Assessment of Health Personnel's Opinions About Diversity Management: Case of A Public Hospital

Sağlık Personelinin Farklılıkların Yönetimi Hakkındaki Görüşlerinin Değerlendirilmesi: Bir Kamu Hastanesi Örneği

Elif Arslan[1], Gökhan Aba[2]

[1] İl Sağlık Müdürlüğü, Acil Sağlık Hizmetleri Başkanlığı, İstanbul, TURKEY
[2] Bandırma Onyedi Eylül University, Faculty of Health Science, Healthcare Management Department, Balıkesir, TURKEY

ORCID ID of the authors: E.A. 0000-0001-5964-5258, G.A. 0000-0002-4742-3217

ABSTRACT

Objective: The purpose of this research was to determine the diversity perception between the healthcare professionals within the scope of the diversity management and also to review whether there was a relationship between the demographic features of these professionals and the diversity climate.

Methods: 381 healthcare staffs who were working in a public hospital in Istanbul District attended to this descriptive research. The research data was obtained by the face to face meeting method via the survey. The results of the study was analyzed by SPSS program, and the significance level was accepted as p<0,05.

Results: The attendees mentioned that the first differentness factors that separate a person from another were respectively the character (65,1%), education (47,5%) and culture (46,5%). The attendees who have higher monthly income perceived the differentness climate as more favorable in comparison with the attendees with lower income. This positive perception was seen as higher in physicians than the nurses and the midwives. The attendees who born in Istanbul perceived the diversity climate as more positive than the attendees who born out of Istanbul.

Conclusion: It was found in this survey that the available demographic variables did not occur a significant difference in the diversity perception. The employees who work in the health sector need to work concertedly with each other. The individual differences which apart from the unconvertible differences such as age and gender; and cause conflicts and unjustness between them should be eliminated or minimized.

Keywords: Diversity, Diversity Management, Healthcare Personnel

ÖZ

Amaç: Çalışmanın amacı, farklılıkların yönetimi bağlamında sağlık çalışanlarının farklılık algılarını belirlemek ve sağlık çalışanlarının demografik özellikleri ile farklılık iklimi arasında bir ilişki olup olmadığının incelenmesidir.

Matreryal Metot: Tanımlayıcı tipteki bu çalışmaya İstanbul ilindeki bir kamu hastanesinde çalışan 381 sağlık personeli katılmıştır. Araştırma verileri, anket aracılığıyla yüz yüze görüşme yöntemi ile elde edilmiştir. Çalışmanın sonuçları SPSS programı ile analiz edilmiş, anlamlılık düzeyi p<0,05 olarak kabul edilmiştir.

Bulgular: Bir insanı diğerinden ayıran en önemli farklılık unsurlarının sırasıyla kişilik (%65,1), eğitim (%47,5) ve kültür (%46,5) olduğu belirtilmiştir. Aylık geliri yüksek olanların düşük gelir elde edenlere göre, hekimler, hemşire ve ebelere göre, İstanbul'da doğanlar, İstanbul dışı doğumlu olan çalışanlara göre farklılık iklimini daha olumlu algıladıkları tespit edilmiştir.

Sonuç: Araştırmada mevcut demografik değişkenlerin farklılıkların algısı hususunda ciddi boyutlarda bir fark meydana getirmediği sonucuna varılmıştır. Sağlık sektöründe çalışanların birbirleri ile uyumlu bir şekilde çalışmaları ve çalışanlar arasındaki bireysel farklılıkların yaş, cinsiyet gibi değiştirilemeyen farklılıkların dışında kalan ve çalışanlar arasında anlaşmazlığa ve hakkaniyetsizliğe yol açabilecek farklılıkların giderilmesi, mümkün değilse etkin bir şekilde yönetilmesi gerekmektedir.

Anahtar Kelimeler: Farklılık, Farklılıkların Yönetimi, Sağlık Personeli

INTRODUCTION

'Diversity' concept has more than one meanings by interpretation style. The word of 'diversity' is translated as 'differentness' for the first meaning and 'variety' for the second meaning. Differentness deals with the issues such as fatness, gender, personal disability seen in the same communities while the word of 'variety' is evaluated under the titles of the individuals and communities with different religion, race, nation and ethnic origin. It is seen several definitions when looking at 'diversity' concept by organizational aspect. According to Hubbard (1), organizational diversities are the common (collective) mixture can be characterized with variations and similarities and also applied for actualizing the organizational goals. With reference to the explanation of Hays and Thomas (2), organizational diversities are the 'similarity and varieties between the people' within a mosaic such as organization employees, mutual competing undertaking, organizational functions. There are various classifications on the diversity dimensions in enterprises (3, 4, 5). Personality

is placed on the centre when the diversity dimensions are explained, other dimensions are shaped around the personality (3). Personality is one of the crucial features separates people from each other and makes a person different to another person. The ways of thinking and perceiving of people, their reactions, appearances and abilities are different. The reason of these diversities are the personality characteristics (6). Management of diversities became the main topic at the position of effective human resources for managing the varying manpower as the result of changing the personnel structure in American labor in1980-90's (7). 'Management of diversities' concept was required by developments such as the changing in demographic structure of labor, legislative regulations, competitive pressure, emerging the global organizational structures and increasing the social responsibility awareness (8). Management of diversity is planning and applying the organizational systems and activities by minimizing the potential disadvantages and maximizing the potential advantages arising from the disparities of people (9). In other words, management of diversities is a management approach provides the development of culture of an enterprise accepts the requirement of ruling the similarities and diversities between people who contribute to the organization (10). Management of diversities can be defined as appreciating, understanding and accepting people with different ethnic origin, gender, age, religion or other physical properties, different experiences, communication styles and learning rate as are (11). The management of diversities is the administrative function that provides equal opportunities in equal employment and working conditions for people with different traits and manipulate all the diversities in organization so as to increase the performance and competitive advantage of the organization (12). The chief goal of management of diversities is to discover the repressed abilities stemming from race, religion, gender, language, age, etc., and use them for the organizational goals (13). Even though the management of diversities is accepted in the area of responsibility of human resources unit in businesses, it is a management philosophy covers the whole of the business and employees from the top executive to the bottom. Management of diversities is a subject has pretty importance in health facilities. Moreover, applying to health facilities by numerous patients with different characteristics makes the subject of management of diversities more important in medical establishments. Managing the diversities is important for the political, economic and social benefit of the medical service as well as that for the health care providers and patients. Because, giving equal opportunities to health care providers with different characteristics and revealing their individual properties enable the creation practical solutions for conflicts besides contributing to labor. It is thought that the necessity for studies about management of diversities has gradually increased for managing the diversities in health care services. This kind of studies will be beneficial for both the academicians and healthcare managers, healthcare professionals and patients/patient's relatives. This paper aims to determine the diversity perception of healthcare professionals.

Methods

Type, Location and Sample of Research

The population of this descriptive research consisted of 1414 medical officials work in a public hospital in İstanbul province. Sample size was 302; 381 personnel who accepted to attend to the study by voluntary basis constituted the sample. Representation ratio of sample for the population was 26,94%.

Data Collection Tools

In this research, the questionnaire was used as the data collection tool. The questionnaire form that was applied by face to face meeting method consists of 3 parts. The first part has 13 questions prepared by the investigator and relating to sociodemographic features of participants. In the second part, there are six questions ask the factors seen as diversity, the diversity factors valued in their team and social lives, the advantages and disadvantages in a team with diversities, the advantages valued in teams without diversities (14). The third part used Diversity Climate Scale that was developed by R. Bean (15) in 2001 and translated into Turkish and actualized the validity and reliability by Aksu (11). Diversity Climate Scale is composed of three sub-scales as personal level, group level, and organizational level. In this research, at the end of the reliability analysis, Cronbach Alfa coefficient numbers of scale and sub-dimensions of scale were respectively found as 0,752; 0,649; 0,678 and 0,712. The written permission of the relevant institution was received to realize the research. Besides, verbal consent and research ethics committee approval (01.03.2016 dated, 522 numbered) were received as well.

Statistical analysis

Statistical Package for the Social Science Programme (IBM Inc.; SPSS Statistics for Windows, Version 21.0, Armonk, NY, USA) analyzed the data. Besides the descriptive statistical methods (Frequency, Percentage, Average, Standard Deviation) Kolmogorov-Smirnov distribution test was used to review the normal distribution during the study data evaluation process. Mann-Whitney U, Kruskal-Wallis and Spearman Correlation analyses were utilized to compare the data. Results were evaluated in 95% confidence interval, $p < 0,05$ significance level.

Results

The age average of the healthcare staff within the scope of the study was 28,37 ± 4,19, the great majority of them were females (58,1%). 56,4% of them were single, 47% of them were bachelors, 75,9% of them were born out of İstanbul, the income of 44,6% of them was between 3000-3999 Turkish Liras. 43,6% of the attendees were nurses. As is seen in Table 1, 71,4% of personnel works as mixed (watch+ shift), 90% of them are staffed and 55,4% of them are unionized (Table 1). The healthcare staff mentioned that the most significant diversity factors separate a person from another one respectively were the personality (65,1%), education (47,5%) and culture (46,5%). 45,4% of the personnel wanted to be in the same team with different people by the reason of personality; 25,2% of the personnel wanted the same thing due to the sexual choice and finally 21% of them determined the reason of the same want as other properties. The diversity factors kept away in the social life are the personality (44,1%), sexual choice (29,7%) and other factors (18,4%) (Table 2).

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Table 1. Findings on the Demographic Features of Medical Personnel

		n	%			n	%
Age	20-29	183	48	Title	Physician	124	32,5
	30-39	136	35,7		Nurse	166	43,6
	40+	62	16,3		Midwives	21	5,5
Gender	Female	259	68		Other	70	18,4
	Male	122	32	Professional Time in Institution	0-12 Months	51	13,4
Marital Status	Married	166	43,6		1-5 Years	211	55,4
	Single	215	56,4		6-10 Years	83	21,8
Educational Background	High School	27	7,1		10 Years and Over	36	9,4
	Two-year Degree	46	12,1	Total Profession Time	0-12 Months	22	5,8
	Graduation Completion	20	5,2		1-5 Years	154	40,4
	Bachelor Degree	179	47		6-10 Years	80	21
	Master	86	22,6		10 Years and Over	125	32,8
	Doctorate	23	6	The way of Work	Watch	22	5,8
Birthplace	Istanbul	92	24,1		Shift (daytime)	87	22,8
	Out of Istanbul	289	75,9		Mixed (Watch+Shift)	272	71,4
Monthly Income	Under 2000 TL	16	4,3	Employment Type	Staffed	343	90
	2000-2999 TL	44	11,9		Contracted	29	7,6
	3000-3999 TL	165	44,6		Service Procurement	9	2,4
	4000-4999 TL	32	8,6	Union Membership	Yes	210	55,4
	5000-5999 TL	14	3,8		No	169	44,6
	6000-6999 TL	48	13				
	7000 TL and over	62	13,8				

TL: Turkish Lira

Table 2. Findings Towards the Meaning of Diversity*

	Diversity Factors Separate A Person From Another Person		Undesired Diversity Factors in A Team		Diversity Factors That Undesired in Social Life	
	n	%	n	%	n	%
Gender	69	18,1	14	3,7	38	10
Education	181	47,5	73	19,2	36	9,4
Country	47	12,3	21	5,5	26	6,8
Ethnic Origin	45	11,8	27	7,1	49	12,9
Personality	248	65,1	173	45,4	168	44,1
Culture	177	46,5	65	17,1	49	12,9
Religious Choice	57	15	36	9,4	61	16
Age	56	14,7	25	6,6	19	5
Hometown	45	11,8	15	3,9	13	3,4
Physical Disability	34	8,9	8	2,1	8	2,1
Sexual Choice	81	21,3	96	25,2	113	29,7
All	87	22,8	20	5,2	19	5
Other	14	3,7	80	21	70	18,4

*Participants marked more than one choice

According to the expressions of the healthcare staff, the disadvantages of the teams with diversities were mostly the miscommunication/disagreement (63,8%), conflict (60,1%) and the lack of team spirit (58,8%). The advantages of teams with diversities were thought richness (71,9%), increase of creativeness (60,6%) and tolerance level (38,1%). It is determined that the advantages of working together of people with similar characteristics were the unproblematic communication (64,6%), presence of team spirit (62,5%) and convenience in deciding (59,6%) (Table 3).

Table 3. Findings on Advantages and Disadvantages of Teams with Diversities, Findings on Ad-vantages of Teams without Diversities*

Disadvantages of Teams with Diversities	n	%
Miscommunication/Conflict	243	63,8
Indecision	115	30,2
Troubles in problem solving	175	45,9
Conflict	229	60,1
Lack of team spirit	224	58,8
Other	28	7,3
Advantages of Teams with Diversities		
Thought richness	274	71,9
Increase the tolerance level	145	38,1
Gain flexibility	140	36,7
Increase the creativeness	231	60,6
Other	25	6,6
Advantages of Teams without Diversities		
Trouble-free communication	246	64,6
Forming the team spirit	238	62,5
Thought richness	103	27
Increase the tolerance level	82	21,5
Convenience in problem solving	222	58,3
Convenience in decision making	227	59,6
Gain flexibility	98	25,7
Increase the creativeness	68	17,8

* Participants marked more than one choice

With reference to the findings of our study, diversity climate scale 'personal level' point average of healthcare personnel is 18,228 ± 3,385, 'group level' point average of healthcare personnel is 16,100 ± 2,862, 'organizational level' point average is 16,150 168 ± 4,493. As is seen in Table 4, 'total point average of diversity climate measure scale' is 50,478 ± 9,405 (Table 4). There was no significant diversity (p>0,05) between the variables of personal level, group level, organizational level, total point averages of diversity climate measure scale and the variables of the age, gender, marital status, education and total hour worked in profession, employment type and union membership (Table 5).

Table 4. Definitional Findings of Sub-Scales of Diversity Climate Measure Scale

	n	Avr.	SD	Min.	Max.
Personal Level	381	18,228	3,385	9	25
Group Level	381	16,100	2,862	9	25
Organizational Level	381	16,150	4,493	5	25
Total	381	50,478	9,405	26	73

There was a significant difference between the organizational level point averages of the attendees and the income level of them (p=0,027<0,05). With regard to the results of post-hoc analyses done, the organizational level scores (18,563 ± 4,802) of attendees with less than 2000 TL monthly income are higher than the organizational level scores (15,576 ± 4,233) of attendees with monthly income between 3000-3999 TL. The organizational level scores (17,188 ± 4,648) of participants who have monthly income between 6000-6999 TL are higher than the organizational level scores (15,576 ± 4,233) of participants who have monthly income between 3000-3999 TL. The organizational level scores (16,980 ± 3,942) of attendees with more than 7000 TL monthly income are higher than the organizational level scores (15,576 ± 4,233) of participants who have the monthly income between 3000-3999 TL. There was not a statistically significant difference (p>0,05) between personal level, group level total scores and total points of diversity climate measure scale.

Table 5. Sociodemographic Features of Employees and Their Relationship of Managing the Diversities

		Diversity Climate			
		Personal Level	Group Level	Organizational Level	Total
		KW:3,23 p>0,05	KW:3,01 p>0,05	KW:1,14 p>0,05	KW:2,42 p>0,05
Age	20-29	18,10±3,36	15,86±2,99	16,16±4,57	50,13±9,58
	30-39	18,12±3,39	16,29±2,64	15,93±4,45	50,35±9,22
	40+	18,82±3,40	16,37±2,91	16,58±4,35	51,77±9,31
		MWU:080,500 p>0,05	MWU:503,500 p>0,05	MWU:564,500 p>0,05	MWU:228,000 p>0,05
Gender	Female	18,31±3,36	16,23±2,60	16,15±4,42	50,69±9,18
	Male	18,04±3,43	15,82±3,34	16,14±4,651	50,±9,88
		MWU: 216,000 p>0,05	MWU:316,500 p>0,05	MWU:269,500 p>0,05	MWU:513,000 p>0,05
Marital Status	Married	18,32±3,40	16,30±3,03	15,97±,75	50,67±9,87
	Single	18,15±3,37	15,88±70	16,28±4,28	50,32±9,04
		KW: 7,96 p>0,05	KW: 8,92 p>0,05	KW: 5,94 p>0,05	KW: 7,74 p>0,05
Educational Background	High School	18,40, ±734	16,51±3,51	17,37±,51	52,29±10,60
	Two-year Degree	18,50±3,16	15,80±,87	15,60±,74	49,91±9,58
	Graduation Completion	19,90±,168	17,70±,736	17,95±,017	55,55±7,38
	Bachelor Degree	17,84±3,397	15,93±2,618	16,03±4,540	49,82±18,97
	Master	18,38±3,107	16,24±2,735	15,77±4,48	50,40±9,38
	Doctorate	18,43±4,36	15,52±3,97	16,47±4,48	50,43±11,67
		MWU:547,000 p>0,05	MWU:787,000 p>0,05	MWU: 182,000 P=0,021	MWU:075,000 P=0,016
Birthplace	Istanbul	18,88±3,40	16,56±3,45	17,06±5,21	52,51±10,86
	Out of Istanbul	18,02±3,35	15,95±2,63	15,85±4,20	49,83±8,81
		KW: 8,657 p>0,05	KW: 8,909 p>0,05	KW: 14,254 P=0,027	KW:11,521 p>0,05
Monthly Income	Under 2000 TL	19,62±3,81	16,93±4,02	18,56±4,80	55,12±11,12
	2000-2999 TL	17,81±3,59	15,93±3,26	15,54±5,28	49,29±11,03
	3000-3999 TL	17,84±3,15	16,06±2,56	15,57±4,23	49,47±8,70
	4000-4999 TL	18,09±4,10	15,84±2,81	16,06±5,34	50±11,01
	5000-5999 TL	17,85±2,10	14,35±2,34	15,35±3,38	47,57±6,43
	6000-6999 TL	19,02±3,54	16,37±3,25	17,18±4,64	52,58±9,76
	7000 TL and over	18,58±3,41	16,33±2,84	16,98±3,94	51,90±9,76

KW: Kruskal-Wallis Test   MWU: Mann-Whitney U Test

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Table 5. (Cont.) Sociodemographic Features of Employees and Their Relationship of Managing the Diversities

		Diversity Climate			
		Personal Level	Group Level	Organizational Level	Total
		KW:14,343 p=0,002	KW:3,928 p>0,05	KW:14,534 p=0,002	KW:12 p=0,007
Title	Physician	18,743±,42	16,21±3,05	16,94±4,33	51,90±9,33
	Nurse	17,69±3,12	16,04±2,46	15,69±4,13	49,43±8,51
	Midwives	16,66±4,05	14,90 ±2,58	13,19±4,589	44,76±10,30
	Other	19,053±,39	16,37±3,38	16,71±5,11	52,14±10,43
		KW: 4,038 p>0,05	KW: 2,971 p>0,05	KW: 6,563 p>0,05	KW: 5,213 p>0,05
Professional Time in Institution	0-12 Months	18,49±2,77	16,43±2,85	16,31±3,850	51,23±8,13
	1-5 Years	18,43±3,39	16,18±2,94	16,62±4,40	51,23±9,25
	6-10 Years	17,43±3,72	15,632±,77	14,77±4,88	47,84±10,32
	10 Years and Over	18,50±3,13	16,22±2,53	16,33±4,421	51,05±8,97
		KW: 1,838 p>0,05	KW: 2,024 p>0,05	KW: 0,583 p>0,05	KW: 0,524 p>0,05
Total Profession Time	0-12 Months	18,27±3,073	16,45±2,668	15,86±4,05	50,59±7,89
	1-5 Years	18,16±3,42	15,82±2,91	16,29±4,52	50,27±9,48
	6-10 Years	17,87±3,66	16,32±3,03	16,10±4,96	50,30±10,42
	10 Years and Over	18,52±3,21	16,23±2,72	16,05±4,24	50,81±8,95
		KW:11,012 P=0,004	KW: 8,238 P=0,016	KW: 4,679 p>0,05	KW: 9,365 P=0,009
The way of Work	Watch	17,63±3,51	16,31±2,47	15,63±4,91	49,59±10,02
	Shift (daytime)	19,26±3,31	16,78±3,11	17,08±4,88	53,12±9,93
	Mixed (Watch+Shift)	17,94±3,34	15,86±2,78	15,89±4,30	49,70±9,05
		KW: 2,7 p>0,05	KW: 1,238 p>0,05	KW: 2,902 p>0,05	KW: 1,272 p>0,05
Employment Type	Staffed	18,18±3,39	16,07±2,82	15,99±4,53	50,25±9,46
	Contracted	18,17±3,12	16,03±2,95	17,51±3,13	51,72±6,95
	Service Procurement	20,22±3,56	17,33±4,09	17,55±5,85	55,11±12,90
		MWU:317,500 p>0,05	MWU:692,500 p>0,05	MWU:926,500 p>0,05	MWU:250,500 p>0,05
Union Membership	Yes	18,05±3,62	16,06±2,81	15,99±4,65	50,11±9,76
	No	18,47±3,06	16,16±2,93	16,39±4,29	51,03±8,93

KW: Kruskal-Wallis Test   MWU: Mann-Whitney U Test

A significant difference (respectively p=0,021<0,05; p=0,016<0,05) was found between organizational level and total point averages of healthcare professionals and the birthplace variable. Organizational level and total point averages (17,065±5,214; 52,51±10,86) of İstanbul-born participants are higher than the organizational level and total point averages (15,858±4,207; 49,83±8,81) of participants who were born out of İstanbul. There was not a statistically significant difference (p>0,05) between personal and group level point averages and the birthplace variable.

The difference between personal, organizational and total point averages of diversity climate measure scale of attendees and title variable is statistically significant (respectively; p=0,002<0,05; p=0,002<0,05; p=0,007<0,05). It is determined at the end of the double tests that the physicians (18,743±,42) at the personal level have higher point averages in comparison with the nurses and midwives (respectively; 17,69±3,12; 16,66±4,05). Moreover, other employees have higher point averages (19,053±,39) in comparison with the nurses and midwives as well (respectively; 17,69±3,12; 16,66±4,05). About organizational level, the point averages (16,94±4,33) of physicians are higher than the nurses and midwives (respectively; 15,69±4,13;13,19±4,589); the point averages (15,69±4,13) of nurses are higher than the midwives (13,19±4,589); other employees (16,71±5,11) also have higher point averages in comparison with the midwives (13,19±4,589). It is seen in total that the physicians have higher point averages (51,90±9,33) than the nurses and midwives (respectively; 49,43±8,51; 44,76±10,30); also other employees have higher point averages (52,14±10,43) in comparison with the nurses and midwives (respectively; 49,43±8,51; 44,76±10,30). There was no significant difference (p>0,05) between group level point averages of diversity climate measure scale and title variable. The difference between personal, group and total point averages of the diversity climate measure scale of attendees and the way of work variable was found as statistically significant (respectively; p=0,004<0,05; p=0,016<0,05; p=0,009<0,05). It can be easily seen at the end of post-hoc analysis done that the personal, group and total point averages (19,26±3,31; 16,78±3,11; 53,126±9,932) of attendees work as shift are higher than the

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personal, group and total point averages (17,94±3,34; 15,86±2,78; 49,702 ± 9,056) of attendees work as mixed (watch+ shift). There was no significant difference (p>0,05) between organizational level point averages of diversity climate measure scale and the way of work variable (Table 5). Table 6 shows the correlation analysis results that were performed to specify the relationships between the sub-scales of diversity climate measure scale. There was found positive and mid-range significant relationships between each of three levels (r=0,563, r=0,655, r= 0,635; p=0,001<0,05) (Table 6).

Table 6: Sub-scales of Relationships Between Diversity Climate Measure Scale

		Personal level	Group level	Organizational level
Personal level	r		0,563	0,655
	p		0,001	0,001
Group level	r	0,563		0,635
	p	0,001		0,001
Organizational level	r	0,655	0,635	
	p	0,001	0,001	

Discussion

There is observed when looking at enterprises (especially large-sized enterprises) at present that the people who have quite a change characteristics are obliged to work together. Because of idiosyncrasy, hospitals have different human mosaic regarding both the employees and patients/patient's relatives. Much as the issue of managing the diversities are frequently discussed in various sectors, the investigations actualized by critical and reactional approaches relating to the diversities in the health sector are few. It is observed when the discussion style of the fact of managing of diversities in Turkish Academia that the studies are limited and even there is not any paper includes different occupational groups. The purpose of our study is to measure the difference perceptions of different occupational groups instead of just a single occupational group. The healthcare staff accepted the most important factor that makes a person different from another person as the personality (65%). Also, the similar studies in the literature indicate the personality as one of the most important diversity factors (9, 16, 17, 8, 18, 19, 20). Because of the health service is a team work, the healthcare staff bases their priorities on personal characteristics, and they consider the personal characteristics which make the adaptation in business life difficult and causes to the problems. The personal traits of team members need to be in tune with each other, and a possible clash environment should be avoided for being the service in quick decision-making logic and effective. The healthcare staff mentioned that even though to work together with people with different characteristics may create miscommunication; there also may be advantages such as thought richness and an increase of creativeness.

Concerning the findings of our research, the people who have high monthly income perceive the different climate as more positive in comparison with others with low income. Moreover, the employees who get low additional paid are sadder than others receive high payment in hospitals render salary and performance payments. Those employees with low additional paid are also more intolerant of the differences. All in all, it can be said that the physicians accept the diversities and perceive the diversity climate as more positive than the nurses and midwives. Hippocrates's rule called 'there is no illness, there is patient' argues that the patients are different even if the disease is the same; the patient needs to be treated by considering his individual, environmental features; the 'disease' concept should be approached by this aspect. It makes think that the physicians adopt this rule as a life philosophy and do not perceive the different traits of both the workmates and patients as negative.

The medical personnel who work in Istanbul and was born out of Istanbul may lesser accept the existed diversities because of having adaptation difficulties and not to find specific things relating to his previous life as similar in Istanbul. There was detected a total opposite of it in the research of Tarhan (9). Tarhan evaluated the effect of the status of whether the birthplace in Turkey on perceiving the diversity. According to his findings, the score of nurses who were born in abroad is statistically higher than Turkey-born nurses. Contrary to our research, the people who came to a new environment have high awareness level on diversities subject because of having to change their lifestyles, having difficulties on adaptation and the possibilities of being exposed to discrimination in their workplace. Being the studies about managing the diversities in health facilities few do not provide good comparison and interpretation opportunity.

Conclusion

The diversities that may cause conflicts and unjustness between the employees and the individual diversities except for the unconvertible ones such as age, gender need to be well managed to work for the medical personnel with each other conformably. At this point, a primary task and responsibilities fall to leaders/managers. Managers should have the ability to make rational decisions in case of a conflict and to understand and identify the diversities. The environments, organizations, training and other attempts that are created to respect to diversities and avoid the discrimination mentality generate a positive effect for both bringing functionality in the structure of health institutions and the communication of medical staff with other employees and patients. The contribution of existing employees has survival value to be effective of this kind of attempts between both the health institutions and patients. Different characteristics can be turned into opportunities in managing the diversities.

To give an example, personnel who has a different accent by the environment he grew can eliminate the problems in communication with the patients/patients' relatives who talk with the same accent. It is estimated that the required investigations and attempts will bring to a successful conclusion. It can be availed for both institutional and patients by bringing functionality in existing diversities by decisions and strategies. The consideration in here is to activate the innovative applications, training and orientation works that can turn the diversities of the person into advantages and consider the social exclusion. Several applications such as training within the scope of

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the awareness of managing the diversities, language and integration programs, public service announcements, the studies to develop the responsibility and skills of the leader and managers can be the part of the solution. The, more importantly, aspect in the relationships between the employees with each other and the patients is to respect without noticing any condition. An environment with minimum personal judgments and maximum mutual respect and tolerance will contribute to being increased the quality of health service and the healing process of the patient.

Limitations of Research

This study was actualized with health care providers of just one public hospital in Istanbul province. Limitations of research are as follows; the research data were obtained from medical personnel works in only one hospital, the reliability of the questions asked and the scales used are limited by the questions of medical personnel in the sample group.

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Informed Consent: Verbal informed consent was obtained from healthcare personnels who participated in this study.

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