TÜRKİYE CUMHURİYETİ SAĞLIK BAKANLIĞI

Healthcare Employee Satisfaction Survey

Research Series: 3

REFİK SAYDAM HIFZISSIHHA MERKEZİ BAŞKANLIĞI
HIFZISSIHHA MEKTEBİ MÜDÜRLÜĞÜ

HEALTHCARE EMPLOYEE

SATISFACTION SURVEY

Ankara 2010

ISBN No : 978-975-590-335-4

Ministry of Publication No : 805

SPH Publication No : 2010-25

Published in : Opus Basın Yayın ve Ambalaj Sanayi ve Ticaret
Ltd. Şti. Anadolu Bulvarı 174.Cad. ATB İş Merkezi
C Blok, No:40 Macunköy, Yenimahalle/Ankara
Tel: 0 312 387 60 59
Faks: 0 312 387 60 58

COVER DESIGNED BY
Hüseyin KOCAKULAK

REDACTED BY
Erica WEİS

HEALTHCARE EMPLOYEE SATISFACTION SURVEY

Editor

Recep AKDAĞ, MD, Prof.

Authors

Salih MOLLAHALİLOĞLU, MD, PhD
Mustafa KOSDAK, MD.
Serap TAŞKAYA, Spec.

Technical Advisors

Nihat TOSUN, MD, Prof.
Turan BUZGAN, Assoc.Prof.
Yasin ERKOÇ, MD.
Adnan ÇİNAL, MD, Prof.
M. İ. Sefa KAPICIOĞLU, MD, Prof.
Hikmet ÇOLAK
İrfan ŞENCAN, Assoc.Prof.
Seracettin ÇOM, MD.
Necdet ÜNÜVAR, MD, Prof.
Sabahattin AYDIN, MD, Prof.

PREFACE

There is evidence that the demand for health care services in our society has increased in recent years due to population growth, developments in technology and implementation of reforms in the health care system. Providing better quality, accessible and appropriate health care services to individuals in accordance with our "Human First" principle has become our main priority. In order to achieve this goal, it is necessary that our health care personnel, who play a key role in the delivery of health care services, are qualified and do their jobs with passion, in other words, the members of the health care work force are satisfied with their jobs.

The term "satisfaction" is a complex notion because it involves not only the personal experience and expectations, individual and social values but also related behaviours, such as motivation, faithfulness, professional fulfilment, etc. and contains different meanings for each individual. In spite of this multi-lateral and complex structure, it is vital to ensure the satisfaction of the employees in the sectors like health care sector where intense, often long term, and emotionally charged labour and human relations take place, and thus measurement of this elusive and variable quality is necessary. In addition, the fact that the humans are the subject of the health care services, the works require maximum attention and accuracy, and the mistakes can have tragic outcomes, make it clear that it is especially important to increase the job satisfaction of personnel employed in the health care field.

With this in mind, one of the aims in the Health Transformation Program initiated in 2003, is to form "a health care workforce who are working with high motivation" and started a process to take steps to address the professional development and job satisfaction of health care workers. This process, which has been planned by our Ministry, covers a number of policies such as the application of performance management system, full time law and strengthening the technical, administrative and training capacities, intending to our health care workers.

In addition to increasing general job satisfaction, this program aims to ensure that our employees provide better health care services and to use our health care human resources in the most productive way with these implemented policies. The results of the "Healthcare Employee Satisfaction Survey", which was carried out to assess the success of all these policies through measuring the of job satisfaction of the health care professionals, is intended to provide us with new insights into our health care system and breakthroughs in the quality of the health care being provided. I would like to thank to all those who contributed to this study.

Prof. Dr. Recep AKDAĞ
Minister of Health

ACKNOWLEDGEMENT

For their contributions in carrying out the Healthcare Employee Satisfaction Survey and for bringing it to the publishing process, we would like to thank to;

Prof. Dr. Recep AKDAĞ, Minister of Health, who let the implementation of this survey, Prof. Dr. Nihat TOSUN, Under-secretary of Ministry of Health, Prof. Dr. Necdet ÜNÜVAR, Former Under-secretary of Ministry of Health, who started the studies regarding the workforce in health care, Prof. Dr. Adnan ÇİNAL, Deputy Under-secretary of Ministry of Health, Dr. Yasin ERKOÇ, Deputy Under-secretary of Ministry of Health, Prof. Doç. Dr. Turan BUZGAN, Deputy Under-secretary of Ministry of Health, Assoc. Prof. Dr. Mustafa ERTEK, Director of Refik Saydam Hygiene Centre, Prof. Dr. M. İ. Sefa KAPICIOĞLU, General Director of Health Care Education, Mr. Hikmet ÇOLAK, General Manager of Personnel, Assoc. Prof. Dr. İrfan ŞENCAN, General Director of Treatment Services, Dr. Seracettin ÇOM, General Director of Primary Health Care, Mr. Adnan YILDIRIM, Former Director of Project Management Support Unit, and Mr. A. Celalettin TARHAN, Director of Project Management Support Unit;

G&G Management Consulting and Commerce Limited Company, which carried out the survey in the field, recording the data and contributed to the analysis and interpretation, Mr. Oğuzhan AKYILDIRIM, Mr. Şükrü ÇAM, Mr. Mesut DEREN, Ms. Selma GERÇEK, Ms. Tuba ÖZDEMİR and Mr. Cem TURAMAN, who contributed to the project in various lines with their services;

Dr. Ahmet AVŞAR, Prof. Dr. Seval AKGÜN, Prof. Dr. Mehtap TATAR and Assoc. Prof. Dr. Bayram ŞAHİN, who contributed with their opinions, proposals for this survey to ensure an academic and scientific study;

Dr. Fethiye Gülin GEDİK of the Geneva Centre of World Health Organization and Prof. Dr. Thomas BOSSERT of Harvard School of Public Health for their contributions and feedback;

Assoc. Prof. Dr. Yavuz SANİSOĞLU, Ms. Zehra ERYILMAZ, Ms. Şirin ÖZKAN, Deniz TUGAY, Gökalp YENTÜR and Mr. Cihan Fatih GÖK, who carried out the studies regarding the human resources of School Of Public Health and contributed to this study;

Also, we would like to thank to all the health care institutions, which provided help and support within the scope of this study;

The School of Public Health

SPECIAL ACKNOWLEDGEMENT

This study has been carried out Takemi Program in International Health, Department of Global Health and Population of Harvard School of Public Health. We especially would like to thank to Prof. Dr. Michael R. REICH and Dr. Marc MITCHELL, Taro Takemi Professor and Program Consultant of Harvard School of Public Health and Prof. Dr. Thomas BOSSERT, research consultant, who admitted Dr. Salih Mollahaliloglu as a Takemi Fellow between 2008 and 2010 and provided their supports and contributions in this process.

INTRODUCTION

Human resources in health care are a critical resource for an effective delivery of health care service because it determines the volume, variety and quality of health care services. For this reason, it is especially important to develop policies regarding health care human resources in the planning, delivery and improvement processes of the health services in countries.

With the implementation of Health Transformation Program in 2003, the Ministry of Health recognized the fact that the effective management of health professionals was essential and because of this the Ministry of Health planned to form a "workforce equipped with knowledge and skills, and working with high motivation" in the health system to be implemented in the future. Under this topic, the current status of the human resources was assessed and planning to address the problems identified was undertaken. Some of the actions undertaken by the Ministry of Health are guaranteeing proper staffing levels and distribution, policies to increase transparency in personnel appointment, and the introduction of training programs for primary care physicians and their support personnel, service institution managers, and nurses.

The Ministry of Health is arranging a series of policies like additional payment based on performance intended to increase the motivations of its workers and is making efforts to determine the extent that work attitudes, such as interest, commitment, and professional fulfilment, are related to motivation and determining what influences these factors and establishing policies, processes and procedures to increase and maintain workforce motivation. To assist with these efforts, the Ministry of Health undertook this study, "Healthcare Employee Satisfaction Survey", in 2009 in all the areas of the country covered by the Health Transformation Program.

Other work satisfaction surveys targeting various health care workers at different health institutions have been carried out in Turkey. However, the Healthcare Employee Satisfaction Survey is the first job satisfaction survey carried out throughout the country and covering all the health care jobs. For this reason, its results are a vital reference for those producing health policies, making decisions and considering similar studies. In addition, making such an assessment at the health institution is not only important for improving the quality of the service, but also for improving workplace efficiency and the outcomes of the study provide direction and identify areas for studies to be made in the future.

Dr. Salih MOLLAHALİLOĞLU
Director of the School of Public Health

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EXECUTIVE SUMMARY

Preface, reason and objectives

This study is a countrywide survey made by Ministry of Health of the Turkish Republic within the scope of Health Transformation Program. This detailed and broad based survey is intended to determine the satisfaction levels of health professionals which have been shown to have a great impact on the service given by the health professionals.

The general objectives of the survey are to determine the Job Satisfaction, Motivation and Commitment Attitudes, views of the Health Transformation Program of the health professionals employed in the public sector and also the facts affecting these features. The results from this survey aim to contribute to the development of health policies.

Sampling

The population are the health professionals working at the Central and Provincial Institutions of Ministry of Health and at university hospitals. The sample population was formed by taking the Ministry of Health personnel list obtained from Core Funding Management System (ÇKYS - CFMS). The quota method has been preferred for Community Health Care Centres and university hospitals.

A systematic, two lined random sampling method was utilized. At the first line, the health institutions have been selected and at the second line, the health workers in each of the institutions have been selected according to the extensive compared choice method. Sampling has been designed at six regions according to the State Planning Institution (SPI) provincial development levels, rural–urban, professions, genders, and Central and Provincial Organization of Ministry of Health and service line distinctions so that it can give the country total estimates of the evaluated features of the health workers. The minimum sample size has been calculated as 4320 respondents to reach the level of effect at the Δ=0.05, α=0.05 and β=0.95 levels according to the objectives of the survey. The final sample frame was selected by randomly choosing random 4983 health workers from 327 health institutions

Survey Tools

While developing the tools of survey; appropriate scales have been defined through a literature review on subject and the questions modified to be appropriate to Turkey through

the use of focus group studies carried out with the health personnel. All survey tools were pilot tested and revised based on the results of those tests.

The survey tool consists of four parts. The first part includes the independent (explanatory) variable group and the information on the demographic, educational features of the interviewed person. The second part includes the questions on job satisfaction, motivation and commitment (opinions), the third part includes the questions regarding Health Transformation Program (views). The dependent variables of the survey have been determined by grouping the questions in the second and third sections. The fourth part includes the information regarding the expectations and other factors that influence health care personnel. The answer choices to the questions have been ranged from 1 to 6 as 1 gives the most favourable situation where 6 gives the most unfavourable one.

Data collection and analysis

The health personnel selected for the study were asked to fill out the survey questionnaire through face-to-face interviews. Thirty-nine interviewers were chosen and trained for to conduct the interviews under the supervision and control of field supervisors and the project centre. The data collection was carried out simultaneously in 42 provinces by six field teams and was completed in six months.

The collected data was entered in a database that was developed for this purpose, through two different computers by two trained data entry operators under the supervision of a database manager. Every week the previous week's data was cleaned, validated and and analysed In addition, forum meetings were held with the personnel from 3 hospitals, which were chosen as representing the developmental regions and the results have been compared with the quantitative findings of the survey.

Findings

The measurements were made with a 6 level Likert scale. The average points of all the variables measuring opinions and views, except the additional payment based on performance, measured below 3.5 points in the favourable half of the scale. The most favourable aspects are the job satisfaction level, views of patient satisfaction and the commitment levels. Motivation point, views of family medicine practice and the views on the

other components of Health Transformation Program was ranked at approximately the same unfavorable level as the additional payment based on performance.

Job satisfaction of health care professionals has been found to be low among those who are working at the first and sixth regions, those who are employed at the central organizations of Ministry of Health and at university hospitals, assistants and nurses. The motivation was found to be lower among those who are employed at the university and the third line hospitals in the first and sixth regions, who are working in the urban areas and as assistants.

Commitment is at the lowest level in the first region and at the highest level in the fourth and fifth regions. The least committed service lines are the university and the third line hospitals where as the most committed ones are found among the workers of the Central Organization and Provincial Health Directorate of Ministry of Health. The commitment from the occupational point of view is at the highest among the family practitioners and managers while it is at the lowest among assistants, nurses and midwives.

The views of the personnel on additional payment based on performance are the most unfavourable in the first and second regions. The views on this issue become more favourable in areas where the development of the provinces decreases in accordance with the State Planning Institution (SPI) province development levels. Those who are working at the university and third line hospitals, working in the urban areas and working as assistants and nurses state the most unfavourable views on additional payment based on performance.

The views on family medicine practice are the most favourable in the fourth region and the most unfavourable in the first and second regions. While the approach of the employees of Central Organization of Ministry of Health, family practitioners and the pharmacists is positive to the family medicine practice, the opinions of those who are working at the hospitals, among assistants and the specialists are more negative. The more unfavourable views on patient satisfaction belong to the health care professionals who are working in the first and second regions, at the university hospitals, in the urban areas and working as assistants.

The more unfavourable views on the other issues of Health Transformation Program have come from the first and the second regions, university and third line hospitals and from those who are working in the urban areas. Also the assistants and the specialists think more unfavourable on this subject.

The results are as follows when they are evaluated according to the socio – demographic features: with increasing age the views towards the Program become more favourable. opinions and the views of the women are more unfavourable compared to the men. Married health care professionals have more favourable opinions and views. When the incomes increase the opinions and views become more favourable. When the duration spent in the profession increases, all the motivation, job satisfaction and the commitment also increase. The most unfavourable view regarding the components of the Health Transformation Program belongs to the public servants working under Law No: 657 and those who are working under Law No: 4924 have better opinions than those working under Law No: 657. When the weekly working hours increase and when they work on shifts the opinions and the views of the health care professionals become more unfavourable. Almost half of the health care professionals think that the assignments are not fair.

When it is evaluated from the point of view of expectations of the health care professionals: the health care professionals find the formal education sufficient but not the informal education and it is seen that they are not very fond of working either on contract or in the rural areas or abroad despite the great need in the rural areas. However; when their salaries increase fourfold through the revolving funds, they find it favourable to work either on contract or in the rural areas. In addition, health care professionals are not in favour of migrating to other countries, either.

Result and proposals

When the examined variables are put into order according to their priorities additional payment according to the performance comes as the first issue to be considered. Deduction of additional payment while on leave, big differences between the professions for additional payments and the uncertainties regarding the future of the additional payments are the main problems identified. It is necessary to review the performance evaluation system by taking the expectations stated regarding the additional payments and to make the necessary changes.

The second highest priority is the low level of motivation in the personnel. The low level of motivation is mainly related to the dissatisfaction arising from the wages and supports the above given finding.

In addition to the priorities stated above, because the work attitudes and the views regarding the Health Transformation Program of the health care professionals who are young,

women, with low income, new in profession and occupation, working under the Law No: 657, working in shifts and with longer weekly working hours are low, the health care professionals in this group are the personnel whose needs should to be taken into consideration at first.

1. PREAMPLE

There is a worldwide effort aimed atincreasing the performances of health systems in the recent years. The attempts generally address financing, stewardship, creating resources and providing services, which are the main functions of the health systems. The power in the centre of the system is the human resources and studies have revealed that the work carried out to improve the human resources effect the performance of the health system's main functions in a positive way (1).

Human resources in health care are defined as “the heart of the health systems of the countries”, “the most effective part of the health care services” and “a critical component of the health policies” (2). According to the World Health Office, health care professionals are the people who protect and improve the health level of the society (3). Health care professionals are the most important resources in health care and health care professionals primarily determine the quality of the services provided at health institutions, the applicability and sustainability of the health policies.

Because of the importance it has in terms of health systems, currently there is more concentration on the discussions and policy studies regarding health care professionals at international level (4). In this respect, with the implementation of Health Transformation Program in 2003, the Ministry of Health declared that it was planning to form a “workforce equipped with knowledge and skills, and working with high motivation” in the health system and started a process to take steps towards finding solutions to problems regarding human resources in health care, which have existed for a long time.

Within the frame of this process, Ministry of Health of the Turkish Republic decided to determine the commitment to their institutions, job satisfaction, and motivation levels of health professionals and the variables affecting these by carrying out a countrywide large scale and detailed survey called the “Healthcare Employee Satisfaction Survey” in late 2008. Because, when it is considered either from the individual or social point of view, health care professionals have undertaken important obligations in increasing the health status of the society and their fulfilling this obligation in the best way depends on their job satisfactions, commitments, and motivations (5).

The purpose of the Healthcare Employee Satisfaction Survey is to determine the job satisfaction, motivation and commitment levels of the health care professionals and their views on Health Transformation Program, in addition the factors affecting these mentioned

features. The results of the survey fulfilled the defined purposes of the study. The detailed data obtained provide the needed high quality information for policy making and provide intermediate input regarding Health Transformation Program and other applications and policies.

2. DEFINITIONS IN THE SCOPE OF THE SURVEY

Definitions related to the dependent and independent variables within the scope of the survey take place in this part of the report.

Job Satisfaction: Job satisfaction is the contentment that the employees get from the work they do and from the physical environment and the "atmosphere" existing in the environment. Because the job satisfaction is an emotional notion, its perception differs from person to person (6).

Motivation: The psychological feature which alerts one for acting through an intended purpose is called as "motivation" (7). The motivation notion, which takes place among the job manners of the health care professionals, means that people act and make effort with their own wills in order to obtain a certain purpose (8).

Commitment: Commitment can be defined as the strong feeling of an individual as a part of the organization and defining himself / herself in that way (9).

Health Transformation Program Questions: In relation with the Health Transformation Program, additional payments based on performance, Family medicine practice, patient satisfaction issues have been tried to be examined separately.

Other Health Transformation Program Components: Forming qualified health care personnel subjects such as full time law, patient referral chain system, making the hospitals autonomous, wise utilization of drugs, income, number and wages of health care professionals, etc. have been tried to be discussed under this subject.

Profession: This survey attempted to include all the health care personnel serving at the health institutions. The professions have been classified in 9 categories as given in Table 1 in order to enable comparisons between them.

Table 1. Percentage of the Health Workers for Sampling According to the Professions

Profession	Percentage
Family Practitioner	4.2
Practitioner	8.2
Assistant	7.0
Specialist	10.7
Dentist	3.8
Pharmacist	0.4
Nurse and Midwife	39.8
Administrative Personnel	1.0
Other Health Care Personnel*	24.7
Total	100.0

*Physiotherapist, Physiotherapist, and Physiotherapy Technician,
Technician and operator,
Psychologist, Child Development Expert and Social Workers,
Biologist, Dieticians, Food Engineer, Microbiologist,
Health officer.

Region: The regions have been designated in six groups composed of the provinces with similar development levels based on the development levels of the provinces criteria defined by the State Planning Institution.

Service Line: In accordance with the service policies of the Ministry of Health it has been defined and examined as follows: the first and second (hospitals) and third line (training and research hospitals) health institutions and university hospitals (forthth line in the survey), positions of Provincial Health Directorate of Ministry of Health (fifth line in the survey), Central Organization of Ministry of Health (sixth line in the survey).

Settlement: In accordance with the criteria of State Planning Institution and Turkish Statistical Institute the settlements with population less than 20.000 are defined as rural; the ones with 20.000 or more population are accepted as urban.

3. METHOD

3.1 Sample

The purpose of this survey is to determine the commitment, motivation and job satisfaction levels of the health care professionals working in the public sector in Turkey together with the factors affecting these and the expectations of the personnel. In addition this study aims to determine the views and preferences of the health care personnel regarding the current health system, the new applications introduced under the Health Transformation Project and to contribute to the development of policies regarding the health system.

The target population of the survey are the public worker health care professionals who are working at the Ministry of Health institutions and university hospitals in Turkey. The minimum sample size has been calculated as 4320 respondents so that the effect size could be Δ=0.05 error level α=0.05 and the operating power 0.95 according to the objectives of the survey as the result of the analysis made by G*Power software.

In order to ensure the countrywide representation in the survey, the target population was stratified according to the State Planning Institution provincial development levels, service line classifications, settlement population density (rural – urban) and health care profession categories. Six service regions, which are classified according to the State Planning Institution provincial development level scale and used for the employment and assignments of the health care personnel by Ministry of Health, are used in this survey. The provinces, which are under these service regions and included in the survey sample, are given in Attachment 2.

The number of the personnel to be interviewed has been determined by distributing the sample in proportion to the institutions according to the regions and service lines with the gender and profession group margins. The sample selected for the study consisted of 4983 health care professionals working at 327 health institutions in total.

The sample frame was created by taking the Ministry of Health personnel list obtained from Core Funding Management System (ÇKYS - CFMS) as its basis. For the institution taken as samples who have their information included in ÇKYS (CFMS), the persons to be interviewed have been identified by name. The representetice numbers were determined and the quota was applied for universities and Public Health Centres. The data obtained from the university hospitals and public health centres, where the quota method was applied, is

comparable with the data from the randomly selected Ministry of Health institutions , because the people interviewed from the chosen institutions of both organizations consists of almost all of the personnel of the institution. The interviewed health care personnel have been chosen in accordance with the profession and gender proportion in his or her institution and due to random selection should represent the target population.

The rural urban distinction has been determined during the visit at the chosen institution. In this respect, the criteria of Turkish Statistical Institute have been taken into consideration and >20.000 has been accepted as urban where ≤20.000 has been accepted as rural. Using the random sampling method in the survey is sufficient for enabling weighting which would provide rural – urban representation on the basis of institutions within the layers.

The distinctions of genders and profession groups in the layer have been taken into consideration with the personnel sampling of the chosen health care institutions. With choosing the personnel on the basis of institution, it has been possible to represent the gender and profession representation by weighting. In the most of the first line institutions which fell into sample, the first line personnel have been ensured to be represented in accordance with their genders and profession groups by including all the personnel in the interviews. Because the second and third line service institutions are very large and variety of the professions is too great, it was necessary to use stratified systematic sampling by profession and gender in these institutions. A systematic sample weighted by the number of the personnel was drawn by creating new layers based on the personnel lists in the institutions.

During the two month data collection period between 07 November 2008 and 30 December 2008, questionnaires were distributed to 4983 health care professionals. Great care was taken for reaching all of the subjects in sample by determining a reserve in the same institution with the similar features instead of the health care professionals who could not be reached. The response rate by study participants was 78 % and this rate is quite high for a countrywide study and compares favourably to the much smaller scale studies found in the literature. This proportion has been raised to 100 % by replacing the persons who could not be interviewed by their reserves. The precautions taken to eliminate some risks that reserve method might bring are as follows: A reserve was chosen for each one of the original name with similar gender, region, line and profession features. In addition, the reserves have been determined within the frame of the above mentioned criteria with the random sample method.

3.2 Data Collection Method

Questionnaire method has been used for data collection. The survey tool is consisted of four parts; first part includes the independent (explanatory) variable group and the information on the socio-demographic features of the interviewed person. The second part includes the questions on job satisfaction, motivation and commitment. The third part includes the questions regarding Health Transformation Program. The fourth part includes the information regarding the expectations and other features of the health care personnel.

In the first part of the survey, open and closed ended questions were used to determine the socio–demographic features of the workers. The questions included: age, gender, profession, education level, civil status, children situation, monthly income and working period, etc. of the health care personnel who participated in the study.

In the second part, the questions regarding job satisfaction, motivation and commitment were developed by using measurement scales whose validity have been confirmed worldwide, based on literature review. The Minnesota Job Satisfaction Questionnaire (10) and the scales developed by Çimen (11) and Saygılı (12) were used in job satisfaction survey. In addition, the "Job Satisfaction Survey" developed by WELLCOA is one of the scales taken as basis for surveying the job satisfaction (13). The motivation survey was adapted from the "Work Motivation Behaviour Scale" (14). Commitment questions have been developed by using the "Organizational Commitment Scale" which was developed by Meyer and Allen (15) and the "Organizational Commitment Questionnaire" developed by Porter, Crampon, and Smith (16). With the help of the information obtained from the qualitative focus group interviews with 108 health professionals from different service lines, the current international scales have been adjusted to the conditions and requirements of Turkey.

The questions prepared in order to capture the views and opinions of the health care professionals regarding the components of the Health Transformation Program are located in the third part of the questionnaire. In the fourth part, there are questions intended to determine the views of the health care professionals regarding the formal and informal education received by the health care personnel, working on contract, working in the rural areas, working full time or part time, and working abroad. The questions in the third and fourth part have also been developed from the information obtained from the focus group studies.

The questions use a six level Likert Scale with one represents the most favourable and six the most unfavourable to avoid having the most unfavourable to be the first choice.

According to this “1” represents “I totally agree” and “6” represents “I totally disagree”. If the point received from the scale is less than the average point 3.5 means that the related job opinions and views are positive.

The questionnaire has been tested in two areas by conducting interviews with 122 health care professionals from different health care professions working in Ankara Elmadağ and Kızılcahamam provinces. In the first line (Elmadağ State Hospital), the context of the questionnaire, forming, order and comprehensibility of the questions was tested. The questionnaire was revised based on these results. In the second line (Kızılcahamam Health Group Presidency Area), the questionnaire has been tested especially from the points of view of applicability and acceptability. At the same time, this line has been done in order to ensure the applicability of the questionnaire in the field and to secure the validity of the collected data.

Reliability of the scale, because Likert type scales are used, was tested with Cronbach Alpha coefficient. As the Alpha test results of Cronbach reliability analysis can be seen in Table 2, the reliability of the dependent variables as a whole is around 95% while the reliability changes between 85% and 93% when it is divided to sub groups; these findings show that the questions are reliable at a high level.

Table 2. Cronbach Alpha Reliability Analysis Findings

Section	Sub Section	Reliability (Cronbach alfa)	Variable Number	Valid Situation
Section 2 (DMB)	Total	0.949	63	3999 (%79.9)
	Satisfaction	0.888	22	4737 (%94.7)
	Motivation	0.895	26	4240 (%84.7)
	Commitment	0.853	15	4592 (%91.8)
Section 3 (SDP)	Total	0.954	43	3818 (%76.3)
	Performance	0.864	11	4577 (%91.5)
	Family Practicing	0.930	14	4058 (%81.1)
	Patient satisfaction	0.898	8	4675(%93.8)
	HTP Other issues	0.893	10	4446(%89.2)

3.3 Data Entry and Analysis

A database was created to enter, store and prepare the data for analysis. Data entry was done in MS – Access using a form to easy entering of data. The entered data was randomly checked periodically in order to assess the quality of the data entry.

494 randomly selected questionnaires were used for double entry data validation and the margin of error was calculated. The second and the third parts of the questionnaire were compared in the data validation process because they include numerical and comparable data. The margin of error according to the obtained results has been calculated as 0, 72 %.

The data was analysed using SPSS Program (15.0). The factors affecting the views of the health care professionals regarding their attitudes towards their work and the Health Transformation Program have been examined with descriptive statistics such as averages, medians, etc. The answers provided for these questions according to the socio – demographic parameters have been compared using t-tests or One-way ANOVA statistical tests. The error level was set at $\alpha=0.05$. P-values at or below 0.05 were considered statistically significant.

Assumptions whether data set or variables had certain characteristics had to be verified before the analyses. It was tested if data set came from a normal universe by having unbiased sampling. To assess whether the sample represented the target population, it was selected using the Kolmogorov Smirnov and Shapiro-Wilk tests of normality to allow the sample distribution to be compared with the normal distribution.

4. FINDINGS

The qualitative variables in proportions and quantitative variables in text have been stated as averages. The percentages of the frequency distribution are presented with one digit after comma. Averages are presented with two digits after comma in the text.

4.1 Main Strata and Percentage Distribution According To the Socio – Demographic Features

In this survey, which investigated job satisfaction, motivation and commitment of healthcare employees together with their views about the Health Transformation Program's components, the findings have been analysed by dividing them into main strata and socio – demographic features. The questionnaire can be found in Attachment 1. The main strata of the survey are divided into four: region, service line, rural/urban settlements and profession variables.

Socio demographic features of the health care professionals such as age, gender, marital status, education situation, income, total employment period, type of employment, work type and have been examined in this study and the proportions are presented in Table 3.

Almost half of the health care personnel interviewed were in the 31 – 40 age group, 62.9 % of them were women, and 75% were married. Three in four of them are at the level of middle lower income (<3000 TL/month) and 34.7% have university degree. 55.3% of the personnel have been working in their profession for 11 years and over. Almost half of the health care personnel are only working day shift and three quarters of them are working as public servants under Law No: 657.

Table 3. Percentage Distribution of the Health Personnel Interviewed According to the Socio – Demographic Features

Age	**Percentage**
30 years and below	27.6
31 - 40 age	44.8
41 age and over	27.6
Total	100
Gender	
Women	62.9
Men	37.1
Total	100.0
Civil Status	
Married	75
Not Married	25
Total	100
Income Status (TL)	
≤1500	29.2
1501-3000	43.2
3001-5000	17.3
5001-7000	7.1
≥7001	3.2
Total	100
Total Working Period	
Average	12.2
Weekly Working Hours	
Average	51
Type of Employment	
657/4B	16.3
On Contract 4924	7.3
Revolving Funds	2.5
657	73.9
Total	100.0
Type of Working	
Only Daytime	47.9
Day time & On Call	42.5
Only on Call	5.7
Shifts	3.9
Total	100.0

4.2 Work Attitude Levels of the Health Care Professionals and Their General Assessment Regarding the Health Transformation Program

The findings regarding job satisfaction, commitment, motivation levels, and the views on the components of the Health Transformation Program of the workers are presented in Figure 1. The level of job satisfaction, commitment and motivation are all below (3.5) while the average point of a six level Likert Scale, in which "1" represents "I totally agree" where "6" represents "I totally disagree". In other words, job satisfaction, commitment, motivation levels of the health care professionals are above average. The lower the scores on these variables is motivation while the higher is job satisfaction for the health care professionals.

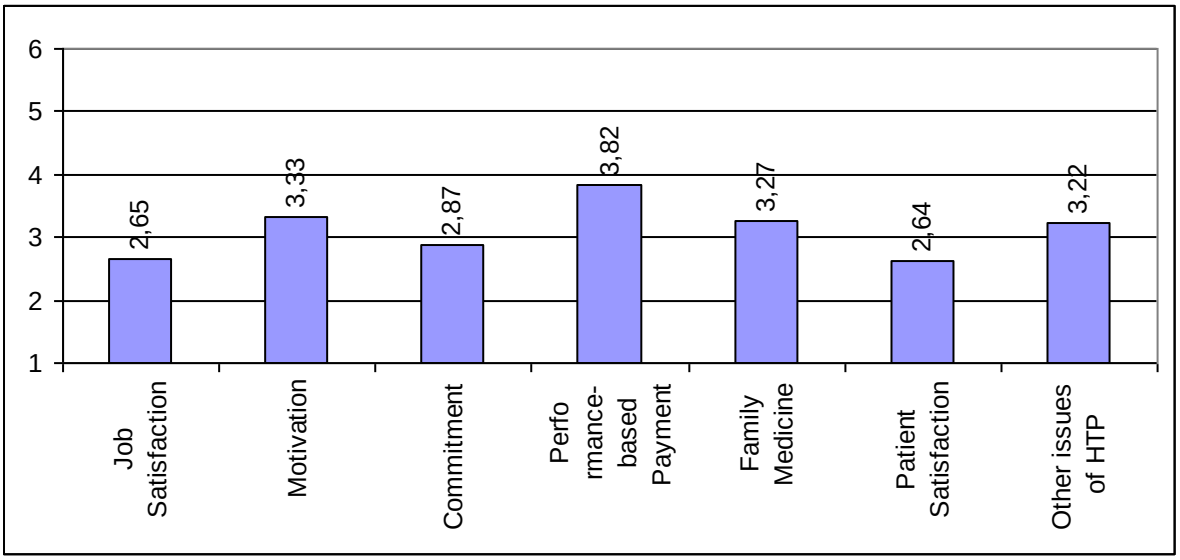

Figure 1. Views of the Health Professionals Regarding the Work Attitude Levels and Health Transformation Program

Also the views of the health care professionals in the study on the Health Transformation Program have been examined. In general, the views of the health care professionals regarding Health Transformation Program are under the average level and thus positive with 3.29 average values. When it is examined from the point of view of the components, only the Performance-based Payment is higher than 3.5 and thus negative (3.82). The most favourable view of the health care professionals regarding the Health Transformation Program is related with increasing in the patient satisfaction.

4.3 Work Attitude Levels of the Workers According To the Main Strata and Their General Assessment Regarding the Health Transformation Program

4.3.1 Region

Work attitude levels varied according to the regions the health care professionals are working in as seen in Figure 2. According to this figure, the average is the lowest in the first and sixth regions with 2.73 average, the highest in the third (2.53) and fourth (2.53) regions and at the middle level in the second (2.59) and the fifth (2.60) regions.

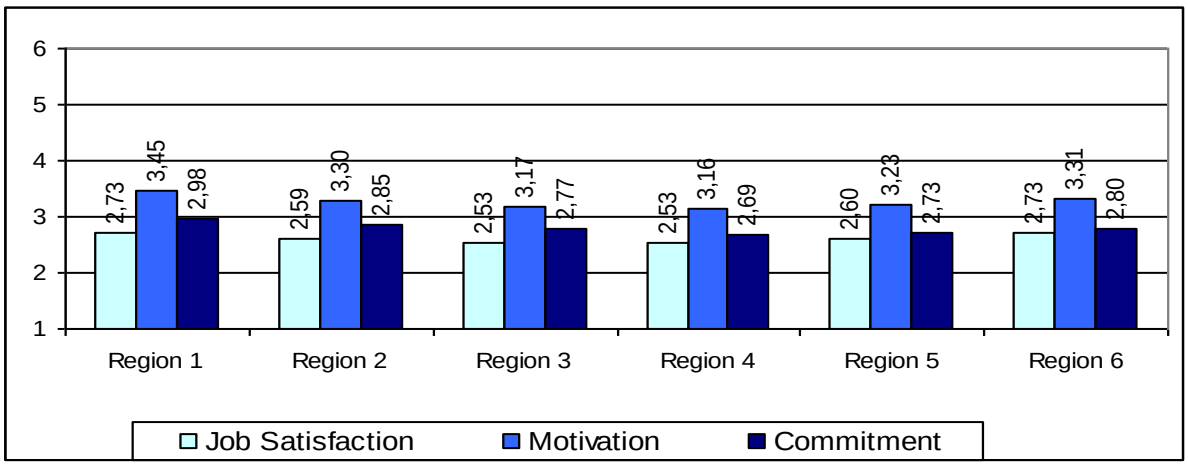

Figure 2. Views of the Health Professionals Regarding Work Attitude Levels According to the Regions

Motivation is the lowest in the first (3.45) and sixth (3.31) regions, highest in the third and fourth (3.17 and 3.16) regions and at the middle level in the second and fifth (3.30 and 3.23) regions.

Commitment is the lowest in the first region with 2.98 average, the highest (2.77, 2.69, 2.73) in the third, fourth and the fifth regions, and at the middle level (2.85, 2.80) in the second and the sixth regions.

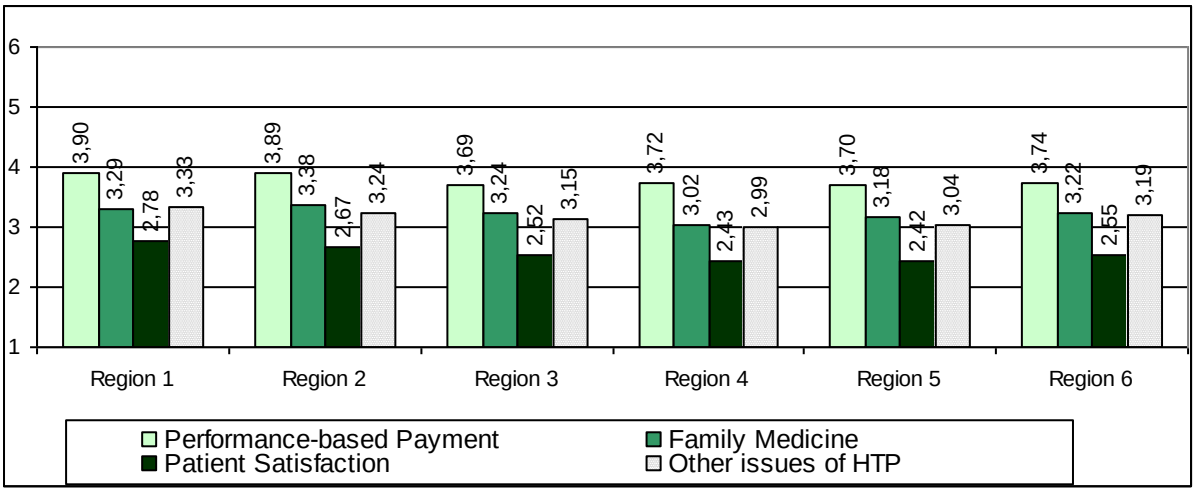

Figure 3. Views of the Health Professionals Regarding Health Transformation Program According to the Regions

As seen in Figure 3, the views on Additional Payment Based on Performance are the most unfavourable in the first (3.90) and second (3.89) regions, and they are around 3.70 level in the other regions. The views on family medicine practice is the most favourable with 3.02 in the fourth region, the most unfavourable in the first (3.29) and second (3.38) regions, and around 3.2 levels in the other regions. The views on patient satisfaction are the most unfavourable in the first (2.78) and second (2.67) regions, and the most favourable in the fourth (2.43) and fifth (2.42) regions.

Views on the full time law of Health Transformation Program, patient referral chain system, making the hospitals autonomous hospitals, wise utilization of drugs, income, number and wages of health care professionals, etc. is the most favourable in the first (3.33) and second (3.24) regions, and the most favourable in the fourth (2.99) and fifth (3.04) regions.

4.3.2 Service Lines

Health care institutions were stratified and compared based on the service policies established by the Ministry of Health as first, second and the third line health care institutions and the university hospitals, Provincial Health Directorate of Ministry of Health and the Central Organization of Ministry of Health. In addition, the comparison between all the service lines of Ministry of Health and the universities was made.

Evaluations of health care professionals' work attitudes towards their jobs by service lines are presented in Figure 4. All results were found to be statistically significant. For all factors except the motivation of those who are working in the third service line, are below the average values and positive.

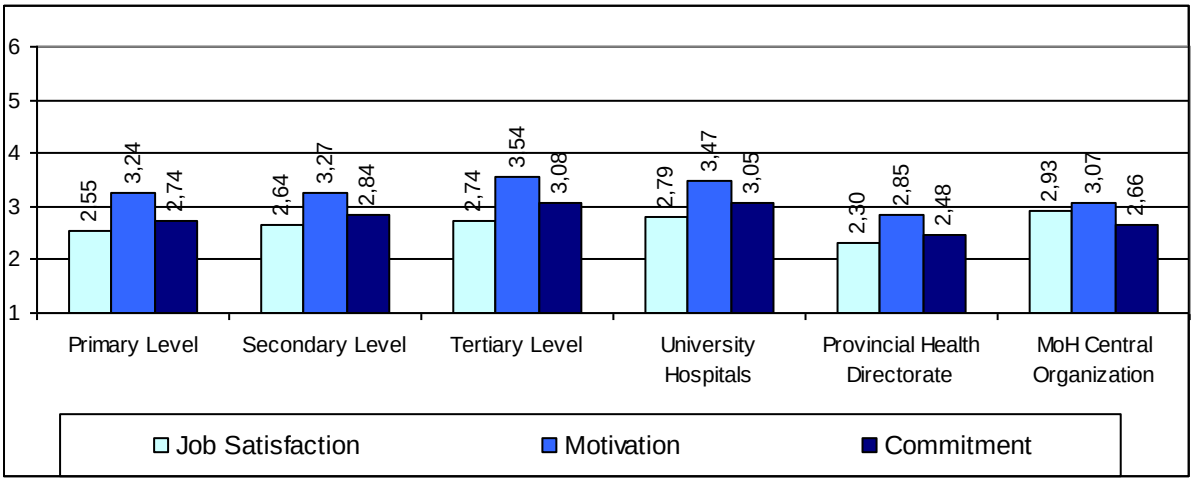

Figure 4. Views of the Health Professionals Regarding Work Attitude Levels According to the Service Lines

Job satisfaction is lowest in the Central Organization of Ministry of Health and in the Universities with (2.93 and 2.79) and the third service line follows them with 2.74. The service lines with the highest job satisfaction are the personnel of the Provincial Health Directorate of Ministry of Health (2.30). When it is taken from the view of motivation, the university (3.47) and the third service line hospitals (3.54) are the lowest level and it is at the highest level among the personnel of the Provincial Health Directorate of Ministry of Health (2.85) and in the Central Organization of Ministry of Health (3.07). When considered in terms of commitment, the least committed service lines are the university and the third service line hospitals with (3.05 and 3.08), the most committed service lines are the personnel of the Provincial Health Directorate of Ministry of Health (2.48). The commitment point level of the first (2.74) and second service lines is in the middle with (2.84).

As it can be seen in Figure 5, the most unfavourable views regarding additional payment based on performance are from the university (4.03) and the third service line hospitals (3.99), where the Central Organization of Ministry of Health (3.71) and the personnel of the Provincial Health Directorate of Ministry of Health (3.50) gave the most favourable views. The views of the first (3.72) and the second (3.78) service lines are at the middle level.

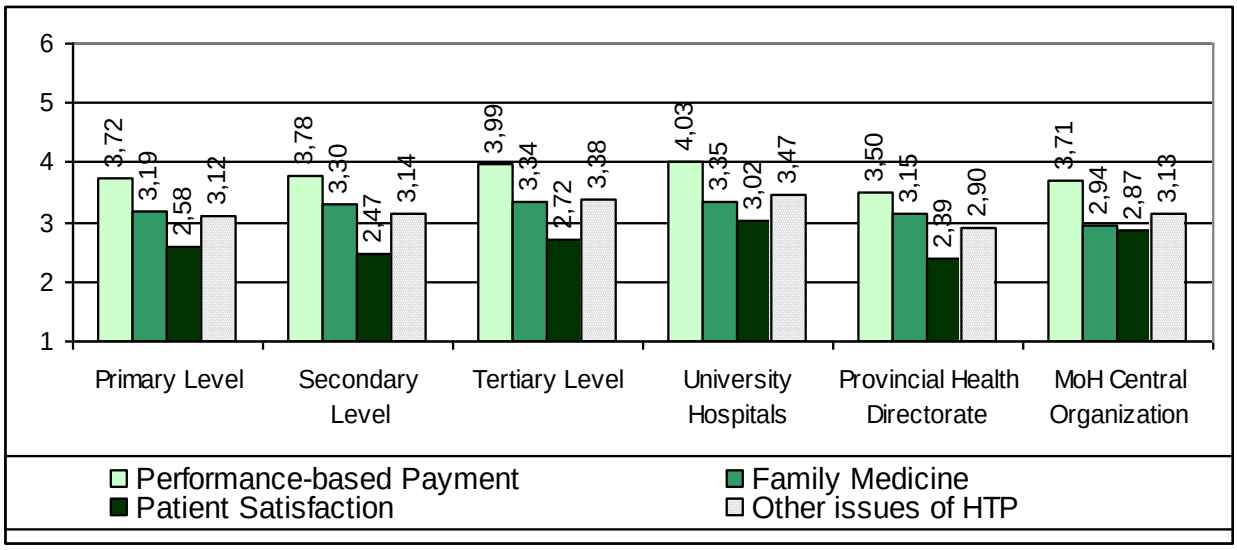

Figure 5. Views of the Health Professionals Regarding Health Transformation Program According to the Service Lines

The second (3.30), the third (3.34) service lines and the university hospitals (3.35) have given the most unfavourable views on family medicine practice, where as the Central Organization of Ministry of Health gave the most favourable view with 2.94 points. The personnel of the Provincial Health Directorate of Ministry of Health remained in the middle level with 3.15 points.

University hospitals are the service level which stated the most unfavourable view on patient satisfaction with 3.02 points. The third service line had the next most unfavourable view (2.72), followed by the Central Organization of Ministry of Health (2.87) and the first service line personnel (2.58). The most favourable views have come from the personnel of the Provincial Health Directorate of Ministry of Health (2.39) on this subject. The most unfavourable views on the other issues of Health Transformation Program have come from the university (3.47) and the third service line hospitals (3.38). The personnel of the Provincial Health Directorate of Ministry of Health (2.90) have stated the most favourable views. The personnel of the Central Organization of Ministry of Health (3.13), first service line (3.12) and the second service line (3.14) are at the middle level.

In Figure 6, where the employees of Ministry of Health and the university hospitals are compared, the average points of the Ministry of Health personnel regarding the work attitude and on the other issues of Health Transformation Program within the scope of the survey are statistically significantly more favourable at $p<0.001$ level and the diversity of the

views is at p=0.021 level compared to the university hospitals personnel. In this respect, the views of the Ministry of Health personnel regarding the work attitude and the other components of Health Transformation Program are higher and more favourable compared to the university hospitals personnel.

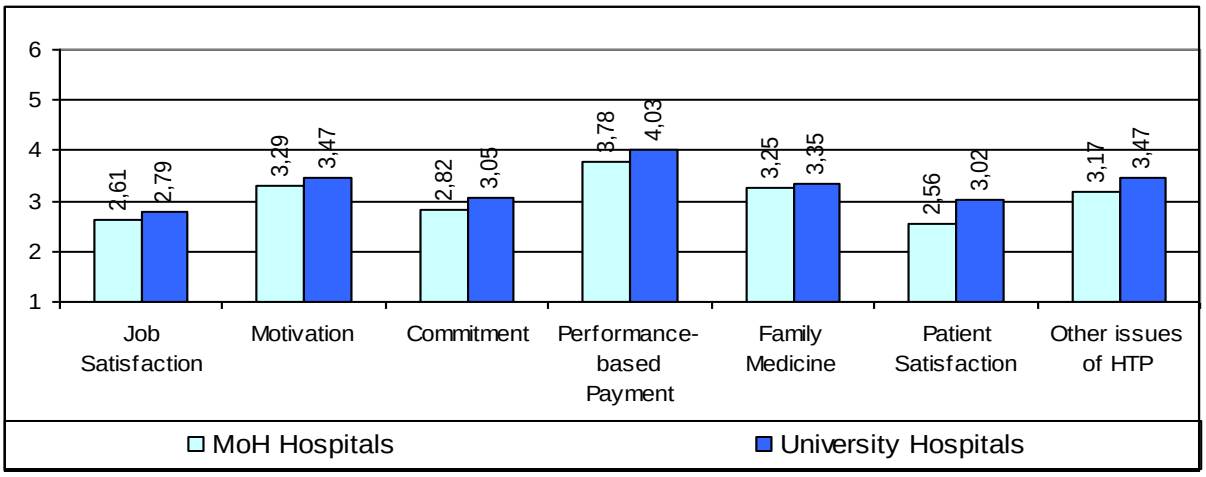

Figure 6. Comparison of Ministry of Health Employees with University Employees

The job satisfaction (2.61), motivation (3.29), and the commitment (2.82) of the Ministry of Health personnel have been observed more favourable than the job satisfaction (2.79), motivation (3.47), and the commitment (3.05) of the university hospitals personnel.

The views of the Ministry of Health personnel (3.78) on Additional Payment Based on Performance are more favourable than of the views of the university hospitals personnel (4.03). In addition, the views of the Ministry of Health personnel (3.25) on family medicine practice are more favourable than the university hospitals personnel (3.35).

When the views of the employees of the Ministry (2.56) on patient satisfaction and the other issues of Health Transformation Program are compared to the views from the employees of the universities (3.02), it has been observed that the views of the employees of Ministry of Health are more favourable in both subjects.

4.3.3 Settlement

In Figure 7, the relations between the basic variables as compared between the rural and urban settlements are examined. Based on the results of the t-test, there were statistically significant differences between health care personnel working in urban vs rural settlements

for all variables except for application of family medicine practice and job satisfaction. As a result of the analysis, it is established that with respect to the health care professionals working in the rural areas, the health care professionals working in the urban areas have a lower level of commitment and motivation and they have a more unfavourable view for the Health Transformation Program.

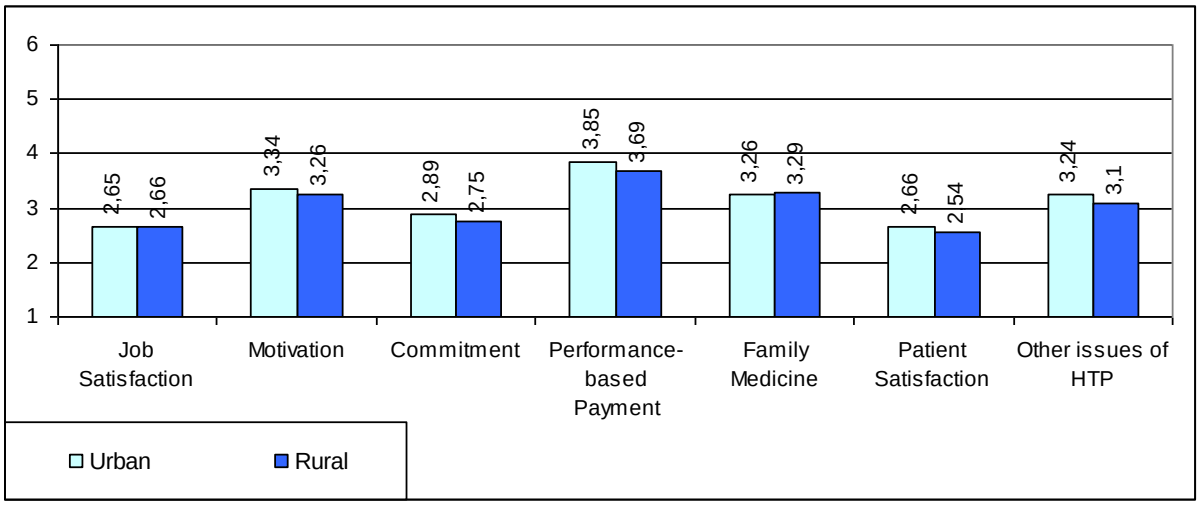

Figure 7. The Views of the Health Care Professionals concerning Health Transformation Program and the Level of Work Attitude in terms of the Distinction of City-Rural.

4.3.4 The Profession

In order to analyze the factors influencing the profession of the health care professionals, the professions are divided into 9 separate categories; family practitioner, practitioner, assistant, specialist, dentist, pharmacist, nurse-midwife, administrator, and the other health care professionals. Under the title of the other health care professionals, physiotherapist, and physiotherapy technicians, technicians and engineers, psychologist, paediatric development expert, caseworker, biologist, nutritionist, food engineer, microbiology and health care officers are being gathered. The levels of work attitude regarding the professions and the views concerning the Health Transformation Program are in the Figure 8 and Figure 9.

According to this, the job satisfaction is the highest in the family practitioners (2.32) and in the managers (2.35); and in the assistants (2.99) and in the nurses-midwives (2.69) is the lowest.

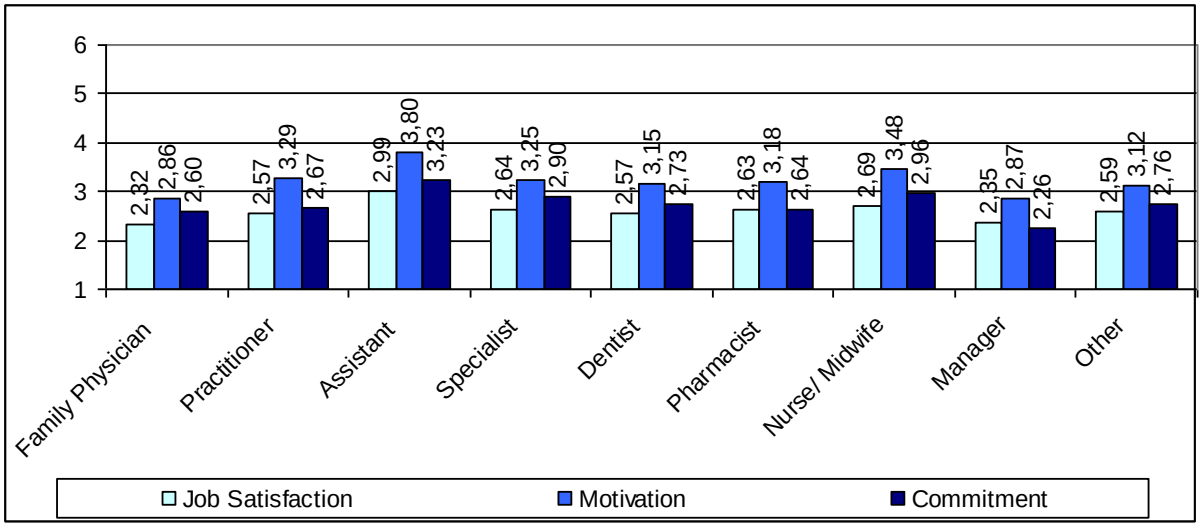

Figure 8. The Assessments of the Health Care Professionals in terms of the Professions concerning the Levels of Work Attitudes

Motivation is the highest in the family doctors (2.86) and in the administrators (2.87); and the lowest in the assistants (3.80) and in the nurses-midwives (3.48).

When assessed in terms of commitment, the highest is in family doctors (2.60) and in the administrators (2.26); the lowest in the assistants (3.23) and in the nurses-midwives (2.96).

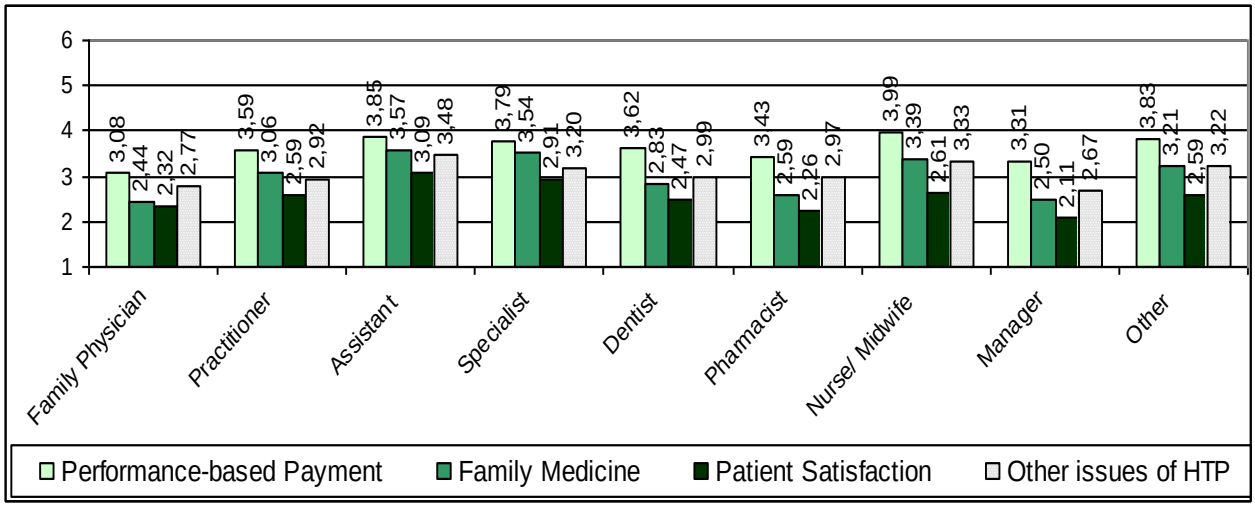

Figure 9. The Assessments of the Health Care Professionals in terms of Professions Concerning the Health Transformation Program

The views concerning the additional payment based on performance are the most positive in family practitioners (3.08) and in the managers (3.31); the most negative is in the assistants (3,85) and in the nurses/midwives (3,99). The views concerning the family practice

are the most positive in the family doctors (2.44) in the pharmacists (2.59) and in the managers (2.50); the most negative in the assistants (3.57) and in the specialists (3.54). The most positive views concerning the patient satisfaction are coming from the family doctors (2.32) and from the managers (2.11); the most negative views belong to the assistants (3.09) and to the specialists (2.91). The most positive views concerning the other issues of the Health Transformation Program came from the family practitioners (2.77) and from the managers (2.67); while the most negative ones came from the assistants (3.48), from the specialists (3.20) and from the nurses (3.33).

4.4 The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of the Socio – Demographic Variables

4.4.1 The Views of the Health Care Professionals concerning Work Attitude Level and the Health Transformation Program in terms of their Age

In Figure 10, there are the views of the health care professionals concerning the work attitude levels in terms of their age and the Health Transformation Program. Among healthcare employees, medical residents are 30 years old and younger while specialist physicians and the Provincial Health Directorate personnel are above the age of 40. When the results of the studies conducted in terms of the age of the health care professionals are assessed, it is clear that job satisfaction and the motivation increases with age.

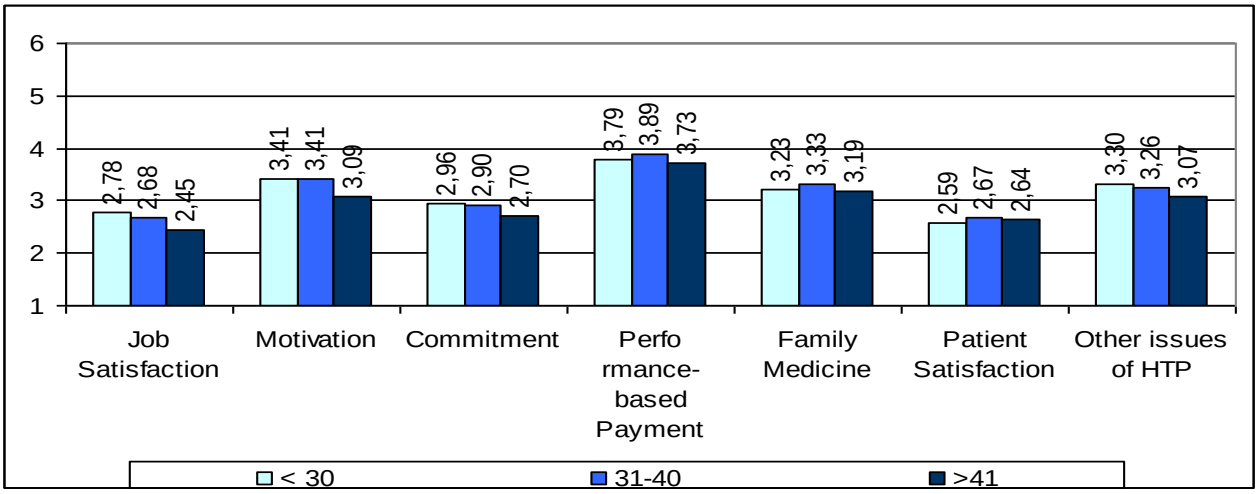

Figure 10. The Views of the Health Care Professionals Concerning Work Attitude Level and the Health Transformation Program in terms of Their Age

Job satisfaction is 2.78 in the group whose age is <30, it is 2.68 in the group whose age is 31-40 and in the group whose age is >40 it is 2.45. Motivation also increases with age for workers over 40 years of age. For workers is <30 years old the motivation score (3.41) is equal to those age 31-40 (3.41). However, for those age >40 the motivation rank is more positive at 3.09. Commitment also increases with the age; it is 2.96 in the <30 year of age group, 2.90 in the 31-40 year of age group and 2.70 in the >40 year of age group.

The views on the additional payment based on the performance is the most negative in the 31-40 year of age group (3.89), it is 3,79 in the <30 year of age group, it is 3.73 in the >40 year of age group. The views concerning the family practice are the most negative in the 31-40 year of age group at 3.33, while it is 3.23 in the <30 year of age group and 3.19 in the >40 year of age group. The 31-40 year old group possessed the most negative views concerning the patient satisfaction at 2.67 as compared to 2.59 in the <30 year of age group and 2.64 in the >40 year of age group. These differences for patient satisfaction are not statistically significant.

The other views concerning the other issues of the Health Transformation Program are more positive with are with 3.30 in the <30 year of age group, 3.26 in the 31-40 year of age group and 3.07 in the >40 year of age group.

4.4.2. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of Their Gender

Figure 11 presents health care professionals work attitude levels and assessment of the Health Transformation Program by gender. According to this, the level of commitment, job satisfaction and motivation are lower in females than in males.

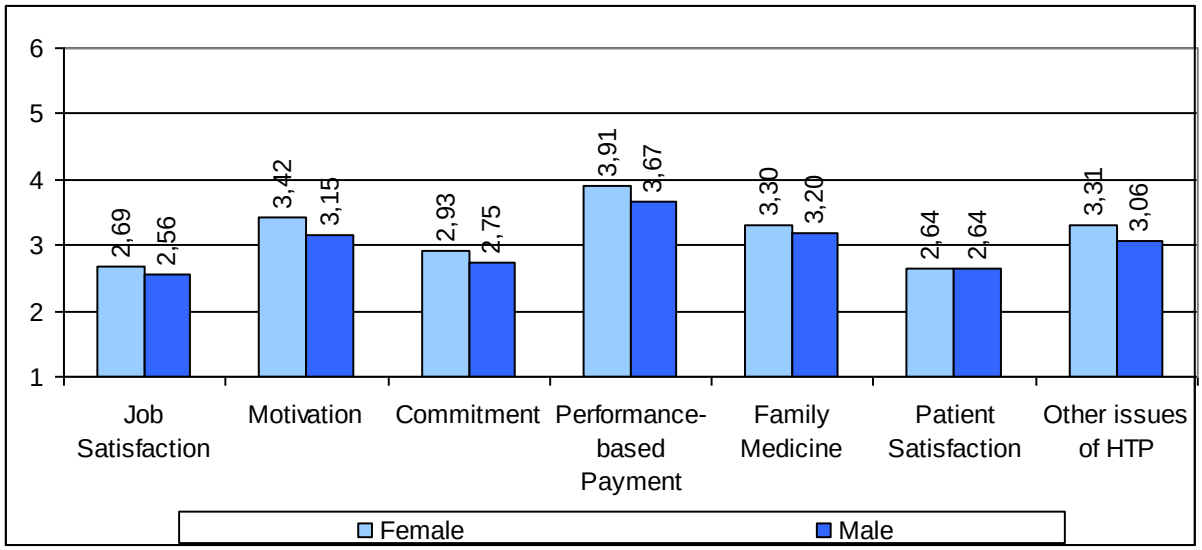

Figure 11. The Views of the Health Care Professionals Regarding the Work Attitude Level and the Health Transformation Program in terms of Their Gender

Moreover, the females' views on the additional payment based on performance and family medicine practice are more unfavourable than the males'. The views concerning patient satisfaction do not differ by gender. The views on the other issues of the Health Program Transformation show some differenceswith 3.31 in females and 3.06 in males.

4.4.3. The Assessments of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of Their Marital Statuses

In Figure 12, the views of the health care professionals concerning the work attitude level and the Health Transformation Program in terms of their marital status is presented. When examined in terms of marital status, only the results of the analysis of the job satisfaction are statistically significant (t=2.30, p=0.021). According to this, job satisfaction is higher in the married than in singles at 2.63 and 2.69 respectively. There is not any significant difference in terms of the other variables.

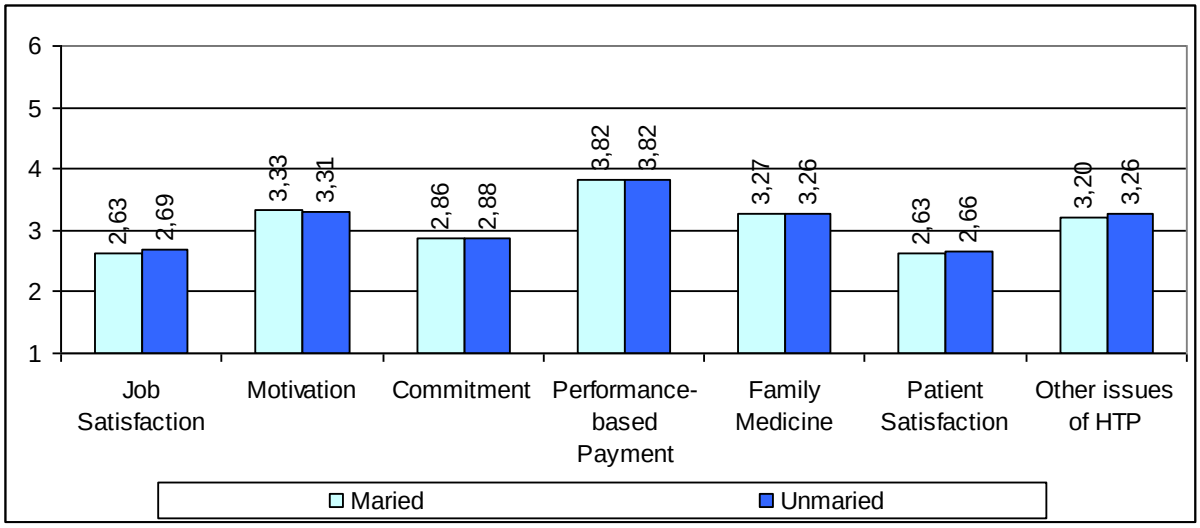

Figure 12. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of Their Marital Statuses

4.4.4. The Views of the Health Care Professionals Concerning the Work Attitude Level and the Health Transformation Program in Terms of Their Monthly Incomes

In Figures 13 and 14, the variables are compared across income levels. All of the results for nurses and the other health care personnel have been found to be significant. While family physicians are aggregated in the upper income quintiles, managers and dentists are in the upper-middle income quintile (3001-5000 TL), general practitioners and medical residents are in the middle income quintile (1500-3000 TL) and nurses/midwives together - with other professional groups - are in the lower-middle income quintile (750-3000 TL).

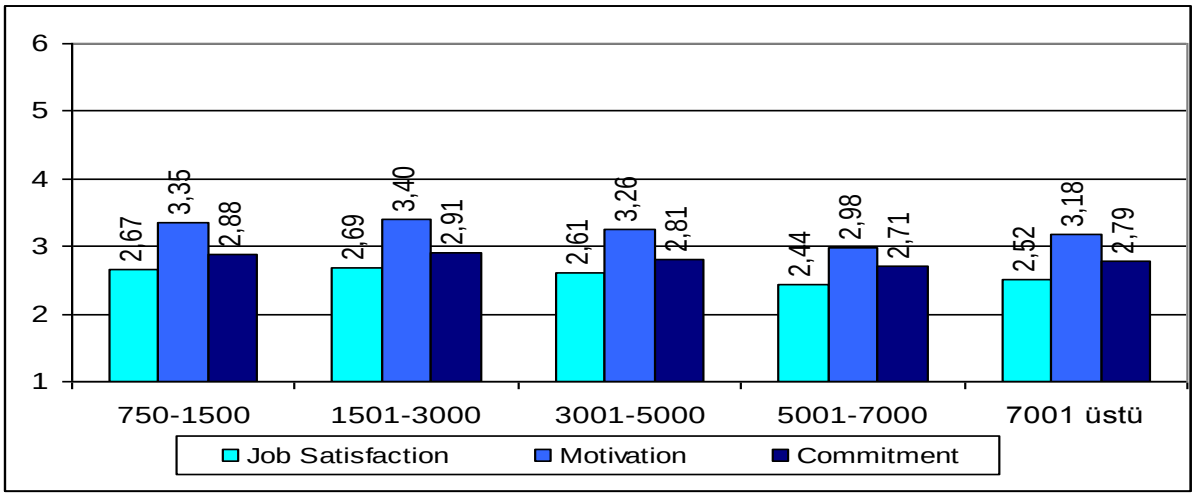

Figure 13. The Views of the Health Care Professionals Concerning the Work Attitude Level in terms of Their Monthly Incomes

Job satisfaction is lowest in the group earning 1500-3000 TL per month (2.69), it is at its highest in the group earning 5001-7000 TL per month (2.44). Motivation is lowest in the group earning 1501-3000 TL (3,40), is highest in the group earning 5001-7000 TL per month (3.40). Similarly, commitment is at its lowest in the group earning 1501-3000 TL per month (2.91) and is at its highest in the group earning 5001-7000 TL (2.71). The views concerning the additional payment based on the performance are the most unfavourable in the group earning 750-1500TL per month (3.92) and are most favourable in the group earning 5001-7000 TL per month (3.39). The views concerning the family practice are the most positive in the group earning 5001-7000 TL per month (2.97), it is the most unfavourable in the group earning 1501-3000 TL per month (3.34).

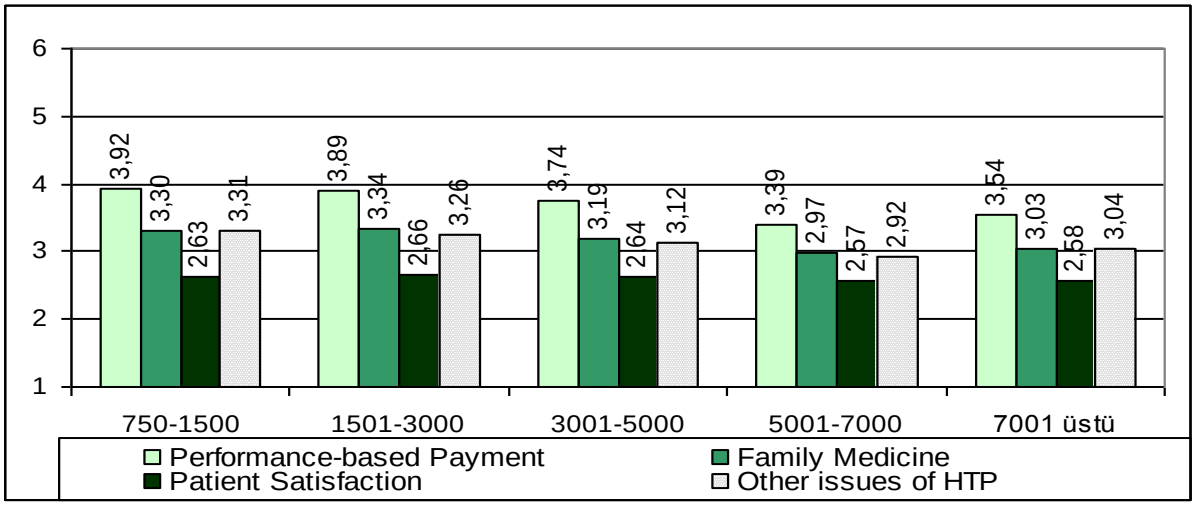

Figure 14. The Views of the Health Care Professionals concerning the Health Transformation Program in terms of Their Monthly Incomes

The views concerning patient satisfaction are the most positive in the group earning 5001-7000 TL per month (2.57) andthe most negative in the group earning 1501-3000 TL per month (2.66). However, these differences are not statistically significant. The views concerning the other issues of the Health Transformation Program are the most unfavourable in the group earning 750-1500 TL per month (3.31) and most favourable in the group earning 5001-7000 TL per month (2.92).

4.4.5. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of the Duration of Service

Job satisfaction ($r=0.142$, $p<0.001$), motivation ($r=0.117$, $p<0,001$) and commitment ($r=0.98$, $p<0.001$) increases with the duration of time working in each profession. Conversely, the duration of service in the profession does not influence the views concerning the additional payment based on the performance ($r=0.032$, $p=0.28$), the views concerning the family medicine practice ($r=0.020$, $p=0.183$) and the views concerning patient satisfaction ($r=0.021$, $p=0.141$). As the duration of service increases, the other issues of the Health Transformation Program are seen more positive. ($r= 0.064$, $p<0.001$).

4.4.6. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of the Weekly Working Hours

There is a statistically significant inverse relation between weekly working hours and job satisfaction, motivation and commitment. According to this, as long as the weekly working hours decrease, job satisfaction, motivation, and commitment increase.

There is no statistically significant relation, between the views concerning weekly working hours and the views concerning the additional payment based on performance or with the patient satisfaction. There is a statistically significant inverse relationship between the views concerning weekly working hours and with the family medicine practice as well as the views concerning other issues of the Health Transformation Program. As long as the weekly working hours decrease, the views concerning both of the issues become more positive.

Medical residents and tertiary health care employees have the longest weekly working hours, and dentists and the Provincial Health Directorate personel have the shortest weekly working hours. Yet, weekly working hours did not vary on urban and rural areas.

4.4.7. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of the Types of Employment

In Figures 15 and 16 the views of the health care professionals concerning the work attitude level and the Health Transformation Program in terms of the types of employment are

presented. In respect to this, the points of job satisfaction are as follows: among the personnel on contract under Law 4B, it is 2.59, among the personnel on contract under Law 4924, it is 2.66, in the professionals of the circulating capital it is 2.73 and among the public servants working under Law No: 657 it is 2.65. These differences are not statistically significant. Motivation is at its highest among the personnel on contract under Law 4B (3.19). It is 3.36 among the public servants working under Law No: 657 and it is lower in the professionals of the circulating capital (3.41).

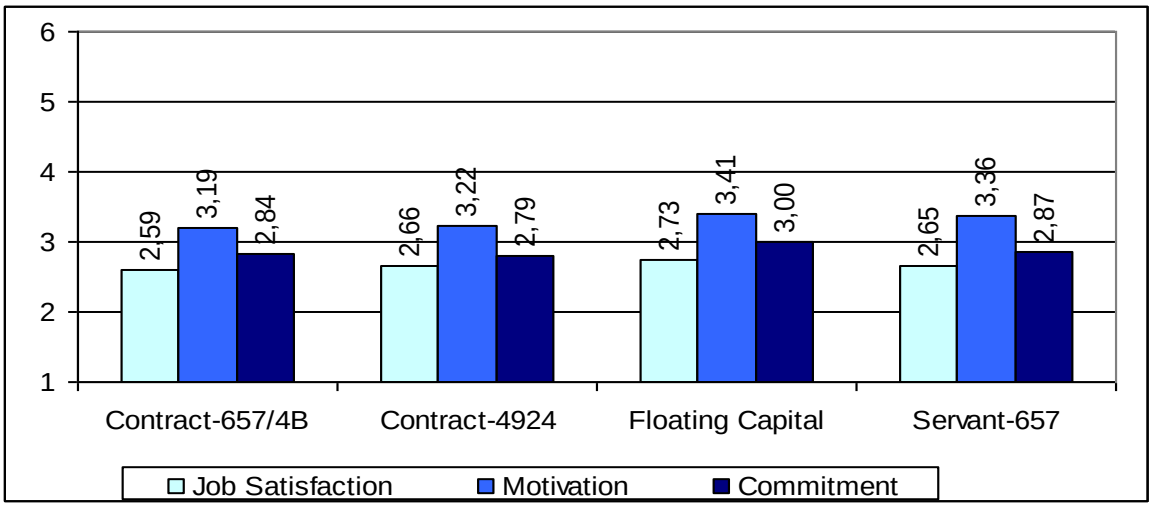

Figure 15. The Views of the Health Care Professionals concerning the Work Attitude Level in terms of the Types of Employment

The points of commitment are 2.84 among the personnel on contract under Law 4B, 2.79 among the personnel on contract under Law 4924, 3.00 among the professionals of the circulating capital, 2.87 among the public servants working under Law No: 657 . The most positive views concerning the additional payments based on performance came from the personnel on contract under Law 4924 (3.62). The most unfavourable views came from the public servants working under Law No: 657 (3.90).

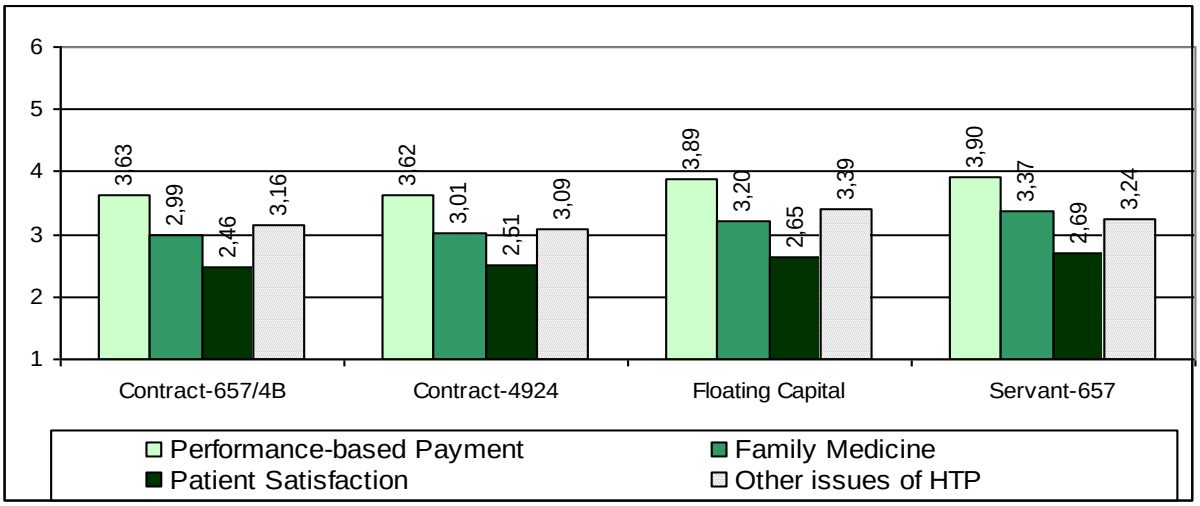

Figure 16. The Views of the Health Care Professionals Concerning the Health Transformation Program in terms of the Types of Employment

The most favourable views concerning the family medicine practice came from the personnel on contract under Law 4B (2.99); the most unfavourable views came from the public servants working under Law No: 657 (3.37). The most favourable views concerning patient satisfaction came from the personnel on contract under Law 4B (2.46), the most unfavourable views came from the public servants working under Law No: 657 (2.69). While the most favourable views concerning the other issues of the Health Transformation Program came from the personnel on contract under Law 4924 (3.09), the most unfavourable views came from the professionals of the circulating capital (3.39).

4.4.8. The Views of the Health Care Professionals concerning the Work Attitude Level and the Health Transformation Program in terms of the Ways of Working

In Figure 17 and 18, health care professionals work attitude level and the Health Transformation Program in terms of the schedule type are presented. According to this, the job satisfaction is at its highest in the professionals working only during the day shift (2.54), it is at its lowest in the professionals working in shifts (2.78). Motivation is at its highest in the professionals working only day shift (3.18), it is at its lowest in the professionals working in shifts (3.48). Commitment is at its highest in the professionals working day shift (2.75), while it is at its lowest in the professionals working in shifts (3.09).

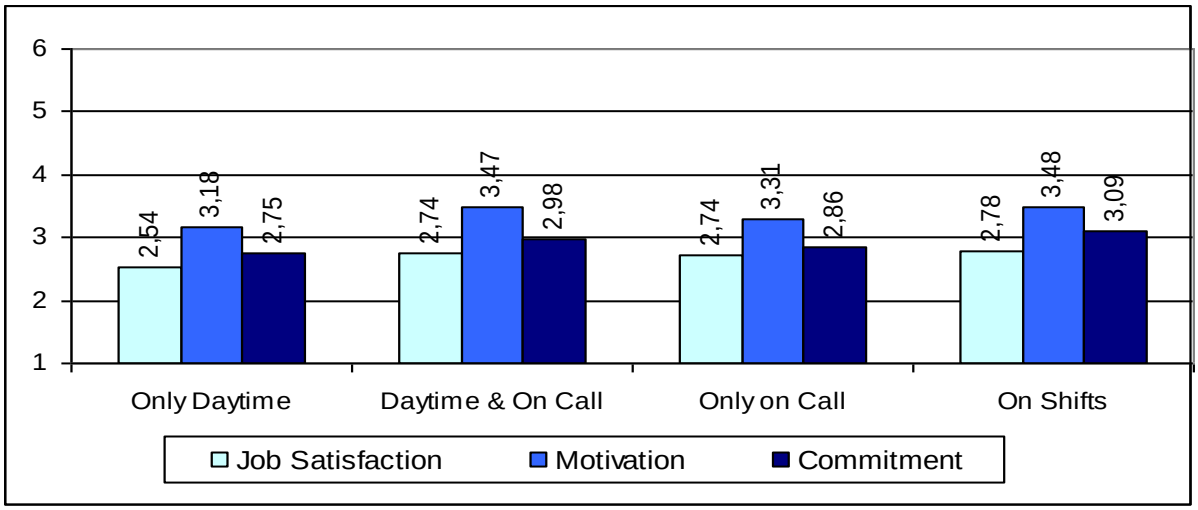

Figure 17. The Views of the Health Care Professionals Concerning the Work Attitude Level in terms of the Ways of Working

The most favourable views concerning the additional payment based on performance came from the professionals working only day shift (3.78), the most unfavourable views came from the professionals working in shifts (4.06). The most favourable views concerning the family medicine practice came from the professionals working only day shift (3.21), the most unfavourable views came from the professionals on duty additional to working day shift (3.33). While the professionals working only on dayshifts (2.58) possessed the most favourable views concerning the patient satisfaction, the professionals working in shifts (2.79) informed the most unfavourable views.

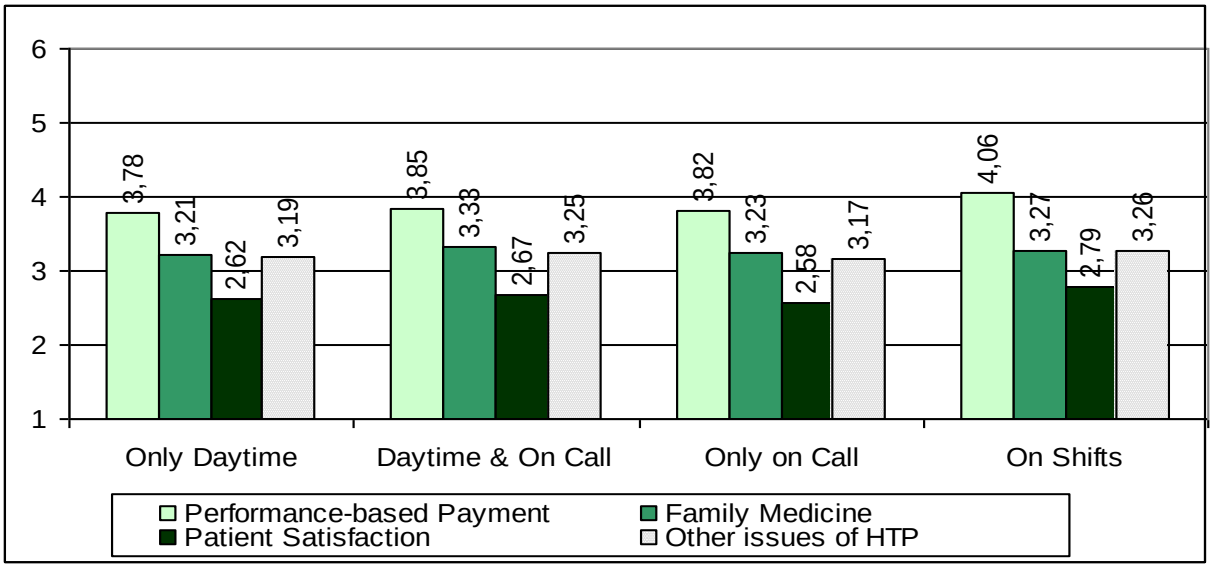

Figure 18. The Views of the Health Care Professionals concerning the Health Transformation Program in terms of the Ways of Working

While the professionals working only on day shifts (3.17) had the most favourable views concerning the Health Transformation Program, the professionals working in rotating shifts (3.26) held the most unfavourable views. These differences are not statistically significant.

4.5. The Question Analysis of the Health Care Professionals Regarding the Work Attitude Level and the Health Transformation Program

Figures from the Figure 19 to the Figure 25 present the analyses of the answers, which healthcare employees gave to the questions about job attitudes and the Health Transformation Program. These analyses contain the total scores of the answers of healthcare employees to the questions in respective segments. Accordingly, the attitudes and views of respective healthcare employees become negative as total scores of the question items grow.

The analyses also give the percentages of the question items in respective segments and a percentage indicates the total weight of the respective question item in that segment that is the share of a question item in percentage in total scores is included in this part of the survey. Based on this principle, the tables were scaled beginning with the most negative one and moving up to the most positive one.

At the end of the analyses following this path, the most positive or the most negative answers that healthcare employees gave to the question items about job attitudes and the Health Transformation Program were identified and afterwards, it was investigated if these positive or negative answers varied by region, healthcare service level, settlement area or profession.

4.5.1. The Question Analysis of the Job Satisfaction

In Figure 19, an analysis of the answers that the health care professionals provided for the questions concerning the levels of job satisfaction is presented. The situations in which the health care professionals have the most favourable opinions regarding the job satisfaction are as follows:

- The 82.6% of the professionals answered positively to the question "My job satisfaction is relative to patients satisfaction". The most favourable answer to this question came from the managers (90%).

- The ratio of the health care professionals who state that they are respected among their colleagues is 81.9%. This ratio does not differ in terms of region, service line, profession and settlement.
- 76.6% of the health care professionals give a favourable answer to the question "my task is compatible with my knowledge and skill", no difference has been found among the other variables.
- 76.3% answered positively to the question "I have no communication problems with the population I provide service to". With variations among professions, the managers again responded to the question with a ratio of 90.3% positive.
- The ratio of the health care professionals holding the view that our team is professional is around 70%. While the health care professionals respond to this question positively around the same average, only the 58.8% of the managers stated that they agree with the fact that their team is competent.

According to this, the health care professionals are satisfied with the communication with their workmates, with the work itself and with the relations with the public they are providing service to.

When looking at the issues where job satisfaction was low, it is observed that the health care professionals are not satisfied with the lack of infrastructure and equipment, with the supervision and the reasons of this disatisfaction are listed as follows;

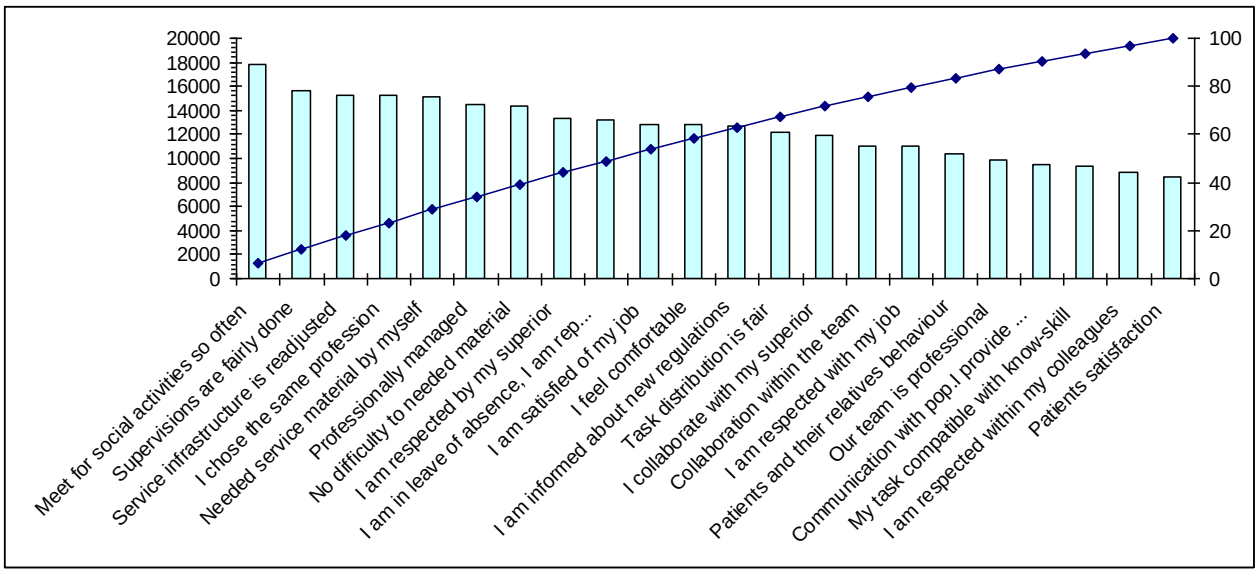

Figure 19. The Views Regarding the Answers the Health Care Professionals Gave for the Job Satisfaction Questions

- The 21% of the health care professionals answered as "We meet out of the office for "social" activities so often". This ratio does not differ in terms of region, service line, profession and settlement.
- The ratio of the health care professionals stating that "I believe the supervision is fair" is 36%. While the ones who think the most positively are the workers of Provincial Health Directorate (48.6%), it is concluded that there is no difference between the other professions and variables.
- The ratio of the health care professionals stating the view that the service infrastructure is timely and can readjust to changing needs is around 33%. In terms of the professions, with managers agreeing with this statement 62.7% of the time, while the other professions answer to this average. In other words, managers do not think there are problems in readjusting service infrastructure to changing needs, which is different from the view of all other healthcare employees.
- Only the 43% of the health care professionals answered as "If I need to choose a new profession it will be the same". Only the 35% of the nurses answered this question positively.
- The ratio of answering as "I procure the needed service material using my personal means" is 35.1% among the health care professionals. Family medicine practitioners answered 87.2% positively to this question.

4.5.2. Motivation Question Analysis

In the question based motivation analysis, the opinions of the health care professionals which are in the best and in the worst condition of their work are in Figure 20.

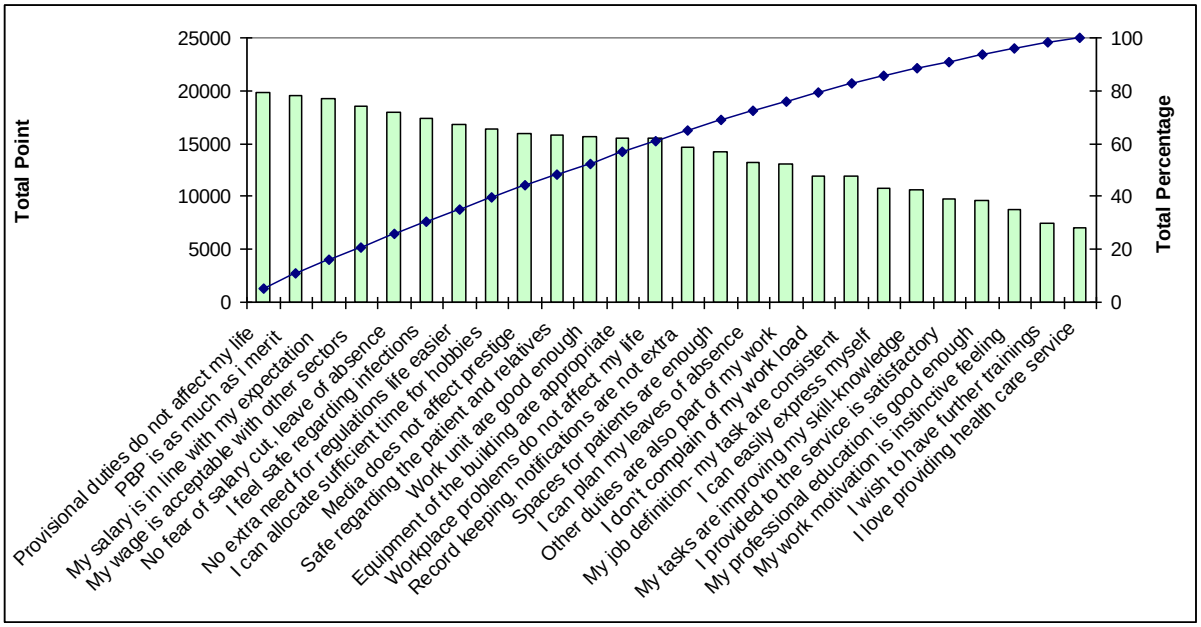

Figure 20. The Views Regarding the Answers that the Health Care Professionals Gave for the Motivation Questions

The factors influencing the motivation of the health care professionals positively are about the profession itself, education and the questions concerning the positive assessments are given below;

- The 84.8 % of the health care professionals are responding to the question "I love providing health care service" positively.
- The 83.1% of the health care professionals gave a positive answer to the statement "I wish to have further trainings suitable to my current duty and related to my job".
- The health care professionals stating that "My work motivation is an instinctive feeling" is 70.5 %. Only the university professionals stated less positive answer in this matter (59.7 %).
- The 66.8% of the health care professionals indicated that they agree with the

statement “my professional education is good enough for the service I provide”. This ratio does not differ in terms of region, service line, profession and settlement.

- The ratio of the health care professionals stating that “The service I provided to the service users is satisfactory” is 64.9%.

Based on the analysis the factors decreasing motivation of personnel giving the health care service are temporary assignments and factors concerning income. The conditions that the health care professionals perceive as having a negative impact on motivation are as listed below:

- Only 12% of the health care professionals stated that “Provisional duties do not affect my individual life”. When examined the favourable and unfavourable answer ratio given to the question in terms of other variables, it is seen that there is no difference between them.
- Only 14.5% of health care professionals answered yes to “my performance based extra payment is as much as I merit” while 64.1% answered no. The most favourable answers came from the managers (26.0%) while the most unfavourable answers came from assistant (75.2%) and nurses (69.2%).
- 14.6% the health care professionals give a positive answer to the question “my salary is in line with my expectation”, two third of the professionals (61.1%) responded negatively. This ratio does not differ in terms region, service line, profession and settlement.
- The ratio of the health care personnel stating that “my wage is acceptable when compared with other sectors” is only 17.6%. Examined in terms of professions, it is seen that the 71.6% of the family doctors answered this question positively, that there is no difference in terms of other professions.
- 27.1% of the health care professionals stated that they do not fear of salary cut during their leave of absence. More than half of the university hospital professionals (53.8%) and the family medicine practitioners (57.7%) do not have such a worry.

4.5.3. Commitment Question Analysis

In the analysis made concerning the commitment, the opinions of the health care professionals which are in the best and in the worst condition are shown in Figure 21.

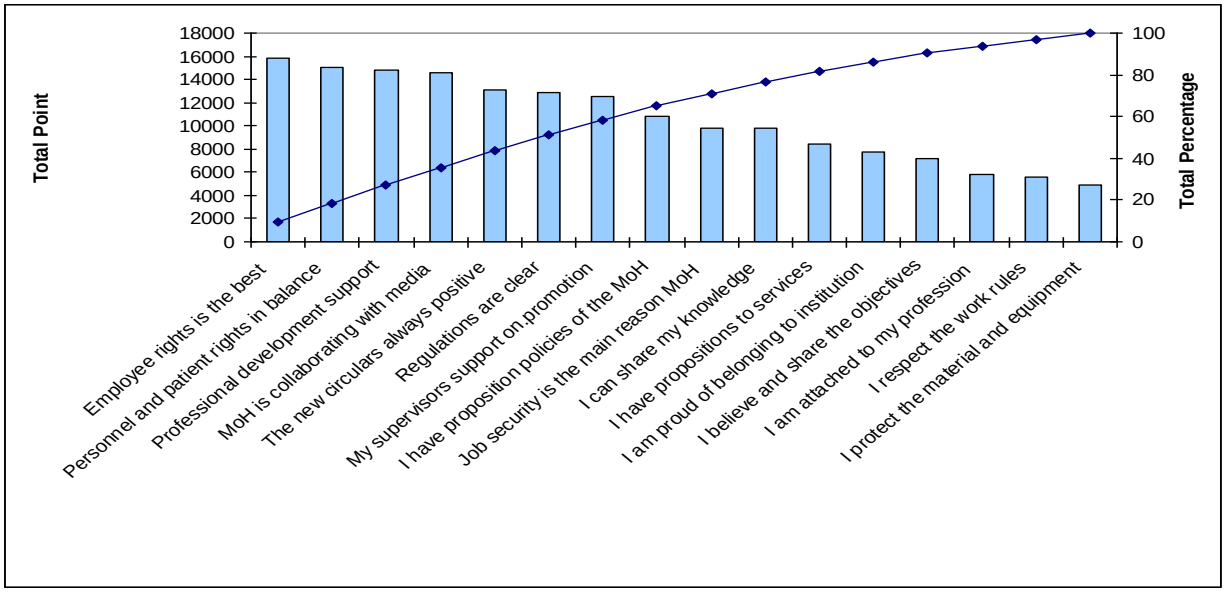

Figure 21. The Views Regarding the Answers that the Health Care Professionals Gave for the Questions on Commitment

The questions displaying the commitment of the health care professionals and the ones they gave the highest points are as follows:

- 96.5% of the personnel responded the question "I protect the material and equipment of the service unit as if they are my own" affirmatively whileonly 0.3% of them answered negatively. When looking in terms of professions, while all the other professions answered somewhere around 95 – 97% as approved to the question, it is seen that the 100% of the managers answered this question positively. In terms of approval and disapproval of the health care professionals, there are no differences between the variables of region, service line and settlement.
- 93.2% of the personnel replied the to commitment question "I respect the work rules of the service unit" as "I agree". The ratio of the undecided personnel is 5.4%. There was no difference between the variables of region, service line, profession and settlement.

- 88.2 % of the personnel answered the question “I am attached to my profession”, which one of the questions intended to measure the commitment of the health care professionals, as “I agree”, while 1.4% of them answered “I do not agree”. In terms of approval and disapproval, there is no difference regarding the region, service line, profession and settlement.
- In response to the question “I believe and share the objectives of the service unit in which I work”, 74% of the health care professionals agree, while 4% of them disagree. When looking in terms of professions, it is concluded that this ratio goes up to 92% in the managers, in all of the other professions this ratio is somewhere around 70 – 76%. On the other hand, the approval level, which is somewhere around 70% in the other stage personnel, is up to 80% in the first line personnel and in the managers of the Provincial Organization of Ministry of Health.

The factors reducing the commitment are again concerning advancement, promotion, and personal rights. The health care professionals feel less committed because of the following issues:

- 13% of the personnel answered the question “The health sector is the best among the public sectors in regards to employee rights” as “I agree”, while 49% of them answered as “I disagree”.
- The ratio of the personnel, whose opinion is that personnel and patient rights are considered in a balanced manner, is 17.1%. 41.6 % of health care personnel are not of the opinion that both of the rights are being handled in a mutual balance.
- 18% of the health care professionals answered the question “there is sufficient legal support on professional development and progress” as “I agree”, while the 41.8 % of them answered as “I do not agree”.
- 17,1 % of the health care professionals answer the question “MoH is collaborating with media in a way to improve my profession prestige” as “I agree”, while 40.5% of them answered as “I do not agree”.

4.5.4. Question Analysis of the Additional Payment Based on Performance

In the analysis made regarding the Additional Payment Based on Performance, the opinions of the health care professionals, which are in the best and in the worst condition are displayed in Figure 22.

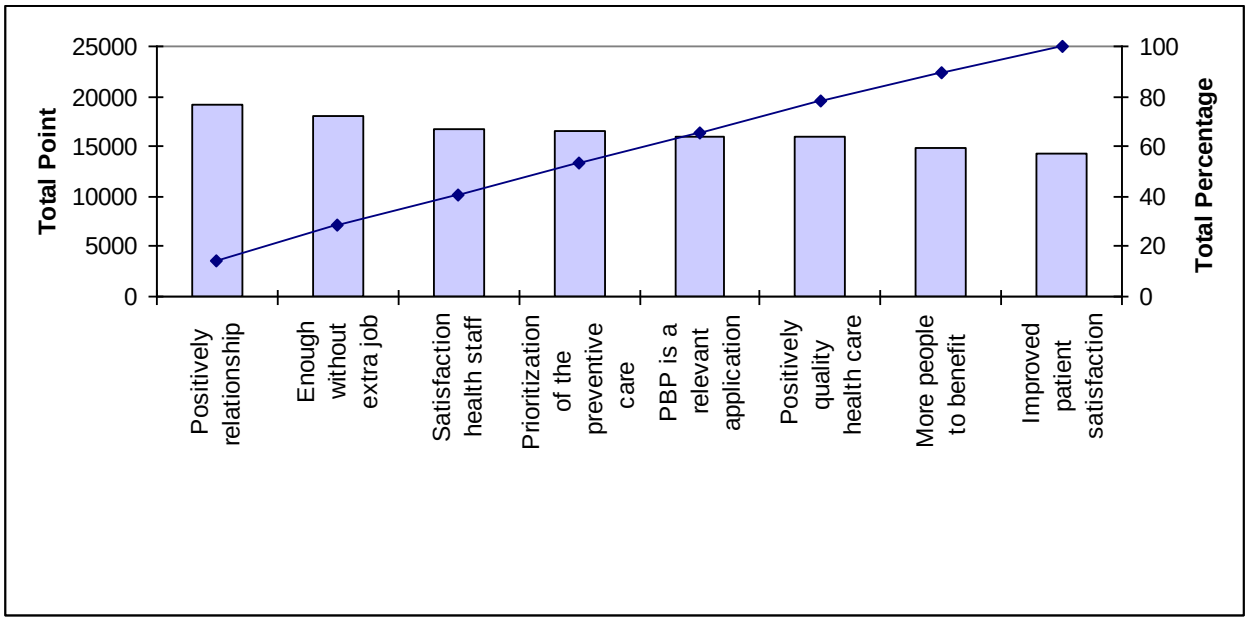

Figure 22. The Views Regarding the Answers That the Health Care Professionals Gave for the Questions on Additional Payment Based on Performance

The favourable views of the health care professionals on this matter are;

- The 39.4 % of the health care professionals answered positively the question "Since the payment based on performance pays attention to the patient satisfaction, the patient satisfaction has improved".
- The ratio of the health care professionals believing that performance-based payment allows more people to benefit from health care services is 35.8 %. However, the ratio of the managers is higher with a 67.4 % ratio.
- The 31.4 % of the health care personnel answered as "Performance-based Payment positively effects the quality of health care". When looked in terms of variables, it is concluded that there are differences among the professions, the approval ratios of family doctors (53%) and the managers (65.3%) are higher than the other health care professionals.

The unfavourable views concerning the payment based on performance are as follows;

- While the ratio of the health care professionals stating that "Performance-based Payment affects positively the relationship between health care providers" is 15%, the ratio of the health care professionals giving the answer "It does not have positive influence" is approximately 50%. This ratio does not differ in terms of region, service line, profession and settlement.
- While 21.2 % of the health care professionals think that the performance-based payment is sufficient to live upon without having an extra job, the ratio of the health care professionals thinking the vice-versa is around 40%. While the family doctors (59%) and the managers (41%) are the professionals thinking most positively in this matter, the group that is proclaiming the least positive opinions are the nurses (13%).
- The ratio of the health care professionals who think that that the performance-based payment has created general satisfaction among health staff is 26.7%, the ratio of the health care professionals not satisfied with the application is 33.1%. The groups that are most satisfied with the application are family doctors and the practitioners working in the hospital (46%).

4.5.5. Question Analysis of Family Practice

In the analysis made concerning the family practice, the opinions of the health care professionals which are in the best and in the worst condition are presented in Figure 23.

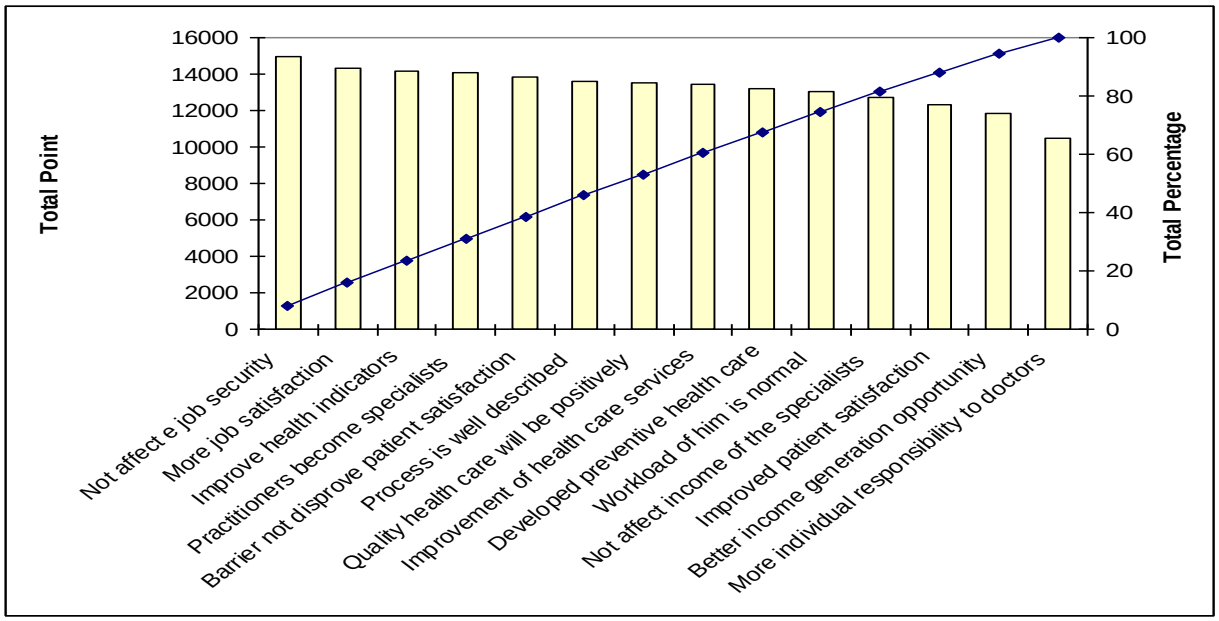

Figure 23. The Views Regarding the Answers That the Health Care Professionals Gave for the Questions on the Family Medicine Practice

The most favourable views concerning the matter are listed below;

- The 59.1% of health care professionals answered affirmatively to the question "Family practicegive more individual responsibility to doctors". The family medicine practitioners gave a more positive answer to this question with its 93% of ratio.
- The ratio of the health care professionals stating that "Family medicine practice is going to offer a better income generation opportunity" is 46.7%. Managers, family medicine practitioners and the practitioners in proportion to the other health care professionals gave a more favourable answer to this question and this ratio is approximately 70%.
- While the 39.4% of the health care professionals gave a favourable answer to the question "Family medicine practice improved patient satisfaction", this ratio goes up to 80 % among family medicine practitioners.

The unfavourable views are as follows;

- 30% of health care professionals feel that job security may be affected positively or by contracted work with the family medicine practice are the same, however

30% also feel that it will be effected negatively. This ratio does not differ in terms of region, service line, profession and settlement.

- 28.3 % of the health care professionals answered “family practice provided more job satisfaction”. The professions giving a higher answer to this ratio are family medicine practitioners (67%) and the managers (53.7%).
- The ratio of the health care professionals answering positively to the question “health care indicators will improve with the family practice” is only 30%. 30% answered this question negatively. Family medicine practitioners (56.7%) and managers (60.5%) answered this question more positively than the other professions.

4.5.6. Question Analysis of Patient Satisfaction

In the analysis made concerning the patient satisfaction, the opinions of the health care professionals about which are in the best and in the worst condition are shown in Figure 24.

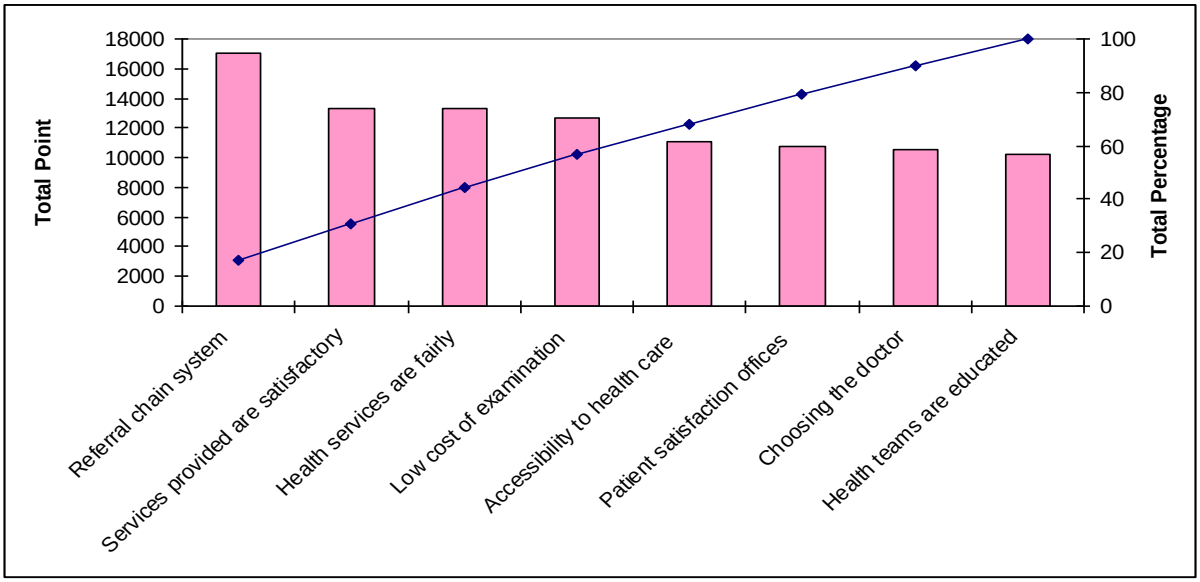

Figure 24. The Views Regarding the Answers that The Health Care Professionals Gave for the Questions on the Patient Satisfaction

Patient satisfaction has a direct impact on health care professional job satisfaction and the factors that health care professionals feel have had a positive impact on patient satisfaction are as follows:

- 70% of the health care professionals think that the patient satisfaction went up because of the fact that health teams are educated and respectful. In terms of the other variables, this ratio does not differ.
- 67.2% of health care professionals felt that “patient satisfaction is improved; since patient can decide in choosing the doctor”while only 8% did not feel this was the case.
- 65.7% of the health care professionals gave a favourable answer to the question, “Patient satisfaction is improved; since the patient satisfaction offices were created.” This ratio does not differ in terms of a region, service line, profession and settlement.

The unfavourable factors are as follows;

- While the 26.7 % of the health care professionals think that patient satisfaction is improved due to the creation of the referral chain system, 35.1 % of them think it is not going to positively influence patient satisfaction.
- The question “Patient satisfaction is improved since services provided are satisfactory” was answered positively 45% of the time. This ratio does not differ in terms of age, settlement, gender, service line, profession and duration of service.
- While the ratio of the health care professionals stating that “patient satisfaction is improved since the health services are fairly dispersed” is approximately 45%, the ratio of unfavourable response to this question is 14.7%. The fact that the favourable responses given to the last two questions are higher arises from the fact that the health care professionals think more positively concerning the patient satisfaction as compared to the other variables.

4.5.7. The Question Analysis of the other Components of the Health Transformation Program

In the analysis made regarding the other components of the Health Transformation Program, the opinions of the health care professionals which are the best and the worst conditions are displayed in Figure 25.

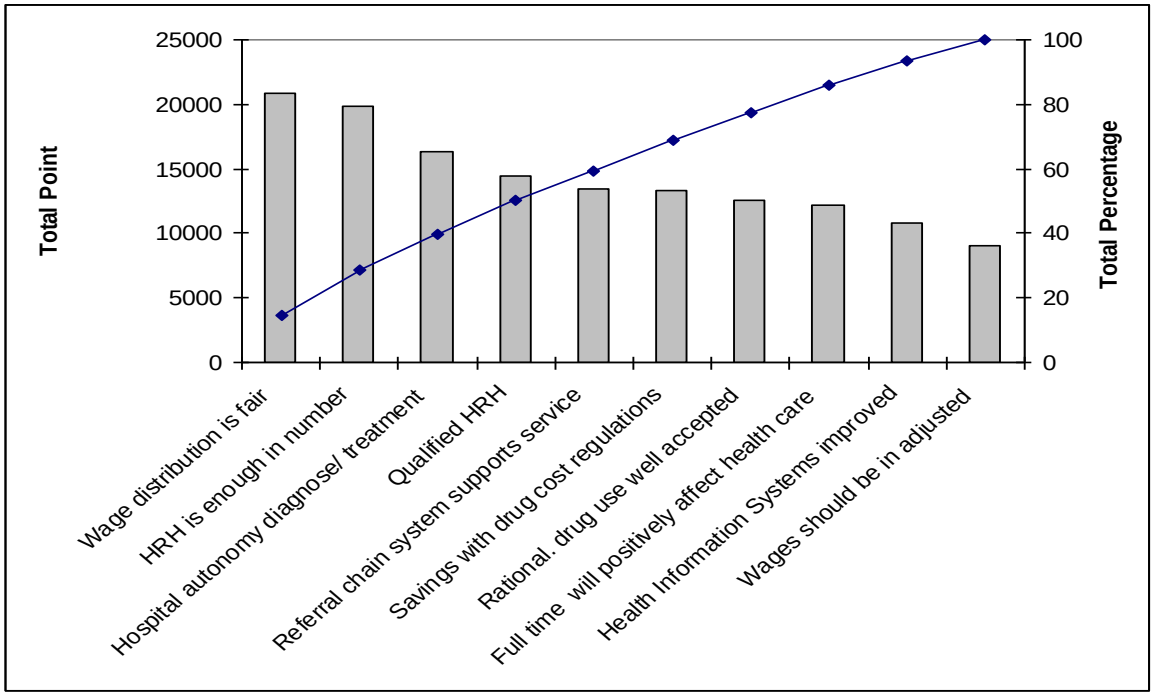

Figure 25. The Views Regarding the Answers that The Health Care Professionals Gave for the Questions on the Other Components of the Health Transformation Program

According to this, health care professionals look at the developments regarding the health information system, at the full-time law and the medicine positively. The details of the analysis are:

- The ratio of the health care professionals stating that the wages should be adjusted to duty difficulties is 75%. This ratio does not differ in terms of region, service line, profession and settlement.
- The 60% of the health care professionals think that the registration and the transmission of the health information system are more reliable.
- The half of the health care professionals thinks that the full time law is going to affect the health care service positively. The profession with the most positive feelings on this matter is the managers with their answer at 80%. In a comparison made between the assistants working at the Ministry of Health and in the university, it is seen that 44% of the assistants working in the university and 35% of the assistants working in the Ministry think that the full time law is going to influence the health care services positively. For specialists at the university this ratio is 44 % and for specialists of the Ministry of Health it is 38%.

Revenue justice, quantitative inadequacy, gaining autonomy is are phenomenon that are viewed unfavourably and the problems in question are as follows;

- Only the 8% of the health care personnel think that the wage distribution of health personnel is fair among the health care professionals, whilemore than 60% did not respond to this question positively. This ratio does not differ in terms of region, service line, profession and settlement.
- 12.5% answered positively the question “There are enough Human Resources for Health” while 57.9% answered this question negatively. While the one third of the specialists are like-minded in this matter, the professions answering this question the most negatively are the assistants (69.8%), and the nurses working at the hospitals (71.8%).
- The other matter that the health care professionals view as the most unfavourable is the hospitals gaining autonomy. 27% of the personnel believe that the hospital autonomy will lead to better diagnose and treatment services. The assistants working in the Ministry of Health (19.2%) answered this question less positively with regard to their counterparts working in university (30.2%). There is no difference in terms of the specialists.

4.6. Health Care Professionals' Views on Other Issues

In this section, an analysis of the forth section of the survey is presented.

4.6.1. Health Care Professionals' Views on Formal and Informal Education

The views of health care professionals on formal and informal education are listed in Table 4.

Table 4. The Views of Health Care Professionals on Formal and Informal Education

Formal Education	**Percentage**
Sufficient	52.9
Insufficient	43.5
No Answer	3.6
Total	**100.0**
Informal Education	
Sufficient	46.0
Insufficient	50.4
No Answer	3.6
Total	**100.0**

According to this, more than the half of the health care professionals (52.9%) find the formal education available sufficient In addition, more than the half (50.4%) find the common-public education sufficient. When both questions are stratified by profession, the assistants give more negative answers in proportion to the other professions, and only one third of the assistants find the formal or in service training sufficient.

4.6.2. The Health Care Professionals' Views on Working On Contract

Health care professionals currently not working on contract responded to the questions aimed at establishing the opinions of the health care professionals about working on contract have a negative view of working under contract. Only 32% of health personnel did respond to this question positively. For those working on contract, it is found that for health care professionals it is important that the recognition of the right to be a public servant after a certain duration of service, assignment to a better region and the lack of preclusion of any martial/familial status after a certain duration of service. However around 53% of health workers do not work under contract. In the analysis aimed at the wage rise for those who work on contract, it is seen that when the salaries of the doctors and the practitioners (excluding the circulating capital) rise 4.5 times, and when the salaries of the midwives and the nurses rise 4 times, health care professionals lean toward working under contract.

4.6.3. The Health Care Professionals' Views on Working in Rural Areas

The opinions of the health care professionals regarding working in rural areas, whose development and services are lower than that of urban areas, was collected overall, health care professionals do not favor working in the rural areas. The concerns and difficulties inherent in working in rural areas include the lack a service infrastructure, sufficient personnel support for teamwork, the ability to maintain family unity when both spouses work or children are enrolled in urban schools, the opportunity to be assigned to a better area after certain duration of service, existence of a housing estates, flexible working regimes and personal security. However, as seen in the analysis presented earlier, if salaries (excluding the circulating capital) of the doctors and the practitioners rise 4.5 times and the salaries of the midwives and the nurses 4 times, health care professionals lean toward working in the rural areas.

4.6.4. The Health Care Professionals' Views on Full Time Work

Two questions were posed to doctors in the study to assess health professionals' views on full time work. These questions are “If the full time law is not implemented, I have the intention to choose the option of half-day work” and “If the full time law is implemented, I am going to leave the public service”. When the averages of the answers given to the questions are examined, the doctors (59.5%) are not going to choose to the half-day if the full time law is not implemented or they (66.5%) are not going to leave the public service if the full time law is implemented.

4.6.5. The Health Care Professionals' Views on Working Abroad

The opinions of the health care professionals concerning working abroad were tried to be established via these three questions;

– I think about working abroad because there are better job opportunities,
– I think about working abroad because there are better living standards,
– I would like to work abroad for the education of my children.

When the responses to the above questions are analyzed, it is seen that health care professionals do not lean toward working abroad (80 %). The factor affecting the will to work abroad the most is the one concerning the education of the children.

4.6.6. The Health Care Professionals' Views on Justice in Assignment

The survey question aimed at establishing the health care professionals' opinions concerning whether work assignments are fair or not, it is seen that the 60 % of the health care professionals do not find their assignments fair. When looked in terms of profession, it is concluded that there is no difference in the health care professionals' negative views for this matter.

5. CONCLUSION AND SUGGESTIONS

Because of the fact that the health care personnel are in one to one relationship with the public and provide a vital service, any loss of motivation or dissatisfaction due to work has an impact on every layer of the society. Dissatisfaction of health care personnel with their jobs can translate into reduced patient satisfaction and lower quality of care. Hence, it is necessary that the law-makers take this fact into consideration when implementing health care policies (5).

The recommendations based on the results of this study are as follows:

- If the variables examined here were to be ranked according to the average points of priority, the additional payment based on performance is the issue to be handled first. The main problems surrounding this issue are the deduction of the additional payment while on leave, the existence of big differences between the professions, and the uncertainty concerning the future of the additional payment. It is seen that there is a need for a revision of the performance assessment system in a way that the expectations of the additional payments are taken into consideration.
- Secondly, there is the low level of motivation among personnel. The low of motivation is essentially related to the problems of performance based payments and the

dissatisfaction felt from above mentioned issues. Besides that, infection risks and the fact that the temporary assignments affect the life of the professional negatively are among the factors decreasing motivation. If the consideration that the motivated personnel is going to work more efficiently and contribute more to the institution where he/she is working is taken into account, the importance given to the motivation of the health care personnel must be accepted as a basic necessity. In the study of Sağır (2004), where he examineed people working in six different sectors, he found out that health care professionals constitute the group with the lowest motivation among the sectors (17). The research of Ozer and Bakir (2003), which they conducted in order to establish the motivation level of the health care professionals, discovered that their motivation was effected by the following facts; 83.4% of the health care professionals who are in the scope of the research did not have the opportunity of improving their skills, 52.4% of them were deprived of any participation incentive, 67.7% of them did not have the opportunity for advancement and 81,1% of them were not satisfied with their profession (18).

Height of health care personnel's commitment, motivation and job satisfaction is important because it diminishes the work absences and leaving the place of work. This research shows that the level of job satisfaction of the health care professionals (2,65) is a bit higher than the average. This mirrors the results from the study conducted by Cam and Ark. (2005) on nurses and doctors that found that the health care professionals have a higher level of satisfaction than the average (19). Aiken and Ark concluded in their study, in which they investigated the job satisfaction of 43.000 nurses working in 700 hospitals in the U.S., Canada, England, Germany and Scotland, that the satisfaction of the nurses is high(20). On the other hand, in the research of Ergin (1997), in which he measured the job satisfaction of a mixed group of professions constituting workers, civil servants, managers, health care professionals, teachers and technical staff by using the Job Description Scale, it is found that the health care professionals are the ones who have the least job satisfaction (21).

The commitment of the health care professionals (2,87+0,75) is also on a higher level than average. In the research of Erdem (2007), concerning commitment which he conducted in the hospitals in Elazig, the level of commitment to the organization where they are employed of the health care professionals is higher than average (22).

Contrarily, in a research conducted by Eriguc (1994), it is concluded that the health care professionals are not committed to their institution (23).

- Job satisfaction and motivation are the most negative in the first and sixth regions, most positive in third and fourth regions and in the middle in second and fifth regions. All the views concerning the Health Transformation Program are the most negative in the first and second regions. The most positive views concerning this matter came from the health care professionals working in the fourth region. This situation can be explained greatly by the low of living standards in the sixth region and with the fact that the expectations are too high in the first region. The Kilic andTunc development index indicated that working in a low region effects job satisfaction negatively (24). According to Cimen (2000) the level of development of the region where one is working, does not have any effect on any of the variables (11). Regional differences are a key driver in health care personnel job satisfaction according to the literature. Hospital forums are also confirming this opinion. It is thought that while the attitudes found in the first region personnel are similar to those of the sixth region, despite their superior work environment, the problems of the first region personnel must be addressed using different approaches than those in the sixth region, It is essential that the problems facing the sixth region personnel, whose problems stem from environmental and social surroundings, are best addressed with measures such as better additional payment and/or a planned professional career.

- The Central Organization of the Ministry of Health and the Universities are the lines where the job satisfaction is the lowest and the third line follows them. The line where the job satisfaction is the highest is the workers of the Provincial Health Directorate. Motivation and commitment is the lowest in the university and the third line hospitals, in the personnel of the Provincial Health Directorate of the Ministry of Health and in the Central Organization of the Ministry of Health it is on the most positive level.

  The most negative views concerned the additional payment based on performance, family practice, patient satisfaction and the other Health Transformation Program are coming from the universities and from the third line hospitals; the managers of the Provincial Health Directorate and Central Organization of the Ministry of Health informed the most favourable views.

  Saygılı (2007) also found that the levels of job satisfaction and commitment of the

professionals working in administrative services are higher than the doctors, health care officer-nurse-midwives and the other health care professionals (25). In this study, it was found that the managers have more positive attitudes in many respects. However, the fact that the job satisfaction is low in universities contradicted the study of Saygun et al. (26). Saygun established the point of the highest job satisfaction in proportion to the other lines in university hospital. This difference can be explained with the fact that the study of Saygun only included specialists. The other studies are compatible with this study's findings. Seyhan et al. stated that the job satisfaction of the midwives working in the first line is higher than ones working in the second and third lines (27). Gigantesco et al. found the job satisfaction of the professionals working in the hospital lower than the professionals working in the polyclinics or in the private institutions (28).

- Views concerning the job satisfaction and family practice do not differ between the professionals working in the rural areas and in the urban areas. Views concerning motivation, commitment, and payment based on performance, patient satisfaction and the other issues of the Health Transformation Program differ between the personnel working in rural areas and the personnel working in the urban areas with the personnel in rural areas having higher job satisfaction. Similarly, Chaabad (2006) stated that in his research, which he conducted among 123 anaesthesia nurses working in the rural and urban areas in Michigan, the nurses working in the rural areas gain more job satisfaction in proportion to the ones working in the urban areas and that they are more committed to their organization (29). Sunter et al. also established that the health care professionals working in the rural areas have more satisfaction than the ones working in the urban areas due to the working and living conditions (30). It is natural for an employee who has less risk of a vertical or horizontal transfer, who does not have health care institution experience and who are in the beginning of their careers, if they also get on well with the community they are serving, to be motivated.

- Job satisfaction, motivation, and commitment are the highest in family medicine practitioners and managers. However, in assistants and nurses/midwives, job satisfaction, motivation and commitment are the lowest. When compared to a similar earlier nationwide study (Ergin-1995) assistant have lower job satisfaction, motivation and commitment to their institutions followed by nurses and midwives (31). When the role this profession is playing in the health care service and its proportionate size in

the health care human power are taken into consideration, it can be seen that the most important result of the research is regarding the nurses/midwives. It is can also be seen that the qualitative study issues are coming out as a basic source of the discomfort, that the personnel from this profession are working under hard conditions with devotion, undertaking the medical tasks of the doctor, however the share they gain from the circulating capital is proportionately much lower the doctor's share.

Views concerning the additional payment based on performance are the most positive in family medicine practitioners and in the managers and it is the most unfavourable in the assistants and nurses. Views regarding the family medicine practice are the most favourable in the family medicine practitioners, pharmacists and managers and it is the lowest in the assistants and specialists. The most favourable views concerning the patient satisfaction came from the family medicine practitioners and managers, while the views of the assistants and the specialists are the most unfavourable ones. The most favourable views regarding the other issues of the Health Transformation Program came from the family medicine practitioners and managers, while the most unfavourable views are from the assistants, specialists and nurses.

- With increased age, the attitudes and opinions of health care professionals regarding job satisfaction, motivation, commitment and Health Transformation Program, except those related to patient satisfaction, are more favourable. This situation is interpreted as, while the age advances, expectations concerning jobs are diminishing, that the relations with the workmates intensify, and that the opportunities for salary and promotion increase. Gigantesco et al. (2003) stated that the level of satisfaction increases relative to age (28). In a research made by Duygulu (2001), conducted in a hospital in Ankara, the relationship between the age and the commitment to an organization is favourable (32). According to the research, the views of the personnel between the ages 31-40, concerning the additional payment based on performance, family medicine practice and patient satisfaction are more unfavourable. This can be due to the greater difficulties that thethe middle age group is having in adapting themselves changes as compared to those at the beginning of their careers and the ones whose retirements are approaching.

- The views and attitudes of women concerning all the variables except patient satisfaction are more unfavourable in proportion to men. As for the gender-specific analyses, it is considered that female dissatisfaction is caused by the dissatisfaction od

nurses and midwives, who have played a significant role in sampling. The above mentioned result can be interpreted as the women personnel have work to do also at home outside of the workplace and for this reason they are exposed to more psychological pressure. Cimen and Sahin (1999) also noted that women are less satisfied with their job than men (33).

- The job satisfaction among married personnel is more positive then for singles. In their research conducted on 454 doctors, Sevimli and Iscan (2005) established that the married doctors have more job satisfaction than the single doctors (34).
- The attitudes and views of the health care professionals whose incomes are low are becoming more unfavourable. There is no significant difference in terms of patient satisfaction.
- With increasing time in a profession, the job satisfaction, commitment and the motivation of the health care professionals also increases. This situation can be attributed to adaptation to working conditions and accession to the professional level. According to the results found by Ataoglu et al. (2000), the practitioners, specialists and the academician doctors, job satisfaction of the doctors whose careers are longer is higher (35). In the research conducted by Taskaya (2009) of the personnel working in Adana Numune Hospital, it was found that with an increase in service years in the institution the commitment of the health care personnel also increased (36).
- There is a negative relationship between all of the variables, except additional payment based on performance and patient satisfaction, and weekly working hours. When weekly working hours decrease these variables become positive. In this case, it can be interpreted that the increase in working hours and workload may have a negative impact on the above mentioned attitudes and behaviours.
- Motivation is the highest in the personnel on contract under Law 4B, commitment is the highest in the personnel working on contract under Law 4924. While the most favourable attitudes regarding the components of Health Transformation Program are found among the personnel on contract under Law 4B and the personnel on contracted under Law 4924, the most unfavourable opinions are coming from the public servants working under Law No: 657 and the professionals benefiting from the Circulating Capital.
- The views on all of the variables of the professionals working in rotating shifts are

unfavourable. The most favourable views are coming from the ones working only the day shift.

- While the health care professionals find formal education partly sufficient, they do not find informal education sufficient.
- Health professionals who do not work on contract have unfavorable attitudes towards working on contract. However, when their salaries increase four times, excluding the circulating capital, they lean toward working on contract.
- Despite the improvements occurring in the rural areas, the health care professionals do not favor working rural areas. However, when their salaries increase four times, excluding the circulating capital, they lean toward working in rural areas.
- In case the that the full-time law is not implemented, doctors do not want to choose the half-time or to leave the public service while full-time law is implemented.
- It is seen that the health care professionals do not look at working abroad positively.
- It is found that the health care professionals do not find the assignments fair.

In different health care institutions and across different types of health care personnel, job satisfaction studies have been conducted on a small scale in Turkey. The Healthcare Employee Satisfaction Survey is the first satisfaction research conducted nationwide, comprising all of the health care professions and representing the entire country. For this reason, its results are a reference for developing health care policies, making policy decisions and as the basis for future research.

Apart from being a national reference, this study allows policy makers to track the changing attitudes to the Health Transformation Project over time. Along with the research (Ergin 1995) conducted before the Health Transformation Program, the interaction of the job satisfaction and Health Transformation Program over time can be assessed. However, because many external factors (social and economic, demographic and cultural change) no conclusions about the Health Transformation Program can be drawn from this study.

The Healthcare Employee Satisfaction Survey must be considered as a beginning rather than an end point. The effects on the health care professionals of the Health Transformation Program and other projects and applications which are going to be implemented in the future key indicators of the program's success. A research serial, to

suggest improvements, changes in driection and to provide feedback to the Health Transformation Program is going to be started. Healthcare employees' satisfaction and job satisfaction assessments, as long as it becomes routine activity, are going to be useful to track and to identify the problems and successes of the Health Transformation Program. For this reason, the assessments made and the results obtained in this study are going to be a basis for the studies which are going to be conducted in the future.

By broadening the aims of the existing research, such as Turkey Population and Health Care Survey, through the use of specialized and targeted survey modules, not only the satisfactions, views and the suggestions of all the stakeholders - the ones making policies, the ones administering the policies, the ones giving service under the policies, and the ones receiving service made available by those polices- can be taken. But also by narrowing the aims and the target population in a more focused manner, studies on the city, service area and institution level, can be conducted. We believe that with a greater number of such studies, the data necessary to monitor the success of the Health Transformation Program can be collected, analyzed and acted upon for future improvements to the health care system in Turkey.

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ANNEX

ANNEX 1 :HEALTHCARE EMPLOYEE SATISFACTION SURVEY QUESTIONNAIRE FORM

TURKISH REPUBLIC MINISTRY OF HEALTH
INSTITUTE OF HEALTH
PLEASURE AND JOB SATISFACTION OF HEALTH PERSONNEL SURVEY
QUESTIONNAIRE

PARTICIPANT ID No ☐ ☐☐☐☐☐

DETAILS OF PLANNED INTERVIEW

1. Number of selected participants in this facility ☐☐☐
2. Number of currently available participants ☐☐☐

DESCRIPTIVE INFORMATION

Profile of the facility;

Region: ☐

Province Code: ☐☐

Type of Location: ☐

Facility Code: ☐☐☐

Service Level: ☐

1. Primary Level
2. Secondary Level
3. Tertiary Level
4. University Hospital
5. Prov./District Man.
6. MoH CO

Name of the facility: _____

_____

INTERVIEW RESULT

Interviewed: ☐ Date: __/__/__

Not Interviewed: ☐

- □ Appointed
- □ Annual Leave
- □ Administrative Leave
- □ Sick Leave
- □ Rejected Interview
- □ Resigned
- □ Other

_____

_____

PARTICIPANT'S

Profession ☐
Specialisation ☐
Academic Title ☐
Administrative Title ☐

INTERVIEW'S

Start: ☐☐:☐☐

Finish: ☐☐:☐☐

Head of Team ☐☐ Interviewer ☐☐ Data Input ☐☐

Part One: Basic Characteristics of the Participant

101 Year of birth Last two figures [ ][ ] 101

102 Sex 1.Female; 2.Male [ ][ ] 102

103 Profession (Please specify) _____ [ ] 103

ONLY PHYSICIANS WILL REPLY THE BELOW QUESTION 104

104 Specialty in medicine _____ [ ] 104

1.G.P., 2.FAMILY PHYSICIAN, 3.RESIDENT 4.INTERNAL 5.SURGICAL 6. ELEMENTARY

THE BELOW QUESTION 105 IS ONLY FOR THE UNIVERSITY AND THIRD LEVEL HOSPITALS

105 Academic title _____ [ ] 105

1. NONE, 2.POSTGRADUATE, 3.PhD. 4.ASSISTANT PROF. 5.ASSOCIATE PROF. 6.PROFESSOR

106 Years spent in this profession Completed # of years (Integer) [ ][ ] 106

107 Year of work spent in this town Completed # of years (Integer) [ ][ ] 107

108 Years spent in this facility Completed # of years (Integer) [ ][ ] 108

109 Number of workplaces you have worked so far in your profession [ ][ ] 109

110 Contract type (select one of the below) _____ [ ] 110

1. CONTRACTED-657/4B, 2.CONTRACTED-4924, 3.REVOLVING FUND, 4. 657-CIVIL SERVANT

111 Type of work (select one of the below) _____ [ ] 111

1. DAY ONLY, 2. DAY + NIGHT GUARD, 3.SHIFT, 4. OTHER

112 Average work hours a week included guards [ ][ ][ ] 112

113 You spend what proportion of your daily work for managerial tasks? [ ] 113

1.HAVE NO MANAGERIAL TASK, 2.ALSO HAVE MANAGERIAL TASK, 3.PROVIDE ONLY MANAGERIAL TASKS

114 Civil status *1.Married, 2.Not married* [ ] 114

115 Shelter type (SELECT THE MOST APPROPRIATE FROM BELOW) [ ] 115

1.GUESTHOUSE, 2.RENT, 3.OWNER, 4.HOTEL, 5.RELATIVES, 6.OTHER

116 Your monthly income (Income of spouse and other incomes included)* [ ] 116

* 1) ≤750, 2) 751-1500, 3) 1501-3000, 4) 3001-5000, 5) 5001-7000, 6) ≥7001

117 Is there theatre hall sport facility or cinema within your reach? (1.Yes, 2.No) [ ] 117

Part Two: Job satisfaction, motivation, and commitment

1: Fully agree 2: Agree, 3: Partly agree,
4: Partly disagree, 5: Disagree, **6: Fully disagree**

201	I am satisfied of my job in general		201
202	My task is compatible with my knowledge and skill		202
203	Service infrastructure is timely readjusted to the changing needs		203
204	I have no difficulty to procure needed material for my service		204
205	I am respected and apprehended by my superior		205
206	I believe the supervisions are fairly done		206
207	The service unit in which I work is professionally managed		207
208	I am informed about new regulations by my superiors		208
209	I collaborate with my superior to solve work problems		209
210	I am respected within my colleagues		210
211	I feel comfortable here		211
212	Task distribution is fair within the team		212
213	Our team is professional		213
214	There is a perfect cooperation and collaboration within the team		214
215	When I am in leave of absence, I am replaced by a colleague		215
216	We also meet out of the office for "social" activities so often		216
217	Conduct of the patients and their relatives are mostly positive to me		217
218	I have no communication problems with the population I provide service		218
219	I am respected and understood within the community because of my work		219
220	If i need to choose a new profession it will be the same		220
221	My job satisfaction is relative to patients satisfaction		221
222	I procure the needed service material using my personal means		222
231	I love providing health care service		231
232	I don't complain of my work load		232
233	My salary is in line with my expectation		233
234	My performance based extra payment is as much as i merit		234
235	I have no fear of salary cut during my leave of absence		235
236	My wage is acceptable when compared with other sectors		236
237	My job definition and my task are consistent		237
238	The service i provided to the service users is satisfactory		238
239	The duties other than my professional tasks are also part of my work		239
240	Provisional duties do not affect my individual life		240

THE BELOW QUESTION 241 WILL BE FILLED ONLY BY MIDWIVES and NURSES

241	I have no transport problems in outreach services		241

242 Record keeping, notifications and correspondences are not extra work burden [ ] 242

243 Workplace problems do not affect my personal life [ ] 243

244 I can plan my leaves of absence as i want within the limits of means [ ] 244

245 Media does not affect my professional prestige negatively [ ] 245

246 I can allocate sufficient time for hobbies or sportive activities [ ] 246

247 I feel no extra need for regulations making my personal life easier (as below) [ ] 247

GUESTHOUSE, LUNCH, CHILDCARE, SHUTTLE, AFTER SCHOOL STUDY FOR CHILDREN

248 I feel safe regarding (nozocomial) infections [ ] 248

249 I feel safe regarding the patient and their relatives [ ] 249

250 Structure and equipment of the building are appropriate to the needs of the work [ ] 250

251 The work and living spaces of the work unit are good enough for the personnel [ ] 251

252 The spaces established for patients are enough within the limits of means [ ] 252

253 My professional education is good enough for the service i provide [ ] 253

254 My tasks in this service unit are improving my skill and knowledge [ ] 254

255 I wish to have further trainings proper to my current duty and related to my job [ ] 255

256 I can easily express myself upon all subjects in the work medium [ ] 256

257 My work motivation is an instinctive feeling [ ] 257

271 I am attached to my profession [ ] 271

272 I have enough time to share my knowledge and skill with my colleagues [ ] 272

273 I always have propositions to improve the services of this service unit [ ] 273

274 I always have propositions upon the policies and implementations of the MoH [ ] 274

275 I respect the work rules of the service unit [ ] 275

276 I protect the material and equipment of the service unit as if they are my own [ ] 276

277 I believe and share the objectives of the service unit in which I work [ ] 277

278 I am proud of belonging to the institution for which I work [ ] 278

279 MoH is collaborating with media in a way to improve my profession prestige [ ] 279

280 The new circulars always awake my positive expectations [ ] 280

281 There is sufficient legal support on professional development and progress [ ] 281

282 My supervisors support me on professional promotion and progress [ ] 282

283 Regulations are clear and understandable to prevent misunderstandings [ ] 283

284 Health sector is the best among the public sectors about employee rights [ ] 284

285 Job security is the main reason keeping me in the MoH [ ] 285

286 Personnel and patient rights are considered in a balanced manner [ ] 286

287 I leave my job if such a job opportunity proposed ……: [ ] 287

1.DON'T WANT TO LEAVE MY JOB, 2.ANOTHER TOWN, SAME TYPE OF FACILITY,
3.SAME TOWN, SAME TYPE OF FACILITY, **4**. FOR EDUCATION OR SPECIALIZATION PURPOSE
5.PRIVATE HEALTH SECTOR **6**.ANOTHER SECTOR THAN HEALTH

Part Three: Opinions On the Health Transformation Program

1: Fully agree 2: Agree, 3: Partly agree,
4: Partly disagree, 5: Disagree, **6: Fully disagree**

Performance-based payments (PBP);

301	Performance-based payment (PBP) is a relevant application		301
302	PBP affected positively quality health care		302
303	PBP enabled prioritization of the preventive care		303
304	PBP created a general satisfaction among health staff		304
305	PBP is good enough to live upon without having an extra job		305
306	PBP let more people to benefit from health care services		306
307	PBP affects positively the relationship between health care providers		307
308	PBP by considering the patient satisfaction, improved it		308
309	…. whether it will last or not is unknown		309
310	….too much doctor focused		310
311	….does not consider education level		311
312	…..gaps between professions		312
313	…..calculation is not fair		313
314	…..does not affect my pension		314

Introduction of family physicians….;

321	……reinforced improvement of health care services		321
322	……developed preventive health care		322
323	……provided more job satisfaction		323
324	…… general practitioners will become specialists		324
325	……offers better income generation opportunity		325
326	……will improve health indicators		326
327	……give more individual responsibility to doctors		327
328	……improved patient satisfaction		328
329	……family physician specialization process of GPs is well described		329
330	……shall not affect negatively income of the specialists doctors		330
331	……work load of family physicians will be bearable		331
332	……contractual work will not affect negatively the job security		332
333	……quality health care will be positively affected		333
334	……family physician barrier will not disprove patient satisfaction		334

1: Fully agree 2: Agree, 3: Partly agree,
4: Partly disagree, 5: Disagree, **6: Fully disagree**

Patient satisfaction

341	Patient satisfaction is improved; since patient can decide in choosing the doctor		341
342	Patient satisfaction is improved; since the patient satisfaction offices were created		342
343	Patient satisfaction is improved; since the health teams are educated and respectful		343
344	Patient satisfaction is improved; since accessibility to health care is now easier		344
345	Patient satisfaction is improved; since the health services are fairly dispersed		345
346	Patient satisfaction is improved; since cost of examination and analyses dropped		346
347	Patient satisfaction is improved; since services provided are satisfactory		347
348	Patient satisfaction is improved; due to referral chain system is running		348

Other Issues of Health Transformation Program

351	Full time law will positively affect health care service		351
352	The referral chain system supports the service provided		352
353	Hospital autonomy will lead to better diagnose and treatment services		353
354	Savings ensured with drug cost regulations		354
355	Rational. drug use mostly well accepted by doctors		355
356	Health Information Systems improved reliability of the records and notifications		356
357	Wages should be in adjusted to duty difficulties		357
358	Wage distribution of health personnel is fair		358
359	“Health Human Resource” is enough in number		359
360	Quality Human Resource is improving		360

Part Four: Individual situation, requirements and expectations

401 Place of Birth (Province) _____ 401

402 Place of Birth (District) _____ 402

AGE OF CHILDREN BY DECREASING ORDER. IF NO CHILDREN JUMP TO THE QUESTION 408

403 …… 403

404 …… 404

405 …… 405

406 …… 406

407 …… 407

408 Are you living with your parents in the same town? 1.Yes, 2.No 408

Your education

411 The higher education level you graduated _____ 411

412 Type of this education institution _____ 412

413 Province of this institution _____ 413

414 Year of graduation 414

415 Any scientific research during last 5 years (**1**.I did, **2**.I did not) 415

416 Number of professional training, workshop and meeting during last year 416

417 Do you think your profession education is good enough? 1.Yes 2.No 417

418 Do you think your in-service trainings are good enough? 1.Yes 2.No 418

LEVEL OF FOREIGN LANGUAFES:
1.DO NOT KNOW, **2.**BASIC, **3.** PROFESSIONAL, **4.**ADVANCED, **5.**MOTHER TONGUE

421 English 421

422 Other (Specify) _____ 422

423 Other (Specify) _____ 423

431 Your current type of work **1**.Full time, **2**.Part time 431

441 Education level of spouse (SELECT THE MOST APPROPRIATE ONE BELOW) 441

1.PRIMARY, **2.**SECONDARY, **3.**BASIC, **4.**HIGHSCHOOL, **5.**PREGRADUATION, **6.**GRADUATION, **7.**POSTGRADUATE, **8.**PhD, **9.**SPECIALSIATION

442 Profession of spouse _____ 442

1: Fully agree 2: Agree, 3: Partly agree,
4: Partly disagree, 5: Disagree, **6: Fully disagree**

ONLY THE NONCONTRACTUAL STAFF WILL FILL THE FOLLOWING QUESTIONS 471-474

I would work under contract such conditions as;

471	If I am appointed as civil servant after a certain work period		471
472	If I am appointed to a better workplace after a certain work period		472
473	If my family/civil conditions permit		473
474	If my wage is ……fold of my current wage		474
	1 FOLD, 2 FOLD, 3 FOLD, 4 FOLD, 5 FOLD, 6 FOLD		

I would work in underdeveloped/rural regions under such conditions if……

475	….I am appointed to a better place after fulfillment of a certain work period		475
476	….my personal security is ensured		476
477	….arrangements ensure my family integrity		477
478	….the service infrastructure of workplace is good		478
479	….flexible work regime is implied		479
480	….the work team is no less than two people		480
481	….accommodation facility/guesthouse is provided		481
482	….regulations provided making my personal life easier		482
	LUNCH, CHILDCARE, SHUTTLE, STUDY HOUR FOR CHILDREN		
483	….my wage is ……fold of my current wage		483
	1 FOLD, 2 FOLD, 3 FOLD, 4 FOLD, 5 FOLD, 6 FOLD		

Other Job Opportunities

491	I will immediately be retired when I fulfill my work period		491
492	I can work in private sector when retired		492
493	I plan to work in foreign countries for better work possibilities		493
494	I plan to work in foreign countries for better living standards		494
495	I plan to work in foreign countries for the education of my children		495

ANNEX 2. NUMBER OF SAMPLED FACILITIES BY SERVICE LINES, REGION AND PROVINCES

	Tabakalar/Strata						
Bölge / Region	**1. Basamak Primary Health Care**	**2. Basamak Secondary Health Care**	**3. Basamak Tertiary Health Care**	**İl Sağlık Müdür. Provincial Health Directorate**	**TSM Community Healt Care**	**Merkez Teşkilatı MoH Central Orgonization**	**Genel Toplam Total**
1. Bölge/ 1. Region	35	4	6	3	9	5	62
ADANA	2	2	1		5		10
ANKARA	12		3	2		5	22
BURSA	5	1					6
İSTANBUL	9		2	1			12
İZMİR	2				4		6
MERSİN	5	1					6
2. Bölge/ 2. Region	55	7	4	6	9		81
ANTALYA	13	1	1	1			16
AYDIN	1	1		1			3
BALIKESİR	9	2					11
DENİZLİ	1		1	2	4		8
ESKIŞEHİR	1	1	1	2	2		7
HATAY	10						10
KAYSERİ	4						4
MANİSA	1		1		3		5
MUĞLA	6	1					7
TEKİRDAĞ	6						6
YALOVA	3	1					4
3. Bölge/ 3. Region	39	7	3	2	6		57
A. KARAHISAR	8	2					10
BOLU			1		2		3
GİRESUN	10		1				11
KIRIKKALE	2	1		1			4
KIRKLARELİ	3	1					4
ORDU	5	2		1			8
OSMANİYE	1				3		4
RİZE	8						8
SAMSUN	2	1	1		1		5
4. Bölge/ 4. Region	14	5	2	1	10		32
ÇORUM	1	1	1		4		7
KIRŞEHİR	1						1
NİĞDE	4	1					5
SİNOP	1	2			6		9

Bölge / Region	Tabakalar/Strata						
	1. Basamak Primary Health Care	2. Basamak Secondary Health Care	3. Basamak Tertiary Health Care	İl Sağlık Müdür. Provincial Health Directorate	TSM Community Healt Care	Merkez Teşkilatı MoH Central Orgonization	Genel Toplam Total
YOZGAT	7	1	1	1			10
5. Bölge/ 5. Region	31	6	3	3	2		45
ARTVİN	3	1					4
DİYARBAKIR	7						7
ELAZIĞ	1	2	1		2		6
ERZURUM	1		1	1			3
K. MARAŞ	8						8
ŞANLIURFA	3	2		1			6
SİVAS	8	1	1	1			11
6. Bölge/ 6. Region	28	4	2	1	15		50
ADIYAMAN	5				15		20
KARS	1	2	1				4
MARDİN	10	1					11
VAN	12	1	1	1			15
Genel Toplam/ Total	202	33	20	16	51	5	327