



NEAR EAST UNIVERSITY  
INSTITUTE OF GRADUATE STUDIES  
BUSINESS ADMINISTRATION PROGRAMME

**THE EFFECTS OF MOTIVATION - PRODUCTIVITY  
RELATIONSHIP ON QUALITY HEALTH SERVICE IN  
EMERGENCY SERVICE EMPLOYEES**

SONGÜL YİĞİT

PhD THESIS

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PhD THESIS

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Prepared by Songül Yiğit, this study titled "**The Effectiveness of Motivation-Efficiency Relationship in Emergency Service Employees on Quality Health Care**" was found successful as a result of the defense examination held on 26.01.2021 and was accepted as a doctoral thesis by our jury.

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## ABSTRACT

### **THE EFFECTS OF MOTIVATION - PRODUCTIVITY RELATIONSHIP ON QUALITY HEALTH SERVICE IN EMERGENCY SERVICE EMPLOYEES**

For the examination of the effectiveness of the motivation and efficiency levels of healthcare personnel working in the emergency services of public and private hospitals in terms of quality health care. When we look at the literature studies done so far; Although studies have been carried out for the motivation and efficiency of emergency workers, emergency personnel, and the quality of health care in the emergency department, the observation that the motivation and efficiency of emergency workers are not made in terms of quality health care services in terms of patients receiving service, reveals the importance of the study. In addition, another aim of the study was to evaluate the health services provided in hospitals by patients who benefit from the hospital's facilities and to examine the differences in perception and expectation of service quality according to various introductory characteristics of the patients. Descriptive survey model was used in this study in accordance with the purpose of the research. The universe of the study was composed of emergency healthcare workers and patients receiving health services in 3 Public and 8 Private Hospitals operating in the central city of Adana in 2018. The sample of the study, on the other hand, consisted of 497 emergency health workers who accepted to participate in the study from 651 emergency health workers, who had permission and without a report, who completed the data collection forms and scales completely and completely, and 731 patients who received emergency services. A questionnaire was used to collect the research data, and face-to-face interviews were made with the emergency service personnel and patients receiving service from the emergency services, and they were asked to fill in the appropriate questionnaire form. In the study, 13-item data collection form in the healthcare worker questionnaire and 7-item data collection form in the patients' questionnaire, 22-item motivation and productivity scale, and a 22-item servqual scale were used. SPSS 20 program was used to analyze the data of the research. The differentiation of the scores obtained by the participants from the scales according to the introductory features was examined by t-test and one-way analysis of variance for

independent samples. The data in the study were analyzed at a 95% confidence level.

It has been determined that healthcare workers working in private hospitals among emergency service employees are more affected by organizational-managerial and psychosocial factors within the scope of Motivation and Efficiency compared to those working in public hospitals. In addition, it has been determined that the patients receiving service from the emergency department, who receive service from the private hospital, have higher perceptions of the physical characteristics, reliability, enthusiasm understanding, trust and empathy approach of the hospital than the patients receiving service from public hospitals. It was also found that patients receiving service from emergency services of public hospitals had higher reliability and enthusiasm expectations in terms of health service quality compared to patients receiving service from private hospitals.

**Keywords:** Motivation, Productivity, Emergency, Health Care Professional, Health Care Services Quality,

## ÖZ

### ACİL SERVİS ÇALIŞANLARINDA MOTİVASYON - VERİMLİLİK İLİŞKİSİNİN KALİTELİ SAĞLIK HİZMETİ ÜZERİNE ETKİLERİ

**Amaç;** Kamu ve Özel hastanelerin acil servislerinde çalışan sağlık personelinin motivasyon ve verimlilik düzeylerinin kaliteli sağlık hizmeti açısından etkinliğini araştırmaktır. Bugüne kadar yapılan literatür çalışmalarına baktığımızda; acil çalışanları, acil çalışanlarında motivasyon, verimlilik, acil serviste sağlık hizmet kalitesi adına çalışmalar yapılmış olmasına rağmen, acil çalışanlarının motivasyonu ve verimliliğinin hizmet alan hastalar açısından kaliteli sağlık hizmeti sunumunun birbirine etkileşimli olarak yapılmadığının gözlenmesi araştırmanın önemini ortaya koymaktadır. Ayrıca araştırmanın bir diğer amacı ise hastanelerde sunulan sağlık hizmetinin hastanenin imkanlarından faydalanan hastalar tarafından değerlendirilmesi ve hizmet kalitesine dair olan algı ve beklentinin hastaların çeşitli tanıtıcı özelliklerine göre farklılık gösterme durumlarının incelenmesi amaçlanmıştır.

**Gereç Yöntem;** Araştırmanın amacına uygun olarak bu araştırmada betimsel tarama modeli kullanılmıştır. Araştırmanın evrenini 2018 yılı, Adana merkez il sınırları içinde faaliyet gösteren 3 Kamu ve 8 Özel Hastanedeki acil sağlık çalışanları ve sağlık hizmeti alan hastalar oluşturmuştur. Çalışmanın örneklemini ise, 651 acil sağlık çalışanından araştırma katılmayı kabul eden, izinli ve raporlu olmayan tesadüfi seçilmiş, veri toplama form ve ölçeklerini tam ve eksiksiz dolduran 497 acil sağlık çalışanı ve acilden sağlık hizmeti alan 731 hasta oluşturmuştur. Araştırma verilerinin toplanmasında anket kullanılmış olup, araştırmada yer alan acil servis personeli ve acil servislerden hizmet alan hastalar ile yüz yüze görüşme sağlanmış ve kendileri için uygun olan anket formunu doldurmaları talep edilmiştir. Araştırmada sağlık çalışanı anketinde 13, sağlık hizmeti alan hastalar anketinde 7 maddelik veri toplama formu, 22 maddelik motivasyon ve verimlilik ölçeği ile 22 maddelik servqual ölçeği kullanılmıştır. Araştırmanın verilerinin analiz edilmesinde SPSS 20 programı kullanılmıştır. Katılımcıların ölçeklerden aldığı puanların tanıtıcı özelliklere göre farklılaşma durumları bağımsız örneklem için t testi



ve tek yönlü varyans analizi ile incelenmiştir. Araştırmada veriler %95 güven düzeyinde analiz edilmiştir.

**Sonuç;** Acil servis çalışanlarından özel hastanede çalışan sağlık çalışanlarının Motivasyon ve Verimlilik kapsamında örgütsel-yönetimsel ve psikososyal faktörlerden kamu hastanelerinde çalışanlara göre daha fazla etkilendikleri belirlenmiştir. Ayrıca acil servisten hizmet alan hastalarından özel hastaneden hizmet alan hastaların sağlık hizmet kalitesi kapsamında hastanenin fiziksel özelliklerine, güvenilirliğine, heveslilik anlayışına, güven anlayışına ve empati yaklaşımına dair algılarının kamu hastanelerinden hizmet alan hastalardan daha yüksek olduğu tespit edilmiştir. Yine kamu hastanelerinin acil servislerinden hizmet alan hastaların sağlık hizmet kalitesi bağlamında özel hastanelerden hizmet alan hastalara göre güvenilirlik ve heveslilik beklentilerinin daha yüksek olduğu tespit edilmiştir.

**Anahtar Kelimeler:** Motivasyon, Verimlilik, Acil Servis, Sağlık Çalışanı, Sağlık Hizmetleri Kalitesi

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## ABBREVIATIONS

<b>ILO</b>	:International Labor Organization
<b>WHO</b>	:World Health Organization
<b>CEO</b>	:Chief Executive Officer
<b>SPSS</b>	:Statistical Packagefor Social Sciences



## INTRODUCTION

The sensitivity to health care is still increasing in the world; the value of effective and reliable medical services has risen with technology, research, population growth, lifetime extension and improvements in societal standards and disease structure. Positive improvement in job productivity is becoming a must in a society where there is continuous transition and advancement. These changes brought the necessity of motivation to increase the value given to the employee again. Only people who work with faith, willingness and coming from within can provide a qualified, efficient and quality service. This will be the work of the manager who uses the motivation tools correctly and effectively according to the differences and characteristics of the employees. The manager knows that the way he treats his employee, he will treat the people who come to get service that way. And the success or failure of every employee is actually the success or failure of the organization, not that employee. The motivated employee will also make the institution successful. Various fields of specialization work together as a team in the development of health care programs. They refer to patients with teamwork as effectively as possible.

As in other sectors, healthcare institutions can reach the expected quality and efficiency in healthcare services by using a modern management approach.

Among the healthcare services, the emergency department is privileged as it provides uninterrupted service. Because the working system requires both a multidisciplinary team and the hospital's showcase feature, even a small, simple operation in emergency rooms is critical.

Various fields of specialization work together as a team in the development of health care programs. They refer to patients with teamwork as effectively as possible. Therefore, they are also specialized in crisis management. By establishing effective communication with other units of the hospital, they try to implement the right decision in the fastest way. All employees in the emergency department, from personnel to physicians, are valuable to each other and they try to serve their patients with care.

It is not known where the emergency department may be and in what state, because people with extremely serious illness can also come because they are free and want to be treated immediately. Or a lot of patients will come concurrently. In those situations in fact, density becomes inevitable; injuries, epidemics, natural disasters, chaotic and so on. It is essential that qualified, willing, efficient and qualified employees are needed precisely in these periods. Emergency service employees need motivation the most compared to other institutions. Who does not want qualifying, effective, and quality service; making emergency services effective and efficient is a management art.

There are also challenges with their daily lives and rescue personnel. In addition, conditions such as heavy workload and 24-hour shifts, inadequate workforce, intermittent sleep, vulnerability to crime, work in a stressful atmosphere, fear of losing the opportunity to make swift and right choices, a lack of family and social life and others make life tough. They are also important problems they have to deal with constantly in social life. While employees in other institutions encounter normal, happy and calm customers, emergency employees try to serve sad, unhappy, anxious, angry and hopeless patients. Therefore, urgent employees need a developable and sustainable motivation to provide quality service.

### **Research Problem**

A spontaneous, unplanned flow system, such as an emergency room, is inherently fluid. Fluctuation of the number of patients presenting is the most popular type. While patients with complex conditions that need different services at the moment or in recent intervals are not very high, fluctuations can contribute to delays and differences in function. The variance can however, be observed in different ways. Patients and diseases requiring different applications require different resources with different durations provided by different service providers. Physicians, nurses, and other staff offer different skills and approaches to emergency room patients. The education levels, experiences, and skills of employees with the same professional title are at different levels, and it may take different periods to apply health care services to patients. The rational use of value-adding variables can significantly improve

functioning. Ensuring the most appropriate functioning provides the ability to cope with increasing intensity and complex situations and to increase patient and employee satisfaction (Strauss, & Mayer, 2017, p.204).

Although hospitals have been established to date as a complex human organization, Druker has proven emergency care to be the most complex and complex environment in which multiple operations have to be coordinated in order to ensure people have the best treatment available. Since emergency services are usually the first unit that patients encounter in the hospital when they are unstable, the inefficiency of the procedures affecting the emergency service can affect the satisfaction of the patients with the entire hospital. Although these inefficiencies do not affect the actual quality of service for patients and their relatives, they may affect their perceptions (Strauss, & Mayer, 2017, p. 319).

The quality and reliability of healthcare facilities, the emphasis on healthcare practitioners and patients' needs and demands, is one of the key priorities for hospitals. Within the scope of the services to be provided, these needs and demands should be made completely patient-oriented and the motivation of healthcare professionals should be increased. Thus, the expected quality and efficiency in healthcare services can be increased.

### **Importance of the Research**

Research's significance; analyze the importance of quality healthcare of the morale and efficiency ties of emergency personnel. In addition, the observation that the motivation and efficiency of emergency workers and the provision of quality healthcare services for the patients receiving service are not made in an interactive manner reveals the importance of the study.

Due to the nature and complex structure of the emergency service, ensuring the coordination of multi-professional (multidisciplinary) services offered by employees from different groups in unexpected difficult situations is an extremely complex situation and requires talent, energy and desire (Seçilmiş, 2016, p.99).

Providing the desired level of quality in emergency health services; It is possible by clearly determining the functions and service standards of all health-related personnel, communicating and assimilating them (Seçilmiş, 2016, p.5).

### **Purpose of the Research**

The main purpose of the study is to examine the motivational efficacy and efficiency of quality patient care for emergency personnel. Contribution of the research to the literature, when we look at the literature studies done so far; In our study, the motivation and efficiency of emergency workers, the motivation and efficiency of emergency workers, and the quality of health service in the emergency department were not carried out interactively, and in our study, the motivation and efficiency of emergency workers and the provision of quality health care for patients receiving service were studied interactively.

## **CHAPTER 1**

### **MOTIVATION CONCEPT AND DEFINITION**

The term motivation derives from the Latin word "mot" which denotes acting, while its counterpart in English is "motivation". The definition of motivation, which has many definitions, in psychology is "purposeful behaviors that are made to mobilize one or more people towards a certain goal with internal driving forces" (Keser, 2006, p.1). In Turkish; It is used to mean motive, desire, desire, impulse, motivating needs (Sabuncuoğlu & Tüz, 2003, p. 120). Motivation, which is generally a concept related to the behavior of the individual; Encourage, influence, activate etc. has meanings. (Yüksel, 2000, p. 139). Although external incentives play a role in motivation, conceptually, it basically describes the desire to do business. (Smithers and Walker, 2000, p.833).

Motivation is used to explain how work is conducted in daily life, in addition to being complicated and complex to classify. The concept of motivation includes subjects such as people's expectations and needs, goals, attitudes, and informing people about their own performance (Koçel, 2010, p. 619).

Employees feel the need to focus on their efforts and definitions in terms of the amount of effort they will perform on a particular subject, which provides a conceptual understanding of motivation (Ünsalan & Şimşekler, 2015, p. 29). In other words, motivation is a factor that allows people to be more attached to their duties and spend more power. However, its content may change from individual to individual and with the effect of the environment (Simpson, 2001, p.7).

You can compel a person to do something, but you can never force a person to do something. The urge to desire comes from inside and is the strongest driving force for true enjoyment. However, the motivation that can be observed in human behavior is a personal phenomenon. Any situation or event that prompts one person may not motivate another. For this reason, motivation is related to the desire of the person to do business, to produce, to engage in any activity, to reach a result, and it varies from person to person. While it has different meanings in terms of the person doing the job, the person is affected by the job. These are:

1. The economic value and meaning of the job; wages earned, economic value,
2. Social status, importance value, and meaning of work; the place/position and acceptability of work in society,
3. Psychological value and meaning of work; is the value at which a person is satisfied (Sabuncuoğlu, and Tüz,1995,p.117-124).

The mechanism of improvement in the employees' criteria is influenced by the employees' internal structure or the impact of their social and business climate. Although the motivation to create the better is an inherent feeling, the motivation effect usually disappears when a need is met. Because the feeling of creating better often causes motives to constantly change as needs, motives gain dynamism in an incomprehensible structure (Sabuncuoğlu & Tuz, 1995, p. 128). Ensuring the motivation of the employees is among the important issues of working life. Therefore; a manager who wants to increase the efficiency power of motivation by taking an active role in the productivity power of both the employee and organization; It should take into account the behaviors, desires and desires of the employees, and the internal and external factors affecting them. The main purpose of motivation in working life is; To ensure that the employee performs at the highest level in order to achieve the goals of the organization. For this reason, it will not be possible for the organization to reach its goals as the unmotivated employee will not be efficient (Ağırbaş et al., 2005, p.329-333).

Creating a change in behavior is explained with the concept of motivation. Therefore motivation; is described as "a factor that changes the measure of the forces that affect the behavior of individuals due to their choice decisions". According to Gürbüz (1998) the basic components of motivation;

- ✓ Attitude,
- ✓ Needs, wishes, expectations,
- ✓ Goals,
- ✓ It defines it as feedback.

### **1.1. Importance of Motivation in Business Life**

An effective manager is responsible for ensuring that the management practices focused on human factors are at the optimal level and that his/her physical, thinking and mental strengths are more transferred to the development. The fact that managers can actively transfer all their efforts to the production process reveals the necessity of motivation. Therefore, motivation contributes to the creation of an effective and efficient institution, which is the main function of modern administrations.

The employee will learn work-specific competencies and develop skills in order to attract people who are important to the features of the role to be completed. Employees whose emotional capacities are inadequate, how knowledgeable and how much educated they are, cannot, however, gain knowledge and can do more harm than good for themselves and their organisations. If a person does not want to function and his/her potential is high, it is unlikely for him/her to succeed. If the working skills are not provided in a suitable way for the given job, although the desire to work is very high, it is not possible to be successful enough. Therefore, employees should be evaluated in order of priority while being recruited. For example, knowledge, skills, work experience, that is, whether the staff is suitable for the required task should be considered in advance and people who will work accordingly should be recruited (Yüksel 2007, p.75). The main reasons for low motivation are negative feelings and thoughts, family problems, vital conflicts, lack of interest and relevance, and

inner restlessness. Institutions and organizations recruit staff by making high-cost investments. After recruitment, institutions and organizations expect high work efficiency from their employees. However, the lack of motivation in the employee during the working process will put individuals in search of new jobs and a movement towards the loss of personnel will begin to occur within the organization. In the face of this situation that will cause great losses in the institutions, the primary goal of the managers is to keep their existing employees within the organization rather than recruiting new personnel. The motivation must be ensured in order to keep the employees, which he hires and continues to invest, within the organization by making large investments (Yürümezoğlu, 2007, p.6-9).

Motivation methods;

- Being open / transparent: The more open and clear the managers are towards their employees, the more respect they will receive in return.
- Trust the Employee: In some cases, employees may be more experienced than their manager. In such cases, the trust of the institution's employees can ensure that the employees stand by the institution in all situations.
- Admitting the mistake: Instead of covering up the mistakes made, the employees should learn from the mistakes so that the error does not repeat. It is not right for an employee to warn a mistake he / she has made next to other employees. One warning to the individual will motivate the employee not to offend with other employees.
- Management and making all employees feel that they are a team: It should be ensured that all employees are aware that they work not individually but corporate and all employees with this awareness should be motivated to increase the efficiency of the organization.
- Removing the control over the employee: When the employee adopts the job as his own job, he will adopt the similarity of the goals of the institution with his own goals. This will eliminate the necessity of the institution to supervise the employee, since this situation provides the employee's motivation.
- Setting goals: Sharing the goals of the institution with its employees and adopting the goals together by agreeing on a joint decision will make it easier to achieve these goals. Thus, it will enable both the management and the employee to reach the targeted goal more willingly.



- **Sharing information:** Sharing the information with the employees will prevent the consequences and mistakes that may arise from lack of information. In this way, increasing efficiency will increase the motivation of the employees.
- **Giving feedback:** It is necessary to give positive or negative feedback about the work of the employees. The long duration of this process will cause the employees to feel ignored and their work productivity to decrease. Therefore, giving feedback to employees will make it easier for them to be motivated to work.
- **Helping the development of the employee:** Enabling the employees to participate in in-service trainings, seminars and development programs in different institutions and organizations enables them to have more professional skills in the institution, thus preparing the ground for them to be more knowledgeable and willing in their work.
- **Understanding:** It should be considered that the difference of opinion between managers and employees is normal and this difference should be considered as a way to success at work, and it should be adopted that these ideas should be respected by freely expressing their opinions. Thus, it is ensured that even people with different ideas serve the same purpose and are willing.
- **Being respectful:** The employees in the management staff behave kindly and respectfully to the self-identity and feelings of the sub-group in the lower and upper hierarchies, causing the employees to behave kindly and respectfully towards the managers. Employees will behave in the same way if they behave in a courteous and polite manner within human values.

### **1.1.1. Importance of Motivation In Terms of Employees**

Managers should be aware of the family, socio-economic and environmental structure and psychological structure of workers. It should be ensured that employees believe that they can meet their personal needs at the most effective level as a result of increasing their desire to work and ensuring efficient work in the organization (Sarihasan, 2014, p. 6). It should be known that the employee who is suppressed by his family will always be discouraged and timid. The positive or negative sides of the environmental characteristics of the person applying what he sees from his environment should be known. While predicting that employees with socio-economic power and education will

be more productive, the psychological status of onlat and other employees should also be taken into account. With this information, managers should know that employees who know each other will be more successful together and the process of getting used to people they do not know will decrease efficiency. If the employee's motivation is not good, success cannot be achieved. If the employee has set his goal, he can achieve this goal if he is motivated. Providing effective motivation is important for employees to achieve their goals (Aydın, 2013, p. 6). Employees are guided according to their personal situation and feelings. It is a known situation that the institution will be more efficient and willing when the necessary in-service training and sufficient wages are given. The fact that the most important motivation in the health institution is; the fair remuneration, assignment and rights of the people will increase the motivation of the employees at a high level. In addition, employees can aim to reach higher positions in the organization by continuing their personal development. Thus, in addition to having financial means, individuals will also feel better in terms of socio-psychology (Çolak, 2016, p.7).

### **1.1.2. Importance of Motivation In Terms of Manager**

The primary obligation of administrators is to reduce the detrimental impact on workers that do not meet their desires. (Sahin, 2004, p.523-547). The most crucial thing that administrators should really note to remember is that there is no unwarranted action or justification behind any behavior. One of the main responsibilities of managers is to create an effective work environment that will motivate employees. Thus, while managers are motivating their employees, they will also provide the environment in which they can be productive and contribute to common goals. First of all, he should be able to analyze the behaviors inherent in people well (Can & Kavuncubaşı, 2005, p.297). A good manager should also have leadership characteristics. It should also be aware that the success of the employee is the success of the organization.

### **1.1.3. Importance of Motivation In Terms of Organizational Approach**

The employee's inspiration is the element that generates the power to accomplish its objectives. If there is no material, physical and psycho-social incentive for the workers, they cannot achieve and become effective in their

jobs. It is an inevitable fact that a motivation system suitable for the purposes of institutions and organizations will provide benefits.

These benefits are;

- While ensuring the productivity of institutions and employees, it allows the development and improvement of society and economic welfare elements.
- Provides that organizations must be compatible with "flexible motivation" systems, as financial, technological and social conditions change day by day. The motivation aims both to increase the efficiency of the institution and to increase the satisfaction that employees expect from the organization. (Kılıç, 2016,s.6).

## **1.2. Motivation Types**

There are several variables that decide the speed, nature and continuity of such activities in people's lives that are influenced by multiple internal or external factors (Akbaba, 2006, p.1). Motivation is generally examined under two groups in the literature as internal and external motivation. Internal motivation consists of external sources such as satisfaction and financial rewards, while the satisfaction of the employee stems from the job itself (Gagne & Deci, 2005, pp.331-362).

While internal and external sources of motivation can have an effect on individuals individually or together, in some cases they affect external motivation, because external effects naturally enable internal desires to be affected. Therefore, it does not seem possible for the two motivation styles to be completely independent from each other (Barrett & Patock-Peckham, Hutchinson & Nagoshi, 2005, p.461-474; Uyulgan & Akkuzu, 2014, p.7).

### **1.2.1. Internal Motivation**

Internal drive is the individual's desire to act, work and control himself freely. Internal behaviour is normally triggered by feelings of the organism, such as the need for interest-curiosity (Geri, 2013, p. 31). Internal motivation behaviors are performed for the enjoyment and fulfillment of the person's mission. Thus, while individuals feel completely independent, they think that their behavior defines them and they start enjoying their duties (Kara, 2008.59-78; Gömleksiz & Serhatlıoğlu, 2013, pp. 201-221).

For motivation, it is important to know the behaviors of individuals and their reasons and needs. What is important here is that the motivation methods implemented are appropriate for individuals in the institution and meet their needs (Güney, 2013, p.370-371). The reason for this is that each individual's point of view is different or the same individual perceives the same event differently at different times.

Being interested in innovations, assimilating activities and creativity, which have internal motivating features, are not limited to the first years of life. At the same time, productivity is accepted as an important determinant of human nature for the well-being and permanence of the general periods of life (Ryan & Deci, 2000a, pp.54-67).

### **1.2.2. External Motivation**

External motivation is the type of motivation in which the behavior is performed for a result. Behavior is displayed for the consequences of the behavior rather than the behavior. The benefits obtained as a result of the activity performed are much more important for the individual than enjoying the activity. (Ryan & Deci, 2000b, p.68-78) In other words, the focus of the work arises not with itself but with the effects coming from the environment (Akbaba, 2006, p.343-361, Uyulgan & Akkuzu. 2014, p.32). External effects can be perceived as positive or negative for the individual. Some of the positive and negative extrinsic motivation factors are:

Positive external motivation factors:

- ✓ Performance point
- ✓ Reward
- ✓ Medal
- ✓ Club and foundation membership
- ✓ Being approved and adopted feeling
- ✓ Friend pressure

Negative external motivation factors:

- ✓ Mocking
- ✓ Insulting
- ✓ Verbal offense
- ✓ Attack
- ✓ Punishment
- ✓ Taking rights back (Korkmaz, 2008, p.22-23).

### **1.3. Motivation Theories**

The theories that managers can apply in order to determine the factors that motivate people and to keep them motivated are two theories: scope and process (Güney, 2001, p.226).

Scope theories are methods by which desires appropriate to the nature of needs are determined and individuals act in the direction of this request. Process theory, on the other hand, is about how these natural desires will activate and direct people's behaviors and how to ensure the repetition of certain behaviors (Koçel, 2010).

#### **1.3.1. Extent Theories**

It is a theory that attaches importance to understanding the inherent needs of the individual and these elements that lead to act in certain ways. Extent theories focus on identifying the different needs that motivate the behavior of individuals. It assumes that individuals will be motivated in their business life when these needs are determined and satisfied. Extent theories have been explained in more detail under the headings (Akin, 2010, p. 38).

##### **1.3.1.1. Hierarchy of Needs Theory**

Abraham Maslow, the most important element that guides human behavior is needs. Because of these needs, he tried to explain the fact of motivating taking

action. Maslow's model, which is based on three basic assumptions, suggests that different motivational needs can be hierarchically ordered from concrete to abstract, and higher-level needs cannot be met without satisfying lower-level needs (Argon & Eren, 2004, p.119; Keser, 2006, p.14).

Basic factors;

While people's needs determine their behavior, they affect unsatisfied needs in behavior.

-Needs are hierarchically ordered from simple to complex, according to their level of importance.

-In order for a person to move from one need stage to another; The underlying need should be saturated at the minimum level.

The hierarchical structure created by these needs are;

- Air, water, food, sleep, etc. physiological needs,

- Protection from dangers, life and work safety, etc. security needs,

- Being a member of a group, being adopted, loving / being loved, making friends, etc. social needs,

- To have self-respect and confidence, to accomplish any job, etc. internal reputation factors, recognition, status and reputation, etc. reputation needs related to external reputation factors,

- To be able to use creativity, to show skills, abilities and potential, to show personal development and progress, etc. self-actualization needs are essential.

According to Maslow, man first behaves to meet the lower level needs. For example; It is not possible for a hungry employee to be motivated by giving any reward other than food (Güney, 2001, p. 227; Silah, 2005, p.94).

### **1.3.1.2. Herzberg's Double Factor Theory**

According to this theory, there are two dimensions that are beneficial for the employee's behavior at work. The first dimension is the hygienic factors that explain the factors of dissatisfaction with the job, and the other dimension is

the motivating factors that include the needs at the top level of the pyramid that constitutes job satisfaction (Barutçugil, 2004, p.376).

Hygiene factors are related to the environment of the work. Therefore, Herzberg classified the motivating factors separately from hygiene factors (Argon & Eren, 2004, p.123-124).

### **1.3.1.3. Alderfer'in ERG Theory**

The physiological needs included in the hierarchy of needs by Clayton Alderfer, which is called by Maslow, the need for security, the need for belonging-love, the need for status-dignity, and the need for self-realization, which he named as motivation. In this theory, the order of needs is dealt with in a slightly simpler way. There are three types of needs in the ERG approach (Koçel, 2005, p.643; Koçel, 2011, p.628);

-To exist / make existence / sustain life

- Belonging-Relationship

-Development

Existence / making existence / perpetuating life

It meets the physiological and safety criteria which Maslow included as specific requirements in the lower levels. In addition to Maslow's social and respectability needs, membership and the formation of relationships fulfill "external respectability" considerations, growth requires internal respectability and self realization among respectability needs (Güney, 2001, p. 228). In ERG theory, the needs are completely interdependent and not sequential. When considered; the needs can move up and down, depending on the needs and skills of the person. If the person is having trouble meeting a higher-level need, this situation also affects the desire to meet the lower-level need. In this way, it occurs in a dynamic interaction between the three requirement classes determined in the ERG theory. ERG theory has an important place in terms of helping managers to focus on motivation problems (Barutçugil, 2004, p.376). Due to the nature of the theory, needs may arise simultaneously and in large numbers, while the needs that are satisfied may not have a direct effect on the higher-level needs.

#### **1.3.1.4. Mc Clelland's Need of Success Theory**

Unlike Maslow, David Mc Clelland argues that motifs can be acquired through learning and therefore motifs can change even at maturity.

In this theory put forward by Clelland, the individual (to establish a relationship - the need to gain power and to succeed) behaves under the influence of three group needs (Koçel, 2011, p. 628).

**The Need for Relationship:** If any individual spends a significant portion of their time thinking about how to establish closer and more friendly relationships with other people, this person is someone who has a "need to connect" according to experts. The need for attachment represents bonding with other people, being a member of a group, and establishing / establishing social relationships (Silah, 2005, p.96-97).

**Gaining Power:** If a person spends most of his time thinking about how he can be stronger and how he can control other people around him, we can say that this person is a person who has the need to gain power (Izgar, 2003, p. 97). People who need much more power generally know how to use power and complete their work in a way that makes a positive difference thanks to these abilities (Akın, 2010, p.41)

**The Need to Succeed:** If an individual spends most of their time thinking about how to do things better, that person's need to succeed is above normal. The motif of success includes the desire to overcome difficulties, to progress and to improve. A person whose need for achievement is above normal often chooses his goals in ways that are difficult to achieve but also meaningful. He makes much more effort to reach this meaningful goal (Izgar, 2003, p.96-97).

According to Mc Clelland, an individual who has a high level need of succeed;

- Prefers duties in which he can take individual responsibility in order to achieve results,

- Determine the objectives that can be reached and enter into calculated risks,
- Asks for definitive feedback on its successes and failures,

- It prefers successful and talented colleagues instead of individual relationships (Argon & Eren, 2004, p.126).



### **1.3.2. Process Theories**

In this theory, the focus is on what purposes and how people are motivated. What is intended to be reached in the process theory is how to ensure that the individual does or does not show the same behavior after exhibiting a certain behavior. Within the scope of this theory, needs are only one of the factors that direct a person to behavior. There are four types of motivation theories under process theories (Koçel, 2011, p. 629).

- Behavior Conditioning Approach

- Expectation

- Equality

- Purpose Theory

#### **1.3.2.1. Behaviour Conditioning Approach**

The phenomenon of behavior conditioning can be used as a motivation tool. If the employee's behavior is desired by the organization, the manager will expect and request the employee to repeat this behavior. Repeating this desired behavior will only be possible with reward. Therefore, if the desired behaviors in terms of the organization are rewarded, their possibility of repetition will increase. If the behaviors are behaviors that the organization does not want, managers will punish these behaviors and reduce the possibility of repetition (Koçel, 2011, p. 519).

#### **1.3.2.2. Expectation Theories**

It can be examined under two headings as Vroom's, Lawler and Porter's (Koçel, 2011, p.632).

In the expectation model of Vroom's Expectation Theory, he tried to explain the behaviors of the person in terms of his / her goals and preferences, as well as expectations to achieve these goals. People determine in advance which results they will choose and make realistic predictions in order to reach those results. The concept of expectation; It means the belief that a person can achieve results by turning to a behavior (Can & Kavuncubaşı, 2005, p. 306).

Lawler and Porter conducted studies supporting Vroom's theory in their theories. They emphasized the relationship between performance and

satisfaction by developing Vroom's model. They also emphasized that in addition to Vroom's theory, it is necessary to have sufficient knowledge and skills in order for a person to be successful. If the person does not have the skills and knowledge required to be successful, no matter how willing and diligent they are, their chances of success will be low (Keser, 2006, p.40).

What is important here is about the justice of the perceived reward variable in addition to the Vroom theory (Koçel, 2010, p. 635). In this case, the individual compares his own success with the success of others and gets an idea of what kind of reward he will receive. If the reward achieved by the individual is less than other employees, the person is not satisfied, and when given equally, the employee's motivation is expected to be higher.

### **1.3.2.3. Adams' Equality Theory**

J. Stacy Adams' theory of equality; It is based on providing motivation based on whether people who show equal performance with others are awarded or not awarded equally (Çolak, 2016, p. 19). The theory consists of four basic theories (Güney, 2001, p. 234):

- Person: An individual who perceives equality or inequality,
- Other Person: The individual compared in terms of rewarding,
- Awards (Outputs): The income, status, recognition, good working conditions etc. possibilities,
- Contributions (Inputs): The effort, education, experience, talent, intelligence etc. of the individual during the study. are features.

While the ratio between the outputs obtained by an individual in return for the inputs he / she brings to the institution is the same as the other employees doing similar work, it provides equality, whereas if one of the ratios between the groups is smaller or greater than the other, inequality arises (Can and Kavuncubaşı, 2005, p. 308). Adams suggests that in order to eliminate this inequality, the individual will resort to the following ways;

- Individuals can change their inputs by increasing or decreasing them.

The individual tries to change his or her own output.

- The individual tries to change the inputs or outputs of the other individual, For example, to make that individual do an unusually high job, etc.

- The individual can change the other individual with whom he compares himself.
- Individuals can develop their defense mechanisms. For example; the individual convincing himself that inequality will disappear in the future.
- In case of inequality, the individual either leaves his / her job or takes a break (Keser, 2006, p.42-43).

Managers should realize that employees compare their outputs with the outputs of others and should take care not to act that would be considered inequality. If rewarding creates a perception of inequality, sometimes it has a bad effect rather than a stimulus. In this respect, smart managers should try to motivate their employees by providing a sense of equality and keeping the outputs in balance (Barutçugil, 2004, p.378).

#### **1.3.2.4. Locke's Purpose Theory**

It is a theory that suggests that human beings can behave in a conscious way for their purposes. According to the theory, the employee sets positive goals related to his job, enjoys the effort and effort required to achieve these goals, and ultimately achieves his goal. In this way, the employee is willing to achieve the goal he has set himself. When the employee achieves corporate goals, if the management is awarded a prize and managers lead the way, the employees' goal setting and efforts to achieve this goal will be both encouraged and reinforced (Başaran, 2008, p. 108). The individual has to be willing and determined to achieve his goals. It is desired that the desire of the individual be intense enough to lead to the effort. To provide high motivation, goals with the following characteristics should be established (Güney, 2001, p.235; Izgar, 2003, p.116):

- The goals should be clear and distinct, avoiding general goals,
- The adoption of goals by individuals who want to achieve the goal,
- The objectives are difficult but accessible,
- Feedback on how many of the goals have been achieved should be provided.

The purpose of the motivation theories discussed is to help people maintain motivation by identifying the factors that motivate them. The views that

consider human beings as physiologically and psychologically developing entities focus on the realistic and emotional aspects of the person's development, inner abilities and capacity, feelings, desires, attitudes, and thoughts. These opinions attach importance to understanding the person, interpreting the person's behavior, and motivating the person.

### **1.3.3. Benefits of Motivation Theories**

**Needs Hierarchy Model:** People have needs that show a certain order and behave in a way that satisfies them.

**Double Factor Theory:** needs are the main motivating factor. However, some factors do not motivate but are necessary for the existence of motivation.

**Alderfer's ERG Theory:** While the needs differ according to the needs and skills of the individual, meeting these needs has a positive effect on the motivation and productivity of the person.

**Need to Achieve Theory:** An individual's performance can be explained as the need to show success, which he has to a large extent.

**Behavior conditioning Approach:** With the application of certain reward and punishment, desired behaviors are strengthened and undesirable behaviors can be reduced.

**Expectation Theories:** Individuals place a certain value on job-related rewards. In addition, they have certain expectations regarding the relationships between their effort and business achievement and rewarding.

**Equality Theory:** Individuals compare their efforts and results with the results of others.

**Purpose Theory:** There is a relationship between the achievement level of the goals determined and the efficiency and motivation that people will show.

### **1.4. Motivation Tools**

Because human behavior is complex and difficult to understand, it is not easy to develop general principles of motivation. The most important factors that create this situation are individual differences between people. In other words, the importance of the factors may vary depending on the person and situation. For this reason, the range of needs and the degree of satisfaction of incentives in any institution cannot be the same as that of another institution. For

example, a manager who succeeds in directing his subordinates in an institution may not achieve this success in another institution (Eren, 2001, p.570-571). Today, businesses use various motivation tools to motivate their employees and increase their efficiency.

Human needs are infinite and unlimited, so man is always ready to be more motivated. The important thing is to be able to direct employees to more work by applying the correct motivation methods. Tools that provide motivation in the literature examined as; (Ölçer, 2005, p.26).

- Economical
- Psychosocial
- Organizational and Managerial

#### **1.4.1. Economical Tools**

**Fee:** The first of the requesting tools is financial resources. More money, if not the only one, emerges as an important incentive tool for many people to obtain higher income, work and establish cooperation (Eren, 2003, p.571).

In other words, the most powerful weapon that businesses have for the motivation of employees is income (Can, 2002, p.199). All of the economic tools provided by the individual in the institution are income (Fındıkçı 2003, p.399; Çelik, 1999). The wage received is an important factor in motivation. Employees see the wages they receive as a reflection of their contribution to the organization, they want the wage paid to be in balance with the work they do, and they want this balance to be perceived by the employees (Gezer & Kocaman, 2001). Employee dissatisfaction with the wages especially recently has been increasing (Telman and Ünsal 2004). The fair arrangement of the wages received by the employees in order not to cause conflict between each other will also affect motivation and productivity increase.

Besides income, other factors also affect this process. Some of the most important are (Tortop, 1999, p.263):

- Task sustainability (security),
- Fair implementation of the promotion system,
- Knowing the essence and importance of the job,
- Written texts and requests are clear and understandable,

- Focusing on the issues complained about and resolving them as soon as possible.

When we look at this situation; It is understood that money is not a stand-alone motivation tool. In addition to money, other motivation tools must be used. A person's labor and time can be bought. But his creativity, spirit, devotion to the institution, his devotion to the institution cannot be bought with money. These emerge only with the application of good motivation in the organization.

**Rewarding:** The second economic motivation tool is rewarding. Rewarding systems are about reinforcing/empowering desired behaviors and study results (Helvacı, 2002, p. 155-169). When a suggestion or innovation is presented by employees, it is important to give an award with economic value. The weak link between the job and the reward of the individual may not provide motivation for the employee. In addition, reward criteria should be clearly stated and applied equally and fairly to all employees.

**Participation in Profit:** It is the justification of the system in which the labor factor is at least as valuable as the capital. It is the distribution of the dividend above the surplus income obtained by the company due to the services of the employees. The individual works more efficiently and is more motivated in order to increase his contribution to the business. The more an individual contributes, he knows that the increase will be shared indirectly.

**Social Benefits:** Social benefits are services that provide financial income, which is paid in addition to wages, and can vary from business to business. Although it can be in many ways, clothing, food benefits, private health insurance, etc. can be given as an example.

**Occupational Health and Safety:** Occupational health is the regulations made for the individual to work safely against the dangers that may arise from the working conditions and the materials used. Job security is; It is important for the employee to feel safe with all the precautions taken regarding the work environment and all the opportunities and possibilities offered to them while performing their duties. These possibilities; include opportunities such as life and accident insurance and retirement (Çakır & Eğinli, 2010, p.28).

Healthcare services are a sector with many risks in terms of occupational accidents in our country. Healthcare workers are constantly exposed to various risks and dangers arising from the nature of the service while providing services to patients who have lost their health or who are concerned about their health. Therefore, it is among the riskiest businesses in terms of health and safety in our country as well as all over the world. In other words, occupational accidents and occupational diseases occurring in health institutions face more fatal consequences than occupational accidents and diseases in other sectors.

Today, according to the International Labor Organization (ILO) and the World Health Organization (WHO), the three basic points of occupational health are;

- ✓ Protection and improvement of employees' health and working capacity,
- ✓ Improving the working environment and practices for safety and health,
- ✓ There are items such as improving the work organization and working culture in a way to support health and safety and while doing this, ensuring a positive social environment and a smooth working and thus increasing the efficiency of the enterprise (Ateş, 2011, p.282)

#### **1.4.2. Psychosocial Tools**

In addition to economic motivation tools, creating a working environment that will make employees happy should be one of the primary goals of managers. A working environment that is valid for one of the employees may have lost its validity for another employee. Therefore, managers should take advantage of motivation tools, taking into account the psychosocial structures of employees (Barutçu & Sezgin, 2012, p. 89-97).

**Be Appreciated:** Being approved is a very important motivation tool for employees. People working in businesses want to be appreciated and respected for their work. If a person who works by specializing in his job develops himself, he should be supported and respected by his superiors. The person who is respected in the workplace will be more motivated and work more efficiently.

**Status / Position :** It is a concept consisting of the values attributed to a person by other people in society. Working in a well-known/known institution or having a title that seems important has a positive effect on their status attributed to them by others. Such an incentive tool will increase the pleasure of the work expected from the employee, the dynamism of the staff, and the desire to do business (Eren, 2003, p.575).

**Consultancy Services:** Various problems occurring in the enterprises create negative effects on the employees and indirectly the employee's productivity decreases. For this reason, it is important to find a consultancy center to help employees in businesses. These consultancy offices will be an important tool in motivating employees.

**Delegation of Authority:** With the changes in the transfer of authority starting from the top manager, subordinates can increase their opportunities to benefit from their personal power and activities. Managers increase their responsibilities by giving the necessary powers to their subordinates, taking into account the principles of delegation of authority. Thus, subordinates will work harder to fulfill their obligations and gain the appreciation of their superiors (Eren, 2003, p.576). Employees who have a good social status will make great efforts to maintain this status within the business and will have productive contributions to the business.

Transfer of authority is when a manager transfers his / her powers to subordinate levels. Delegation of authority, which makes you feel a sense of confidence, creates a motivating effect on the employee.

A modern manager should trust his subordinates, share power with them and reduce the burden on him.

**Respect for Private Life:** Since life is not just about the workplace, there are many subjects and areas that individuals are interested in outside the workplace. For example; hobbies, responsibilities, social relationships, family relationships, special passions and efforts for pleasure, faith, etc. creates a person's private life. Especially solving the problems of the employees and dealing with their problems by the managers will ensure the perception of the



importance given to the employee and trigger their desire to work. Meeting the problems of the employees with tolerance, trying to find a solution, dealing with all their problems will strengthen their cooperation and desire to work.

**A Job Worth Done:** When many people have a job worth doing, they work much harder. The physical, intellectual and especially emotional power of the individual increases in achieving better services. Thus, the person believes that realizing the goals of the institution socially is a source of pleasure and life within him (Eren, 2003, p.574).

**Independence in Work:** Employees do not like to work under excessive pressure, and they avoid interference in their work and orders. Therefore, they cannot be efficient and they want to start another business at the earliest opportunity.

**Suggestion Systems:** The suggestion system application, which starts with the reinvention of the employee, is a commonly used motivation tool in human resources management. The basic element of this system is to display a democratic approach by making the employee feel that all opinions are valuable. Behaving indifferently to someone who makes a suggestion on any subject may negatively affect the formation of new suggestions in the medium and long term (Kanoğlu, 2007, p.80).

**Recognition of Personnel:** Managers should closely monitor the capacity, status and training of the personnel working in the enterprises. Jobs that are given more than the capacity of the employee will create negative situations in the employee and the employee will become overwhelmed because he cannot do the job. The manager should follow the employee closely and evaluate according to his capacity and ability. If he does not do this, the employee will experience low motivation and this will affect the efficiency at work.

**Improving Physical Working Conditions:** The ergonomic and technical conditions in the working environment are also an important factor affecting motivation. In addition to a properly lit, ventilated and temperature-balanced and sufficient environment; The strong quality of the materials used by the

employees means an increase in the service quality (Kıdak & Aksaraylı, 2009, p.80).

**Stress:** Stress occurs as a result of people's relationships with themselves and their environment. Businesses aim to reduce stress, to make people more efficient in working life and to increase the competitiveness of the business. Businesses want to increase the bond between employees by organizing various activities, creating a team phenomenon, controlling stress sources, reducing stress effects, increasing their resistance by making people stronger against stress, and developing the ability to manage the resulting stress.

**Recruitment (Orientation) and Employee Training:** Issues such as introducing the new employee to the workplace, job information, employee rights, introducing other employees and standards are included in the orientation. An employee environment that passes the recruitment period well will adapt to their friends and work faster and work efficiency will be high.

Businesses in the health sector are of vital importance, especially as they concern human life. The training of individuals in the health sector is tried to be provided through activities such as seminars, meetings, and in-service training. Employees must be aware of this, develop and train themselves willingly. Managers must follow the trainings closely and train their employees at regular intervals.

According to Ergül (2005), the expected benefits of in-service training are:

- ✓ Increasing efficiency,
- ✓ Increasing the motivation of employees by increasing performance,
- ✓ Preparing the employee for senior staff to meet the employee's needs from within the enterprise,
- ✓ To reduce work accidents and complaints, uncertainties and mistakes arising from work,
- ✓ To bring dynamism and prestige to the organization,
- ✓ To make the business structure flexible against the changes coming from the environment,
- ✓ Contributing to communication between individuals and units,

- ✓ To reduce maintenance and repair costs,
- ✓ To minimize the delay and absenteeism for work,
- ✓ It has benefits such as reducing the audit burden of managers.

### 1.4.3. Organizational and Managerial Tools

Managers can increase the level of motivation and satisfaction of the employees by allocating small financial resources from time to time and by using the corporate and managerial motivation tools in an effective and timely manner without spending any additional resources from time to time. It can accelerate the efforts and productivity of the staff in line with the goals of the business (Gümüş & Sezgin, 2012, p.40). Inviting tools;

**Unity of Purpose:** The best sources of motivation go through setting a correct and appropriate goal. When the organizational goals are perceived well by the employees, if the goals of the employees are in harmony with the goals of the organization, the success of the organization is achieved and positive results are achieved for both parties. The more employees are aware of organizational goals and objectives, the more they will make an effort for the success of the organization. Purpose unity also ensures the continuation of organizational unity (Keser, 2006, p.172).

**Training:** It is an important managerial tool in terms of career development, that is, reinforcing the shortcomings of employees. Every employee wants to improve their knowledge, skills, manners and experience in their institution. In other words, he wants to learn the requirements of his work and to be successful. Having training opportunities to meet these needs of the employee will create a sense of trust, and will increase his commitment to the institution and his will to work (Özkalp, 2001, p.11).

**Participation in Decisions:** While expanding the influence of the lower levels of the institution on the one hand, it also paves the way for the management to take more effective and sound decisions and to solve the institutional problems in a more realistic way (Gümüş & Sezgin, 2012, p. 46). Employees cannot be expected to comply with and participate in the decisions in organizations where the manager makes decisions and conveys the

implementation of these decisions. On the contrary, in cases where participation in the decisions of the organizations is ensured, the staff will define the problems of the organization and determine their goals. The manager who manages the business with a participatory management will increase the distribution of responsibilities by establishing an enormous information exchange system. Increased participation will lead to an increase in motivation, and a positive change in the attitudes of the staff towards the job, their understanding of success and the meaning of the job (Koçel, 2005, p.415). Knowing that he / she also contributes to the decisions, the employee will be more motivated and integrated with the business.

**Communication:** Employees can express their problems clearly through communication and increase their individual motivation by solving problems such as insecurity and uncertainty (Keser, 2006, p.174). In addition, it is very effective for the manager to use clear and correct communication language in his communication with employees. Employees' sense of trust is positively affected by accurate and timely explanations about various decisions and situations (Çakır & Eğinli, 2010, p. 49). Implementing an effective communication policy will strengthen the social bond between the company employees, increase job loyalty and increase motivation rapidly. In order to ensure effective communication in enterprises, there is a need for open communication channels that operate in two directions. A strongly organized communication system also provides an increase in the motivation of individuals.

**Making the Job Attractive:** A monotonous business life can create various problems for employees and it can cause negativity in business life as a result of the reflection of these problems in the business life of the employees. Individuals doing a job that is attractive to them will show a more positive attitude towards their work and act carefully, in a planned and methodical manner. As a result, the more a person is proud of his job, the higher his personal satisfaction will be (Eren, 2003, p. 573).

**Physical Working Conditions:** Working conditions are one of the most important factors that increase productivity in enterprises. Working conditions

also affect the employee outside of his / her work life. For example, overworking hours may lead to people not being able to renew themselves as they prevent them from spending too much time with their family and friends. Improving working conditions will direct employees to work more and more eagerly. Creating working conditions suitable for the desired conditions is not only an economic necessity but a social and humanitarian requirement in the modern business approach. Undoubtedly, there is a special environment in which every work is done and its own conditions (Sabuncuoğlu, 1997, p.94).

**Team Work:** It is the gathering of people with a certain knowledge for a common purpose. Empowering employees one by one is costly. Teamwork is a low-cost and highly effective motivation tool. People feel stronger when they are in a group and team. For example; If the emergency service workers do not work as a team, the work will be interrupted and the patient who comes to receive service becomes a victim. It is imperative to work as a team, especially in the field of health. Because; Any employee's mistake or forgetting something can even lead to the death of the patient. Emergency workers should be able to act with the essence of a team spirit and complement each other with their support.

**Time Management:** One of the most complained issues of today is undoubtedly time constraints. Time management is generally the primary problem faced by everyone, from the student to the most competent person. Especially in health care, this situation is a priority in terms of human life.

## **1.5. Three Dimensional Perspective on the Structural and Theoretical Purposes of the Concept of Motivation**

### **1.5.1. Providing the Continuity of the Business**

Patient satisfaction, which is one of the basic services of health institutions, can be defined as meeting the demands and expectations of patients in general or providing services beyond these requests and expectations (Tengilimoğlu, 2011, p. 324). Since businesses operating in the health sector provide patient-oriented services, they should primarily ensure that sick person who comes to the hospital leave the business with satisfaction. The enterprises that provide this in the health sector will develop rapidly in today's conditions

and the capacity of patients receiving quality health services will increase. A satisfied person means that his / her wishes and expectations have been met and that he/she applies with confidence knowing that these expectations will be met when he comes again.

### **1.5.2. Productivity and Efficiency Dimension**

Effectiveness, the degree to which any activity is reaching its goal; efficiency refers to the ratio between expenses and revenues. When it comes to efficiency in businesses; While the degree of service provision of employees in the workplace comes to mind, productivity comes to mind with the quality, number, and quantity of the product obtained. The most important factor underlying successful businesses is qualified and productive human resources. In this respect, the principle of workforce efficiency implies making use of the physical and thinking power of the employee at the highest level and maintaining the maximum working speed achieved (Sabuncuoğlu, 2011, p. 19). Therefore, the disappearance of borders with each passing day and the continuous change and development of technology reveals the importance of the human factor more. Investing in employees means getting the business ready for the future.

### **1.5.3. Quality Dimension**

When the understanding of quality management is associated with the success factor, one of the factors affecting motivation the most is a success. Since the goal is to achieve success, there is some kind of beneficial cycle. The management's ability to achieve this optimum balance can be achieved in two ways, direct impact and indirect impact. Quality is a system that provides these effects. It is very difficult for the personnel working in a business that is below the standards of work-life and low motivation to work effectively and efficiently. Therefore, managers have to determine the priorities for the morale, motivation, and quality of work-life of the personnel working in the organization and to improve the motivation and working conditions of the employees (Aba, 2009, p.1).

## **CHAPTER 2**

### **THE DEFINITION AND IMPORTANCE OF PRODUCTIVITY CONCEPT**

Technically speaking, productivity is expressed as the ratio of the number of goods or services produced between inputs and outputs (Selen, 2012, p. 120).

Productivity; It is associated as an important dimension showing at what level and how the business uses its resources. Increasing productivity is possible with employees who are satisfied with the job. (Toker, 2007, pp.92-107).

The increase in business efficiency is considered as an indicator of the success of the managers since the responsibility lies directly with the managers. Managers undertake important roles and duties in the use of time and material resources for production purposes and keeping the productivity sensitivity alive (Pekel, 2001, p.70).

Due to its close relationship with concepts such as efficiency, effectiveness and efficiency, profitability, reality, quality, and best suitability, and also being perceived as an indicator of corporate and managerial success, numerous monitoring variations on how to use all kinds of resources in management The desire to achieve good is important (Pekel, 2001, p.71).

Efficiency is an essential part of the healthcare system. In order to talk about a successful healthcare system, it should not be forgotten that employees who provide health care should have the ability to keep high motivation and to use motivational tools that will provide an efficient and quality healthcare environment (Aydin and Demir 2003).

New strategies can be developed to prevent uncertainties in productivity. There are three ways to increase productivity processes in healthcare services (Kavuncubaşı & Yıldırım, 2010, p.363-379);

1. Health care providers recommending and implementing services that are less effective, ineffective, useless, or harmful, that do not include drugs or methods. This is called clinical efficiency, as it is based on clinical knowledge, judgment, and skill.

2. More efficient use of goods and services used in the provision of health care services. This type of productivity can be called production efficiency or managerial efficiency as it is based on organizational and managerial decisions.

3. Proportionate distribution of health care services (in terms of religion, language, age, gender, ethnicity, economic status, place of residence, disease type, etc.) among different patient groups, in a proportionate manner. In other words, allocating resources to population groups who have more patients or who may benefit more from the service at a relatively lower cost and longer duration. The purpose of this is distribution-related efficiency.

### **2.1. Motivation Productivity Relationship**

Employees, who are the most important source of productivity in organizations, are the elements that capture the competitive strategy, make a difference from other institutions and increase the value of the institution. For this, modern management should be applied in human resources that require expertise. Thus, businesses achieve both long-term and desired efficiency targets. Productivity can also be increased by improving the factors that affect efficiency. For example, the most effective factor in productivity is the workforce. The factor that provides a product or service by realizing the production in the workplace consists of the workforce. Therefore, labor productivity has a direct impact on business efficiency. Nobody can be forced to do a job that they don't want. It is possible for employees to do their job willingly and the formation of this desire depends on motivation. Productivity is important in two respects, namely, obtaining the additional wage to be brought



about by the increase in productivity for the employees, doing their job with pleasure, and realizing the increase in motivation. The person who is chosen, directed, or forced to work against his / her own will, will be able to confront the individual with burnout in the following process. On the contrary, individuals who prefer their job according to their own desires and skills will be more successful in their work and will work with high motivation. Regardless of the nature of the job, the first goal of all managers should be to motivate the employee, to provide opportunities to use their knowledge and skills and to ensure high participation in order to achieve common goals. For employees with high morale and motivation, communication channels with the manager should always be kept open. With the increase in management levels, employees who cannot communicate much with their superiors are obliged to do the work that needs to be done even if they do not accept it from within (Karataş et al. 2016, p.500-509). After a while, employees stop sharing even their very important business ideas. It is not very difficult for a good manager to use the appropriate motivation factor in order to recruit employees to the organization and direct it to the purpose of the organization.

There is an important relationship between an individual or organizational success and motivation. High productivity and success cannot be expected from an employee without motivation. Encouragement is the most fundamental element for management and therefore it is a necessity for the managers to follow the prompting process. The success of a manager depends on the employees adopting their organizational goals and using their skills, knowledge, and skills for these purposes. There is also a very close relationship between efficiency and motivation, which are the elements of success. An employee who lacks motivation is not expected to increase productivity and performance (Erkut, 1992, p.6). Here, the concepts of motivation, efficiency, and performance draw attention in terms of their connection and following each other. Increasing productivity is of critical importance as human life is at stake in healthcare institutions rather than other organizations.

## **2.2. Motivation, Productivity and Human Factor**

The fact that health services are related to human life, the necessity of working in harmony with a wide range of professionals, the complex relationships that are necessary between different types of occupational groups and the need to manage these relationships increase the need for motivation in human resources management (Gupta et al., 2003, p.9).

Employee performance is closely related to motivation. Employees who cannot be encouraged in terms of motivation are not expected to show high performance (Çetin, 2004, p.90). It is important to examine and examine the purpose, interest, desire, psycho-physiological needs, other reasons that force the person to act in this way and how the behaviors will continue from a theoretical perspective (Koçel, 2005, p. 483). ). Encouragement as one of the most important facts guiding human relations; It plays a serious role in directing the employees of all businesses, institutions and organizations to the point of achieving the corporate purpose. The completion of any job requires the individual to be willing, to adopt the job and to make maximum effort, and the factor that provides this desire is the individual's level of motivation (Fındıkçı, 2006, p.373).

It is a difficult and arduous task to motivate employees to act for the benefit of the organization and keep them at work for the long term. Creating working conditions that will direct employees to work efficiently, ensure that they take the necessary responsibility, mobilize them to solve problems, and reward their achievements is one of the most important things to be done. Although it is not the institutions that motivate people to work, they are the institutions with best practices; They create an inspiring environment for creative solutions, hard work, and commitment to the organization. This adopted environment provides many benefits, including enhancing skills, an opportunity to acquire new skills, and a sense of confidence. Organizations that manage to keep the performance of their employees at the highest level always receive the support of the senior management, convey the expectations in order and clearly, spread the authority to the base of the organization, encourage employees to

protect and solve problems and reward the successful ones before everyone (Öztürk and Dündar, 2003, pp.57-67).

The manager will be able to carry out all his administrative affairs more easily, depending on the degree of compliance with the motivation system he uses. In order for the motivation system to be sustainable, it should be determined what motivation of each of the employees can be increased and the employees should be analyzed again at certain times. To this end, the changing needs of the employees should be determined and appropriate motivation factors should be applied.

Employees work efficiently as long as they are satisfied with their work or work environment. For this reason, those in the management team should try to meet not only the economic and social needs of their employees but also the psychological needs. At this point, those in the management should manage their businesses by taking advantage of the motivation process in a realistic way. It is possible for a manager who knows himself first and then his employee well, to increase productivity by using different motivation methods in different situations for different employees. While sometimes good relationships are sufficient for this, some discipline practices may be required at some times (Soft, 2008, p.7).

The people of the 21st century; are individuals who want to be put in the place of individual/human, respect for their personality, their thoughts, ideas, beliefs and above all, to do their work willingly, lovingly, to progress, to realize themselves. Therefore, the main task of businesses is to motivate their human resources and to ensure that their employees are more connected to the business as a result of being more efficient (Yumusak, 2008, p.5).

Encouragement steps in to get a high level of efficiency from the employee. The most basic need of man is to continue his life. A person needs learning, development, and a healthy environment in order to survive. This depends on both internal and external motivations. Because the systems that move people are organized with their inner self, "Desires and wishes", as well as "external environmental factors" with external stimuli. The motivating motivations that are necessary for a person to continue his life are present in every human being. At this point, giving an individual the feeling of achievement and getting

to know him, giving the individual the opportunity to do the jobs they love are among the leading elements of motivation. Especially external motivations should be supportive of internal motivations (Doğani, 2010, p.71) While motivating an employee;

- Physiological,
- Confidence,
- Social,
- Reputation,
- The needs to prove himself must be met and the fact of satisfying these needs and desires of that individual is understood.

At the same time;

- Feeling success,
- Progress promotion,
- Feedback and rewarding,
- Participation in the decision-making process,
- Taking responsibility,
- Individual development and change,
- Need for support and assistance
- He should determine the freedom to plan and organize his own work and know what to do about it (Dogani; 2010, p.73).

## **CHAPTER 3**

### **QUALITY AND SERVICE QUALITY CONCEPT**

Companies who wish to achieve comparative advantage over their rivals must reduce manufacturing costs while rising customer service efficiency. Companies must also have the quality control know-how to achieve high quality. Quality is a term that has been underlined by people since ancient times in different fields. The definition of service quality indicates that the human element is effective. It is a long process expressed in terms of service quality. Service users compare their expectations with the service quality they perceive while deciding whether they are satisfied or not. It is seen that perceived quality and expected quality are generally used together in studies conducted in the literature.

Service quality perceptions may vary according to individuals, regions and even countries. Therefore, it is the characteristics stated by the authors that consumer evaluation in the measurement of service quality will differ in terms of period, location and sector, and that a universal service quality scale is not possible in this sense (Aksoy, 2005: 95). The fact that service quality is affected by too many variables and that they are not clearly defined, especially being open to the effects of subjective factors, makes it difficult to measure and define using direct objective criteria, and brings up the intuitive perception of health service quality (Şahin and Yılmaz, 2007: 126). In order for institutions to maintain their competitiveness and success, it is imperative that they develop new and different strategies for the needs of the society they serve.

Therefore, the primary goal of health institutions should be to provide efficient and quality health services to the society.

### **3.1. Health Services and Quality Concept**

The ongoing technical and economic growth of the health sector is important to the efficiency of the service rendered (Yağcı & Duman, 2006), the growing share of the service sector in the world economic sector, the shifting average life expectancy and the demographic structure. This necessity indicates the global importance of health services and the continuity of quality is aimed by targeting a certain standard measure in this regard (Özen et al., 2011: 26). Service quality in health is defined as the degree to which individuals provide the desired health outcomes in an effective, efficient and affordable manner (Tafreshi et al., 2007: 320).

One of the most important criteria showing the social and economic development levels of the countries is the quality and quantity of the health service provided (Tengilimoğlu et al. 2011:71.). Although health services include all the features found in other service sectors, it has some unique features. These features result from the labor-intensive and technology use of hospitals. Health institutions have distinctive features regarding the organizational structure, process and outputs (Kavuncubaşı, 2007, p.75):

These are;

- The output is difficult to define and measure clearly,
- Work done in healthcare institutions is often variable and complex,
- All the work performed in health institutions is urgent and not postponable,
- The work done is sensitive and cannot tolerate any errors and uncertainties,
- The level of specialization in health institutions is much higher,
- Functional dependence is also very high in health institutions,
- Since all healthcare institutions and especially hospitals are in a matrix structure, control and conflict problems arise,

- Human resources in health institutions consist of experts who attach importance to corporate goals rather than personal goals,

Health services are provided by public or private institutions and organizations with the aim of protecting and improving people's lives and health. Healthcare institutions operating in an environment of intense competition must be flexible, respond quickly to consumer demands and expectations and technological developments. In order to meet these expectations, units should be organized to work in harmony with each other.

The provision of health services affects the quality of life and thus their happiness (Asunakutlu, 2004). Due to the prolongation of life, social changes, change of priorities, individuals want to receive health services in the best way and leave health institutions satisfied because of their efforts and efforts to keep their health above all else. For this reason, health care planners and providers should perform their duties in an effective, efficient, equitable and equitable approach in scientific-technical quality.

The foremost basic aim of health services is to provide a beneficial and quality health service to human health, which is the basic need of individuals and can be called their greatest asset (Zerenler, & Öğüt, 2007, p.18). Providing a quality service is valid for all areas. However, this is mandatory in the field of health (Oksay, 2016).

In the 21st century, the concept of health and health services has been expressed as "Contemporary Health Service Understanding" within the framework of scientific principles (Akdur, 2003, p. 8). These scientific principles are:

- Life is a whole, it cannot be divided into healthy and sickly. The result of the accumulations in the period known as the healthy period is a person's illness.
- Health care is a service that is delivered to so-called healthy individuals rather than patients, and protection is much more important than treatment.
- The individual and his environment are a whole and cannot be isolated from each other. The health of the individual is a function of the environment, especially the social environment.
- The most common disease in a society is the most important disease.

- The disease affects and concerns not only the individual but the whole society.
- Health service is a team service that is affected by the services of many different sectors.

More and more quality and satisfaction are expected from healthcare institutions. Service quality mostly depends on the healthcare worker providing the service. However, the number of healthcare workers in our country is still insufficient (Health Statistics Annual, 2013: 139-145). Increasing demand for healthcare services increases the workload of healthcare workers and causes them to both work harder and work more efficiently and effectively.

People want quality in every aspect of their lives, albeit in different ways. Even in the same person, the content and meaning of the concept of quality may change at different periods of his life. While quality is defined differently by everyone and cannot be fully expressed, there are different levels of quality expectations. However, the fact that the expectations of individuals with low expectations are met does not mean that the service provided to these individuals is of high quality (Kavuncubaşı, 2000).

Every person wants to live a healthy life and be safe. For this reason, quality in health institutions does not only mean efficiency and effectiveness, it has become a tool of social satisfaction, therefore it has become the duty of healthcare institutions to improve and improve the quality.

### **3.2. Expectation and Perception in Health Services**

Since health services are labor-intensive, the main determinant of service delivery (Karasioğlu and Çam, 2008: 20) and the main determinant of quality perceptions developing in post-presentation service areas is the health worker. (Kavuncubaşı and Yıldırım, 2012: 351; Kabene et al, 2006: 12; Elarabi and Johari, 2014: 14). Therefore, health services can only be provided by the health workforce, and the expansion of healthcare coverage is directly related to the health workforce. (Gupta et al, 2003: 8; Dogba and Fournier, 2009: 1486; Çınaroğlu and Avcı, 2013: 87).



While the quality of care can be defined as the “degree of excellence”, quality is considered a difficult concept to define. When considered from the perspective of the patient, due to the very dynamic structure of the healthcare sector, it creates great difficulties in achieving quality. While the treatment services are constantly increasing, there is also a rapid technological change. Increasing expectations of service users and demographic changes change the balance in the provision of healthcare services (Tengilimoğlu et al. 2011, p.476).

Service quality is the degree to which the service reaches the desired goal. Service quality is the general quality perception that occurs in the service area after many service purchases. Perceived quality satisfaction also affects. On the other hand, they compare their expectations with the service quality they perceive while deciding whether or not they are satisfied. Although the perceived service quality is related to satisfaction, it is an attitude that is not equivalent to satisfaction, and it is obtained as a result of the comparison of the service quality and expectations. Customer satisfaction is the emotional reactions that occur in the customer after each service purchase; These emotional reactions combine after many service purchases and form perceptions of service quality. In studies, it is seen that perceived quality and expected quality are used together. The customer's perception of service quality is also affected by service quality expectations (Aksoy, 2005, p.91-104). Service quality is defined as the difference between service receivers' expectations and perceptions. If the perceived service meets the expectations, the clients will be satisfied.

In health institutions, hospitals are classified as general, special branch hospitals, rehabilitation centers, education, research and development hospitals according to their service types. However, service capacities are also important. It is seen that hospitals have an important position in service sectors. The way in which the parameters set forth in relation to the way quality is handled in health institutions or health services are also important.

### **3.3. Emergency Services and Organization**

During pre-hospital and hospital health care, emergency health services are available in two ways. First aid and ambulance care are used with pre-hospital services. These services consist of all kinds of applications performed during the patient's transportation from the scene to the hospital (Göcen and Ateş, 2013: 47), and emergency health services in the hospital constitute the emergency health services that start with the end of the ambulance service and are offered in the hospital emergency department. (Göcen and Ateş, 2013: 87).

One of the most important indicators of the value a country attaches to human beings is the emergency services of hospitals. How much attention has been paid to the emergency services and paid attention to; It means that human beings are given that much importance (Cander et al. 2008, p.9-16). The choice of location for emergency services in hospitals is also very important. The choice of location is one of the factors that directly affect the care and service quality of the emergency service. For this reason, the location of the emergency department should be able to keep up with medical development, the design should be flexible, changes should be made in line with the requirements, and most importantly, the opinions of the emergency service personnel should be taken (Gülcan, 2009, p. 7).

Care should be taken to avoid confusion in emergency room architectural planning for patients and employees in emergency rooms, imaging centers and during referrals. In addition to the healthcare professional's ability to dominate all care areas, transportation should also be fast. Even during peak hours, the healthcare worker should not interrupt coordination and communication and should be able to reach the required places quickly when needed. (Gülcan, 2009, p.7).

Before an efficient emergency service is established, statistical information must be taken into consideration in order to provide quality and efficient service. Statistical information to be known can be listed as follows (Adaş, et al. 1998, p.1-6).

Number of patients who came to the emergency department in the last five years,

Estimated number of patients who will present to the emergency department in the next five years,

Classification of arrivals and rates of patients and injured patients admitted to the emergency department,

- Determining the months and days when the use of emergency services reaches the highest level,

According to the data obtained, the level of service to be established, where it will be located and how much population it will serve should be determined in advance. The physical conditions of the hospital it will be located in and the number of employees it has play an active role in this determination.

Emergency services are multi-functional units where crowded, different patient groups and often irregular patients apply, where there are a rush and a race with time. The lack of adequate architecture in such an environment will further complicate the environment. Patients do not want to be in this complex rushing unit and may become shaken and hopeless. In order to provide a more organized service in an emergency care area, the hospital is required to create integrity with other services in terms of architecture and operation. The architectural structure that facilitates communication between patients and their relatives should be designed by calculating in detail the staff, equipment, recording, and security systems. In addition to the quality of patient care in such an emergency room, it will reduce the labor loss of the employees due to the architectural structure. Well-organized emergency service will satisfy both patients and their relatives and increase the enthusiasm for working (Seçilmiş, 2016, p.114-115).

The emergency room is not a health unit that deals with a specific disease, it can be affected by various diseases, accidents, disasters, epidemics, acute conditions, etc. Individuals who are admitted to the hospital because of these are the first places to come (Seçilmiş, 2016, p. 115). It is uncertain when, due to what illness, how many people will apply to the emergency department, and

it is very different from the patients hospitalized in non-emergency services. The patient and his relatives who apply to the emergency department in an unexpected situation are in anxiety. Because the emergency room patient has not yet accepted the disease, diagnosis and treatment have not yet been determined. For this reason, they are often in the role of fearful, agitated, anxious and complaining. They can react suddenly. In addition to medical support, physicians and nurses should give morale to these people, and inform patients and their relatives about the disease (Yıldırım, 1994, p. 38). The patient rooms as well as the restrooms, where the emergency service personnel can observe all patients during their work, should not be too far from the emergency care area, it should be calculated that all healthcare workers can be informed and the intervention is not delayed in suddenly concentrated situations.

### **3.4. The Effect of Triage Applications in Emergency Services on Health Services Quality**

The concept of triage is a French word and it is used to mean "classify or choose". This concept was first used in the French army to create an open hospital-like environment for wounded soldiers (Karaçay, 2007, p.9-15).

Patients prefer emergency services as a unit with lower cost and quick results in order to reach the physician in a short way. This situation makes it difficult for the physician to devote the time to the real emergency patient and sometimes creates serious problems in diagnosis due to incomplete anamnesis of the patient, unnecessary noise and intensity. This excessive density in emergency services necessitates the application of triage (Seçilmiş, 2016, p. 59).

Color coding is applied in order to provide an effective service in emergency services. With the first application, the triage process is carried out by a doctor, nurse, emergency medical technician, etc. It is applied by qualified healthcare professionals. Experience is very important for the healthcare worker performing the triage application. Despite the noisy and crowded environment of the emergency room, patients or their relatives should be calm, be able to keep all evaluations under control, and should not hesitate while making a

decision. While trying to reassure patients and their relatives with this determination, they should also express that they are trying to understand them and try to calm them by informing them about their situation (Seçilmiş, 2016, p. 61).

Every patient who applied to the emergency department is directed to the area appropriate to the triage code after the diagnosis and treatment procedures are classified considering the reasons and medical conditions of arrival. Triage application is done in our country as follows.

**Code Red (Requiring Immediate Intervention):** It refers to patients who are in danger of life and need the most urgent intervention. Whether the patient is conscious or not should be checked immediately. Patients are likely to survive when they are stabilized and urgent medical attention is given. They take the first place as a priority. Conditions such as tension pneumothorax, hemorrhagic shock, traumatic brain injury, flail chest, respiratory failure can be cited in this group.

**Yellow Code (Short Term Delayable Emergency):** Systemic effects and consequences due to injury have occurred. Life-threatening patients are not yet seen but must be intervened as soon as possible. Their treatment can be delayed a little compared to the red category, but still, be careful not to exceed 1 hour. They take second place as a priority. Small extremity fractures, 25% or fewer burns, bleeding controlled lacerations are examples of patients with yellow code.

**Green Code (Slightly Injured / Not Emergency):** It refers to conscious individuals who have very minor injuries, who have almost no possibility of deterioration even with a minimum of care. They are usually treated on an outpatient basis. They rank third as a priority. Individuals in this group pay a small amount of contribution to the state as they occupy the emergency services unnecessarily and delay interventions for more urgent patients. However, this situation cannot be prevented, as this share is low (Seçilmiş, 2016, p.54-55).

Code Black (Dead): No distinction can be made between clinical and biological death in mass events with a large number of injured, individuals who died or are unlikely to survive are included in this group, even if they are not medically considered dead. The limited resources and time available to the injured who are unlikely to survive puts the lives of injured people at risk (Seçilmiş, 2016, p.54-55).

In the Rescript on the Application Procedures and Principles of Emergency Health Services in the inpatient sections of the Ministry of Health;

*“Triage is not applied to patients who are brought to the health facility by 112 emergency ambulances. Emergency cases brought by ambulance are completed as soon as possible. (M.8 / 2) ”*

It was stated that all the patients brought by 112 ambulances were taken to the emergency care area without discrimination and the first intervention should be conducted as soon as possible (R.G.2009).

With the application of the triage in emergency services, it is ensured that access to the emergency patient who has a vital threat is facilitated and the emergency intervention starts quickly. With this application, the team is provided to be more functional and effective. The rapid functioning of the system, the rapid access to the emergency patient, and the rapid first intervention are welcomed positively for the patients and their relatives, the sense of trust increases, and their concerns are reduced. Therefore, unnecessary agitation is not experienced in the emergency room and the team's work becomes more efficient (Karaçay, 2007, p.64).

For an effective triage application; Some legal changes need to be made first. Hospital management in areas where patients are concentrated should take initiative and triage activity should be supported. Emergency services should be used more efficiently by directing non-emergency patients to polyclinics, especially during working hours (Seçilmiş, 2016, p. 61).

Most problems with patient relatives are usually experienced in green-coded areas. Patients or their relatives who cannot accept not giving priority to their own patients may cause problems for emergency service workers and even

apply violence. This situation reduces the motivation of healthcare professionals and decreases their willingness to do business. Beats and pressures applied to healthcare professionals cause loss of efficiency and performance. It is very difficult to work naturally in a job where life is not safe. Patients and their relatives who have to wait due to intensity or priority diseases even in the emergency department have an extremely low tolerance and tolerance limits.

The obligation to provide uninterrupted and fast service in emergency services requires attention to be paid to the efforts to identify and correct every situation that may cause prolongation of the waiting period (Seçilmiş, 2016, p. 59).

In our country, emergency care is provided regardless of the diagnosis and treatment of every patient admitted to the emergency department, whether they have social security or other characteristics (Seçilmiş, 2016, p. 59). According to the data of the Ministry of Health, applications made to the emergency department in our country constitute 35% of the applications of general health institutions. In addition, it has been determined that approximately 70% of these patients are not urgent. The population density has a great effect on the occurrence of this situation. However, the unconsciousness of society about emergency services is also an important factor. Although the application of color code with triage partially provided relief, it did not provide a large-scale solution. It seems very difficult to increase the quality of healthcare service in emergency services to the desired levels under these conditions. Different solutions are needed for this.

### **3.5. The Effects of Motivation - Productivity Relationship in Emergency Service Employees on Quality Health Care**

In an environment where the capacity of the health system is increasingly restricted, all institutions are in a common goal of providing themselves with "high quality, low cost" health services (Mayer, 2010, p.66-68).

According to Druker, while hospitals are the complex human organization that has been established until today, emergency services are shown as the most complex and service area where more than one task must be carried out in a coordinated manner in order for patients to receive the best possible service.

Since emergency services are usually the first unit that patients encounter in the hospital when they are unstable, the inefficiency of the procedures affecting the emergency service can affect the satisfaction of the patients about the entire hospital. Although these inefficiencies do not affect the actual quality of service for patients and their relatives, they may affect their perceptions (Strauss, & Mayer, 2017, p. 319).

Providing the desired level of quality in emergency health services; It is possible by clearly determining the functions and service standards of all health-related personnel, communicating and assimilating them (Seçilmiş, 2016, p.5).

Features of the emergency room environment:

Intensity: There is an extremely busy work pace.

Danger: In emergency service applications, cases that require priority in response are usually seen. The margin of error is extremely low and mistakes cannot be tolerated. In the emergency room, outbreaks, accidents, and increasing violence pose risks for healthcare workers.

Tension: Fear of taking wrong actions is a constant feeling felt by most emergency workers.

Unpredictability: There is often thought of unpredictability in the emergency room. While the emergency service is considered very calm and comfortable, it can concentrate on many injured and seriously ill patients at a time.

Unmet expectations: The patient may think that when only a specialist physician comes to the emergency room, the employees have made a complete and timely intervention.

Uncontrollability: Generally, there is a perception of inability to meet urgent requests or during a crisis (Strauss, & Mayer, 2017, p. 46).

Employees in the emergency department encounter more negative and complex cases than those working in other units and manage every process with crisis management mastery. Emergency service workers must be equipped and always prepared for various events. Due to the sudden



development of emergency cases or unforeseen situations, the patient, the patient's relatives, and healthcare professionals are also under intense stress. Therefore, emergency room managers are required to be calmer and have sufficient skills in communication issues. Health managers should be disciplined, harmonious, motivating, and just/equitable in job sharing (Seçilmiş, 2016, p.10).

Healthcare professionals are individuals who have accepted the concept of health as the priority of working first in a sufficient, transparent and sincere manner (Strauss, & Mayer, 2017, p. 29). Being able to effectively manage limited resources in terms of capacity and to continue the work done correctly can become a complex situation due to different factors. These are:

- Rapid developments in clinical care and medical technology,
- Easier access to costly multiple diagnostic tests,
- Limited access to basic care services,
- Overuse of resources to avoid risk,
- Lifestyles that lead to an increase in the diseases of individuals.

Due to the nature and complex structure of the emergency service, ensuring the coordination of multidisciplinary services offered by employees from different groups in unexpected difficult situations is an extremely complex situation and requires skill, energy and desire (Seçilmiş, 2016, p.99).

It may be necessary to serve many patients at the same time during the intensity in emergency services. When intervening in a patient, other patients want them to be taken care of. In such cases, interrupting jobs can reduce productivity. Emergency service environments require employees who can communicate effectively, have procedural competence, and can focus in the face of interruptions that can often occur (Iqbal & Horvitz, 2007, p.677-686; Straussve Mayer, 2017, p.95).

The changing nature of the healthcare environment and the increasing number of regulatory directives are important factors causing stress in the emergency room. The hierarchical structure of the emergency room causes extra tension. There is a serious disparity in position, income and number of patients among

physicians, nurses and other staff. Limited resources also put pressure on emergency room workers. Reducing the number of staff members in both the emergency department and the hospital, limiting the budget for the development of the facility and equipment, and keeping the patients waiting in the emergency room longer than normal may lead to a decrease in service quality (Aiken et al. 2002, p.1987-1993). Accordingly, employees may face serious difficulties while trying to meet the expectations of patients and provide quality service.

A system with random and unscheduled flow, such as an emergency room, inevitably has variability. The most obvious form is the fluctuation in the number of patients presenting. However, variability can be seen in different ways; Even if the patient application volume is not intense, the application of many people with complicated diseases requiring different resources at the same time or at the same time may cause delays and variations in functioning. Patients and diseases requiring different applications require different resources with different durations provided by different service providers. Physicians, nurses and other staff offer different skills and approaches to emergency room patients. The education levels, experiences and skills of employees with the same professional title are at different levels, and it may take different periods to apply health services to patients. The rational use of value-adding variables can significantly improve functioning. Ensuring the most appropriate functioning provides the ability to cope with increasing density and complex situations and to increase patient and employee satisfaction (Strauss, & Mayer, 2017, p.204).

The crowdedness problem of the emergency service and the effect of the service on the pre-evaluation scope is a serious problem that does not show any sign of resolution (Nawar et al., 2012, p.3; Wiler, et al. 2010, p.142-160). The overcrowding caused by the decreasing number of employees in the emergency services, the increasing patient density, and the disruptions in the transfer of the hospitalized patients to the ward beds, all result in obstructions in the emergency room patient flow (Niska et al. J. 2010, p.6). While these obstructions caused unwanted and unexpected events in emergency departments, they also directed the emergency department process and the

continuation of its effective operation following the urgency of the patients in a rapid and reliable way.

The consequences of the emergency room intensity:

Severe patients wait longer in the assessment service stages.

-Complications increase.

-Mortality rates are higher during periods of intensity.

-Not only admitted patients, but all patients stay in the emergency department is prolonged.

-Most of the patients leave the hospital without even being examined.

-There is an increase in medical errors.

-Patient satisfaction scores drop rapidly.

-Delays occur in treatment applications.

Patients and their families often come to the emergency room in a sad, painful and physical or emotional crisis. Patients' expectations and needs vary greatly, and healthcare professionals must always adjust their approach to each patient and family member.

Emergency service workers can have minimal or no control over what situations they will encounter during the day. Because the numbers, types and urgency levels of patients are unpredictable and can change at any time. While the emergency room worker treats the patients in a suitable environment, the environment can suddenly turn into a chaotic environment.

It is unclear when and for what reasons how many people will apply to the emergency department. Since there cannot be an appointment system in the emergency department, it is not possible to eliminate this uncertainty. In epidemic situations and in accidents / natural disasters with a large number of injuries, it is essential to have professional healthcare workers, to increase the number of personnel very rapidly and to apply a very good triage to patients, to complete the referral chain when necessary and to distribute the density to other health institutions. Sometimes these cases are socially sensitive and can suddenly become the agenda of the country (Seçilmiş, 2016, p.3).

Emergency services should be organized and managed at a level that can meet the expectations of the patient population they serve from emergency health services. This arrangement and management style should be compatible with both the general disciplines of the hospital and the working order of other services. The points to be considered in order to have these features are as follows (Seçilmiş, 2016, p.8).

- The working order of emergency services must comply with written rules and policies.
- The emergency care should be continuously monitored and evaluated in terms of quality, safety and compliance with the emergency service manager, responsible nurse and other health care areas.
- All newly recruited personnel must be included in an official adaptation (adaptation/training) program that specifies the service area, functioning and responsibilities of each employee. Their duties and responsibilities should be posted in the emergency room in writing.
- Employees must have the professional knowledge and skill level required to provide the best service to the patient. Trainings and certified programs should be organized to continuously improve knowledge and skills.
- The triage of every patient applying to the emergency service must be done by trained, knowledgeable, skilled, and experienced employees.
- Management principles related to the operation of the emergency service should be established in cooperation with the physician in charge of the emergency department and the nurse.
- The care and stabilization facilities of the emergency service should be in the capacity and equipment to meet the expectations of all patients who apply for any reason.
- A separate file should be issued for each individual applying to the emergency service, and all information about the individual should be written clearly and legibly and should be easily accessible when necessary.

- All patients who are discharged from the emergency service or transferred to a different center should be given an exit summary (epicrisis) and a patient referral form explaining all the procedures performed. When these features are applied sufficiently, it will ensure the highest level of benefit of the patient and will ensure that the employees are more efficient.

In order to be successful, emergency service workers should be able to quickly transition from one situation to another and communicate effectively with each other (Strauss & Mayer, 2017, p. 46).

While understanding the main purpose of an organization is important in successful times, it becomes critical in difficult times and processes of change, that is, in the current healthcare environment. Emergency service managers are CEOs who jointly guide the success of the unit. Therefore, it is very important for them to successfully discover, implement and maintain the necessary strategies to differentiate their units (Strauss & Mayer, 2017, p.11).

Coordinating multiple processes, even in the most ordinary stages of clinical care, requires effective leadership and management in order to achieve success in the healthcare services of the emergency department. These qualities are important in terms of the perception by all emergency service personnel of the necessity to have the training, resources, facilities, staff support, and sense of duty needed for appropriate clinical care. The emergency room environment is a dynamic, complex, and high-risk area. Effective patient treatment requires working under intense stress by competing with time. Often, emergency room workers are brought together against their will (Strauss & Mayer, 2017, p.85). This situation can negatively affect the motivation of the employees.

In Article 101 of the Civil Servants Law No. 657; It has been stated that working hours in units based on 24-hour uninterrupted work will be determined by the relevant institution. However, healthcare workers may experience serious difficulties where their right to rest is taken away due to not specifying an upper limit during working hours (R.G. Ministry of Health).

It has been an inalienable right that is guaranteed in Article 50 of the Constitution that "resting is the right of employees". Due to the insufficiency of the number of employees, increasing workload, unsuitable working environment, etc., the social life of healthcare workers is not much. There is no opportunity to take a break-even during the seizure; meals are missed or eaten in a hurry. Due to the seizure system and mandatory 24-hour applications, sleep patterns cannot be mentioned. Disruption of sleep patterns also causes biological and psychological stress (Puttonen, 2010, p.96-108; Perry et al. 2010).

It is inevitable to experience problems wherever there is work. The important thing is to identify these problems and work to reach their solution. One of the most important steps in solving the problems is the reward for their labor (Eryilmaz, 2005, p. 155). Improving the personal rights of health professionals who serve at an intense pace, improving the physical areas they serve, and getting their opinions in the organizations to be held in the emergency service will make them happy and will make them more eager to serve. This will not only increase the service quality but also manifest itself with an efficient service delivery (Seçilmiş, 2016, p.4).

High performance inevitably requires more than just talent. Encouraging is also an important place in high performance. High performers see themselves as part of a whole team and feel responsible not only for what they do, but for the work of the whole team. These people work diligently, valuing their work with a sense of purpose, and their attitudes are reflected in their behavior. High performers:

- They are positive and proactive,
- They arrive on time or earlier,
- They do their job energetically,
- They work by thinking about the team,

If a team mentality spreads to a department, people there are more likely to work with high performance (Strauss & Mayer, 2017, p.24).

The most important advantage of people working positively is that the employees are satisfied with their job, equipped and reliable to meet the

expectations of the patients; All these gains result in employees being able to hold on to the institution more effectively (Straussve Mayer, 2017, p. 682).

Providing an efficient, quality and efficient service in the emergency department depends on the high level of motivation of the employee. It is important to meet the needs and expectations, to improve the physical environment and working conditions. As long as the healthcare personnel are peaceful, safe and happy in their working environment, they will increase their loyalty to their institution, work loyalty and patient satisfaction. As an outcome, increasing health workers' enthusiasm would improve productivity by adapting to their requirements and demands and greatly impact health care quality (Seçilmiş 2016, p. 118).

## **CHAPTER 4**

### **METHOD**

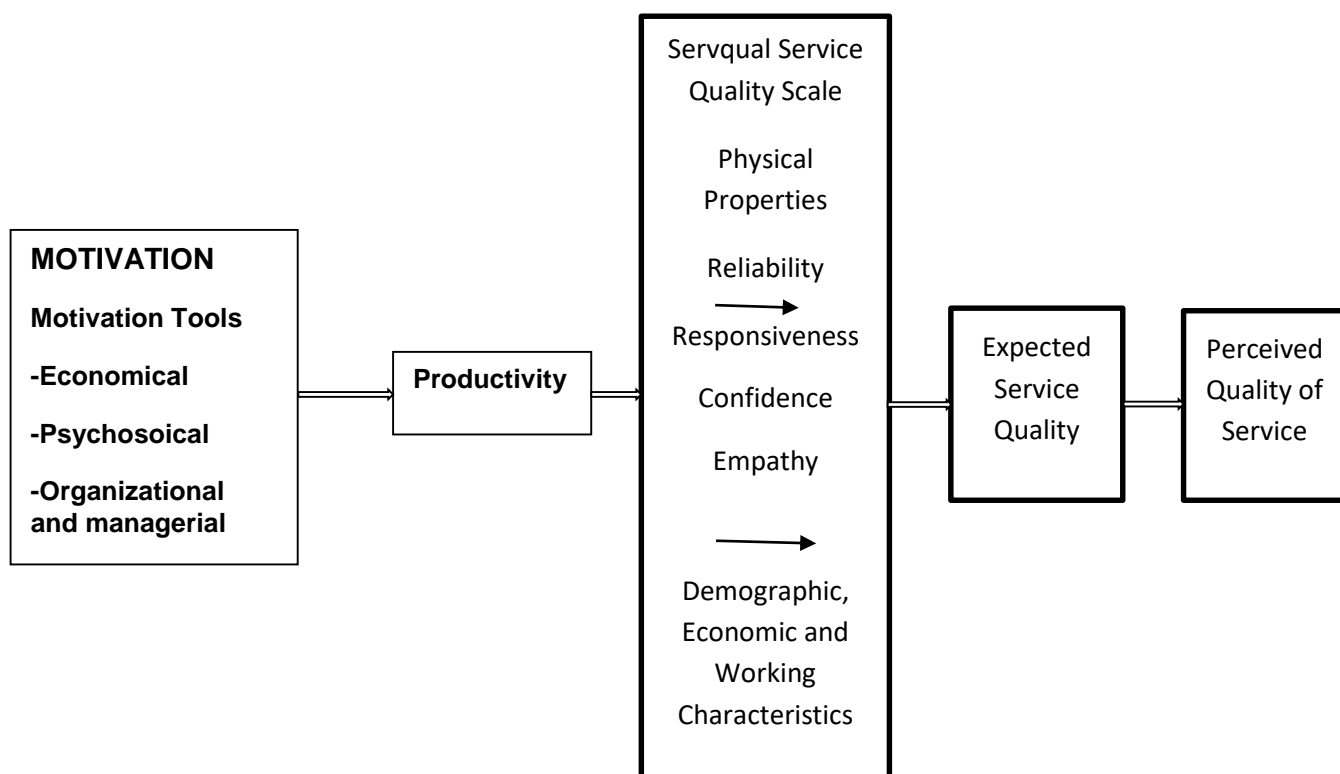
#### **4.1. Purpose of the Research**

The objective of the research is to examine the emotional effectiveness and morale of health workers in public and private health emergency systems as regards quality healthcare. When we look at the literature studies done so far; Although studies have been carried out for the motivation and efficiency of emergency workers, emergency personnel, and the quality of health care in the emergency department, the observation that the motivation and efficiency of emergency workers are not made in terms of quality health care services in terms of patients receiving service, reveals the importance of the study. In addition, another aim of the study was to evaluate the health services provided in hospitals by patients who benefit from the hospital's facilities and to examine the differences in perception and expectation of service quality according to various introductory characteristics of the patients. Descriptive survey model was used in this study in accordance with the purpose of the research. In studies carried out with screening models, it is aimed to define a current or past situation as it is (Karasar, 2016).

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## 4.2. Research Model



**Figure 1.** Research Model

### Hypotheses of the Thesis

The hypotheses prepared in line with the purpose and model of the research are as follows:

H1: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency services of public or private hospitals differ according to demographic characteristics.

H1,1: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency services of public or private hospitals differ by gender.

H1,2: There is a relationship between the factors affecting the motivation and productivity levels of healthcare professionals working in the emergency services of public or private hospitals and age.

H1,3: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency services of public or private hospitals differ according to their education level.

H1,4: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency services of public or private hospitals differ according to marital status.

H1,5: Factors affecting the motivation and efficiency levels of healthcare professionals working in emergency services of public or private hospitals differ according to the economic situation.

H1,6: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency departments of public or private hospitals differ according to the status of having a child.

H2: Factors affecting the motivation and productivity levels of healthcare personnel working in emergency services of public or private hospitals differ according to the characteristics of working life.

H2,1: Factors affecting the motivation and productivity levels of healthcare professionals working in emergency departments of public or private hospitals differ according to the type of hospital.

H2,2: There is a relationship between the factors affecting the motivation and efficiency levels of healthcare personnel working in the emergency services of public or private hospitals and the duration of working in the emergency department.

H2,3: Factors affecting the motivation and productivity levels of healthcare personnel working in emergency departments of public or private hospitals differ according to the way they work in the hospital.

H2,4: Factors affecting the motivation and efficiency levels of healthcare personnel working in emergency departments of public or private hospitals differ according to the status of employees taking responsibility in management.

H3: The expectations of the health service quality offered by the hospitals of patients benefiting from the emergency services of public or private hospitals differ according to their introductory characteristics.

H3,1: The health service quality expectations offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to gender.

H3,2: There is a relationship between the health service quality expectations offered by the hospitals and age of the patients who benefit from the emergency services of public or private hospitals.

H3,3: The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their educational status.

H3,4: The health service quality expectations offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their marital status.

H3,5: The health service quality expectations offered by the hospitals of patients benefiting from the emergency services of public or private hospitals differ according to the economic situation.

H3,6: The health service quality expectations offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their working status.

H3,7: The expectations of the health service quality offered by the hospitals of the patients who benefit from the emergency services of public or private hospitals differ according to the status of having a child.

H3,8: The health service quality expectations offered by the hospitals of patients benefiting from the emergency services of public or private hospitals differ according to the type of hospital from which the service is received.

H4: The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their introductory features.

H4,1: The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to gender.

H4,2: There is a relationship between the perceptions of the health service quality offered by the hospitals and age of the patients who benefit from the emergency services of public or private hospitals.

H4,3: The perceptions of the health service quality offered by the hospitals of the patients who benefit from the emergency services of public or private hospitals differ according to their educational status.

H4,4: The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their marital status.

H4,5: The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the economic situation.

H4,6: The perceptions of the health service quality offered by the hospitals of the patients who benefit from the emergency services of public or private hospitals differ according to their working status.

H4,7: The perceptions of the health service quality provided by the hospitals of the patients who benefit from the emergency services of public or private hospitals differ according to the status of having a child.

H4,8: The perceptions of the health service quality offered by the hospitals of patients benefiting from the emergency services of public or private hospitals differ according to the type of hospital where the service is received.

### **4.3. Population and Sampling of the Research**

The population of the study was composed of emergency healthcare workers and patients receiving health services in 3 Public and 8 Private Hospitals operating in the central city of Adana in 2018. The sample of the study was 497 emergency health workers who accepted to participate in the study, randomly selected from 651 emergency health workers, who completed the data collection forms and scales completely and who received health services from the emergency; It consisted of 731 patients out of 5000 who agreed to participate in the study.

### **4.4. Research Limitations**

This research is limited to emergency healthcare workers and patients receiving service in 3 Public and 8 Private Hospitals operating in Adana central province in 2018. The results of the research findings are limited to the sample. It was assumed that the healthcare professionals and patients receiving service at the hospital who answered the questionnaires answered the questions correctly.

#### 4.5. Data Collection Tools

A questionnaire was used to collect the research data, and face-to-face interviews were made with the emergency service personnel and patients receiving service from the emergency services, and they were asked to fill in the appropriate questionnaire form. Before the questionnaire was filled, the Informed Consent Form was signed by the participants who received service from the emergency service (Appendix-1), and the information form (Appendix-2) was signed by the participant personnel working in the emergency service. After receiving the consent of the participants, they filled out the questionnaire within 10-15 minutes. The questionnaire form prepared for the health personnel working in the emergency department. The questionnaire form consists of 2 parts.

**1-Introductory Information Form:** In this section, questions are included to obtain information about the demographic characteristics of the emergency service workers such as gender, age, educational status, having a child, and the characteristics of working life such as the type of hospital they work in and the year of work.

**2-Motivation and Productivity Scale:** The scale consists of 22 items and 3 sub-dimensions in total. The scale has three sub-dimensions: economic, psycho-social, and organizational-managerial factors. Scale expressions Sabuncuoğlu and Tüz, 2001; Amabile, 1985; Amabile et al.1994; Abacı, 2015; Dundar et al. 2007; Prepared by making use of Özdaşlı and Akman 2012 studies. The dimensions of the scale and the question item falling on each dimension are Economic factors (1-4), organizational-managerial factors (5-13), Psychosocial factors (14-22). The scale was evaluated with a 5-point Likert-type grading.

The questionnaire form prepared for patients receiving service from the emergency department also consists of two parts. These are:

**1-Information Form:** In this section, there are questions to learn the demographic characteristics (gender, age, educational status, marital status, etc.) of patients receiving service from emergency services.

**2-Health Service Quality Scale:** In the measurement of Servqual for emergency health services; A 22-article patient perception scale was used,

with five sub-dimensions: physical characteristics, reliability, enthusiasm, trust and empathy. In addition, the expressions of the same scale were transformed into a form to obtain information about expectations and directed to the participants. In a study conducted by Babakus and Mangold (1992; 767-786), the servqual scale was used in practice in terms of hospital enterprises in order to measure the perceptions of patients about service quality in the hospital environment, based on the grounds that the validity of the servqual scale was tested in various service sectors but its suitability for the hospital environment was not evaluated. The suitability of the scale was evaluated and validity and reliability studies of the scale were performed in terms of hospital enterprises. The dimensions of the scale and the question item falling on each dimension are: Physical characteristics (1-4), Reliability (5-9), Enthusiasm (10-13), Confidence (14-17), Empathy (18-22). Within the scope of 5-point Likert scale for statistical evaluations of the propositions; The evaluation was made as strongly disagree 1, disagree 2, undecided 3, agree 4, strongly agree 5.

#### **4.5.1. The Validity and Reliability Study of the Scales in the Research**

Reliability refers to the degree to which the phenomenon or attitude to be measured with a measurement tool is measured consistently (Coşkun et al., 2015, p. 124). Reliability is determined by the correlation coefficient and takes a value between 0 and 1, and a value closer to 1 is considered to be an indicator of its reliability (Karasar, 2016). In the literature, it is seen that the Cronbach's Alpha coefficient is frequently used to determine the reliability of a measurement tool, and this coefficient is desired to be greater than 0.60 (Pai & Chary, 2013, p.327). While the reliability of the measurement tool indicates that the measurement is consistent, the validity of the measurement tool indicates the degree of measurement of the situation, phenomenon or attitude to be measured (Coşkun et al., 2015, p. 123). In this study, the validity of measurement tools was tested by exploratory factor analysis. It is considered sufficient that the total variance rate explained in the exploratory factor analysis is 50% and above (Bayram, 2013, p. 200-201). In addition, in order to perform the exploratory factor analysis, the items in the measurement tool need to have a statistically significant relationship with each other, and the determination of this situation is made with Barlett's Sphericity test. In addition, in the

exploratory factor analysis, the adequacy of the sample size is investigated by the KMO test, and the KMO value is required to be above 0.70 (Coşkun et al., 2015, p.267-269). In addition, the contribution (factor load) of the items in the scale to the factor under which they are collected must be above 0.50. In addition, factor loadings should not differ less than 0.1 in more than one factor (Tabachnick & Fidell, 2011, p. 233). In this study, attention was paid to have factor loads above 0.50, and cyclical articles were removed from the scales.

#### **4.5.1.1. Validity and Reliability Study of Motivation and Productivity Scale**

In order to make exploratory factor analysis of the Motivation and Productivity Scale with the data obtained in the study, the suitability of the data for factor analysis is indicated in Table 4.1.

**Table 4.1.**

*KMO Sampling Suitability Measurement and Bartlett's Test for Motivation and Productivity Scale*

<b>Kaiser-Meyer-Olkin Sampling Suitability Measurement</b>		0,864
<b>Barlett's Test</b>	<b>Average Chi-Square</b>	3758,384
	<b>Degrees of Freedom</b>	231
	<b>Significance</b>	0,000

According to Table 4.1, it was determined that the sample was sufficient because the KMO value for the exploratory factor analysis of the Motivation and Productivity Scale was > 0.70, and the Barlett's Sphericity test result was  $p < 0.05$ , so there was a significant relationship between the scale items. After it was seen that the presumptions were met, principal component analysis was used for exploratory factor analysis and varimax was preferred as the rotation rotation. As a result of the exploratory factor analysis, since items 9 and 15 of the scale are cycling articles, they were removed from the scale items and the exploratory factor analysis was repeated. The factor structure and factor

loadings of the scale obtained as a result of the final process are presented in Table 4.2.

**Table 4.2.**

*Motivation and Productivity Scale Exploratory Factor Analysis Results*

	Components		
	1	2	3
Article 21	0,812		
Article 18	0,809		
Article 17	0,765		
Article 14	0,755		
Article 16	0,723		
Article 20	0,689		
Article 22	0,655		
Article 19	0,602		
Article 5		0,815	
Article 7		0,785	
Article 13		0,763	
Article 12		0,717	
Article 10		0,702	
Article 8		0,602	
Article 6		0,595	
Article 11		0,555	
Article 2			0,711
Article 3			0,699
Article 1			0,665
Article 4			0,602
<b>Cronbach Alpha Values</b>	0,769	0,807	0,654
<b>General Cronbach Alpha Value</b>		0,886	



As a result of the exploratory factor analysis according to Table 4.2, the Motivation and Productivity Scale was collected under 3 (three) factors, as it was in the original. It is seen that the factor loads in the table are greater than 0.50. Accordingly, the 1st factor was determined as 8 items, the 2nd factor as 8 items and the 3rd factor as 4 items. The Cronbach Alpha coefficient of the 1st factor is 0.769; The Cronbach Alpha coefficient of the second factor is 0.807; The Cronbach Alpha coefficient of the 3rd factor was 0.654 and the Cronbach Alpha coefficient of the overall scale was 0.886.

The explained variance rates of the scale and the output values of the eigenvalues are shown in Table 4.3.

**Table 4.3.**

*The Variance Explained as a Result of the Exploratory Factor Analysis of the Motivation and Productivity Scale*

Components	First Eigenvalue			Squares of Charges After Rotation		
	Total	Variance %	Cumulative %	Total	Variance %	Cumulative %
1	6,871	32,231	32,231	4,470	21,320	21,320
2	2,302	11,464	43,695	4,224	20,202	41,522
3	1,372	7,235	50,903	1,850	9,408	50,930

According to Table 4.3, factor 1 (Psychosocial Factors) explains 21,320% of the total variance, factor 2 (Organizational-Managerial Factors) explains 20,202% of the total variance, and factor 3 (Economic Factors) explains 9,408%. The ratio of the scale to explain the total variance is 50.930%. In this case, the scale was found to be valid since the items of the scale explained more than 50% of the total variance, and the factors obtained as a result of the factor analysis were found to be compatible with the literature.

#### 4.5.1.2. The Validity and Reliability Study of the Health Service Quality Scale

In order to make an exploratory factor analysis of the Health Service Quality Scale with the data obtained in the study, the suitability of the data for factor analysis is shown in Table 4.

**Table 4.4.**

*KMO Sampling Suitability Measurement and Bartlett's Test for Health Service Quality Scale*

<b>Kaiser-Meyer-Olkin Sampling Suitability Measurement</b>		0,934
<b>Barlett's Test</b>	<b>Average Chi-Square</b>	13145,928
	<b>Dgree of Freedom</b>	231
	<b>Significance</b>	0,000

According to Table 4.4, it was determined that the sample was sufficient because the KMO value for the exploratory factor analysis of the Health Service Quality Scale was  $> 0.70$ , and because the Barlett's Sphericity test result was  $p < 0.05$ , there was a significant relationship between the scale items. After it was seen that the presumptions were met, the principal component analysis was used for exploratory factor analysis, and varimax was preferred as the rotation. As a result of the exploratory factor analysis, since items 9 and 19 of the scale were interlocking items, they were removed from the scale items and the exploratory factor analysis was repeated. The factor structure and factor loads of the scale obtained as a result of the final process are given in Table 4.5.

**Table 4.5.***Exploratory Factor Analysis Results of Health Service Quality Scale*

	Components				
	1	2	3	4	5
Article 8	0,835				
Article 6	0,813				
Article 5	0,795				
Article 7	0,702				
Article 12		0,747			
Article 11		0,746			
Article 10		0,735			
Article 13		0,699			
Article 1			0,745		
Article 2			0,715		
Article 4			0,685		
Article 3			0,613		
Article 15				0,716	
Article 14				0,685	
Article 16				0,633	
Article 17				0,613	
Article 18					0,699
Article 19					0,653
Article 21					0,602
Article 22					0,596
<b>Cronbach Alpha Values</b>	0,820	0,830	0,860	0,730	0,870
<b>General Cronbach Alpha Value</b>			0,930		

According to Table 4.5, as a result of the exploratory factor analysis, the Health Service Quality Scale was collected under 5 (five) factors, as it was in the original. It is seen that the factor loads in the table are greater than 0.50. All factors were obtained as 4 items. The Cronbach Alpha coefficient of the 11th factor is 0.820; The Cronbach Alpha coefficient of the second factor is 0.830; The Cronbach Alpha coefficient of the 3rd factor is 0.860; The Cronbach Alpha coefficient of the 4th factor is 0.730; The Cronbach Alpha coefficient of the 5th factor was 0.870 and the Cronbach Alpha coefficient of the overall scale was 0.930.

The explained variance rates of the scale and the output values of the eigenvalues are shown in Table 4.6.

**Table 4.6.**

*Variance Explained as a Result of the Exploratory Factor Analysis of the Health Service Quality Scale*

Components	First Eigenvalues			Squares of Charges After Rotation		
	Total	Variance %	Cumulative %	Total	Variance %	Cumulative %
1	9,993	45,423	45,423	4,853	22,061	22,061
2	3,213	14,606	60,029	3,230	14,681	36,741
3	1,915	8,702	68,731	3,053	13,876	50,618
4	1,048	4,763	73,494	2,894	13,153	63,771
5	1,023	3,166	76,660	2,836	12,889	76,660

According to Table 4.6, factor 1 (Reliability) accounts for 22.061% of the total variance, factor 2 (Enthusiasm) 14.681% of the total variance, factor 3 (Physical Characteristics) 13.876% of the total variance, and the 4th factor (Confidence) ) explains 13,153% of the total variance, and the 5th factor (Empathy) explains 12,889% of the total variance. The rate of explanation of the total variance of the scale is 76,660%. In this case, the scale was found to be valid since the items of the scale explained more than 50% of the total

variance, and the factors obtained as a result of the factor analysis were found to be compatible with the literature.

#### 4.6. Statistical Analysis

SPSS 20 statistical package program was used to carry out the analysis processes of the data obtained in the study. The descriptive characteristics of emergency room workers and patients who took part in the study were shown with percentage and frequency. The descriptive statistics of the scores obtained from the scales in the study were specified with mean and standard deviation. Kurtosis and skewness values were taken into consideration in controlling the normal distribution of the scores of the participants from the scales. In the literature, it is stated that if these values are between -1.5 and +1.5, it is an indicator of normal distribution (Tabachnick & Fidell, 2011). Independent samples t-test and one-way analysis of variance were used to analyze the scores of the emergency service workers and patients using the emergency service from the relevant scales and sub-dimensions. The Tukey test (Levene  $p > 0.05$ ), one of the post hoc tests, was used to analyze the groups with differences as a result of the variance analysis. The scores obtained from the scales, age, working year, etc. The relationship with continuous variables such as Pearson correlation analysis was investigated. Classification of  $r$  values obtained as a result of correlation analysis was made as follows (Köklü et al., 2006):

$r$	relation
0,00	No relation
0,01-0,29	Low
0,30-0,70	Mid
0,71-0,99	High
1,00	Very high

## CHAPTER 5

### FINDINGS

The distribution of the demographic characteristics of the emergency room workers in the study is shown in Table 5.1.

**Table 5.1.**

*Distribution of Demographical Features of Emergency Service Employees*

	Features	N	%
Gender	Female	243	48,9
	Male	254	51,1
	Total	497	100,0
		Avr.	Sd
Age		30,07	6,41
Education Status	Primary school	5	1,0
	Secondary School	11	2,2
	High school	157	31,6
	Associate Degree	123	24,7
	License	113	22,7
	Master and above	88	17,7
	Total	497	100,0
Marital Status	Married	224	45,1
	Single	241	48,5
	Divorced	30	6,0
	Widowed	2	0,4
	Total	497	100,0

Economical Status	Very good	5	1,0
	Good	148	29,8
	Moderately	281	56,5
	Bad	55	11,1
	Very Bad	8	1,6
	Total	497	100,0
Child Status	Yes	189	38,0
	No	308	62,0
	Total	497	100,0
Spouse Education Status	Primary school	8	3,6
	Secondary School	14	6,3
	High school	72	32,1
	Associate Degree	28	12,5
	Bachelor	83	37,1
	Master and above	19	8,5
	Total	224	100,0
Spouse Working Status	Yes	171	76,3
	No	53	23,7
	Total	224	100,0

51.1% of the emergency room workers in the study are male, 31.6% are high school graduates, 48.5% are single, 56.5% are moderately economical, 62.0% have children 37.1% have a spouse with bachelor's degree and 76.3% have a working spouse. In addition, the average age of emergency service workers was found to be  $30.07 \pm 6.41$ .

The distribution of the characteristics of the emergency service workers in the study regarding working life is shown in Table 5.2.

**Table 5.2.**

*Distribution of Characteristics of Emergency Service Workers Related to Working Life*

Features		N	%
Hospital Type	Public	342	68,8
	Private	155	31,2
	Total	497	100,0
		Avr.	sd
Working Duration in the Profession		6,28	5,69
Working Duration in the Emergency Service		4,21	3,93
Duty	Doctor	88	17,7
	Nurse	150	30,2
	Health Officer	25	5,0
	Parametric	15	3,0
	Emergency Technician	29	5,8
	Officer	59	11,9
	Interpreter	2	0,4
	Security Officer	48	9,7
	Personnel	76	15,3
	Midwife	5	1,0
	Toplam	497	100,0
	Working Method	Duty Method	384
Shift		83	16,7
Overtime		30	6,0
Total		497	100,0
Having Responsibility in the Management	Yes	31	6,2
	No	466	93,8
	Total	497	100,0

68.8% of the emergency room workers in the study work in public hospitals and 31.2% in private hospitals. In addition, it was determined that the emergency service workers have been in the profession for an average of 6.28



$\pm 5.69$  years and have worked in the emergency department for an average of  $4.21 \pm 3.93$  years. Again, 30.2% of emergency room workers work as nurses, 17.7% as physicians, 15.3% as personnel, 77.3% work on shifts and 93.8% do not have a responsibility in management.

## 5.2. Distribution of Introductory Features of Patients Receiving Service from the Emergency Department

The descriptive distribution of patients receiving service from the emergency service in the study is shown in Table 5.3.

**Table 5.3.**

*Distribution of Descriptive Features of Patients Receiving Service from Emergency Service*

	Features	N	%
Gender	Female	343	46,9
	Male	388	53,1
	Total	731	100,0
		Ort.	ss.
Age		39,91	13,39
Education Status	Primary School	90	12,3
	Secondary School	39	5,3
	High School	314	43,0
	Associate Degree	53	7,3
	Bachelor	225	30,8
	Master Degree and Above	10	1,4
	Total	731	100,0
Marital Status	Married	507	69,4
	Single	145	19,8
	Divorced	44	6,0
	Widowed	35	4,8
	Total	731	100,0

Economical Status	Very good	8	1,1
	Good	143	19,6
	Average	400	54,7
	Bad	175	23,9
	Very bad	5	0,7
	Total	731	100,0
Working Status	Yes	448	61,3
	No	283	38,7
	Total	731	100,0
Child Status	Yes	549	75,1
	No	182	24,9
	Total	731	100,0

Fiziksel özellikler (1-4),Güvenilirlik (5-9), Heveslilik (10-13), Güven (14-17), Empati (18-22) dir.

Type of the Hospital	Public	450	61,6
	Private	281	38,4
	Total	731	100,0

53.1% of the patients receiving service from the emergency service in the study are male, 43.3% are high school graduates, 69.4% are married, 54.7% are at a moderate level of economics, 61.3% 75.1% of them have children and the average age is  $39.91 \pm 13.39$ . In addition, 61.6% of the patients taking part in the study received service from public hospitals and 38.4% from private hospitals.

### 5.3. Descriptive Statistics of the Scores the Emergency Service Employees Got from the Motivation and Productivity Scale

The descriptive statistics of the scores obtained by the emergency service workers in the study from the Motivation and Productivity Scale are shown in Table 5.4.

**Table 5.4.**

*Descriptive Statistics of the Scores that Emergency Service Employees Received from the Motivation and Productivity Scale*

<b>Sub Dimensions</b>	<b>N</b>	<b>Avr.</b>	<b>sd</b>	<b>Skewness</b>	<b>Kurtosis</b>
Economical Factors	497	2,38	0,68	0,080	0,697
Organizational- Managerial Factors	497	2,95	0,63	-0,753	0,815
Psychosocial Factors	497	3,19	0,60	-0,917	0,915
Motivation and Productivity Scale	497	2,95	0,54	-0,769	0,853

According to Table 5.4, the average score of the Economic Factors sub-dimension of emergency service workers is  $2.38 \pm 0.68$ ; The average score of the Organizational-Managerial Factors sub-dimension is  $2.95 \pm 0.63$ ; The mean scores of the Psychosocial Factors sub-dimension were found to be  $3.19 \pm 0.60$  and the average of the Motivation and Productivity Scale scores to be  $2.95 \pm 0.54$ . In addition, since the kurtosis and skewness values of the scores obtained by the emergency service workers from the scale and the sub-dimension were between -1.0 and +1.0, the scores were found to be normally distributed.

#### **5.4. Descriptive Statistics of the Scores Received from the Health Service Quality Scale by the Patients Receiving Service from the Emergency Department**

The descriptive statistics of the scores obtained from the Health Service Quality Scale (Perceived) of the patients receiving service from the emergency service in the study are shown in Table 5.5.

**Table 5.5.**

*Descriptive Statistics of the Scores Received from the Health Service Quality Scale (Perceived) of Employees of Patients Receiving Service from the Emergency Department*

<b>Sub Dimensions</b>	<b>N</b>	<b>Avr.</b>	<b>Sd</b>	<b>Skewness</b>	<b>Kurtosis</b>
<b>Physical Features</b>	731	4,12	0,62	-0,917	0,817
<b>Reliability</b>	731	3,53	0,55	-0,447	0,668
<b>Enthusiasm</b>	731	3,24	0,83	-0,182	0,715
<b>Trust</b>	731	3,40	0,65	-0,501	-0,381
<b>Empathy</b>	731	3,37	0,73	-0,453	-0,661
<b>Health Service Quality (Perceived)</b>	731	3,52	0,54	-0,550	-0,094

According to Table 5.5, the average of the scores obtained from the Physical Characteristics sub-dimension of the patients receiving service from the emergency department in the study was  $4.12 \pm 0.62$ ; The average of their scores from the reliability sub-dimension was  $3.53 \pm 0.55$ ; The average of the scores they got from the enthusiasm sub-dimension was  $3.24 \pm 0.83$ ; The average of the scores they got from the trust subscale was  $3.40 \pm 0.65$ ; The average of the scores they got from the empathy sub-dimension was found to be  $3.37 \pm 0.73$  and the average of their scores from the Health Service Quality (Perceived) Scale was  $3.52 \pm 0.54$ . In addition, it was found that the scores of the patients receiving emergency service from the scale and the sub-dimension were between -1.0 and +1.0, as the kurtosis and skewness values were between -1.0 and +1.0.

The descriptive statistics of the scores obtained from the Health Service Quality Scale (Expected) of the patients receiving service from the emergency department in the study are shown in Table 5.6.

**Table 5.6.**

*Descriptive Statistics of the Scores Received from the Health Service Quality Scale (Expected) of the Employees of the Emergency Service Patients*

<b>Sub Dimensions</b>	<b>N</b>	<b>Avr.</b>	<b>Sd</b>	<b>Skewne ss</b>	<b>Kurtosi s</b>
<b>Physical Features</b>	731	4,42	0,28	0,049	0,738
<b>Reliability</b>	731	4,36	0,34	-0,783	0,712
<b>Enthusiasm</b>	731	4,35	0,32	-0,802	0,612
<b>Trust</b>	731	4,49	0,30	-0,384	0,789
<b>Empathy</b>	731	4,40	0,30	-0,957	0,951
<b>Health Service Quality (Expected)</b>	731	4,41	0,21	-0,903	0,613

According to Table 5.6, the average of the scores obtained from the Physical Characteristics sub-dimension of the patients receiving service from the emergency department in the study was  $4.42 \pm 0.28$ ; The average of their scores from the reliability sub-dimension was  $4.36 \pm 0.34$ ; The average of their scores from the enthusiasm sub-dimension was  $4.35 \pm 0.32$ ; The average of their scores from the trust subscale was  $4.49 \pm 0.30$ ; The average of the scores they got from the empathy sub-dimension was  $4.40 \pm 0.73$  and the average of their scores from the Health Service Quality (Perceived) Scale was  $4.41 \pm 0.21$ . In addition, it was found that the scores of the patients receiving emergency service from the scale and the sub-dimension were between -1.0 and +1.0, as the kurtosis and skewness values were between -1.0 and +1.0.

### **5.5. Differentiation Status of Emergency Service Employees in Their Motivation and Productivity Scale Scores According to Their Introductory Characteristics**

Table 5.6 shows the analyzes conducted to examine the differentiation of the scores of the emergency service workers included in the study from the Motivation and Productivity Scale, according to their demographic characteristics.

**Table 5.6.**

*Differentiation Status of the Scores Received from the Motivation and Productivity Scale According to the Demographic Characteristics of Emergency Service Employees*

Variances	Motivation and Productivity Scale							
	Economic Factors		Organizational-Managerial Factors		Psychosocial Factors		General	
	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.
<b>Gender</b>								
Female	2,36	0,63	2,96	0,62	3,20	0,60	2,95	0,53
Male	2,41	0,74	2,94	0,66	3,18	0,61	2,95	0,57
T	-0,808		0,304		0,332		-0,060	
P	0,419		0,761		0,740		0,952	
<b>Age</b>								
r value	-0,053		-0,029		-0,075		-0,051	
p value	0,239		0,513		0,093		0,255	
<b>Education Status</b>								
Primary*	2,40	0,45	3,11	0,22	3,16	0,23	3,00	0,21
Secondary <sup>(1)</sup>	2,27	0,52	2,98	0,33	3,34	0,34	2,98	0,18
High School <sup>(2)</sup>	2,41	0,76	3,04	0,58	3,32	0,49	3,05	0,47
Associate Degree <sup>(3)</sup>	2,31	0,64	2,85	0,69	3,08	0,70	2,84	0,60
Bachelor <sup>(4)</sup>	2,43	0,76	2,86	0,69	3,06	0,66	2,87	0,61
Master Degree <sup>(5)</sup>	2,42	0,54	2,86	0,60	3,09	0,56	2,84	0,52
F	0,625		<b>3,013</b>		<b>4,788</b>		<b>3,733</b>	
P	0,645		1>3,1>4,		1>3,1>4,		1>3,1>4,	
Difference			1>5; 2>3, 2>4, 2>5		1>5; 2>3, 2>4, 2>5		1>5; 2>3, 2>4, 2>5	
<b>Marital Status</b>								
Married <sup>(1)</sup>	2,34	0,68	2,70	0,65	3,15	0,62	2,91	0,57
Single <sup>(2)</sup>	2,42	0,68	2,98	0,61	3,21	0,59	2,97	0,53
Divorced <sup>(3)</sup>	2,54	0,74	3,10	0,76	3,37	0,58	3,11	0,57
Widowed*	2,13	1,24	3,61	0,71	2,67	0,31	2,95	0,19
F	1,611		<b>3,698</b>		1,953		2,087	
P	0,201		<b>0,012</b>		0,143		0,125	
Difference			2>1					
<b>Economical Status</b>								
Very Good*	3,20	1,23	3,67	0,97	3,47	1,08	3,50	0,94

Good <sup>(1)</sup>	2,50	0,60	3,08	0,51	3,26	0,47	3,05	0,41
Average <sup>(2)</sup>	2,39	0,67	2,96	0,62	3,23	0,57	2,97	0,52
Bad <sup>(3)</sup>	2,05	0,71	2,57	0,78	2,86	0,84	2,62	0,72
Very Bad*	2,06	1,10	2,44	0,94	2,65	0,78	2,46	0,86
F	9,568		14,242		10,454		14,486	
P	0,000		0,000		0,000		0,000	
Difference	3<1, 3<2		3<1, 3<2		3<1, 3<2		3<1, 3<2	
<b>Child Status</b>								
Yes	2,36	0,66	2,92	0,67	3,19	0,61	2,94	0,57
No	2,41	0,70	2,97	0,62	3,20	0,60	2,96	0,53
T	-0,816		-0,859		-0,152		-0,401	
P	0,415		0,391		0,879		0,689	

Since there is not enough sample in \* **marked** groups (> 10), they were not included in the analysis.

According to Table 5.6, it was determined that there was no statistically significant difference at the 95% confidence level according to gender as a result of the t test for independent samples conducted to examine the differentiation status of the scores obtained from the Motivation and Productivity Scale and its sub-dimensions by gender ( $p > 0.05$ ).

According to Table 5.6, it was determined that there was no statistically significant relationship at the 95% confidence level according to the Pearson Correlation analysis performed to examine the relationship between the scores of the emergency service workers from the Motivation and Productivity Scale and its sub-dimensions and age ( $p > 0.05$ ).

According to Table 5.6, as a result of the one-way variance analysis conducted to examine the differentiation status of the emergency service employees' scores from the Motivation and Productivity Scale and its sub-dimensions according to their education level, the scores of the healthcare workers who graduated from secondary school in the Organizational-Managerial Factors, Psychosocial Factors and Motivation and Productivity Scale It was determined to be higher than undergraduate and graduate graduates ( $p < 0.05$ ).

According to Table 5.6, as a result of the one-way variance analysis conducted to examine the differentiation status of the emergency service employees' scores from the Motivation and Productivity Scale and its sub-dimensions according to their education level, it It was determined that the scores were

higher than the undergraduate and graduate graduates ( $p < 0.05$ ).

According to Table 5.6, it was found that the organizational-managerial factors sub-dimension scores of the single health care workers were higher than the married ones as a result of the t-test for the independent samples performed to examine the differentiation status according to marital status of the scores of the emergency service workers from the Motivation and Productivity Scale and its sub-dimensions ( $p < 0.05$ ).

According to Table 5.6, as a result of the one-way analysis of variance to examine the differentiation of the scores of the emergency service workers from the Motivation and Productivity Scale and its sub-dimensions according to the economic situation, the economic factors, organizational-managerial factors, psychosocial factors and motivation and It was determined that the scores they got from the Productivity Scale were lower than those with a good and average economic status ( $p < 0.05$ ).

According to Table 5.6, it was determined that there was no statistically significant difference at 95% confidence level according to the child status as a result of the t test for independent samples conducted to examine the differentiation status of the scores obtained from the Motivation and Productivity Scale and its sub-dimensions according to the child status ( $p > 0.05$ ).

Table 5.7 shows the analyzes performed to examine the differentiation of the scores of the emergency service workers included in the study from the Motivation and Productivity Scale, according to their characteristics related to working life.



**Table 5.7.**

*Differentiation Status of the Scores Received from the Motivation and Productivity Scale by Emergency Service Employees According to Their Work Life*

Variances	Motivation and Productivity Scale							
	Economic Factors		Organizational-Managerial Factors		Psychosocial Factors		General	
	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.
<b>Hospital Type</b>								
Public	2,38	0,73	2,89	0,69	3,09	0,65	2,88	0,59
Private	2,42	0,57	3,10	0,48	3,43	0,40	3,11	0,38
T	-0,602		<b>-3,460</b>		<b>-6,069</b>		<b>-4,405</b>	
P	0,548		<b>0,001</b>		<b>0,000</b>		<b>0,000</b>	
<b>Working Duration in the Emergency Service</b>								
r value	<b>-0,109</b>		<b>-0,102</b>		<b>-0,131</b>		<b>-0,128</b>	
p value	<b>0,015</b>		<b>0,023</b>		<b>0,003</b>		<b>0,004</b>	
<b>Working Method</b>								
Duty method	2,37	0,60	2,94	0,60	3,20	0,57	2,94	0,51
Shift	2,47	0,96	2,96	0,76	3,17	0,73	2,96	0,70
Overtime	2,39	0,78	3,09	0,72	3,18	0,62	3,00	0,60
F	0,741		0,787		0,059		0,185	
P	0,477		0,456		0,942		0,831	
<b>Responsibility Status in the Management</b>								
Yes	2,37	0,67	3,03	0,75	3,08	0,75	2,92	0,63
No	2,38	0,68	2,94	0,62	2,94	0,62	2,95	0,54
t	-0,148		0,783		-0,993		-0,317	
p	0,883		0,434		0,321		0,752	

According to Table 5.7, as a result of the independent samples t test conducted to examine the differentiation status of the emergency service employees from the Motivation and Productivity Scale and its sub-dimensions according to the type of the hospital they work in, it is determined that the scores were higher than those working in public hospitals ( $p < 0.05$ ).

According to Table 5.7, according to the Pearson Correlation analysis conducted to examine the relationship between the motivation and efficiency scale and sub-dimensions of the emergency service employees and the duration of working in the emergency service, working time in the emergency

room and Economic Factors, Organizational-Managerial Factors, Psychosocial Factors and Motivation Low and negative correlations were found between the scores they got from the and Productivity Scale ( $p < 0.05$ ). According to Table 5.7, as a result of the one-way analysis of variance performed to examine the differentiation of the scores obtained from the Motivation and Productivity Scale and its sub-dimensions according to the working style, it was determined that there was no statistical difference at the 95% confidence level according to the study type ( $p > 0.05$ ). .

According to Table 5.7, as a result of the one-way analysis of variance, which was conducted to examine the differentiation status according to the state of responsibility in management, the scores obtained from the Motivation and Productivity Scale and its sub-dimensions, it was determined that there was no statistical difference at the 95% confidence level according to the state of responsibility in management ( $p > 0.05$ ).

#### **5.6. Differentiation Status of the Scores Received from the Health Service Quality Scale According to the Descriptive Features of the Patients Receiving Service from the Emergency Department**

The results of the analysis conducted to examine the differentiation status of the patients receiving service from the emergency service according to the introductory characteristics of the scores obtained from the Health Service Quality Scale (Perceived) are shown in Table 5.8.

**Table 5.8.**

*Differentiation Status of the Scores Received from the Health Service Quality Scale (Perceived) According to the Descriptive Features of the Patients Receiving Service from the Emergency*

Variances	Health Service Quality Scale (Perceived)											
	Physical Features		Reliability		Enthusiasm		Trust		Empathy		General	
	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.
<b>Gender</b>												
Female	4,11	0,62	3,51	0,48	3,20	0,85	3,38	0,63	3,29	0,69	3,48	0,51
Male	4,15	0,63	3,55	0,62	3,29	0,82	3,43	0,67	3,45	0,76	3,57	0,58
<b>T</b>	-0,916		-1,048		-1,555		-1,035		<b>-3,084</b>		-1,913	
<b>P</b>	0,360		0,295		0,120		0,301		<b>0,002</b>		0,057	
<b>Age</b>												
<b>R</b>	0,063		<b>0,190</b>		0,032		<b>0,155</b>		0,055		0,078	
<b>P</b>	0,122		<b>0,000</b>		0,155		<b>0,000</b>		0,213		0,076	
<b>Education Status</b>												
Primary <sup>(1)</sup>	3,74	0,69	3,65	0,55	3,21	0,69	3,49	0,62	3,41	0,70	3,58	0,49
Secondary <sup>(2)</sup>	3,87	0,69	3,51	0,57	3,38	0,64	3,62	0,49	3,43	0,72	3,58	0,51
High School <sup>(3)</sup>	4,07	0,62	3,44	0,59	3,04	0,85	3,47	0,69	3,23	0,75	3,40	0,57
Assoc. Degree <sup>(4)</sup>	4,18	0,77	3,46	0,60	3,17	0,93	3,49	0,77	3,38	0,80	3,43	0,62
Bachelor <sup>(5)</sup>	4,28	0,53	3,63	0,48	3,53	0,79	3,53	0,57	3,46	0,66	3,69	0,49
Master Degree*	4,25	0,29	3,54	0,46	3,83	0,71	3,60	0,54	3,70	0,41	3,77	0,38
<b>F</b>	<b>6,697</b>		1,715		<b>12,273</b>		1,885		1,285		<b>10,369</b>	
<b>P</b>	<b>0,000</b>		0,157		<b>0,000</b>		0,143		0,267		<b>0,000</b>	
<b>Difference</b>	<b>1&lt;4,1&lt;5;</b>				<b>1&lt;4,1&lt;5;</b>						<b>1&lt;4,1&lt;5;</b>	
	<b>2&lt;4,2&lt;5</b>				<b>2&lt;4,2&lt;5</b>						<b>2&lt;4,2&lt;5</b>	
<b>Marital Status</b>												
Married	4,16	0,60	3,40	0,56	3,18	0,83	3,23	0,64	3,43	0,71	3,56	0,54
Single	4,03	0,62	3,56	0,56	3,10	0,90	3,43	0,72	3,17	0,79	3,38	0,59
Divorced	3,99	0,75	3,50	0,50	3,14	0,84	3,33	0,52	3,44	0,72	3,55	0,52
Widowed	4,02	0,75	3,51	0,48	3,12	0,63	3,34	0,56	3,38	0,65	3,64	0,46
<b>F</b>	0,852		<b>4,855</b>		2,041		<b>4,071</b>		2,560		1,399	
<b>P</b>	0,457		<b>0,002</b>		0,107		<b>0,007</b>		0,112		0,245	
<b>Difference</b>			<b>2&gt;1</b>				<b>2&gt;1</b>					
<b>Economical Status</b>												
Very Good*	4,06	0,69	3,68	0,52	3,31	0,82	3,00	0,63	2,84	1,19	4,06	0,69
Good <sup>(1)</sup>	4,01	0,63	3,59	0,52	3,73	0,75	3,69	0,85	3,82	0,42	4,11	0,63

Average <sup>(2)</sup>	4,18	0,60	3,27	0,55	2,90	0,78	3,23	0,48	3,56	0,44	3,88	0,60
Bad <sup>(3)</sup>	4,23	0,65	3,12	1,31	2,78	0,39	3,13	0,54	3,59	0,52	3,93	0,65
Very Bad*	3,95	1,15	3,81	0,64	3,77	0,44	3,47	0,69	3,19	0,53	3,95	1,15
<b>F</b>	<b>3,829</b>	<b>29,712</b>	<b>64,577</b>	<b>68,041</b>	<b>63,474</b>	<b>55,850</b>						
<b>P</b>	<b>0,022</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>						
<b>Difference</b>	<b>1&lt;2</b>	<b>1&gt;2</b>	<b>1&gt;2</b>	<b>1&gt;2</b>	<b>1&gt;2</b>	<b>1&gt;2</b>						
	<b>1&lt;3</b>	<b>1&gt;3</b>	<b>1&gt;3</b>	<b>1&gt;3</b>	<b>1&gt;3</b>	<b>1&gt;3</b>						
<b>Working Status</b>												
Yes	4,19	0,59	3,60	0,57	3,34	0,83	3,46	0,65	3,48	0,71	3,61	0,55
No	4,13	0,66	3,42	0,52	3,10	0,83	3,42	0,65	3,21	0,73	3,41	0,53
<b>T</b>	<b>0,645</b>	<b>4,257</b>	<b>3,884</b>	<b>1,355</b>	<b>4,843</b>	<b>4,825</b>						
<b>P</b>	<b>0,505</b>	<b>0,000</b>	<b>0,000</b>	<b>0,111</b>	<b>0,000</b>	<b>0,000</b>						
<b>Having a Child Status</b>												
Yes	4,18	0,60	3,57	0,55	3,30	0,81	3,45	0,63	3,44	0,70	3,58	0,52
No	3,98	0,67	3,52	0,57	3,21	0,90	3,39	0,71	3,39	0,79	3,49	0,59
<b>T</b>	<b>3,769</b>	<b>0,243</b>	<b>1,144</b>	<b>1,128</b>	<b>1,695</b>	<b>1,795</b>						
<b>P</b>	<b>0,000</b>	<b>0,801</b>	<b>0,241</b>	<b>0,285</b>	<b>0,091</b>	<b>0,078</b>						
<b>Hospital Type</b>												
Public	4,01	0,71	3,44	0,64	2,82	0,74	3,19	0,70	3,11	0,80	3,33	0,58
Private	4,16	0,46	3,68	0,33	3,94	0,41	3,76	0,36	3,80	0,28	3,85	0,25
<b>T</b>	<b>-4,753</b>	<b>-5,778</b>	<b>23,089</b>	<b>-12,435</b>	<b>14,142</b>	<b>-14,272</b>						
<b>P</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>	<b>0,000</b>						

Since there is not enough sample in \* **marked** groups (> 10), they were not included in the analysis.

According to Table 5.8, it was found that the empathy subscale scores of male patients were higher in female patients as a result of the t-test for independent samples performed to examine the differentiation according to the gender of the scores obtained from the Health Service Quality Scale (Perceived) and its sub-dimensions according to Table 5.8 ( $p < 0.05$ ).

In the Table 5.8, according to the results of the Pearson Correlation analysis conducted to examine the relationship between the scores of the patients receiving service from the emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions and age, a low and positive correlation between age and Reliability and Confidence sub-dimensions scores has been determined.

According to Table 5.8, as a result of the one-way variance analysis conducted to examine the differentiation status of the patients receiving service from the

emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions, according to their education status, undergraduate and associate degree graduates were taken from the Physical Characteristics, Enthusiasm and Health Service Quality Scale. It was found that (perceived) scores were higher than primary and secondary school graduates.

According to Table 5.8, the results of the one-way analysis of variance to examine the differentiation status of the patients receiving service from the emergency department from the Health Service Quality Scale (Perceived) and its sub-dimensions, according to marital status, revealed that the Reliability and Confidence sub-dimension scores of single patients were higher than married patients. was found ( $p < 0.05$ ).

According to Table 5.8, as a result of the one-way analysis of variance to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions according to economic status, the economic status of the Physical Characteristics sub-dimension scores of the patients with a good economic status lower than patients with a miscarriage; Reliability, Enthusiasm, Trust, Empathy subscales and scale scores of patients with good economic status were found to be higher than patients with medium and low economic status.

According to Table 5.8, for the independent samples performed to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions according to the working status, the Reliability, Enthusiasm and Empathy subscale scores of the working patients were higher than the non-working patients. It was found to be high ( $p < 0.05$ ).

According to Table 5.8, for the independent samples performed to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions according to having a child, the Physical Characteristics sub-dimension scores of the patients who have children as a result of the t test higher than patients ( $p < 0.05$ ).

According to Table 5.8, for the independent samples performed to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Perceived) and its sub-dimensions according to the type of hospital where the service is received, Physical Characteristics, Reliability, Enthusiasm of patients receiving service from private hospitals Trust and Empathy sub-dimensions and scores of the overall scale were found to be higher than the patients receiving service from public hospitals ( $p < 0.05$ ).

The results of the analysis conducted to examine the differentiation status of the patients receiving service from the emergency service according to the introductory characteristics of the scores obtained from the Health Service Quality Scale (Expected) are shown in Table 5.8.

**Table 5.9.**

*Differentiation Status of the Points Received from the Health Service Quality Scale (Expected) According to the Descriptive Features of the Patients Receiving Service from the Emergency*

Variances	Health Service Quality Scale (Expected)											
	Physical Features		Reliability		Enthusiasm		Trust		Empathy		General	
	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.	Avr.	sd.
<b>Gender</b>												
Female	4,41	0,30	4,35	0,36	4,32	0,33	4,50	0,33	4,37	0,30	4,29	0,23
Male	4,44	0,28	4,37	0,33	4,39	0,32	4,50	0,29	4,44	0,30	4,43	0,19
<b>T</b>	-1,795		-0,957		-1,097		0,204		<b>-3,304</b>		<b>-2,858</b>	
<b>P</b>	0,073		0,339		0,255		0,838		<b>0,001</b>		<b>0,004</b>	
<b>Age</b>												
<b>R</b>	0,126		-0,010		0,015		0,030		0,059		0,074	
<b>P</b>	0,001		0,782		0,685		0,411		0,113		0,044	
<b>Education Status</b>												
Primary <sup>(1)</sup>	3,64	0,69	3,65	0,55	3,21	0,69	3,49	0,62	3,41	0,70	3,58	0,49
Secondary <sup>(2)</sup>	3,67	0,69	3,51	0,57	3,38	0,64	3,62	0,49	3,53	0,72	3,58	0,51
High School <sup>(3)</sup>	3,87	0,62	3,44	0,59	3,04	0,85	3,77	0,69	3,23	0,75	3,40	0,57
Assoc. Degree <sup>(4)</sup>	4,18	0,77	3,46	0,60	3,17	0,93	4,29	0,77	3,18	0,80	3,43	0,62
Bachelor <sup>(5)</sup>	4,28	0,53	3,63	0,48	3,53	0,79	4,23	0,57	3,56	0,66	3,69	0,49
Master Degree*	4,25	0,29	3,54	0,46	3,83	0,71	3,60	0,54	3,70	0,41	3,77	0,38
<b>F</b>	<b>2,473</b>		0,583		1,710		<b>2,912</b>		1,705		0,687	
<b>P</b>	<b>0,043</b>		0,675		0,146		<b>0,021</b>		0,147		0,601	

Difference	1<4,1<5; 2<4,2<5				1<4,1<5; 2<4,2<5							
<b>Marital Status</b>												
Married	4,42	0,27	4,37	0,31	4,38	0,30	4,51	0,30	4,43	0,29	4,42	0,19
Single	4,57	0,31	4,33	0,39	4,32	0,37	4,48	0,32	4,36	0,30	4,38	0,25
Divorced	4,51	0,28	4,36	0,38	4,36	0,40	4,48	0,34	4,43	0,35	4,41	0,24
Widowed	4,51	0,34	4,31	0,49	4,28	0,41	4,47	0,31	4,31	0,35	4,42	0,22
<b>F</b>	<b>3,212</b>		0,854		1,772		0,467		2,474		1,387	
<b>P</b>	<b>0,023</b>		0,465		0,151		0,705		0,076		0,246	
<b>Difference</b>	<b>2&gt;1</b>											
<b>Economical Status</b>												
Very good*	4,53	0,45	4,27	0,33	4,36	0,33	4,52	0,29	4,20	0,20	4,53	0,45
Good	4,39	0,23	4,37	0,33	4,38	0,31	4,55	0,48	4,48	0,33	4,39	0,23
Average	4,43	0,29	4,41	0,37	4,40	0,38	4,45	0,54	4,38	0,20	4,43	0,29
Bad	4,45	0,30	4,56	0,26	4,44	0,42	4,43	0,28	4,41	0,22	4,45	0,30
Very Bad*	4,30	0,33	4,44	0,35	4,48	0,28	4,42	0,31	4,43	0,19	4,30	0,33
<b>F</b>	1,651		2,745		1,147		0,826		1,163		2,884	
<b>P</b>	0,193		0,051		0,318		0,438		0,313		0,057	
<b>Difference</b>												
<b>Working Status</b>												
Yes	4,43	0,28	4,38	0,33	4,39	0,31	4,52	0,32	4,43	0,30	4,43	0,21
No	4,42	0,30	4,33	0,36	4,31	0,34	4,46	0,29	4,37	0,30	4,38	0,22
<b>T</b>	0,636		2,236		1,147		1,454		1,885		1,159	
<b>P</b>	0,525		0,026		0,132		0,104		0,054		0,122	
<b>Having Child Status</b>												
Yes	4,43	0,28	4,36	0,33	4,37	0,31	4,51	0,31	4,42	0,30	4,42	0,20
No	4,31	0,31	4,36	0,39	4,34	0,36	4,48	0,31	4,37	0,32	4,39	0,25
<b>T</b>	<b>0,021</b>		0,230		1,029		1,124		<b>1,898</b>		<b>1,595</b>	
<b>P</b>	<b>2,122</b>		0,818		0,304		0,261		<b>0,058</b>		<b>0,111</b>	
<b>Hospital Type</b>												
Public	4,44	0,34	4,45	0,36	4,43	0,35	4,51	0,33	4,39	0,34	4,45	0,23
Private	4,40	0,18	4,23	0,26	4,24	0,24	4,48	0,27	4,43	0,22	4,35	0,15
<b>T</b>	1,540		<b>8,814</b>		<b>8,029</b>		1,590		-1,712		<b>5,770</b>	
<b>P</b>	0,124		<b>0,000</b>		<b>0,000</b>		0,112		0,087		<b>0,000</b>	

\* Since there is not enough sample in \* **marked** groups (> 10), they were not included in the analysis.

According to Table 5.9, for the independent samples performed to examine the differentiation according to gender, the scores obtained from the Health Service Quality Scale (Expected) and its sub-dimensions of the patients

receiving service from the emergency department, as a result of the t-test, the empathy subscale and scale general scores of male patients were higher in female patients. was found ( $p < 0.05$ ).

According to Table 5.9, according to the Pearson Correlation analysis performed to examine the relationship between the scores of the patients receiving service from the emergency service from the Health Service Quality Scale (Expected) and its sub-dimensions and age, a low and positive relationship was found between age and Physical Characteristics sub-dimension scores. ( $p < 0.05$ ).

According to Table 5.9, as a result of the one-way analysis of variance to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Expected) and its sub-dimensions according to education status, the Physical Characteristics and Trust sub-dimensions scores of the undergraduate and associate degree graduates higher than secondary school graduate patients.

According to Table 5.9, as a result of the one-way analysis of variance to examine the differentiation of marital status, the scores obtained from the Health Service Quality Scale (Expected) and its sub-dimensions of the patients receiving service from the emergency department, it was found that the Physical Characteristics sub-dimension scores of single patients were higher than the married patients. ( $p < 0.05$ ).

According to Table 5.9, it was determined that there was no statistically significant difference at the 95% confidence level as a result of the one-way analysis of variance performed to examine the differentiation status of the patients receiving service from the emergency department from the Health Service Quality Scale (Expected) and its sub-dimensions according to the economic situation ( $p > 0, 05$ ).

According to Table 5.9, it was found that the Reliability sub-dimension scores of the working patients were higher than the non-working patients as a result of the t-test for the independent samples performed to examine the differentiation status of the patients receiving service from the emergency



service from the Health Service Quality Scale (Expected) and its sub-dimensions.  $p < 0.05$ ).

According to Table 5.9, for the independent samples conducted to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Expected) and its sub-dimensions, according to the state of having a child, the Physical Characteristics sub-dimension scores of the patients who have children are higher than patients ( $p < 0.05$ ).

According to Table 5.9, for the independent samples performed to examine the differentiation status of the patients receiving service from the emergency service from the Health Service Quality Scale (Expected) and its sub-dimensions according to the type of hospital where the service is received, as a result of the t test, Reliability and Enthusiasm subscales and scores of the overall scale were found to be higher than patients having service from private hospitals ( $p < 0.05$ ). h17 h18 h, 22

### **5.7. Acceptance-Rejection Status of Hypotheses**

The acceptance-rejection status of the hypotheses tested in the findings section is shown in Table 5.10.

**Table 5.10.***Acceptance-Rejection Situations of the Research Hypotheses*

<b>No</b>	<b>Hypothesis</b>	<b>Acceptation/ Rejection</b>
<b>H 1,1</b>	Factors affecting the motivation and productivity levels of healthcare professionals working in the emergency services of public or private hospitals differ according to gender.	<b>Rejection</b>
<b>H 1,2</b>	There is a relationship between age and the factors affecting the motivation and productivity levels of healthcare professionals working in the emergency services of public or private hospitals.	<b>Rejection</b>
<b>H 1,3</b>	Factors affecting the motivation and productivity levels of healthcare professionals working in emergency services of public or private hospitals differ according to their education level.	<b>Partly Acceptation</b>
<b>H 1,4</b>	The factors affecting the motivation and efficiency levels of healthcare personnel working in the emergency services of public or private hospitals differ according to marital status.	<b>Partly Acceptation</b>
<b>H 1,5</b>	Factors affecting the motivation and productivity levels of healthcare personnel working in emergency services of public or private hospitals differ according to the economic situation.	<b>Acceptation</b>
<b>H 1,6</b>	The factors affecting the motivation and productivity levels of healthcare professionals working in the emergency services of public or private hospitals differ according to the state of having a child.	<b>Rejection</b>
<b>H 2,1</b>	The factors affecting the motivation and efficiency levels of healthcare personnel working in the emergency services of public or private hospitals differ according to the type of hospital.	<b>Partly Acceptation</b>
<b>H 2,2</b>	There is a relationship between the factors affecting the motivation and productivity levels of healthcare personnel working in the emergency services of public or private hospitals and the duration of working in the emergency department.	<b>Acceptation</b>
<b>H 2,3</b>	The factors affecting the motivation and productivity levels of healthcare personnel working in the emergency services of public or private hospitals differ according to the way they work in the hospital.	<b>Rejection</b>

<b>H 2,4</b>	The factors affecting the motivation and efficiency levels of healthcare personnel working in the emergency services of public or private hospitals differ according to the status of employees taking responsibility in management.	<b>Rejection</b>
<b>H 3,1</b>	Expectations of patients using emergency services of public or private hospitals for the quality of healthcare services offered by hospitals differ according to gender.	<b>Partly Acceptation</b>
<b>H 3,2</b>	There is a relationship between the health service quality expectations offered by the hospitals and age of the patients who benefit from the emergency services of public or private hospitals.	<b>Partly Acceptation</b>
<b>H 3,3</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their educational status.	<b>Partly Acceptation</b>
<b>H 3,4</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their marital status.	<b>Partly Acceptation</b>
<b>H 3,5</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the economic situation.	<b>Acceptation</b>
<b>H 3,6</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their working status.	<b>Partly Acceptation</b>
<b>H 3,7</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the status of having a child.	<b>Rejection</b>
<b>H 3,8</b>	The expectations of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the type of hospital from which the service is received.	<b>Rejection</b>
<b>H 4,1</b>	The perception of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to gender.	<b>Partly Acceptation</b>

<b>H 4,2</b>	There is a relationship between the perceptions of the health service quality offered by the hospitals and age of the patients who benefit from the emergency services of public or private hospitals.	<b>Rejection</b>
<b>H 4,3</b>	The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their educational status.	<b>Partly Acceptation</b>
<b>H 4,4</b>	The perception of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their marital status.	<b>Partly Acceptation</b>
<b>H 4,5</b>	The perception of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the economic situation.	<b>Rejection</b>
<b>H 4,6</b>	The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to their working status.	<b>Rejection</b>
<b>H 4,7</b>	The perceptions of the health service quality offered by the hospitals of the patients who benefit from the emergency services of public or private hospitals differ according to the status of having a child.	<b>Partly Acceptation</b>
<b>H 4,8</b>	The perceptions of the health service quality offered by the hospitals of patients who benefit from the emergency services of public or private hospitals differ according to the type of hospital where the service is received.	<b>Partly Acceptation</b>

## **CHAPTER 6**

### **CONCLUSION AND DISCUSSION**

The performance of successful and high quality programs in emergency services relies on recognizing and providing the necessary human resources for this system, which are varied and nuanced. Therefore, in the management system of health services, employees' expectations should be known; their business success should be increased and they can be motivated in line with the corporate goals (Dođanlı & Demirci, 2014; İnfal & Bodur, 2011). Managers, on the other hand, need to know these needs, analyze-synthesize behaviors, and be aware that all people are not alike (Can, 2002, p.189). Individuals with a high level of motivation and working in a team spirit will reflect most of their knowledge, skills, and abilities to their performances and ensure that corporate goals are achieved effectively and efficiently.

Considering the nature of the services provided by health institutions compared to other institutions, it can be said that the issue of motivation is of vital importance for patients / patient relatives/employees (Özer & Bakır, 2003).

Patient satisfaction in the emergency unit is also closely related to the qualifications of all emergency unit staff, especially doctors and nurses. It is not possible to base the qualifications of emergency department employees on a single feature. Employees' individual characteristics constitute the subunit of employee qualification (Topaçođlu, 2002).

In the study of Kılıç and Keklik (2012), it was determined that the most important factors affecting the willingness of healthcare workers are economic

values, and secondly, the improvement of the quality of the work environment. Similarly, in the study of Yıldız and Birgili (2007), it was observed that as the amount of salary of nurses increased, their willingness increased. Yasan (2011) observed that the monthly wages of nurses have an effect on motivation. In the study of Doğanlı and Demirci (2014), wage, which is one of the economic factors that increase willingness, is in the 5th place, while in Infal and Bodur's (2011) it is seen that the wage is in the 7th place as a motivating factor. This situation shows that the fee should not be seen as a stand-alone motivation tool.

It was determined in the research carried out on the study of Yıldız and Birgili (2007) that the education level of nurses in intensive care increased and motivation was increased, whereas secondary graduates had the lowest motivation, nurses with graduate associates had the highest motivation. Yasan (2011) The education level of nurses is effective on motivation; It has been found that those with a high level of education are better motivated. In Şen (2010) study, no significant difference was found between educational status and motivation level. These results Fadiloğlu et al. (2004) is similar to the results of the study. The result of our study is different from these studies and it was found that as the level of education increases, the level of motivation decreases. It is thought that this result may be related to the situation of meeting the expectations of nurses in general and the distribution of tasks regardless of the schools they graduated from. Arabacı (2012) observed that the motivation levels of nurses who graduated from vocational high schools were higher than the nurses with a bachelor's degree. This result is similar to our study.

True, 2010; Infal and Bodur, 2011; Karabulut and Çetinkaya, 2011; Soyluer, 2010; Yasan, 2011), it was stated that he mostly received nursing education at the high school level. These findings are similar to our study.

In Yıldız and Birgili's (2007) study, while the motivation levels of nurses are at the highest level for employees between 1-5 years, it is at the lowest level for employees between 11-15 years. This is an indicator that the level of motivation decreases as the working year increases. In a similar study

conducted by Karabulut and Çetinkaya (2011), the motivation levels of nurses working between 0-5 years were found to be high, while the motivation levels of nurses working 6 years and more were found to be moderate. The result of our study is consistent with the results of this study, and it has been found that increasing the working time decreases the level of motivation.

Tan et al. (2015), when the school from which nurses graduated, their marital status, the working year, working style, and motivation levels; It were determined that the difference between them was statistically insignificant. Öcal (2014) found that marital status, duration of work, and satisfaction with the service he worked did not have a significant effect on the motivation of surgical nurses. The statistical result between the marital status and motivation levels of the nurses was not found to be significant. According to the results of this finding, it can be thought that being married or single did not affect the motivation level. Karabulut and Çetinkaya (2011) The statistical result between the marital status and motivation levels of the nurses was not found to be significant. The result of our study is different, and it has been observed that the working year, educational status and marital status affect motivation.

In study of Erat (2010), it was determined that there is a significant relationship between graduation school, marital status, income distribution, working style, and employee motivation sub-dimension. Again, in the other study, Arabacı (2012) observed that there are statistically significant differences between motivation levels according to occupational groups, the institution where they work, education level, working time, and working style. Similar findings were observed with our study.

In the study conducted by Dođru (2010), it was found that age does not affect the motivation level of nurses, while the difference between the motivation levels of nurses according to their marital status was found to be statistically significant. Accordingly, it was observed that the scores of single nurses were statistically significantly higher than married nurses. In the study of Kđdak and Aksaraylı (2009), considering the motivation factors, giving responsibility and having better working conditions motivate single employees more than married ones. These results support our study findings.

In the studies conducted by Özer and Bakır (2003) Karakaya and Ay (2007) Aykanat and Tengilimoğlu (2003), some of the research groups stated that the opportunities to achieve and progress in their institutions are insufficient. According to Şen (2010) study, 98.1% of participating nurses think that the management does not reward any success. In this respect, the research results are similar to our study. In another study, Tan et al. (2015) observed that nurses do not have much trouble with managers, and positive relationships were found with managers. These findings are not similar to our study.

Karakaya and Ay (2007) found that good relations with superiors have an important effect on the willingness of healthcare workers. In another study by Karakaya and Ay (2007), 66% of the employees and 91.8% of the employees in the study of Aykanat and Tengilimoğlu (2003) showed that the wages they received were insufficient and they did not satisfy them. The wage for employees; It is important in terms of being economic, social, and motivating. For this reason, a wage system should be implemented so that employees can at least maintain a certain standard of living. An employee who thinks that his work is not rewarded will not make an effort to do his work better (Bilgin et al., 2004; Bingöl 2003).

It is a known fact that productivity cannot be achieved only with modern technology, and human behavior has an important effect. For this reason, the motivation of employees should be met at a high level in order to ensure efficiency, since the services are individual in hospitals where labor and technology are provided (Karakaya and Ay, 2007; 55).

In the study conducted by Ağırbaş et al. (2005: 348), studies such as promoting and appreciating hospital employees within the institution and improving working conditions were found to be motivating factors that have important effects on employees. Erat (2010) It has been determined that the age of nurses has an effect on participating in decisions, respecting, and motivation in employees.

It is a known fact that knowledge and experience increase self-confidence in all individuals. It is because; self-confidence is an important source of inner



motivation. It is very difficult for a passive and introverted person who has not developed the ability to express himself, does not adopt his social and social responsibilities, does not try to achieve success by taking an affordable level of risk (İnce & Oktay, 2006).

Mrayyan et al. (2008) found that knowledge has a significant effect on motivation. In a study conducted by Tezcan (2000) on healthcare professionals in a hospital, the participants of the study stated that motivation was the most important factor for effective healthcare provision in hospitals. These results are consistent with our work. Therefore, it was concluded that hospital managers should give importance to motivation of staff for hospital efficiency. In a study conducted by Tatlı et al. (2008, p.151) for the purpose of evaluating physician satisfaction, comparing the factors affecting satisfaction in three hospitals, it was observed that physicians working, in particular, had the highest score average. Arabacı (2012) observed that the motivation levels of nurses working in private hospitals were higher than those working in training and research hospitals and university hospitals. Tepe (2016) It has been determined that the motivation perceptions of employees in the operating rooms of private hospitals are perceived more positively than the employees in education research and university hospitals. These results are consistent with the results of our study.

When the studies on motivation are examined, it is seen that an employee with a strong motivation and high job satisfaction is more successful in his job, consequently, the sense of success about himself increases and he works more efficiently (Büyükdere, 2006; Koçel, 2005; Arcak and Kasımoğlu, 2006; Aslan et al., 2009).

According to Silah, 2001, Robbins, 2001, Şimşek et al., 2003; Topaloğlu and Koç, 2005; Robbins and Coulter, 2009; Tarakçioğlu et al.; the motivation of institutions, which they stated in their 2010 studies, is in line with the economic, psycho-social and institutional/managerial factors. In order for institutions working in the health sector to achieve their goals, they must adopt the institutions they work with and have a desire and desire to work. Institutions that awaken this feeling and desire in their employees will be able to succeed.

According to the results of all the studies, we can specify the priority ranking of the motivating factors like the job itself, cooperation, wage and working conditions, relations with the top, promotion opportunities, and rewards. These results are partially described by Fabusoro et al. (2008), Olcer (2005) Öztürk and Dündar (2003) also comply with the studies of Kovach (1995). Hakmal et al. (2012 stated that they developed), Manongi et al. (2006: 3-7) In his research titled Increasing the motivation of healthcare personnel, it was emphasized that in order to increase the efficiency of health institutions, employees should increase their motivation and use their skills as qualified employees. As a result of the research, only economic means are not sufficient for the motivation of healthcare workers, besides; It has been determined that support career development and transparent management principles should also be a priority.

When the literature is examined, it is seen that the studies on service quality in the health sector are not at a sufficient level. In the studies conducted by Devebakan (2003) on patients admitted to a private hospital and Savaş and Kesmez (2014) in a family health center, it was determined that the service quality expectations of the patients were higher than the service quality perceptions.

In the study of Abuosi and Atinga (2013), it was found that there was a difference between the perceived health service quality and expectations of the patients who applied to the hospital, and the expectations of the patients were not met. Similarly, in the study of Harput (2018), it was found that the expected service quality for patients hospitalized in a university hospital is higher than the perceived service quality, Adebayo et al. (2014) John et al. (2014) of patients admitted to the dental clinic of a hospital in Nigeria. (2010) determined that patients in a public dental health institution have higher expectations from health service quality than perceptions.

During our analysis, the findings were found that patients were statistically slightly lower than predicted when they were happy with the consistency of the healthcare system offered. Consistent with our study, Papatya et al. (2012), in their comparative study on patients receiving service in two private hospitals operating in Kırıkkale city center, it was found that the patients evaluated the

service they purchased as poor quality, and the gaps between expectations and perception were present in all variables. Unlike our study, Çağlıyan's (2017) study conducted in a medical faculty hospital found that patients' expectations were met significantly, in other words, patients' perception of satisfaction with the institution was high.

Our research concluded that the perceived and planned care level was influenced by the physical character of the hospital form, educational background, economic status and number of children. In our study, it was determined that patients with high educational status perceive enthusiasm service quality better in the physical dimension, and the expected perception is higher in the trust dimension. It is thought that patients with a high level of education generally have better satisfaction with the institution. Unlike our study, Çıraklı et al. (2014) found that patients with a high level of education perceive the quality of service lower in the reliability dimension, and patients with a high level of education know their rights better and therefore have higher expectations. In our study, it was found that patients with high economic status had low perception of physical service quality; It was determined that their perceptions were better in the dimensions of trust, reliability, enthusiasm and empathy. Has et al. (2018), in line with our research, also found greater comprehension of confidence, durability, motivation and empathy towards those with higher economic status.

## **CHAPTER 7**

### **RESULT AND SUGGESTIONS**

Emergency health services are directly related to the medical practitioners that are delivering the services (doctor, nurse, medical emergency specialist, medical officer, midwife, medical clerk, cleaners, fire workers, etc.). In order to enhance the quality of these services and ensure productivity, the dedication, enthusiasm and productive work of the workers who deliver these services is important. For that reason, it can be said that it is necessary to identify problem areas related to the motivation of emergency service personnel and to develop solutions for them.

There is a directly proportional relationship between employees working in tasks and environments appropriate to their qualifications and their motivation. It is observed that the quality and efficiency of the service they will provide will increase when a suitable working environment is provided for healthcare professionals. Providing a quality and effective health service depends on knowledgeable, experienced, qualified, and motivated employees. It is thought that removing the obstacles in front of the positive innovations desired to be made for emergency healthcare workers, the decisions to be implemented in order to increase the work commitment, motivation and the quality of the service provided is necessary for the healthcare professionals who work more efficiently with higher motivation.

As a result of the research;

- 1- Emergency response staff and corresponding sub-factors are determined to have little variation between motivations and effectiveness by sex.
- 2- The morale and effectiveness rate of emergency response staff and associated sub-factors and age have not been correlated.

3- It has been determined that the healthcare workers who are middle school and high school graduates among the emergency service employees are affected more by organizational-managerial factors and psychosocial factors than undergraduate and graduate graduates within the scope of Motivation and Efficiency.

4- It has been determined that the healthcare workers who are single from the emergency service employees are more affected by organizational-managerial factors within the scope of Motivation and Efficiency than the healthcare workers who are married.

5-It has been determined that healthcare workers with poor economic status among emergency service workers are less affected by economic, organizational-managerial and psychosocial factors than those whose economic status is good and medium within the scope of Motivation and Productivity.

6- It has been determined that the motivation and productivity levels of the emergency service workers and related sub-factors do not differ according to the status of having a child.

7- Healthcare professionals working in private hospitals among the emergency service personnel are more affected by organizational-managerial and psychosocial factors within the scope of Motivation and Efficiency, compared to those working in public hospitals.

8- Low-level and negative relationships have been found between working time in the emergency department and economic, organizational-managerial and psychosocial factors within the scope of Motivation and Productivity.

9- It has been determined that the motivation and efficiency levels of the emergency service workers and the sub-factors related to this do not differ according to the way they work in the hospital and their responsibility in management.

10- It has been determined that male patients who receive service from the emergency department have more empathy in their perception of health services quality than women.

11- It has been determined that the quality perceptions of the patients receiving service from the emergency department towards the reliability and trust of the hospital have a positive relationship with age.

12- It has been determined that undergraduate and associate degree graduates who receive service from the emergency department pay more attention to the physical characteristics and enthusiasm understanding of the hospital than primary and secondary school graduates.

13- It was found that the quality perceptions of the hospital's reliability and trust in single patients receiving service from the emergency department were higher than the married patients.

14- The patients with a good economic status who receive service from the emergency department have a lower perception of the physical characteristics of the hospital within the scope of health service quality than the patients with medium and low levels; Again, it was found that the reliability, enthusiasm, trust and empathy perceptions of the patients with good economic status in health care were higher than the patients with medium and low economic status.

15- It has been found that the perceptions of reliability, enthusiasm and empathy of the patients who work from the patients receiving service from the emergency service within the scope of the health service quality of the hospital are higher than the patients who do not work.

16- It has been determined that the perceptions of the patients who have children from the emergency service patients towards the physical characteristics of the hospital within the scope of health service quality are higher than the patients who do not have children.

17- It has been determined that the patients receiving service from the emergency department, who receive service from the private hospital, have

higher perceptions of the physical characteristics, reliability, enthusiasm, trust and empathy approach of the hospital than the patients receiving service from public hospitals.

18- It has been determined that among the patients receiving service from the emergency service, men have more empathy approaches in terms of health service quality than women.

19- It has been determined that the age of the patients receiving service from the emergency department and the expectation about the physical characteristics of the hospital have a positive relationship.

20- Among the patients receiving service from the emergency service, it was found that the expectations of the patients with undergraduate and associate degree graduates regarding the physical characteristics and trust within the scope of health service quality were higher than the patients who were primary and secondary school graduates.

21- It has been determined that the quality expectations of the single patients receiving service from the emergency department towards the physical characteristics of the hospital are higher than the married ones.

22- It has been determined that the health service quality expectations of the patients receiving service from the emergency department do not differ according to the economic situation.

23- It was found that the reliability expectations of the working patients receiving service from the emergency service from the hospital were higher than the non-working errors.

24- It has been determined that the expectations of the patients who receive service from the emergency service and have children about the physical characteristics of the hospital are higher than the patients who do not have children.

25- It has been determined that patients receiving service from emergency services of public hospitals have higher reliability and enthusiasm expectations

in terms of health service quality compared to patients receiving service from private hospitals.

### **Suggestions**

The suggestions to be presented in line with the findings of the study are grouped under three headings.

#### **Suggestions for Managers:**

- Since it has been identified that health workers in secondary schools and high school graduates are more influenced by corporate factors and psychosocial factors than graduates in the fields of motivation and performance. It is also advisable to recognize causes of poor morale for high-quality emergency service personnel and lift them to the level of staff with other levels of education.
- Since it has been determined that healthcare workers who are single among emergency service employees are affected more by organizational-managerial factors within the scope of Motivation and Productivity, the reasons for the low motivation of married healthcare workers can be investigated and it may be recommended to increase social activities for married ones.
- Since it has been determined that healthcare workers with a poor economic status among emergency service workers are less affected by economic, organizational-managerial and psychosocial factors within the scope of Motivation and Productivity, it is taken into consideration that the expenditure made for the motivation of the employees for the employees does not actually increase the cost in terms of providing quality health service. It may be recommended that groups of staff with poor economic conditions improve their wages.
- When it is determined that healthcare workers working in private hospitals among emergency service personnel are more affected by organizational-managerial and psychosocial factors within the scope of Motivation and Efficiency, it should be ensured that public hospitals also catch the employee motivation levels in private hospitals.
- Since there are low and negative relationships between the working time in the emergency department and economic, organizational-managerial and



psychosocial factors within the scope of Motivation and Efficiency, a fair task sharing should be made in accordance with the qualification of the employee, the education received and his / her wishes. In addition, incentives should be provided for career development and career advancement, and it may be recommended to remove long working years from being a motivational factor.

- As it has been determined that the perceptions of the patients receiving service from the emergency service from private hospitals regarding the physical characteristics, reliability, enthusiasm understanding, trust and empathy approach of the patients who receive service from the private hospital are higher than the patients receiving service from the public hospitals, It can be recommended to bring it to the level.

#### **Sugeestions for Employees:**

- As it is determined that male patients receiving service from the emergency department have more empathy in their perception of health services quality than women, it may be recommended to improve the empathy understanding of hospital staff towards female patients.

- Since it is determined that the quality perceptions of the patients receiving service from the emergency service regarding the Reliability and Trust of the hospital have a positive relationship with age, it may be recommended to improve the health service quality level for younger patients.

-As it has been determined that undergraduate and associate degree graduates who receive service from the emergency service pay more attention to the physical characteristics and enthusiasm of the hospital than primary and secondary school graduates within the scope of health service quality, attempts can be made to increase the quality perceptions of patients with low education levels.

#### **Suggestions for the ones that Receive Helath Service:**

- Private or public hospitals may be advised to convey their wishes and complaints to service personnel and to contribute to the process in order to improve the quality of healthcare.

- Benefits in this field are recommended to public institutions because it has been determined that patients who access care from public health emergency

services have greater standards for effectiveness and enthusiasm with respect to health services quality relative to patients seeking services from private hospitals.

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## APPENDIXES

### APPX- 1 Enlightened Consent

**(A form must be filled in for surveys.)**

This is a study realized by the Faculty of Social Sciences of Near East University. The aim of this study is; To examine the Effect of the Motivation-Efficiency Relationship of Emergency Service Workers on Health Service Delivery

The survey is purely for scientific purposes. Your identity information will not be included in the questionnaire. Your information will be kept strictly confidential. The data obtained from the study will only be used as statistical data. Thank you very much for your help.

Doctoral Student

Songül Yiğit

Near East University

Social Sciences Faculty

Advisor

Asst.Prof.Nermin Gürhan

Gazi University Health Sciences Faculty

I have read all of the above information in detail and approved the application of the questionnaire.

Name:

Signature:

Phone:

**Appx-2 Information Form****INFORMATION FORM****(A form must be filled in for surveys)**

In this study, we have provided you with a demographic information form and a set of scales. The demographic information form contains questions about your demographic characteristics such as age and gender. Scales measure the effect of the motivation-efficiency relationship of emergency room workers on healthcare professionals.

As mentioned earlier, your answers on scales and interviews will remain strictly confidential. If you have any complaints, comments or questions about the study, please do not hesitate to contact Songül Yiğit, one of the researchers of this study.

Mail: songulyigit01@gmail.com Phone: 05056747807

If participating in this study creates a certain level of stress and you want to speak to an advisor, you can speak to Asst. Prof. Nermin Gürhan.

If you are interested in the results of the research, you can contact the researcher from 01.03.2018.

Thank you for participating.

Doctoral Student

Songül Yiğit

Near East University

Social Sciences Faculty

Advisor

Asst.Prof.NerminGürhan

Gazi University Health Sciences Faculty

## SURVEY FORM

Dear participant, (Emergency Service Employee)

This survey study has been prepared for the purpose of *"Analysis of the Motivation & Productivity Relationship of Emergency Service Employees in terms of Health Service Quality Management"*. Your answers to the questions in the questionnaire will be kept confidential by us and will be used purely for scientific purposes.

In order for the survey results to be healthy, you must answer the questions truthfully and accurately.

*"Thank you for your interest and time in research."*

Doctoral Student : Songül Yiğit  
Advisor: Asst. Prof. Nermin Gürhan

1	Gender?	<input type="checkbox"/> Female	<input type="checkbox"/> Male					
2	Age?							
3	Marital Status?	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed		
4	Education Status?	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> High School	<input type="checkbox"/> Assoc. Degree <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bachelor	<input type="checkbox"/> M.D/ <input type="checkbox"/> Doctoral	
5	Your Status in the Institution?							
6	Do you have management responsibility?	<input type="checkbox"/> Yes (Please Explain) ..... .....					<input type="checkbox"/> Hayır	
7	Working Period in the Health Field?							
8	Working Period in the Emergency Service?							
9	Working Method in the Emergency Service?	<input type="checkbox"/> Duty Method  <input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Shift		<input type="checkbox"/> Overtime		

1 0	What do you think about your Economical Status?	<input type="checkbox"/> Very Good <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Bad  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Very Bad <input type="checkbox"/> Yes <input type="checkbox"/> No	
1 1	Does your spouse work?	<input type="checkbox"/> Yes (If yes, what is his/her job?)				<input type="checkbox"/> No	
1 2	What is the education status of you Spouse?	<input type="checkbox"/> Primary  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Second ary	<input type="checkbox"/> High School	<input type="checkbox"/> Assoc. Degree  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bach elor <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M .D./ Do ctor ate
1 3	Do you have any childrtcn?( IF yes, how many??)	<input type="checkbox"/> Yes (Please Explain) <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Yes ( Please Explain ) F = ..... M = ..... Education Status? Preschool =..... Primary =..... Secondary = ..... High School =..... University =.....				<input type="checkbox"/> No	

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
I believe there is a fair distribution of salary income by title.	1	2	3	4	5
Overtime is compensated for wages.	1	2	3	4	5
In the institution, financial reward is given for success.	1	2	3	4	5
I believe that the wages I get from my job are sufficient.	1	2	3	4	5
In promotions in our work, I believe in a state of merit and justice.	1	2	3	4	5
There is an opportunity to rise in our business.	1	2	3	4	5
The sensitivity of the management towards the problems of the employees is sufficient.	1	2	3	4	5
There is a fair distribution of duties in terms of staff in the institution.	1	2	3	4	5
I believe that physical working conditions (room, heating, lighting, equipment, ventilation, etc.) are adequate in the context of the work environment.	1	2	3	4	5
I believe that management is sensitive to business problems.	1	2	3	4	5
It is possible to participate in decision-making processes in the institution.	1	2	3	4	5
I have good relations with managers.	1	2	3	4	5

A healthy communication is maintained with other units in the institution.	1	2	3	4	5
Course, sports, travel, entertainment etc. Organizing social activities is sufficient.	1	2	3	4	5
I believe that I have good relationships with my colleagues.	1	2	3	4	5
Our institution has social opportunities.	1	2	3	4	5
I believe that internal relations are good.	1	2	3	4	5
I love what I do.	1	2	3	4	5
I feel like a part of the institution I work for.	1	2	3	4	5
Our institution has an image and vision in terms of providing a status in society.	1	2	3	4	5
I am appreciated and thanked by the management for the result of my job.	1	2	3	4	5
My colleagues are always there for me to solve my personal and family problems.	1	2	3	4	5

## SURVEY FORM

Dear participant, (Health Service Expectation Perception)

This survey study has been prepared for the purpose of **"Analysis of the Motivation & Productivity Relationship of Emergency Service Employees in terms of Health Service Quality Management"**. Your answers to the questions in the questionnaire will be kept confidential and will be used purely for scientific purposes.

In order for the survey results to be healthy, you must answer the questions truthfully and accurately.

**"Thank you for your interest and time in research."**

Doctoral Student: Songül Yiğit

Advisor: Asst. Prof. Nermin Gürhan

1	Gender?	<input type="checkbox"/> Female  <input type="checkbox"/> 31-35  <input type="checkbox"/> 36-40  <input type="checkbox"/> 41 üstü		<input type="checkbox"/> Male			
2	Age?						
3	Marital Status?	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
4	Education Status?	<input type="checkbox"/> Primary  <input type="checkbox"/> Evet <input type="checkbox"/> Hayır	<input type="checkbox"/> Secondary	<input type="checkbox"/> High School	<input type="checkbox"/> Assoc. degree	<input type="checkbox"/> Bachelor	<input type="checkbox"/> M.D./Doctoral
5	Do you work?	<input type="checkbox"/> If yes , What is your job? ..... .....					<input type="checkbox"/> No
6	What do you think about your economical status?	<input type="checkbox"/> Very good  <input type="checkbox"/> Evet <input type="checkbox"/> Hayır	<input type="checkbox"/> Good	<input type="checkbox"/> Average	<input type="checkbox"/> Bad  <input type="checkbox"/> Evet <input type="checkbox"/> Hayır	<input type="checkbox"/> Very Bad  <input type="checkbox"/> Yes <input type="checkbox"/> No	

7	Do you have any child?(If yes How many children do you have?)	<input type="checkbox"/> Yes (Please explain) M = ..... F = ..... Education Status? Preschool =..... Primary =..... Secondary = ..... High School =..... University =.....	<input type="checkbox"/> No
---	---	---	-----------------------------

Health Service Quality	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
The hospital has modern equipment and technology.	1	2	3	4	5
The physical environment of the hospital is visually appealing.	1	2	3	4	5
The staff of the hospital are well-groomed and well-dressed.	1	2	3	4	5
The physical appearance of the hospital is suitable for the service it offers.	1	2	3	4	5
The hospital keeps its promise when it promises to provide any service within a certain time.	1	2	3	4	5
When patients encounter any problems, the hospital solves the problems.	1	2	3	4	5
Hospital is reliable	1	2	3	4	5
The hospital offers all kinds of services at the promised time.	1	2	3	4	5
He keeps the hospital records correctly.	1	2	3	4	5
The hospital tells the time of the service it will provide to the patients.	1	2	3	4	5
Immediate service is received from the staff of the hospital.	1	2	3	4	5



Hospital staff are always willing to help patients.	1	2	3	4	5
Hospital staff are not so busy that they can hinder patient requests.	1	2	3	4	5
Hospital staff are reliable to their patients.	1	2	3	4	5
Patients feel safe while receiving service from the hospital.	1	2	3	4	5
The staff of the hospital are polite.	1	2	3	4	5
The staff of the hospital has sufficient knowledge.	1	2	3	4	5
The directors of the hospital pay attention to their patients individually.	1	2	3	4	5
The staff of the hospital take care of their patients individually.	1	2	3	4	5
The staff of the hospital know the needs of the patients.	1	2	3	4	5
The staff of the hospital take care of the patients sincerely.	1	2	3	4	5
The hospital offers services at times suitable for all patients.	1	2	3	4	5

## CURRICULUM VITAE

Songül Yiğit

[songulyigit01@gmail.com](mailto:songulyigit01@gmail.com)

She completed her primary and secondary education in Adana / Kozan and her high school education in Kayseri Atatürk Health Vocational High School. She completed her associate degree in the Department of Management of Health Institutions. She completed her undergraduate studies in Business Administration and Health Management Department and her master's degree in Health Institutions Management. She is still working at Adana Kozan State Hospital.

### INTERNATIONAL PUBLICATIONS

Yiğit, S. Stress in the Health Sector and Effect of Optimism on the Job Satisfaction. *The Russian Academic Journal* 2015

Yiğit, S. Total Quality Management and Organizational Commitment. *Asos Journal*

*Academic Social Researches Journal*, Year: 3, Issue: 20, December 2015, p. 322-330

Yiğit, S. The Importance Of Establishing Indicator System for Evaluation Of Quality Management in Health Care Results. *Inmar Journal International Management Researches Journal*, Issue: 2, Number: 2, February 2016, p. 84-92

Yiğit, S., Gürhan, N., Geniş, B., Relationship between Motivation and Efficiency of Emergency Care Professionals and its Importance in the Quality Management of Healthcare Services—A Case Study in Turkish Hospitals. *Revista Argentina de Clinica Psicologica*. 2020, (29)

### INTERNATIONAL PAPERS

Yiğit, S. Çezik, L. *The Effects of Health Care Quality on Inpatient Satisfaction (Adana Kozan State Hospital)* VI International Performance and Quality in Health Congress Scientific Book 2016

Çezik, L. Yiğit, S. Sur, H. *Determination of Health Care Use Culture of Clinical Care Patients (State Hospital, University Hospital and a Private Hospital Example)* VI International Performance and Quality in Health Congress Scientific Book 2016

Çakmak, N., Çezik, L., Yiğit, S., Ünal, E. *The Perception of the Effect of Total Quality Management on Performance by Nurses (Example of Mersin Oral and Dental Health Center)* VI International Performance and Quality in Health Congress Scientific Book 2016

#### BOOKS

Ministry of Health Clinical Coding Procedure Entry Guide 2015

Ministry of Health General Directorate of Health Services Tsim Implementation Guide 2016

## PLAGIARISM REPORT

songül doktora tez

### ORIJINALLIK RAPORU

% **12**

BENZERLİK ENDEKSİ

% **11**

İNTERNET  
KAYNAKLARI

% **7**

YAYINLAR

% **5**

ÖĞRENCİ ÖDEVLERİ

### BİRİNCİL KAYNAKLAR

<b>1</b>	<b>Submitted to Bursa Teknik Üniversitesi</b> Öğrenci Ödevi	% <b>2</b>
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YAKIN DOĞU ÜNİVERSİTESİ  
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

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Bilimsel Araştırmalar Etik Kurulu'na yapmış olduğunuz YDÜ/SB/2017/29 proje numaralı ve "Acil Servis Çalışanlarının Motivasyon ve Verimlilik İlişkisinin Sağlık Hizmeti Kalite Yönetimi Açısından Analizi" başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, **etik olarak uygun bulunmuştur.**

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