

The Relation Between "Core Business of Corporation" and "Job Satisfaction" In Terms of Doctors and Nurses in Türkiye

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ABSTRACT	
<p>Corresponding Author Oğuzhan ÖZMEN</p> <p>DOI https://10.48121/jihsam.1521369</p> <p>Received 27.07.2024</p> <p>Accepted 27.10.2024</p> <p>Published Online 31.10.2024</p> <p>Key Words Healthcare Management, Job Satisfaction, Core Business, Main Business Area, Healthcare Service</p>	<p><i>High expectations, which been sourced from high challenging skills, high level knowledge and to be hardworking, make healthcare staffs highly separated in work environment. The study was aimed to show whether there is difference between working in corporation in which "Main Business Area" (MBA) is healthcare services and is not healthcare services in terms of job satisfaction of doctors and nurses in Türkiye. The study was made up as "Descriptive" and "Cross-Sectional", based on survey and literature. Hypothesis was tested though "Job Satisfaction Scale Turkish Version" (JSS) which created by Spector (1994) and prepared Turkish version by Yelboğa (2009). 9 Facet out of JSS were evaluated with 4 items for each, total score was calculated through 36 items. "SPSS" was used for evaluating of statistics. Independent Samples t-Test was used for analyzing of hypothesis. While study population consists of doctors and nurses in Türkiye, 258 Participant completed JSS out of 844 population who were sampled through Convenience Sampling and Snowball Sampling. While 147 of all participants were described their job in healthcare "MBA" (HMBA), 111 participants were outside. There was a significant difference between two groups in terms of Total Job Satisfaction Means. There was not significant difference between two groups in terms of Pay, Promotion and Fringe Benefits, though there was in terms of Supervision, Contingent Rewards, Operating Conditions, Coworkers, Nature of Work and Communication. As a result; doctors and nurses are openly dissatisfied which work outside HMBA like medical facilities of military or industrial corporations, in Türkiye.</i></p>

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1.INTRODUCTION

Accreditation and quality exist and are meaningful with educated, expert, smiling and happy staffs in healthcare sector. While educated and expert staffs have been arisen by qualified medical education corporations, cooperated with health corporations, on the other hand, happy healthcare staffs are got though management principals of healthcare.

However, healthcare staffs have got some problems which are characterized by high demands, low control, ethical stress, scheduled working hours, low salary and limited career development at workplace (Diepen et al., 2020). These problems make them dissatisfied and high expectations, which been sourced from high challenging skills, high level knowledge and to be hardworking, make them highly separated in work

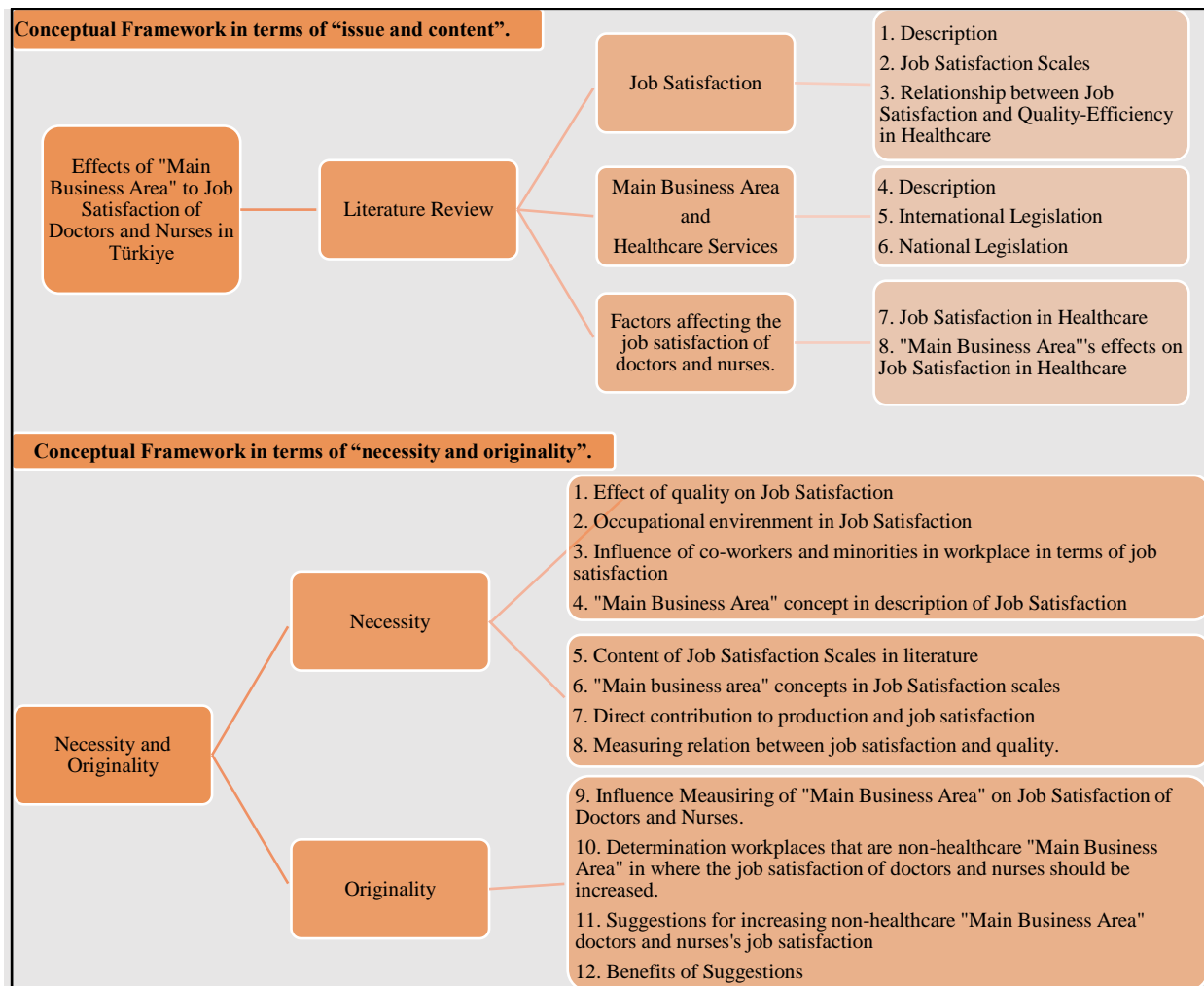
environment. In some studies, job satisfaction has been related with patient satisfaction, thus, discussions about quality on healthcare increasingly focus on job satisfaction on healthcare.

It was aimed to show whether there is difference between working in corporation in which its “Main Business Area” (MBA) is healthcare services and is not healthcare services in terms of job satisfaction of doctors and nurses.

We consider this study to be important because it is expected to fill the gap in the literature on the problems and needs of healthcare professionals working outside the main business of healthcare services, such as military facilities, industrial organizations or ships.

Conceptual Framework of study was planned as in Figure 1 in terms of “issue and content” and “necessity and originality” separately.

Figure 1: Conceptual Framework in terms of “issue and content”.and “necessity and originality”



In literature, there are many researches about relationship between job satisfaction and other facets such as pay, management, organization, occupational status etc. However, there is not study about relationship between “MBA” and job satisfaction.

It was targeted to develop new suggestions on job satisfaction of doctors and nurses who work in healthcare facilities got “MBA” out of healthcare services such as military bases and other industrial facilities. Therefore, the “Theoretical Framework” was determined that “MBA” of corporation should be included, as influencing factor, to “Job Satisfaction Theories”.

Job satisfaction is extent to which people like or dislike their job, in other means, people satisfied or dissatisfied with their job. Job satisfaction is an attitude (Spector P. E., 2022). According to Hoppock; job satisfaction is provided psychological and environmental situations for employee which can make them pleasure with job. Vroom and Locke submitted that job satisfaction is related in happiness in business and it is affected by role in business, situation of work and sensual situation of staff (Başol & Çömlekçi, 2020). Tanner as well accepts job satisfaction as an attitude which based on employee’s perceptions of their job or work environment. Tanner explains work environment as combination of employee’s needs, values and personal characteristics (Tanner, 2007). Moreover, job satisfaction is affected by personality type, coping skills, fairness, trust and organizational involvement of employee as well (Wesolowski & Mossholder, 1997). Job satisfaction has been defined as positive affect to employment by Mueller and McCloskey and an evaluation of how job meets employee’s demands by Fisher (Martins & Proença, 2012). Employees want to feel their importance for corporation. Work related rewards as well influence job satisfaction of employees (Tanner, 2007).

The Model of Care (MoC) which the most affective structure part of work environment in healthcare can be defined as “delivering right care, to right people, at the right time, by the right team and in the right place” in healthcare (Diepen et al., 2020). Doctors and nurses who working in healthcare department of corporations from different “MBA”, carry out healthcare services in different style of delivering, to different people, at different time rules and ranges, by different team numbers or personnel and in different places. These situations bring about different levels of MoC logically, whereas “Program of Transformation in Health” in Türkiye suggest accredited and standardized healthcare services (Akdağ, R., 2003). Consequently, even though healthcare services are delivered outside healthcare sector, high and standardized quality should be protected. It has been evaluated that work environment is shaped and affected by “MBA”, since every main business sector has got unique work circumstances for both management and employee.

Given healthcare services has got distinct properties such as asymmetric knowledge, irrationality in demand, public service feature in supply and cannot be postponed, cannot be substituted, it is highly common that healthcare services should got unique management process and unique work environment. Therefore, in every “MBA”, healthcare services are sensitive to manage system.

“MBA” is the activities toward main aiming target of corporation. This term is expressed as “Core Business” in Cambridge Dictionary and is meant as “the most important or the largest part of a company’s business activities”. Working for main business targets, corporation conducts personnel and logistic activities as well. One of the most important activities for employees are healthcare services which are submitted, from emergency medical services to occupational health services. Doctors and nurses submit service to patients in hospitals and other healthcare corporations such as medical centers, furthermore, hospitals’ and other healthcare centers’ corporative target is the submission health service to whole public, while doctors and nurses who work in other sectors submit service to employees only.

Playing fundamental role in maintaining global healthcare system, doctors and nurses are the minority in corporations whose “MBA” is not healthcare such as military, industry, shipping or other service sectors. With discriminative occupational attitudes, education, ethical beliefs, aims, doctors and nurses are inadequate numbers as global. Densities of doctors and nurses were 16,3 and 39,4 per 10.000 population respectively in 2014 and 2021, according to World Health Organization (WHO). These densities were 20,4 and 34 respectively for Türkiye in 2023 (WHO, 2023).

According to estimates published by WHO in 2022, while global health workforce shortage was 15 million in 2020, it will be 10 million in 2030. This is very significantly decrease compared to earlier projection as 18 million for 2030 (Ghebreyesus, 2022). That is, growing of health workers is inadequate as well.

Growing value and significance of doctors and nurses globally make more important their job satisfaction. When doctors and nurses dissatisfied in occupational aspects, they prefer to live and work in other countries which developed economically mostly. Doctors’ and nurses’ migration from under developing and undeveloped countries to developed countries have increased year by year. Developed countries such as Belgium, Canada, Germany receives immigration as doctors increasingly and Belgium, Canada, France, Germany and United Kingdom receives immigrant nurses increasing rates continually (OECD, 2023).

Although there are some studies on demographic minorities in workplace such “race” (Ford & Bagot, 1978) or “gender” (Cameron, 2001), there is not research in literature on occupational minority in workplace. In workplace, demographic dissimilarity

and distinguishing factors such as age, sex, race, education, tenure, related in decreasing occupational performance and occupational commitment according to some researches (Tsui et al., 1992). Healthcare professionals work in workplaces which are outside of health “MBA” as minority in terms of both technical and personal. The most prevalent of these workplaces are military bases and industry facilities in Türkiye. Therefore, in this study, we wanted to know whether it exists significant different in terms of job satisfaction in workplaces between health “MBA” and out of health “MBA”, for doctors and nurses. It was set Nullity Hypothesis (H_0) as; The job satisfaction level of doctors and nurses working in workplace whose “MBA” is Health Services is not significantly different from level of doctors and nurses working in workplace whose “MBA” is not Health Services.

In terms of economic, the main business is “the goods or services production that constitute the technical purpose of the workplace” (Erkanlı, 2016). In “business law” area, “Main Business” expresses the activities which directly related to the realization of the technical purpose of the workplace, that is, of the production of intended goods or services. Moreover, it refers to essential activities which directly involved in the process that is aimed at the realization of this technical purpose (Mollamahmutoglu et al., 2022). The most important component of definition of “main business” is known that the process from first step of the production to customer. Since every step of work involved to “main business” throughout the process, it is important in terms of business law.

International Labor Organization (ILO) has classified 3 main areas for “22 industries and sectors” as industrial activities, maritime industries and services (Jason, 2007). Turkish Official Legislation, in regulations no. 28502 and 28509, has defined 20 “MBA s” as “1. Hunting, fishing, agriculture and forestry, 2. Food industry, 3. Mining and quarries, 4. Petroleum, chemical, rubber, plastic and pharmaceutical industry, 5. Weaving, ready-made clothing and leather, 6. Wood and paper, 7. Communication, 8. Press, broadcasting and journalism, 9. Banking, finance and insurance, 10. Commerce, office, education and fine arts, 11. Cement, soil and glass, 12. Metal, 13. Construction, 14. Energy, 15. Transportation, 16. Shipbuilding and maritime transportation, storage and warehousing, 17. Health and social services, 18. Accommodation and entertainment business, 19. Defense and security, 20. General business” (Official Journal Of Republic Of Türkiye, 2012), (Official Journal Of Republic Of Türkiye, 2012). In regulation no. 28502, health services have been classified under title of “health and social services”. Health services have covered human health services as “hospital services, practical activities related in medical, dentistry and other services related in human health activities” (Official Journal Of Republic Of Türkiye, 2012).

In Republic of Türkiye, “Provider of Healthcare Services” have been defined in regulation no. 31746 in terms of legislation. According to Regulation No. 31746; “Provider of Healthcare Services” consist of 3 levels (Official Journal, 2022).

Since it was involved the doctors and nurses to study, it was needed also to describe official tasks of doctors and nurses in Türkiye. According to "Regulation on Job and Job Descriptions of Healthcare Professionals and Other Professionals Working in Health Services" no. 29007; doctors are responsible for protecting individuals and public out of problem on health, sickness and injuries, performing diagnosis and treatment, preventing complications (Official Journal, 2014). Nurses, according to “Regulation of Nursing” no. 27515, determine the health-related needs of the individual, family and society in every environment that can be met with nursing interventions, and plan, implement, evaluate and supervise nursing care based on evidence within the framework of the needs determined within the scope of the nursing diagnosis process (Official Journal, 2010). Although job satisfaction appears conceptually simple, it can be very complex to include into theoretical framework and to measure of level (McNabb, 2009).

2. MATERIALS AND METHOD

This study was planned as a “Descriptive” and “Cross-Sectional” study based on survey and literature. Our “Null Hypothesis” was “The job satisfaction level of doctors and nurses working in workplace whose “Main Business Area” is Health Services is not significantly different from level of doctors and nurses working in workplace whose “Main Business Area” is not Health Services”.

After applying to “Istanbul Okan University Ethical Board”, it has been allowed to perform online job satisfaction scale (JSS), ethically. While study population consists of doctors and nurses in Türkiye, it was targeted to reach as wide population as it can, as sampling. It was started to Convenience Sampling in two “watsapp” (a communication application for groups) groups of “Graduated of Republic of Türkiye Erciyes University Medical Faculty” doctors having started school in 1988 (n=100) and 1990 (n=149). Moreover, it was allowed to survey at nurses from “Türkiye Workplace Nurses Association” (n=95) and at doctors from “Türkiye Workplace Doctors Association” (n=500) as well. Surveys were reached to these 4 groups by sending survey’s URL address for filling online. After study had been accelerated by Convenience Sampling, Snowball Sampling was started to perform for increasing number of participants for survey. 258 participants filled JSS (Turkish Version), which it was named as JSS-PN in this study, in totally, from Dec 14th, 2023 to Feb 23rd, 2024.

Searching literature was performed according to planned Conceptual and Theoretical Frameworks of study.

It has been preferred “Job Satisfaction Survey” (JSS) by E.Paul Spector (1994) (Spector P. E., 1994) for measuring occupational satisfaction, and “JSS Turkish Version” from Atilla Yelboğa (2009) was used (Yelboğa, 2009). JSS was preferred, because it was the most preferred scale in PhD thesis studies on job satisfaction in Türkiye (Özsoy et al., 2014). Moreover, its validity and reliability have been proven in different professions in both English and Turkish (Spector E. P., 2024) (Yelboğa, 2009), job satisfaction can be questioned from different aspects related in healthcare management area via JSS. JSS was originally developed for use in human service organizations (Spector E. P., 2024). The survey consists of 36 items which involve 9 facet scales. Each facet scale measures a different attitude of employees, about the job. The nine facets consist of Pay, Promotion, Supervision, Fringe Benefits, Contingent Rewards (performance-based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of Work, and Communication. Each facet is evaluated with 4 items. Total score is summed through all items. “Job Satisfaction Survey for Physicians and Nurses” (JSS-PN) consist of 8 demographic questions about gender, job (Doctor&Nurse), MBA, Status of Corporation, Occupational Status, Professional Experience Period, Pay (Monthly Salary) and Occupational Position in addition to 36 items of Turkish version JSS.

JSS has been developed with Six-Point Likert Scale from “strongly disagree” to “strongly agree”, in two direction, positive and negative. Score is determined in range from 4 to 24 in 4 items for each 9 facet subscales. Score for all job satisfaction in 36 items can range from 36 to 216. High scores on the scale represent job satisfaction, so the scores on the negatively worded items must be reversed before summing with the positively worded into facet or total scores (Spector E. P., 2024). Responses to the items are numbered from 1 representing strongest disagreement to 6 representing strongest agreement with each. Negatively worded items were 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36 and these items were reversed for accurate summing in SPSS. Survey subscales, subscale descriptions and scaling item numbers were submitted below (Table 1).

Table 1: Facet Subscales represented according to items (Spector E. P., 2024).

Facet Subscale	Description	Item numbers
Pay	Pay and remuneration	1, 10, 19, 28
Promotion	Promotion opportunities	2, 11, 20, 33
Supervision	Immediate Supervisor	3, 12, 21, 30

Fringe Benefits	Fringe Benefits (Monetary & Nonmonetary)	4, 13, 22, 29
Contingent rewards	Appreciation, recognition, rewards for good work	5, 14, 23, 32
Operating conditions	Operating policies and procedures	6, 15, 24, 31
Coworkers	People working with	7, 16, 25, 34
Nature of work	Job Tasks Themselves	8, 17, 27, 35
Communication	Communication within the organization	9, 18, 26, 36
TOTAL		1-36

JSS Turkish Version was scaled as statistical by Yelboğa (Yelboğa, 2009) in terms of validity and reliability. Cronbach alfa coefficient for each facet is scaled range from 0,63 to 0,88 and overall reliability was scaled 0,78 for 36 items of Turkish version JSS (Türkiye Sample-2009, n=380). Its scale range for each facet had been scaled from 0,62 to 0,82 in original JSS study by Spector (America Sample-2007, n=2870) as well. And overall reliability was 0,91 (Yelboğa, 2009). It was used “logically cut scores” created by Spector, for representing satisfaction versus dissatisfaction as absolute scoring. Scoring, after reversing negatively worded items, was calculated according to “Mean Scores” as below (Table 2).

Table 2: Mean Scores from JSS (Spector E. P., 2024).

For 4 Items Subscales	4-12	Dissatisfied
	12-16	Ambivalent
	16-24	Satisfied
For 36 Items Total	36-108	Dissatisfied
	106-144	Ambivalent
	144-216	Satisfied

“SPSS Statistics data editor” was used for analyzing of statistical results. After frequency and descriptive analyses, Independent Samples t-Test was used for evaluating to significance of difference between working in and outside “Healthcare Main Business Area” (HMBA) who working doctors and nurses as healthcare staff in terms of Job Satisfaction and 9 facets of Spector.

3. RESULTS

Total 258 participant completed JSS-PN with valid response (i.e. missing values:0). According to Frequency Analysis (Table 3); 153 of participants were Female, while 105 were Male and 171 participants were

doctor, 87 were nurse as demographically. While 147 (57,0%) of all participants were described their job in

healthcare “MBA”, 111 (43,0%) participants work outside healthcare “MBA”.

Table 3: Demography of Participants.

		Count	Column N %
Gender	Female	153	59,3
	Male	105	40,7
Job	Medical Doctor	171	66,3
	Nurse	87	33,7
Main Business Area	Healthcare Main Business Area	147	57,0
	Out of Healthcare Main Business Area	111	43,0
Status Of Corporation	Public	215	83,7
	Private	38	14,8
	Foundation	4	1,6
Professional Status of The Participant	General Physician	100	38,8
	Assistant Physician	7	2,7
	Physician with Master's Degree in Med	0	,0
	Physician with a Doctorate Degree in Med	0	,0
	Specialist	51	19,8
	Lecturer Specialist	13	5,0
	Health High School Graduate Nurse	6	2,3
	Health Academy Graduate Nurse	15	5,8
	Health Faculty Graduate Nurse	35	13,6
	Nurse with Master's Degree in Med	31	12,0
	Nurse with a Doctorate Degree in Med	0	,0
	Lecturer Nurse	0	,0
	Occupational Experience Duration of The Participant	2 years and less	9
3-5 years		14	5,4
6-10 years		17	6,6
11-20 years		59	22,9
21-25 years		89	34,5
26 years and more		70	27,1
Monthly Salary	22.000 TL and less	5	1,9
	23.000-35.000	62	24,0
	36.000-45.000	51	19,8
	46.000-65.000	73	28,3
	66.000 and more	67	26,0
Occupational Position	Non-Healthcare Worker	1	,4
	Healthcare Worker Group Member	197	76,4
	Healthcare Worker Group Leader	35	13,6
	Junior Manager	6	2,3
	Middle Manager	12	4,7
	Senior Manager	7	2,7

When frequency analysis of gender and job was evaluated according to work in or out of HMBA, it can be said that doctors and nurses have preferred to work outside HMBA 39,8% and 49,4% respectively. Female gender participants were seen that they were tend to work in HMBA instead of outside as a healthcare staff. When it comes to “Job Features” (Table 4), while both doctors and nurses work in rates of 80-90% in public sector for both inside and outside HMBA, private sector’s rate of 18,0% for outside HMBA is noteworthy compared with 12,3% for inside. Even if specialist doctors’ rate is low with 10,8% outside HMBA, general physicians with 49,5% and health faculty graduated nurses with 16,2 are high rates when they compare with rates inside HMBA.

Table 4: Frequency analysis According to Job Features In or Out of Healthcare Main Business Area.

		Main Business Area			
		Healthcare Main Business Area		Out of Healthcare Main Business Area	
		N	%	N	%
Status Of Corporation	Public	127	87,0	88	79,3
	Private	18	12,3	20	18,0
	Foundation	1	,7	3	2,7
Professional Status of The Participant	General Physician	45	30,6	55	49,5
	Assistant Physician	7	4,8	0	,0
	Physician with Master's Degree in Med	0	,0	0	,0
	Physician with a Doctorate Degree in Med	0	,0	0	,0
	Specialist	39	26,5	12	10,8
	Lecturer Specialist	12	8,2	1	,9
	Health High School Graduate Nurse	4	2,7	2	1,8
	Health Academy Graduate Nurse	7	4,8	8	7,2
	Health Faculty Graduate Nurse	17	11,6	18	16,2
	Nurse with Master's Degree in Med	16	10,9	15	13,5
	Nurse with a Doctorate Degree in Med	0	,0	0	,0
	Lecturer Nurse	0	,0	0	,0
Occupational Experience Duration of The Participant	2 years and less	4	2,7	5	4,5
	3-5 years	5	3,4	9	8,1
	6-10 years	11	7,5	6	5,4
	11-20 years	30	20,4	29	26,1
	21-25 years	42	28,6	47	42,3

	26 years and more	55	37,4	15	13,5
Monthly Salary	22.000 TL and less	2	1,4	3	2,7
	23.000-35.000	41	27,9	21	18,9
	36.000-45.000	25	17,0	26	23,4
	46.000-65.000	43	29,3	30	27,0
	66.000 and more	36	24,5	31	27,9
Occupational Position	Non-Healthcare Worker	0	,0	1	,9
	Healthcare Worker Group Member	118	80,3	79	71,2
	Healthcare Worker Group Leader	19	12,9	16	14,4
	Junior Manager	2	1,4	4	3,6
	Middle Manager	5	3,4	7	6,3
	Senior Manager	3	2,0	4	3,6

Mean points showed that; question 27 “I feel a sense of pride in doing my job” has got the highest score. 4,31 means that; “agree” with this item. Furthermore, question 7 and 25, about coworkers, are two items have got high points. However, question 1 “I feel I am being paid a fair amount for the work I do” has got the lowest score. After question 1, question 11 and 28 are the lowest scored items in scale. These items related in salary and promotion of status.

Both in and outside HMBA, both for Job Satisfaction and 9 facets, sum of scores distribute normal in terms of statistically.

“Independent Samples t-Test” was used to scale significance of difference between working in and outside HMBA for doctors and nurses in Türkiye. There was a significant difference between two groups in terms of Total Job Satisfaction Means. Moreover, there was not significant difference between two groups in terms of Pay, Promotion and Fringe Benefits, though there was significant difference between two groups in terms of Supervision, Contingent Rewards, Operating Conditions, Coworkers, Nature of Work and Communication (Table 5).

Table 5: Independent Samples t-Test for Relation Between “Main Business Area” and Total Job Satisfaction with 9 Facet Means and Comparison Means of Two Groups in terms of all variables.

Facet	Independent Samples Test				Comparison Means of Two Groups in terms of sub-dimensions		
		t-test for Equality of Means			Main Business	Mean	Std. Deviation
		t	df	Sig. (2-tailed)			
Job Satisfaction Sum	Equal variances assumed	5,30	256,00	,000	Healthcare	114,76	26,12
	Equal variances not assumed	5,03	183,64	,000	Out of HC	93,48	38,34
Pay Sum	Equal variances assumed	-1,12	256,00	,266	Healthcare	9,13	4,68
	Equal variances not assumed	-1,11	233,78	,267	Out of HC	9,79	4,80
Promotion Sum	Equal variances assumed	1,32	256,00	,189	Healthcare	10,01	3,87
	Equal variances not assumed	1,30	227,38	,194	Out of HC	9,35	4,16
Supervision Sum	Equal variances assumed	5,16	256,00	,000	Healthcare	13,78	5,04
	Equal variances not assumed	5,00	204,83	,000	Out of HC	10,13	6,34
Fringe Benefits Sum	Equal variances assumed	-,74	256,00	,460	Healthcare	10,31	4,40
	Equal variances not assumed	-,72	213,26	,471	Out of HC	10,76	5,22
Contingent Rewards Sum	Equal variances assumed	3,29	256,00	,001	Healthcare	12,21	4,48
	Equal variances not assumed	3,26	227,54	,001	Out of HC	10,30	4,81
Operating Conditions Sum	Equal variances assumed	4,11	256,00	,000	Healthcare	12,74	3,87
	Equal variances not assumed	4,12	238,91	,000	Out of HC	10,76	3,81
Coworkers Sum	Equal variances assumed	7,33	256,00	,000	Healthcare	15,75	4,18
	Equal variances not assumed	6,92	176,49	,000	Out of HC	10,86	6,49
Nature Of Work Sum	Equal variances assumed	6,49	256,00	,000	Healthcare	16,01	4,88
	Equal variances not assumed	6,36	216,55	,000	Out of HC	11,74	5,66
Communication Sum	Equal variances assumed	7,43	256,00	,000	Healthcare	14,81	4,40
	Equal variances not assumed	7,07	184,38	,000	Out of HC	9,79	6,43

Sig>0,05* Confidens %95 p<0,05

Comparison of two groups means was analyzed in terms of consist of means and standard deviations. “Supervision, Contingent Rewards, Operating Conditions, Coworkers, Nature of Work and Communication” have got higher means inside HMBA for doctors and nurses in Türkiye.

4. DISCUSSION

Rate of 43,0% for working outside HMBA is the noteworthy value for doctors and nurses, when it is taken into account global shortage of doctors and nurses. In totally, nurses and females tend to prefer for working as healthcare staff in HMBA, more than doctors and males. This linkage may be related that nurses are still women in Türkiye mostly. However we

know that there are much more doctors than nurses, outside HMBA as military and occupational physician. There are 43.000 occupational physician comparison with almost 15.000 occupational nurses in Türkiye. This may be related in obligations arising from legislation.

In totally, 12,7% of doctors and nurses were satisfied, while 30,2% were ambivalent and 57,1% were dissatisfied in this study. This situation was consistent with other similar studies (Deshmukh et al., 2023). Doctors and nurses who work outside HMBA work for private sector in rates of 20%, while they work in public sector with 80%. It must be evaluated that they are experienced with 11 years and up in rate of almost 82%. Though they are paid salary 45000£ and lower in rate of 45%, they are not appointed to status as manager or

leader (85,6%), while they have got high education level compared with average of general public. This situation highlights that doctors and nurses work numbers should not be underestimated outside HMBA in Türkiye. We have to be awareness of shortage of doctors and nurses both in Türkiye and globally, while public and private sectors employ experienced doctors and nurses by paying insufficient salary in low occupational status outside HMBA. The numerical inadequacy and dissatisfaction of doctors and nurses results in out-migration of healthcare professionals in Türkiye, as in most countries.

Question 27 "I feel a sense of pride in doing my job" has got the highest mean point. This was evaluated that compatible with former much study in literature about doctors and nurses who are habit and pride hard work situations and distress job circumstances mostly mostly (Aydin et al., 2021), (Burstyn & Holt, 2022). According to our survey and JSS, on those who do well on the job is not believed to stand a fair chance of being promoted mostly, and this situation is required to be explained whether it relate with work environment as "MBA". Following question 1, question 11 and 28 are the lowest scored items in scale showed that doctors and nurses feel unsatisfied about pay and promoted status for their work generally.

There is significant difference between in and outside HMBA groups in terms of Job Satisfaction according to our study. Therefore, we can accept that "The job satisfaction level of doctors and nurses working in workplace whose "MBA" is Health Services is significantly different from level of doctors and nurses working in workplace whose "MBA" is not Health Services". Moreover, Job Satisfaction score inside HMBA was higher than outside as 114,76 versus 93,48. Thus, we can evaluate that; doctors and nurses who work in HMBA are ambivalent on job satisfaction, while they are openly dissatisfied outside HMBA, in Türkiye.

This result shows that despite everything, they find working inside HMBA more satisfactory.

"Supervision, Contingent Rewards, Operating Conditions, Coworkers, Nature of Work and Communication" are problems be needed to evaluation separated from common problems in terms of HMBA, because of all of these 6 facets have got higher significantly averages inside HMBA for job satisfaction, among doctors and nurses. "Coworkers, Nature of Work and Communication" are more noted facets than other, because of greater differences of averages between in and outside HMBA.

Appreciation, recognition, rewards for good work as contingent rewards are as effective factors on job satisfaction as supervision, according to our study. Contingent reward effect job satisfaction positively only if it is fairly.

We have argued that, in introduction of this study, occupational environment is the most important component which is structured by "MBA" of corporation. Operating policies and procedures as "Operating Conditions" create occupational environment together with coworkers, nature of work and organizational communications. In line with our claim, MBA affect these 3 facets and supervision with job satisfaction significantly according to this study.

It is sure that, significant difference between in and outside HMBA about supervision, operating conditions, coworkers, nature of work and organizational communications, as component of job satisfaction, has existed due to insufficient understanding of healthcare services conceptually and theoretically, by nonmedical managers and leaders of outside HMBA.

5. CONCLUSIONS

Doctors and nurses are the most important component of health workforce. When we evaluate working doctors and nurses in 43% outside HMBA, we should take into consider that doctors and nurses whose shortage is accepted by everyone work in military bases, industrial facilities or various factories in almost half. Their job satisfaction is a crucial requirement for healthy community and qualified health services.

Supervision, operating conditions, coworkers, nature of work and organizational communications are important components of job satisfaction and are affected facets by MBA. Therefore, in this study, job satisfaction is the factor affected by MBA of corporation in terms of doctors and nurses in Türkiye.

Nonmedical management approaches carry out restriction for doctors and nurses in terms of technical and managerial. Mostly, pay increasing is seen as only one solution for dissatisfaction that searched from this restriction. However, this study submitted that; managerial support activity by supervisor is important for supervision of healthcare staff outside HMBA. To make sense of pride of work to staff and providing them technical support increase job satisfaction of doctors and nurses for operating conditions. Via struct an organization consisted of only healthcare personnel outside HMBA may increase job satisfaction of doctors and nurses for coworker and organizational communication in Türkiye. Furthermore, manager and leader personnel outside HMBA should be respectful and understanding scientific knowledge, scientific attitudes, ethical behaviors peculiar to doctors and nurses.

In this study, "Coworkers, Nature of Work and Communication" are facets which have greater differences of averages between in and outside HMBA. In conditions outside HMBA, these factors make it difficult for healthcare professionals to adapt to the environment and are related to work culture. Therefore, our study also proves that creating an environment

where healthcare professionals can maintain their own work culture, ethics and approaches in workplaces outside HMBA will have positive effects on their job satisfaction.

This study had two limitations. First, this is a validation study which data were collected online. Therefore, the sample consisted of doctors and nurses who were able to complete web-based questionnaires. Second, the participants had similar characteristics. Therefore, future studies should recruit corporate, larger and more heterogeneous samples.

Acknowledgments:

No

Conflict of Interest:

The authors declare that they have no conflict of interest.

Ethical Approval:

Istanbul Okan University Ethical Board 03.04.2024/176 numbered Approval.

Funding:

There is no any financial support.

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