencing employee expectations through their supports like monetary and rewards with having clear and accurate assessments and knowing who evaluate them. Supervisors need to know what motivates workers to get more efficiency. There are two main intrinsic motivations driving from an individual's beliefs and values like the enjoyment of doing the tasks and extrinsic motivations related to economic returns, goods, recognition, or services. Managerial communication behaviours influence the motivation of workers with positive or negative feedbacks or mixed ones. Positive managerial communication is found more

motivating by Deci's (1999). Moreover negative feedbacks can cause workers to increase their motivation leading to less negative feedbacks (Cinar et al., 2011; Furlich, 2016) It is found that team inclusion was positively associated with autonomy, competence, and relatedness factors a prerequisite for intrinsic motivation and volunteers' intrinsic motivation from 43 volunteers and 204 completed diaries (Bidee et al., 2017). Moreover, performance of management, career development, working conditions and skills development opportunities are found positive motivational factors. Management and in-hospital communication have the highest positive effect on overall satisfaction from the first survey applied 857 healthcare staffs. In addition, satisfaction with human resources management is at a good level, satisfaction with the working environment is at a low level, and satisfaction with catering services seems to be low level from that study. Management and in-hospital communication, institutionalization, working environment, human resources management and quality management, belonging and social needs, catering services, mobbing are factors affecting the motivation of workers from the second survey of 603 staffs by factor analyzing (Künarci, 2016). Furthermore, there is a positive relationship between organizational commitment giving value to the organization and being involved in organizational life to do more than expected and job satisfaction as organizational health and job satisfaction from regression analysis of 188 individuals among the staff of Islamic Azad University, Ahvaz branch in 2012 (Heidarie et al., 2012, p.2300-2306).

Methodology. "Questionnaire for Assessing the Quality of Life with Moral and Motivation Preferences" was applied at Bingöl Government Hospital in 2016. In this study, it was tried to rank the factors that affect the motivation levels of personnel working in the health field at Bingöl Government Hospital. Identifying factors that negatively affect the work-life levels and motivations of the employees is another purpose of the study. In addition, it has been tried to examine the level of JQL and qualifications in working life of health workers on motivation. Survey items are prepared based on the Quality of Work Life Measurement survey developed by Walton (1975) and Çiçek (2005) study. Items are divided into preference towards morale and motivation group consisting of subgroups: Factors affecting morale and motivation level, motivation tools, variables determining job satisfaction, factors valid for promotion, qualifications that you think to be in the manager, achievement awards and preferences towards job quality group consisting of sub-groups: worker's needs, reasons for dissatisfaction about work, expectations from the organization, reasons of working, expectations for professional development and the method of improving business quality of life. 5 point Likert-scale is used from (1-the least Significant) to (5- the Most Significant). Descriptive statistics, One-Way ANOVA test and Kruskal Wallis Test are used to check the hypotheses. The SPSS (Ver 20,0) program was used for the statistical analysis of the data obtained from the workplace quality assessment questionnaire with the morale and motivation levels applied within the scope of the research. Small p (significance) values ($p < 0.05$) from 0.05 were considered statistically significant in the statistical comparisons of the subject subjects. There are about 900 staffs: 221 Nurses-Midwives, 72 doctors, 74 healthcare technicians and 240 procurement of services workers such as cleaning workers at Bingöl Government Hospital. Hence, about 10% (109 questionnaires) of staffs were surveyed, which is enough to represent the population. Cronbach's Alpha is 0,899 for items to measure the reliability of survey and all items have high Cronbach's Alpha if Item deleted.

The hypotheses determined in the study are as follows:

H₁: All dimensions of preferences for job quality of life group change according to demographic factors (Age, Education Level, Occupation etc.): As people have more experience, it is expected that they have better motivation and JQL due to being used to working conditions and job requirements. The problems of genders and expectations are different from past studies. Hence, the statistical differences according to gender are analyzed through items and groups.

H₂: All dimensions of preferences for morale and motivation group change according to demographic factors (Age, Education Level, Occupation etc.): Moral and motivation is the main thrust behind doing high

qualified works and providing high service to patients. Social demographic factors have a high effect on motivation. The numbers of young staffs have increased recently in Turkey by employing more staffs to government hospitals in order to care for more patients. Bingöl city is known for its more religiously conservative lifestyle and top management is mainly composed of men. Thus, women mainly nurse have the problem of not having a voice in management. Moreover, it is expected that women have different expectations from the organization and also different tools motivate them than men.

Results of study. According to survey results, the average salary is 3,312.66 TL with maximum 12,000 TL and minimum 1,300 TL the average lowest salary in Turkey and paid mainly to low skills workers. There are just 2 low skills workers in the survey. 33.9% and 40.4% of them are in the 20-30 and 30-40 age ranges respectively and just 6 staffs are older than 50 years old. Hence, it can be said that the staffs are mainly in middle age or young age group. 53.2% of them are male and the rate of women is 46.8%. Furthermore, 14.8% of them have a high school degree and 34.3% of them have associate degree 2 years' programs at universities. 35.2% of them have four years' undergraduate degree and just 2 staffs have a doctorate degree as shown below. 43.15 % of them are nurse-midwives and 25.7% of them are technician such as staff making blood tests or taking radiology films.

Table 1 – Demographic values

| Variables | Category | Percent %(Frequency) | Variables | Category | Percent %(Frequency) |
|------------|----------------------|-------------------------|-----------|-------------------|-------------------------|
| Age | 15-20 | 1.8 (2) | Gender | Female | 46.8(51) |
| | 20-30 | 33.9(37) | | Male | 53.2(58) |
| | 30-40 | 40.4(44) | Education | Primary education | 0.9(1) |
| | 40-50 | 18.3(20) | | High school | 14.8(16) |
| | 50+ | 5.5(6) | | Associate degree | 34.3(37) |
| Profession | Nurse-Midwife | 43.1(47) | | Undergraduate | 35.2(38) |
| | Technician | 25.7(28) | | Master | 13.0(14) |
| | Administrative Staff | 22.9(25) | Doctorate | 1.9(2) | |
| | | | Doctor | 8.3(9) | |

According to means, the highest mean is 3.40 from the expectation of organization group and lowest mean is 2.9202 from motivation tools group. Preference towards morale and motivation and preferences towards job quality have 3.15 and 3.29 means respectively that JLQ and motivation are at a middle level at that hospital. "Fees and the possibility of social rights and business environment" with 3.77 mean is the most effective factor affecting the morale and motivation level of staffs and relations with managers, contact and communication with 2.81 mean has the lowest effect on motivation as seen below. Wages, benefits, awards and bonus system are the effective tools increasing the motivation with 3.33 mean and competition conditions and performance evaluation item has the lowest effect on increasing the motivation. Moreover, the training and promotion are seen as the second important motivation tool while the transfer of authority and responsibility and participating in decisions of management are other important motivation tools. Fee and meeting individual needs item with 3.33 mean is the most effective factor on job satisfaction. Moreover, the working conditions item is the second effective factor on job satisfaction while cooperation and communication item have the lowest effect on job satisfaction.

Staffs prefer education, talent, hard work and self-sacrifice as the most effective factor on promotion with 3.73 while outward appearance and ability to represent item and external pressures and continues status item does not have a high effect on promotions. Good relationships with managers, communication and human relationships item is the third one in ranking while this factor is estimated to be the most effective factor at promotions in Turkey since political factors and staffs grouping according to sects and

religious communities have major effect on promotions while staffs see service duration and experience as the second most effective factor. Education, knowledge, experience, rank and seniority item and personnel orientation and human relationships item are expected to be the main qualifications of managers respectively while physical abilities are not seen as an important factor of management. Materialistic prizes such as permission and wage increase are seen the rewarding methods with high 3.93 mean. Later, training and promotion are seen as the main rewarding method while being able to work closely with the manager and different tasks have the lowest mean as shown in Table 2.

Table 2 – Ranking preference towards morale and motivation group

| Item/Group | Mean | Priority |
|---|--------|----------|
| Preference towards morale and motivation | 3.1570 | - |
| Morale and motivation Level | 3.2919 | - |
| Fees and the possibility of social rights and the business environment | 3.7757 | 1 |
| Relations with management | 3.0467 | 4 |
| Fees and social rights and business environment | 3.5189 | 2 |
| Ability to develop with competence and responsibilities | 3.2202 | 3 |
| Relations with managers, contact and communication | 2.8173 | 5 |
| Motivation tools | 2.9202 | - |
| Training and promotion | 3.2593 | 2 |
| Transfer of authority and responsibility | 2.7339 | 4 |
| Participating in decisions of management | 2.7798 | 3 |
| Wages, benefits, awards and bonus system | 3.3333 | 1 |
| Competition conditions and performance evaluation | 2.4537 | 5 |
| Variables determining job satisfaction | 3.1252 | - |
| Promotion and self-development | 2.9815 | 4 |
| Working conditions | 3.2477 | 2 |
| Cooperation and communication | 2.8991 | 5 |
| Fee and meeting individual needs | 3.3303 | 1 |
| Professional prestige with moral and motivation | 3.1682 | 3 |
| Promotion Factors | 3.0852 | - |
| Outward appearance and ability to represent | 2.6132 | 4 |
| External pressures and continues status | 2.5421 | 5 |
| Service duration and experience | 3.2685 | 2 |
| Good relationships with managers, communication and human relationships | 3.1852 | 3 |
| Education, talent, hard work and Self-sacrifice | 3.7383 | 1 |
| Administrator qualifications | 3.3352 | - |
| Using self-confidence and initiative | 3.2523 | 4 |
| Education, knowledge, experience, rank and seniority | 3.8598 | 1 |
| Physical abilities | 2.5093 | 5 |
| Planning ability and self-provenance | 3.3704 | 3 |
| Personnel orientation and human relationships | 3.6759 | 2 |
| Rewarding for success | 3.1967 | - |
| Materialistic prizes such as permission and wage increase | 3.9333 | 1 |
| Training and promotion | 3.7596 | 2 |
| More authority and initiative | 2.9615 | 3 |
| Spiritual awards such as appreciation, scrolls and plaque | 2.9417 | 4 |
| Being able to work closely with the manager and different tasks | 2.2941 | 5 |

Security both monetary and physically is the most important preference as a need and family building and social needs item is the second important need in the hospital while approval and psychological needs are not seen important people needs towards JQL as shown in Table 3. The fee and work itself is the most effective dissatisfaction factor while lack of authority and responsibilities item and inadequate in competitive conditions, promotion and training opportunities have lowest effects on work dissatisfaction.

Table 3 – Ranking preferences towards job quality group items

| Item/Group | Mean | Priority |
|--|-------------|-----------------|
| Preferences towards job quality | 3.2952 | - |
| People's needs | 3.3308 | - |
| Approval and psychological needs | 3.1143 | 5 |
| Family building and social needs | 3.4151 | 2 |
| Need for security | 3.5794 | 1 |
| Food, clothing and physiological needs | 3.1415 | 4 |
| Appreciation, love and being loved and showing skills | 3.3491 | 3 |
| Reasons for work dissatisfaction | 3.1589 | - |
| Relationships with managers and colleagues | 3.4486 | 2 |
| The fee and work itself | 3.5660 | 1 |
| Lack of authority and responsibilities | 2.7547 | 5 |
| Physical conditions of the work environment and working hours | 3.1308 | 3 |
| Inadequate in competitive conditions, promotion and training opportunities | 2.8396 | 4 |
| Your expectations from the organization | 3.4093 | - |
| Safety and good working conditions | 3.4340 | 2 |
| Wages and benefits | 3.7619 | 1 |
| Teamwork and participation in decisions | 3.2170 | 5 |
| Recognition, appreciation, love and respect | 3.2358 | 4 |
| Ability to use talents, achievement and progress | 3.3619 | 3 |
| Reasons for working | 3.2409 | - |
| Making production and evaluating the time | 2.9712 | 4 |
| Making money and building a family | 4.0962 | 1 |
| To gain training and experience | 3.1333 | 2 |
| To serve the community and to be a member of an organization | 2.8679 | 5 |
| Establishing relationships with people, earning respect in society | 3.0952 | 3 |
| Expectations in terms of professional development | 3.3403 | - |
| Wage increase | 3.8868 | 1 |
| Promotion and appreciation | 3.3714 | 2 |
| Job security and more authorization | 3.0952 | 4 |
| Demonstration and respect, communication and friendship | 3.2885 | 3 |
| Good working conditions and the possibility to work abroad | 3.0095 | 5 |
| Job quality of life development | 3.3010 | - |
| Improvement of in-house physical conditions | 3.5825 | 2 |
| Reduction of working time | 3.1845 | 3 |
| More Fees | 3.9029 | 1 |
| Giving more authority and responsibility | 2.9808 | 4 |
| Better communication with managers | 2.8738 | 5 |

Wages and benefits are main reasons of expectation with 3.76 mean and safety and good working conditions item is the second highest expectation while teamwork and participation in decisions item have the lowest mean since the bureaucracy comes from top to down in Turkey. Making money and building a

family is the main reasons for working with 4.09 meanwhile to serve the community and to be a member of an organization item has the lowest mean. They expect wage increase in terms of professional development and job quality of life with promotion and appreciation possibilities while they do not care much about good working conditions and the possibility to work abroad (other places) and job security and more authorization. Staffs do not want better communication with managers and giving more authority and responsibility in terms of improving job life quality to them.

Statistically significant items according age with 95% significance level as it is assumed that they are normally distributed and 15-20 age group is excluded that there are only two staffs answering in group: Cooperation and communication with mean of 3.16 is more important as the age increases that 20-30 age (37 staffs) range has 2.43 mean while 40-50 age group (20 staffs) has mean of 3.30 from variables determine job satisfaction group; Physical capabilities with mean of 2.50 more important for older staffs that 20-30 age group has mean of 1.86 while 40-50 age group and 50+ age group have mean of 2.58 and 4.00 respectively from administration qualifications group; planning and self-provenance with mean of 3.37 from administration qualifications group that older staffs have higher mean as 30-40 age group and 40-50 age group have 3.39 and 3.4 means respectively; Being able to work closer with manager and different tasks from rewarding for success group is preferred mainly by 30-40 age group with mean of 2.51 from 41 staffs while 20-30 age group is not much eager with mean of 1.74 from 35 staffs; Approval and psychological needs with mean of 3.33 from people's needs group is high for 30-40 age group with mean of 3.4 while 20-30 age group and 40-50 age group have means of 2.5 and 3.26 respectively; Team work and participation in decisions item with mean of 3.21 is more preferred as the age becomes older with mean of 3.41 for 40-50 age group and ability to use talents, achievement and progress item with mean of 3.36 more preferred by older staffs with 3.78 mean and 4.16 means for 40-50 & 50+ age groups respectively from expectations of organization main group.

Table 4 – One Way ANOVA according to gender

| Item | Gender | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | |
|---|--------|-----|--------|----------------|------------|----------------------------------|-------------|
| | | | | | | Lower Bound | Upper Bound |
| Education, talent, hard work and Self-sacrifice | Female | 49 | 4.1429 | 1.35401 | 0.19343 | 3.7539 | 4.5318 |
| | Male | 58 | 3.3966 | 1.57769 | 0.20716 | 2.9817 | 3.8114 |
| | Total | 107 | 3.7383 | 1.51929 | 0.14688 | 3.4471 | 4.0295 |
| Education, knowledge, experience, rank and seniority | Female | 49 | 4.2449 | 1.12788 | 0.16113 | 3.9209 | 4.5689 |
| | Male | 58 | 3.5345 | 1.48932 | 0.19556 | 3.1429 | 3.9261 |
| | Total | 107 | 3.8598 | 1.37668 | 0.13309 | 3.5960 | 4.1237 |
| Training and promotion | Female | 47 | 4.0638 | .96469 | 0.14071 | 3.7806 | 4.3471 |
| | Male | 57 | 3.5088 | 1.33795 | 0.17722 | 3.1538 | 3.8638 |
| | Total | 104 | 3.7596 | 1.21075 | 0.11872 | 3.5242 | 3.9951 |
| Being able to work closely with the manager and different tasks | Female | 46 | 1.9348 | 1.34002 | 0.19758 | 1.5368 | 2.3327 |
| | Male | 56 | 2.5893 | 1.54657 | 0.20667 | 2.1751 | 3.0035 |
| | Total | 102 | 2.2941 | 1.48650 | 0.14718 | 2.0021 | 2.5861 |
| Recognition, appreciation, love and respect | Female | 49 | 3.5306 | 1.29264 | 0.18466 | 3.1593 | 3.9019 |
| | Male | 57 | 2.9825 | 1.52937 | 0.20257 | 2.5767 | 3.3883 |
| | Total | 106 | 3.2358 | 1.44454 | 0.14031 | 2.9576 | 3.5141 |

Four hypotheses are supported that there are differences according to gender by One-Way ANOVA tests as shown in Table 4 with a 95% significance level that sample size is big enough to accept that they are normally distributed. Education, talent, hard work and Self-sacrifice are regarded as the way of promotion factor for a female with a mean of 4.14 as seen below. Moreover, education, knowledge, experience, ranks and seniority are the main qualification considered by females for leader qualifications. Females prefer to have training and promotion for awarding of successes with a mean of 4.06 and they

do not want to be able to work closely with the manager and do not want different tasks with a mean of 1.98 against 2.58 mean of the male. Recognition, appreciation, love and respect are main expectations of women from organization different from males preferring higher salaries.

Table 5 – Hypothesis test summary according to age

| No | Null Hypothesis | Test | Sig. | Decision |
|----|--|---|-------|--------------------------------|
| 1 | The distribution of moral and motivation group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.179 | Supported |
| 2 | The distribution of motivation tools is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.801 | Supported |
| 3 | The distribution of work satisfaction factors is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.83 | Supported |
| 4 | The distribution of promotion factors group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.454 | Supported |
| 5 | The distribution of leadership qualifications group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.004 | Reject Null Hyp.-Not Supported |
| 6 | The distribution of awards for the successful group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.075 | Supported |
| 7 | The distribution of people's needs group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.111 | Supported |
| 8 | The distribution of dissatisfaction for workgroup is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.106 | Supported |
| 9 | The distribution of expectations from organization group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.007 | Reject Null Hyp.-Not Supported |
| 10 | The distribution of reasons of the working group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.164 | Supported |
| 11 | The distribution of expectations for professional development group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.114 | Supported |
| 12 | The distribution of Job Life Quality Improvement group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.160 | Supported |
| 13 | The distribution of preferences for moral and motivation group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.112 | Supported |
| 14 | The distribution of preferences job life quality group is the same across categories of age | Independent Samples-Kruskal Wallis Test | 0.123 | Supported |

To test Normality, Kolmogorov-Smirnov and Shapiro-Wilk tests are used that according to age, sig values are smaller than 0.05(sig.<0.05) hence Kruskal Wallis-H Test is used to check differences according to age as a non-parametric test with 0.05 significance level. Just two hypothesizes are rejected as shown below that leadership qualifications group and expectations from organizations change according to the age.

20-30 age group has the lowest mean with 2.98 and the highest mean comes from 50+ age group for the distribution of leadership qualifications group while there are just 2 staffs at the 15-20 age group ignored. There are significant differences between 20-30 & 40-50 and 20-30 & 50+ age groups with -0.64622 and -0.94955* mean differences and 0.025 and 0.46 sig values respectively for leadership qualifications group. The 40+ age group have higher mean for expectations from the organization while 40-50 age group has 3.72 mean and 50+ age group has 4.03 mean and the main differences comes between 20-30& 40-50 age groups with -0,66088* mean difference. According to education level, profession and occupation, there are no significant changes by Independent Samples- Kruskal Wallis Test for all groups. While just one hypothesis is rejected according to gender that the distribution of reasons of the working group is not the same across categories of gender with 0.024 sig. value. The mean for a male is 3.37 while the mean is 3.12 for a female. Hence, making production and evaluating the time, having a family and earning money, having education and more experience, having respect in the community and

being a member of an organization is more important for females.

Table 6 – The results of Kolmogorov-Smirnov and Shapiro-Wilk tests

| Group | MMF | MT | WS | PF | LQ | AS | PN | DW | EO | RW | PDE | JQD | PMM | PJLQ |
|-------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MMF | 1 | .626** | .639** | .543** | .279** | .289** | .132 | .401** | .215* | .188 | .334** | .230* | .773** | .304** |
| MT | 0.626** | 1 | .738** | .503** | .416** | .252** | .123 | .316** | .185 | .071 | .169 | .225* | .813** | .221* |
| WS | 0.639** | .738** | 1 | .544** | .563** | .366** | .257** | .523** | .446** | .164 | .250** | .388** | .877** | .415** |
| PF | 0.543** | .503** | .544** | 1 | .440** | .300** | .067 | .365** | .133 | .346** | .272** | .165 | .738** | .268** |
| LQ | 0.279** | .416** | .563** | .440** | 1 | .377** | .429** | .384** | .504** | .262** | .256** | .496** | .678** | .483** |
| AS | 0.289** | .252** | .366** | .300** | .377** | 1 | .549** | .349** | .564** | .490** | .524** | .537** | .563** | .624** |
| PN | 0.132 | .123 | .257** | .067 | .429** | .549** | 1 | .571** | .742** | .599** | .533** | .747** | .340** | .867** |
| DW | 0.401** | .316** | .523** | .365** | .384** | .349** | .571** | 1 | .368** | .459** | .437** | .437** | .524** | .656** |
| EO | 0.215* | .185 | .446** | .133 | .504** | .564** | .742** | .368** | 1 | .519** | .590** | .734** | .453** | .829** |
| RW | 0.188 | .071 | .164 | .346** | .262** | .490** | .599** | .459** | .519** | 1 | .736** | .657** | .327** | .811** |
| PDE | 0.334** | .169 | .250** | .272** | .256** | .524** | .533** | .437** | .590** | .736** | 1 | .647** | .397** | .813** |
| JQD | 0.230* | .225* | .388** | .165 | .496** | .537** | .747** | .437** | .734** | .657** | .647** | 1 | .450** | .871** |
| PMM | 0.773** | .813** | .877** | .738** | .678** | .563** | .340** | .524** | .453** | .327** | .397** | .450** | 1 | .510** |
| PJLQ | 0.304** | .221* | .415** | .268** | .483** | .624** | .867** | .656** | .829** | .811** | .813** | .871** | .510** | 1 |

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Where: MMF - moral and motivation factors; MT - motivation tools; WS - work satisfaction; PF - promotion factors; LQ - leader qualifications; AS - awards for successes; PN - people's needs; DW - dissatisfaction for work; EO - expectation from organization; RW - reasons for working; PDE - professional development expectations; JQD - job work quality development; PMM - preference of motivation and moral; PJLQ - preferences job life quality.

Moral and motivation subgroup has the strongest correlation with work satisfaction subgroup and motivation tools. It does not have any correlation with reasons for working and people's needs subgroups as shown in Table 6. Motivation tools have the weakest correlation with awards for successes and reasons for working and also it has a low correlation with PJLQ group and subgroups. Work Satisfaction has the strongest correlation with the preference for motivation and a moral main group among six sub-groups. Leader qualifications have a significant correlation with all groups above at the 0.01 level (2-tailed) that the leader of the hospital has a direct effect on both motivation and JLQ of staffs. Moreover, preference of motivation and the moral main group has a high correlation with all its sub-groups and also preferences job life quality group has the feature that these both main groups have a high inner correlation at the 0.01 level. Preferences job life quality has 0.501 correlation with PMM, which is not at the expected level. People's needs have the highest correlation with PJLQ that staffs desire to have a better life quality besides meeting their needs and this sub group has a high correlation with Expectation from Organization (EO) sub group. Professional Development Expectations (PDE) has high correlation (0.813**) with PJLQ that staffs Job Life Quality has a direct effect on their professional development while this subgroup has below medium correlation (0.397**) with PMM main group.

Regression Models. Model 1: Job Life Quality as a dependent variable is measured by its sub items through stepwise regression method creating five models by entering and removing variables to find the most effective factor on JLQ. There are four valid models with highest 0.946 R-value and ANOVA sig value 0.000 smaller than 0.05 making model 4 valid as shown below. Just decreasing working hours is excluded from that model and the highest impact comes from more fees item with 0.250 coefficients.

$$JLQ \text{ Improvement} = 0.284 + 0.242 * \text{physical Conditions} + 0.250 * \text{More Salary} + 0.236 * \text{More}$$

Responsibilities & Authority +0.165*Better Relationships with Management

Table 7 – First model for JQL improvement group

| Model | | Unstandardized Coefficients | | Standardized Coefficients | T Value | Sig. |
|-------|---|-----------------------------|------------|---------------------------|---------|-------|
| | | B | Std. Error | Beta | | |
| 1 | Constant | 2.184 | 0.137 | | 15.966 | 0.000 |
| | Giving more authority and responsibility | 0.377 | 0.042 | 0.668 | 8.974 | 0.000 |
| 2 | Constant | 1.092 | 0.169 | | 6.465 | 0.000 |
| | Giving more authority and responsibility | 0.374 | 0.032 | 0.664 | 11.549 | 0.000 |
| | More fees | 0.282 | 0.034 | 0.477 | 8.293 | 0.000 |
| 3 | Constant | 0.501 | 0.143 | | 3.494 | 0.001 |
| | Giving more authority and responsibility | 0.342 | 0.025 | 0.606 | 13.893 | 0.000 |
| | More fees | 0.251 | 0.026 | 0.424 | 9.732 | 0.000 |
| | Improvement of in-house physical conditions | 0.225 | 0.025 | 0.388 | 8.817 | 0.000 |
| 4 | Constant | 0.284 | 0.113 | | 2.526 | 0.013 |
| | Giving more authority and responsibility | 0.236 | 0.023 | 0.419 | 10.448 | 0.000 |
| | More fees | 0.250 | 0.020 | 0.422 | 12.682 | 0.000 |
| | Improvement of in-house physical conditions | 0.242 | 0.020 | 0.418 | 12.340 | 0.000 |
| | Better communication with managers | 0.165 | 0.020 | 0.333 | 8.413 | 0.000 |

All models below have high R values and acceptable significance level-95% as shown in Table 8 with ANOVA values. The most effective factor to improve JLQ is people's needs with 0.353 coefficients and then expectations for personal development is the second independent variable on that factor. Work satisfaction, promotions factors and awards for success factors are the most three important factors affecting the preferences for moral and motivation (PMM). Expectations for personal development and work-life quality improvement are two main sub-groups increasing job quality of life (PJQL).

Table 8 – Group and sub-group regressions models

| Model/Dependent Variable | Independent Variable(Sig. Value less than 0.05) | Independent Variable Unstandardized Coefficients(B) | R Value | T Value | Sig. ANOVA |
|--------------------------|--|---|---------|---------|------------|
| JLQ Improvement | Constant | 0.142 | 0.838 | 58.478 | 0.000 |
| | Peoples Needs | 0.353 | | | |
| | Expectations for personal development | 0.273 | | | |
| | Leadership Qualifications | 0.147 | | | |
| | Expectations from Organization | 0.173 | | | |
| PMM | Constant | 0.199 | 0.987 | 727.01 | 0.000 |
| | Factors Affecting work satisfaction | 0.238 | | | |
| | Promotions factors | 0.206 | | | |
| | Awards for success | 0.198 | | | |
| | Motivation Tools | 0.178 | | | |
| | Moral Motivation factors | 0.130 | | | |
| PJQL | Constant | 0.089 | 0.993 | 1484.8 | 0.000 |
| | Work Life Quality Improvement | 0.198 | | | |
| | Expectations for personal development | 0.250 | | | |
| | Peoples Needs | 0.194 | | | |
| | Dissatisfactions from Work | 0.177 | | | |
| | Expectations from Organization | 0.152 | | | |

Discussion and future studies. The main motivation tool is wages, benefits, awards and bonus system from that study and they prefer more materialistic results than having good relationships with management or having more responsibilities or ability to develop competencies. Also, it was found from

the study of Korkmaz (2008) from a questionnaire applied on 120 health personals (40 doctors, 46 nurses and 34 midwives) in Mersin Wife Birth and Child Hospital, Duygu Medical Centre and Yenişehir Hospital in 2008 that the most effective tool for health professionals' job performance is income (money). Organizational and managerial motivational tools and the least motivated are psycho-social motivational tools. Moreover, staffs stated that the fees and work itself are the main reasons of work dissatisfaction. Furthermore, for JQL development and professional developments, wage increases are preferred to more responsibilities or in-house physical conditions. In addition, better payment, working hours, management, and recognition were stated by 206 nurses and doctors from 1032 sample of study in Australia to improve job life quality (Kiliç & Keklik, 2012). Managers who want health workers to perform well should increase the income levels of their employees by applying premiums (Korkmaz, 2008). Results of this study are parallel to previous studies and monetary benefits are on the priority list of staffs to increase their moral and motivation. Actually, the salary of Bingöl Governments hospital is well above the average salary of Turkey about 420 \$, even their salary is good, they prefer more monetary supports to increase their motivation. The main problem in Turkish healthcare systems is the fixed salary payment and recently they brought some extra payments according to the working capital of the hospital. Hence, extra motivation for works do not affect their salary much and many staffs are not eager to care for many patients.

Permanent contract, temporary contract with prospect of permanent work, fixed-term contract, temporary agency contract and on-call contracts are analyzed to measure the quality of working life, job insecurity is in risk of losing job, health and work-related attitudes from the Netherlands Working Conditions Survey with sample of 21,639 in 2008 that temporary work with fewer task demands and lower autonomy had lower health status and work-related attitude scores related to work satisfaction, turnover intention and employability than permanent work (Wagenaar et al., 2012). Being in the economic and social security, life insecurity, having comfort and necessary comfort, being in a meaningful and active life, positive relations with the near environment, having fun and activities to enjoy, reputation, being within autonomy, the importance of privacy, being able to express oneself, being functionally sufficient and perception as an individual are factors that can positively affect the quality of individual (Behlül, 2015). The need for security is found as the highest priority in peoples need group and family building and social needs item is the second one in ranking while psychological needs item is the last one in the group. The security needs are categorized as financial independence having a permanent job. Our study is parallel to study carried out by Kaya & Erdem(2013) study that job security is found the most important factor regarding JQL from 266 questionnaires carried out in five starts hotels in Marmaris/Muğla, Turkey in 2012. Socio-psychological factors were found effective factors to increase the motivations of staffs from 46 medical secretaries study done in Turkey in 2015 by küçükler & Mergen (2015). Moreover, psychosocial areas and job quality are statistically significant from the study of work quality of 478 nurses in Zonguldak province (Kiliç, & Keklik, 2012). Furthermore, it is recommended to increase the motivation of health workers through more spiritual awards than monetary awards for healthcare providers, healthcare managers from the study carried out by Korkmaz (2008). Spiritual awards are preferred as the 4th one in rewarding for successful group in this study. The motivation for helping needy people can be culturally and religiously a motivating factor for staffs. However, a decrease in religious and ethical values in Turkey has changed the view of people by creating more self-centred staffs.

Acting fairly by management by Korkmaz (2008) and career development and transparent management principles from the study of (Kiliç & Keklik, 2012) besides economical tools are found an important factor affecting the motivation of staffs. (Kiliç, & Keklik, 2012) Moreover, institutionalization of ethics, quality of work life (QWL), and employee job-related outcomes in the 514 Thai companies listed on the Stock Exchange of Thailand are analyzed and it "The results also indicate that the implicit form of ethics institutionalization and the two aspects of QWL have positive impacts on the three employee job-related outcomes: job satisfaction, organizational commitment, and team spirit (Koonmee et al., 2010)

while, staffs have low interest in promotion and developments from variables determining job satisfaction group in this study. They have the lowest preference as the 5th rank to be involved in team works and participating in decisions. Political promotions in hospitals of Turkey as in other government institutions have caused to decreasing fairness in government positions since many unqualified staffs are appointed to high ranks not according to capabilities but their relationship with government parties.

Physical media features, hygiene of the environment, ventilation and lighting systems health workers have an effect on motivation. They care for physical conditions of the work environment and working hours at the third-ranking as an evaluator of JQL (Kiliç & Keklik, 2012). Hygienic environment, the heating and ventilation systems appropriateness are also important motivational factors as found by Korkmaz (2008). Improvement in physical condition at Hospital is preferred as the second main factor for JQL development in this study.

Occupational accident, occupational disease risk and occupational physical working conditions factor, discrimination at work factor, continuous improvement and improvement opportunities factor, social integration into the organization factor, work stress and time pressure factor, and organizational laws factors as job quality life factors are validated by applying a survey to 207 healthcare personnel in Ankara Metropolitan area in Turkey (Aydın et al., 2011). Applying quality circles by training staffs to analyze and solve work-related problems in order to improve the performance of the organization under leadership and motivate and enrich the work of employees for three months resulted in improvements in job satisfaction and quality of work-life from a study of two control groups of 24 staffs of Hamedan EMS (Emergency Medical Services) and Malayer EMS in Iran in 2012 (Hosseinabadi et al., 2013). Workplace violence recognized by physical force or power physical assaults and threats of assaults is serious in the USA and Turkey with 78% and 87% respectively. It is found from 1,404 healthcare workers in Guangzhou and Shenzhen, China that it has negative correlation with job performance and quality of life by the workplace violence scale, the job performance scale and the quality of life scale (SF-36) (Lin et al., 2015). Hence, the works of staffs can be enriched and learning opportunities are to be provided to increase the motivation of health staffs in Bingöl city. Moreover, increasing violence of health staffs can be decreased through educating staffs and protecting them in direct talks with patients and their relatives.

Conclusion. Staffs of Bingöl hospital are mainly in the middle age range while more experienced staffs prefer to work in other cities that there is high staffs' circulation. Working with different staffs decreased the motivation and increase patients' dissatisfaction. Preference towards morale and motivation and preferences towards job quality have 3.1570 and 3.2952 means respectively that job life quality and motivation are at a middle level for the hospital. "Fees and the possibility of social rights and business environment" with 3.77 mean is the most effective factor affecting the morale and motivation level of staffs. Fee and meeting individual needs with 3.33 mean is the most effective factor on job satisfaction. Materialistic prizes such as permissions and wage increase are seen as the most effective rewarding methods with high 3.93 mean. Later, training and promotions are seen as a main rewarding method. Security both monetary and physically is the most important preference as a need and family building and social needs item is the second important need. The fee and work itself is the most effective dissatisfaction factor that the salary average 3,312.66 TL is low and wages and benefits are main reasons of expectation of working while teamwork and participation in decisions item have the lowest mean meaning not preferred by staffs.

Cooperation and communication are more important for older staffs while technological improvements are enabled workers to carry their duties without any face to face interactions. Being able to work closely with the manager and different tasks from rewarding for success group is preferred by older staffs. Approval and psychological needs are more important for the 30-40 age group while the 20-30 age group does not care much about them. Moreover, ability to use talents, achievement and progress item has higher mean by older staffs with 3.78 mean and 4.16 means for 40-50 & 50+ age groups respectively from

expectations of organization main group. In short, it can be said that older staffs make more reasonable choices than younger staffs than monetary choices. New generation students evaluate a job just according to high salary but not what value they bring or social benefits. A more individual self-centred staff's style is seen from these results. Hence, there is a need for the new education system and beliefs motivating younger people not just for monetary purposes but for social benefits.

Education, talent, hard work and self-sacrifice are regarded as the way of promotion factor for females than males. Females want a talent based on promotion and deserved oriented objective system of evaluation. Moreover, education, knowledge, experience, ranking and seniority are the main qualification considered by females for leader qualifications. Furthermore, females prefer to have training and promotion for awarding of successes than monetary benefits and they prefer a less close relationship with the manager. Recognition, appreciation, love and respect are the main expectations of women in the organization.

Making production and evaluating the time, having a family and earning money, having education and more experience, having respect in the community and being a member of an organization are more important for females than males. People's needs have the highest correlation with PJLQ that staffs desire to have a better life quality besides meeting their needs and this subgroup has a high correlation with the expectation from organization sub-group. Professional development expectations group has high correlation (0.813^{***}) with PJLQ that staffs Job Life Quality has a direct effect on their professional development. Work satisfaction, promotions factors and awards for success factors are the most three important factors affecting PMM. Expectations for personal development and work-life quality improvement are two main sub-groups increasing PJQL.

Aslan, I. (2016). Determining the life quality of CKD patients at Bingöl city", 1. International Academic Research Congress, 3-5 November, Pegem Akademi, Antalya, 107-118, e-ISBN 978-605- 318-752- 3.

Aydın I., Çelik Y. & Uğurluoğlu Ö. (2011) "Quality of Work Life Scale for Healthcare Personnel: Development, Validity and Reliability", *Toplum ve Sosyal Hizmet*, Cilt 22, Sayı 2, Ekim 2011.

Behlül S., (2015) "Sağlık Çalışanlarının İş Doyumunun ve Yaşam Kalitesinin Değerlendirilmesi: İstanbul İli Örneği", İstanbul Bilim Üniversitesi, Sosyal Bilimler Enstitüsü, Sağlık Kurumları Yöneticiliği, Yüksek Lisans Programı, İstanbul

Bentley, T. (1999). "İnsanları Motive Etme", Çeviren: Onur Yıldırım, Hayat Yayınları, İstanbul, 180.

Bidee, J, Vantilborgh, T, Pepermans, R, Willems, J, Hofmans, J, Pepermans, R, (2017). "Daily motivation of volunteers in healthcare organizations : Relating team inclusion and intrinsic motivation using self-determination theory and intrinsic motivation using self-determination theory", *European Journal of Work and Organizational Psychology*, 0(0), 1-12.

Cascio, WF, (1989). "Managing human resources productivity, quality of work life, profits", McGraw-Hill Publishing Company, New York, 428.

Cinar, O, Bektaş, Ç, Aslan, I, (2011). "A motivation on the effectiveness of intrinsic and extrinsic factors", *Economics & Management*, 16, 690-695.

Çelmeçe, N, Işıklar A, (2015). "Examination of the relationships between healthcare workers' leadership perceptions and work life quality", *Akademik Sosyal Araştırmalar Dergisi*, 3(20), 202-216.

Çiçek, D. (2005). "Motivation and quality of work life (QWL) in organizations: A research about by determining the motivation level of managers in public organization and developing their QWL, (Doctoral Dissertation). Department of Business Administration, Social Sciences Institute, Çukurova University.

Deci, E, Koestner, R, Ryan, R, (1999). "A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation", *Psychological Bulletin*, 125, 627-668.

Dikmetaş, D, (2006). "Hastane Personelinin İş/Yaşam Kalitesine Yönelik Bir Araştırma", *Ç.Ü. Sosyal Bilimler Enstitüsü Dergisi*, 15(2), 169-182.

Furich, SA, (2016). "Understanding employee motivation through managerial communication using expectancy-valence theory", *Journal of Integrated Social Sciences* 6(1): 17-37.

Heidarie, A, Askary, P, Saedi, S, Gorjian, B, (2012). "Relationship between quality of work life, organizational health and commitment with job satisfaction", *Life Sci J*; 9(3): 2300-2306, ISSN:1097- 8135.

Hosseiniabadi R., Karampourian A., Beiranvand S. & Pourmia Y. (2013) "The effect of quality circles on job satisfaction and quality of work-life of staff in emergency medical services", *International Emergency Nursing* 21, 264-270.

Kaya İ. & Erdem B. (2013) "The perception of the factors affecting the quality working life by Employees: a study into hotel employees- Çalışma yaşamı kalitesini etkileyen faktörlerin işgörenler tarafından algılanması: Otel çalışanları üzerinde bir araştırma,

Dumlupınar Üniversitesi Sosyal Bilimler Dergisi – Sayı 35.

Kılıç, R, Keklik, B, (2012). "A study about health care workers on the effect of the quality of work life and the motivation", Afyon Kocatepe Üniversitesi, İİBF Dergisi, C.XIV, S.II.

Koçel, T, (2013). İşletme Yöneticiliği. İstanbul: Beta Yayınları (14.Baskı), 619.

Korkmaz, S, (2008). Hastanelerde doktor, hemşire ve ebelerin motivasyonunu etkileyen faktörler: Bir uygulama, (Yüksek Lisans Tezi). Çağ Üniversitesi, Sosyal Bilimler Enstitüsü, İşletme Anabilim Dalı, Tarsus/Mersin.

Kalayane Koonmee, Anusorn Singhapakdi, Busaya Virakul, Dong-Jin Lee (2010) "Ethics institutionalization, quality of work life, and employee job-related outcomes: A survey of human resource managers in Thailand", Journal of Business Research, 63, pp. 20–26.

Küçükler, Ö, Mergen, N, (2015). A study devoted to determine factors that affect the motivation of medical secretaries: A research and application hospital case, Electronic Journal of Vocational Colleges, Kasım 14, BÜROKON Özel Sayısı.

Künarci, Z, (2016). Analysis of factors affecting the motivation of health workers, (Master Thesis). Pamukkale University Institute of Science, Department of Industrial Engineering, Denizli, March.

Lin W-Q., Jiang Wu, Le-Xin Yuan, Sheng-Chao Zhang, Meng-Juan Jing, Hui-Shan Zhang, Jia-Li Luo, Yi-Xiong Lei, and Pei-Xi Wang (2015) "Workplace Violence and Job Performance among Community Healthcare Workers in China: The Mediator Role of Quality of Life", Int. J. Environ. Res. Public Health, 12, 14872-14886; doi:10.3390/ijerph121114872

Luthans, F, (1997). "Organizational Behaviour", McGrawHill, Singapore, 147.

Riggio, RE, (2003). "Introduction to industrial/organizational psychology", PrenticeHall, Fourth Edition, California, 184.

Tavmergen, İP, (2000). "İşgücü ağırlıklı, turizm sektöründe ve genel olarak çalışma hayatının kalitesinin iyileştirilmesi", Standard: Teknik Ve Ekonomik Dergi, Sayı: 459, 80-83.

Tiruneh, YA, Salgado, WB, Walle, AA, Mekonen FT, (2016). "Job motivation and associated factors among hospital staffs at Nigist Eleni Mohammed Memorial General Hospital, Hadiya Zone, SNNPRS", The International Journal of Business & Management, 4(11), 258-267.

Wagenaar A.F., Michiel A. J. Kompier, Irene L. D. Houtman, Seth van den Bossche, Peter Smulders, Toon W. Taris (2012) "Can labour contract differences in health and work-related attitudes be explained by quality of working life and job insecurity?", Int Arch Occup Environ Health, 85, pp.763–773, DOI 10.1007/s00420-011-0718-4.

Walton, RE, (1975). "Criteria for Quality of Working Life". In L.E. Davis, A.B. Chermis and Associates (Eds.) the Quality of Working. New York: The Free Press, Life, 91-104.

WHO (1948). "Constitution of the World Health Organization". Geneva, WHO Basic Documents.

Wiki (2016) "Herzbergs-two-factor-theory" <https://wiki.engagededucation.org.au/business-management/unit-4/area-of-study-1-the-human-resources-management-function/motivation/herzbergs-two-factor-theory/> (Access Date: 05.03.2017).

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Пріоритетність якості життя/роботи та мотивація працівників системи охорони здоров'я

Ефективність та працездатність персоналу залежить, перш за все, від ступеню залученості його до робочого процесу. При цьому важливим аспектом є пошук рівноваги між витраченим часом на роботу та особисте життя. На основі аналізу наукової літератури визначено, що не лише матеріальне заохочення підвищує рівень мотивації працівників. Так, автор виокремлює додаткові психологічні чинники, а саме: визнання у колективі та взаємодопомога. У рамках дослідження автори аналізують державну лікарню у місті Бінгьоль, яка є єдиною та забезпечує населення центральних та прилеглих територій основними медичними послугами. Метою даного дослідження є визначення ефективності роботи та мотивації працівників системи охорони здоров'я на прикладі державної лікарні міста Бінгьоль. З метою визначення найбільш дієвих методів мотивації до праці, а також рівня задоволеності обраною професією (JQL) було проведено 109 оглядових обстежень, обсяг вибірки респондентів становить близько 10% персоналу з 900 штатних працівників. Для аналізу анкет та перевірки гіпотез використовувались дескриптивна статистика, тест ANOVA, тест Kruskal Wallis, моделі кореляції та регресії Пірсона. Отримані результати свідчать, що матеріальні заохочення і збільшення заробітної плати є найбільш ефективними методами стимулювання до роботи. При цьому встановлено, що гендерна та вікова ознака працівників впливає на набір інструментів системи мотивації. Зокрема, працівники жіночої статті надають перевагу тренінгам, просуванню та визнанню на роботі суттєво більше, ніж грошовим стимулом. Підвищення умов та якості робочого місця виявилось найбільш значущою мотиваційною домінантою для працівників усіх вікових груп. Автори обґрунтовують необхідність запровадження інновацій в системі освіти, які б дозволили трансформувати мотиваційні детермінанти молоді, яка планує після закінчення навчання працювати в системі охорони здоров'я, – через зміщення акцентів від грошової мотивації до розуміння додаткових соціальних переваг обраної професії.

Ключові слова: ефективність, персонал, мотивація, користь, охорона здоров'я.