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Hestourex has gradually evolved to become Turkey's First and Only platform, where thousands of people from the health tourism, sports tourism and sustainable tourism sectors across the globe meet to discuss the policies and procedures, legal framework, latest trends, competitors & stakeholders, medical tour business acumen, certification, how & with whom to tie up for business.

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- *By creating alternatives of tourism throughout Turkey to spread the season across the 12 months,*
- *To become the leading health tourism, especially branding Antalya region,*
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- *Making Discussion Panels for World Health & Sports Trends and highlighting Turkey's approach, by inviting world sector leaders in this area.*
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- *Making necessary information about geriatrics and disability tourism in Turkey.*
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- *Approximately 2000 Sectors & Agents Representative were invited.*
- *Preparation of the B2B interview floor for these representatives during Congress days.*

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THE CONFLICT RESISTANCE STRATEGIES OF HEALTHCARE WORKERS AND THE ORGANIZATION CULTURE RELATIONSHIP

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Introduction

In the global world, individuals are increasingly interested in seeking peace and pursuing this peace. The assumption that conflict can be resolved and that this peace and peace can last, makes the work of conflict and conflict resolution more and more popular. Therefore, the factors affecting the conflict management and conflict management process constitute a subject that needs to be focused on sensitively. Researchers conducted in the area of conflict management point to the existence of many variables affecting the process, especially the organizational culture. Within an organization it is of great importance to examine the organizational culture from the point of view of conflict management, which can be defined as the collective norms, values, beliefs and assumptions that shape what is wrong and what is wrong and which shape the feelings and even behaviors of the members of the organization.

There are many classifications and categorizations of organizational culture. This study deals with two categories: flexible organizational culture where strength intervals are low and individuality is high because of the direct relationship with conflict management in past researches, and static culture where power intervals and collectivism are high. Following this categorization, the effects of the organizational culture on conflict strategies being examined under five sub-headings of reconciliation, avoidance, softening, using force and problem solving are examined.

In this experimental study, in which the concept of conflict management is examined, it is aimed to expand the literature by setting out the effects of organizational culture on conflict management strategies. For this purpose; concepts of culture and organizational culture are defined, conflict situation and conflict management are mentioned; the potential benefits and harms for the organizations are emphasized and the relationship between organizational culture and conflict management is emphasized and hypotheses about the relationship between organizational culture and conflict

management strategies are developed. Subsequently, the developed hypotheses are tested in the light of the data gathered from the enterprises operating in the textile sector in the Istanbul region and the findings are interpreted and the evaluations are made about our samples.

This study, in which the organizational culture's effects on conflict management strategies are examined, shows that a test of the data collected from the textile sector has a significant effect on the problem-solving strategies that each individual can express himself, including a flexible organizational culture, dialogue in conflict management, and active involvement of members; a static organizational culture shows that it plays an important role on the strategies used by the top management of the problems to be solved by the initiative, by the members avoiding conflict, and by softening strategies that are resolved by the withdrawal of the problems from both sides; thus contributing to the relevant literature.

Conflict Management Strategies

Conflict management strategies are the tendency of individuals to express themselves in the context of specific behavioral patterns in conflict situations (Gümüçeli, 1994: 22). Conflict management strategies are addressed on two main dimensions. The first dimension depends on the level of the individual's self-directedness, while the second dimension depends on the level of the individual's interest in the others. On the basis of these two dimensions, five conflict management strategies are emerging (Rahim vd., 2002).

- **Integration (Integration)**

Integrating is also called problem solving. This strategy is used when the parties have high expectations for their own and counterparts' interests and needs. There is a negotiation process based on trust and open-mindedness about what the problem is and what can be done by the parties. Both sides should strive to produce acceptable solutions (Karip, 2003:64).

This strategy is an effective strategy for dealing with complex problems and can be used in situations where one of the parties cannot solve the problem alone, and where ideas need to be synthesized to produce better solutions (Rahim, 2002).

- **Obedience-Obedience (Compromising)**

In this strategy one of the parties has to give up their own interests and needs in the face of the other party's interests and needs. This can be considered as obedience to the other party's requests and obliging (Karip, 2003:65). Compromising style is the opposite of a style of domination. Instead of forcing the compulsive person to accept the idea, the compromising style is ready to accept the opinion of the other person (Gümüçeli, 2001:11).

If it is desired to continue the relationship with the other party in this strategy and if the pursuit of the conflict or the attempt to solve will damage the relationship with the other party, it is more appropriate to compromise in a solution that will be satisfied by the opposite side (Karip, 2003:66).

- **Domination**

Dominating is used when one of the parties tries to satisfy one's own interests and needs by ignoring the satisfaction of the other's interests and needs. Here, one side of each side has to try every way to win (Karip, 2003:66). Generally, individuals who use this strategy are individuals who have a low interest in others to deal with them, do not hesitate to use authority and oppression against others, and do not give importance to the anticipation of the other party.

This strategy is appropriate when it is important for one of the parties to cause the conflict and for the possibility of damage due to the negative decisions of the opposing party. The use of this strategy is not appropriate in complex situations where there is sufficient time to be healthy and to make good decisions. If both sides are equally strong, then the solution process is inevitable if this strategy is used by one or both parties (Rahim, 2002).

- **Avoidance**

Avoiding conflict or ignoring conflict is the approach used when the parties have a low emphasis on both their own and the other's interests and needs. This approach usually occurs with attitudes such as withdrawing to the edge, not interested or not wanting to hear something negative (Karip, 2003:67). The avoidance strategy can be used effectively, especially when the tension between the parties is high enough to prevent a healthy communication from occurring. Confrontation can be delayed until a time when parties can think of the problem as healthier and can negotiate the problem mutually (Karip, 2003:68).

- **Reconciliation**

If the parties agree to a mutually concessional strategy, they will give up on some things to reach agreement and settlement on both sides. In order to be able to use this strategy, the parties need to attach importance to the satisfaction of their interests and needs, as well as to value and consider the interests and desires of the other party (Karip, 2003:68).

Conflictors use the reconciliation strategy when they try to satisfy their demands moderately or evenly. Conflictors want to share together and find mutual self-sacrifice; they cannot provide full satisfaction; but only with what is achieved (Baçaran, 2004:339). Compromising is used in complex situations where a common set of goals is not reached and temporary solutions are needed. It can be said that reconciliation is also very useful in avoiding prolonged conflicts (Rahim, 2002:220).

Concept of Organizational Culture

Organizations are part of the social system in which they operate. Factors such as education, culture, social beliefs, traditions, and value judgments, in particular, have a profound effect on their lives and activities. From this point of view, organizations have cultural, historical and psychological traditions and customs just like other human societies (Ellis ve Maoz, 2003: 258).

Culture; has a great importance from an organizational perspective because it shapes the perceptions and behaviors of the members of the organization by adopting a set of talents, habits and values to the employees (Cummings ve Teng, 2003: 40).

Individuals bring their own personalities and social instincts together in the organization. The concept of organizational culture is an important basis for understanding the differences among enterprises within the same national culture. Just as individuals can have different personalities with the influence of their cultural structures and in parallel with this, different characteristics of organizations can be explained by their unique cultures (Schein, 1990: 113).

Although the first work on organizational culture began in the 1930s, the use and search of the organization as a term for culture came at the beginning of the 1980s (Durgun, 2006: 3).

The main role of the concept of organizational culture in organization and management literature belongs to Japanese companies. All the organizations that brought a self-criticism to themselves in the Western World in the 1960s under the influence of the big oil crisis began to look for their eyes on the Japanese organizational model that reached the height of the rise in the late 1970s and 1980s. Culture is considered as the main element of Japan's increasing economic success (Köse, 2001: 222).

Therefore, organizational culture has a quite new root as a concept. Although the concepts of "group norms" and "organizational climate" have been used by psychologists and management disciplines for many years, the concept of "organizational culture" has been used only for the last few decades (Schein, 1990: 113).

Organizational culture, the difference in norms, and the shared practices that are learned in the workplace and are valid within the boundaries of the workplace are a complex phenomenon containing the basic assumptions, stories, ceremonies and ceremonies and common meanings (Santoro ve Gopalakrishnan, 2000: 304).

In other words, the organization culture, the groups in the organization, and the beliefs and expectations that are shared in the members of the organization that provide the norms that shape the behavior of the individuals are the whole. Organizational culture actually brings about the identity and personality of the operator because the beliefs shared by the members of the organization, assumptions and expectations, and the

rules of organization other than the individual, the environment of the organization, the logos, the values and philosophy of the members of the roles (www.hunersencan.com/files/orgutsel_kultur_metin.doc, (10.03.2017)).

MATERIALS AND METHODS

Purpose of the research

This study was conducted in T.C. Çekirge State Hospital, which continues to provide health services in connection with the Ministry of Health, was conducted in order to determine the relationship between conflict resolution strategies and organizational culture.

The Importance of Research

The globalizing economy, multinational corporations and strategic alliances; it also brings with it an increase in the diversity of people in the workplace such as infrastructure, education, ethnicity and culture; the workforce is becoming increasingly heterogeneous. This heterogeneity also results in a significant increase in the number of potential problems, misunderstandings, and tensions and conflicts among employees. For this reason, conflict management is becoming increasingly important in terms of management discipline. Culture is one of the main causes of conflict; but also on the behaviors of individuals in the event of conflict. Thus, looking at the relationship between organizational culture and conflict management behavior has a great prospect for both academics and industrial managers.

The Universe of Research and Sampling

The universe of the research was formed by 1500 health workers of Çekirge State Hospital. The sample is composed of 100 health workers working in different units and statuses determined by random methods.

Method of Collection of Data

As a data gathering tool, “Conflict Resolution Strategies Scale” and “Organizational Culture Scale” were used. SPSS (Statistical Package for the Social Sciences) 23.0 statistical program was used for the evaluation of the data. Hypotheses were tested using regression analysis. The research data were collected between 01.12.2016 - 30.12.2016 and transferred to the SPSS program for evaluation of data between 01.01.2017 - 10.01.2017.

FINDINGS

Table 1. Mean and standard deviation and correlation coefficients

Factor	Mean	Std deviation	1	2	3	4	5	6	7
Flexible culture	3,7064	,92985	(841)						
Static culture	3,5255	,87428	650**	0,810					
Problem solving	3,8655	,74412	638**	487**	0,908				
Reconciliation	3,7520	,78749	456**	279*	712**	0,810			
softening	3,5168	,80811	367**	485**	468**	438**	0,898		
Avoidance	3,4664	,91185	,878	,173	,199	,089	423**	0,873	
Using power	3,5517	,85306	234*	330**	370**	283**	394**	584**	0,848

**: $p < 0,01$, *: $p < 0,05$

Pearson correlation coefficients are given in Table 1 for mutual correlations among all seven variables. The stars next to the correlation coefficients show whether these coefficients are statistically significant. A double star indicates a significance of 0.01, and a single star indicates a significance of 0.05. Correlation analysis results reveal that there is a mutual and meaningful relationship between all variables except avoidance strategy.

Table 2. Regression analysis showing the effects on flexible culture and static culture problem solving strategy

Independent Variables	β	Sig					
Flexible culture	,563**	,000					
Static culture	,115	,293					
Dependent variable: Problem solving $R^2 = 0,415$, $F = 30,046$							

**: $q < 0,01$, *: $q < 0,05$

When we look at the results of the first regression analysis, it is found that the regression model is also meaningful as a whole ($F = 30,046$, $\text{sig} < 0.01$); 42% of the change on problem solving. When the findings are examined one by one in terms of independent variables, it is seen that the flexible culture has a positive and significant effect on the problem solving strategy. Contrary to the findings, however, findings do not provide any evidence to support the existence of a relationship between static culture and problem solving strategy. Therefore, while the results support H1; H2 is rejected.

Table 3. Regression analysis showing the effects on flexible culture and static culture reconciliation strategy

Independent Variables	b	Sig					
Flexible culture	,473**	,000					
Static culture	,027	,833					
Dependent variable: Settlement R ² = 0,208, F= 10,501							

** : q < 0, 01, * : q < 0,05

When we look at the results of the second regression analysis, it is found that the regression model is also meaningful as a whole (F = 10,501, sig <0,01); 21% of the change on reconciliation. When the findings are examined one by one in terms of independent variables, it is seen that the flexible culture is a positive and significant effect on the reconciliation strategy. Contrary to the findings, however, findings do not provide any evidence to support the existence of a relationship between static culture and reconciliation strategy.

Table 4. Regression analysis showing the effects on flexible culture and static crossover reconciliation strategy

Independent Variables	b	Sig					
Flexible culture	,096	,443					
Static culture	,417**	,001					
Dependent variable: Softening R ² = 0,217, F= 13,080							

** : q < 0, 01, * : q < 0,05

When the results of the third regression analysis are examined, it is found that the regression model is also meaningful as a whole (F = 13,080, sig <0,01); 22% of the change on the softening. When the findings are examined one by one in terms of the independent variables, it is seen that there is a positive and significant effect on the static crossover softening strategy. However, findings do not provide any evidence to support the existence of a relationship between flexible culture and smoothing strategy.

Table 4. Regression analysis showing the effects on flexible culture and static culture avoidance strategy

Independent Variables	b	Sig					
Flexible culture	-,157	,265					
Static culture	,267*	,060					
Dependent variable: Avoidance R ² = 0,019, F= 1,883							

** : q < 0, 01, * : q < 0,05

Looking at the results of the fourth regression analysis, it can be seen that the level of significance of the regression model is quite low and it is possible to explain only about

02% of the change on avoidance. When the findings are examined one by one in terms of independent variables, it is seen that the static culture is a positive and significant effect on the avoidance strategy. However, findings do not provide any evidence to support the existence of a relationship between flexible culture and avoidance strategy.

Table 5. Flexible culture and static cultures Regression analysis showing the effects on the strategy of power use

Independent Variables	β	Sig					
Flexible culture	,043	,751					
Static culture	,295*	,032					
Dependent variable: Power usage $R^2= 0,084$, $F= 4,991$							

**: $q < 0, 01$, *: $q < 0,05$

When the results of the fifth and final regression analysis are examined, it is found that the regression model is also meaningful as a whole ($F = 4,991$, $\text{sig} < 0,01$); it is possible to explain the change on power use by 08%. When the findings are examined one by one in terms of independent variables, it is seen that the static cultures are a positive and significant effect on the strategy of using force. However, findings do not provide any evidence to support the existence of a relationship between flexible culture and avoidance strategy.

Results

This study examines the concepts of conflict management and organizational culture; organizational culture and conflict management. Conflict, which is an inevitable reality of both the lives of individuals and organizations; organizations and individuals, it is a situation that organizational efficiency can be increased due to organizational creativity and innovation when it is managed effectively. Therefore, conflict management in detail on the phenomenology is of great importance both for the administrators and for the scientists. The relevant literature shows that conflict management strategies to be followed by organizations are significantly influenced by organizational variables, especially organizational culture. For this reason, an empirical study of the relationship between organizational culture and conflict management, which is examined by a comprehensive literature search in this study, shows that T.C. It is aimed to contribute to the literature by testing in health workers of Çekirge State Hospital, which is continuing health service delivery depending on the Ministry of Health. The findings of the analysis show that the scale of flexible culture, static culture, problem solving, reconciliation, softening, avoidance and use of force strategy developed in developed western countries is also applicable for Çekirge State Hospital.

The result is a flexible organizational culture that is tolerant of mistakes, encourages employees to take responsibility, enter dialogue, and compete by working on new ideas. It is important to focus on problem solving strategies that each individual can express

himself / herself, including reconciliation requiring dialogue in conflict management and active participation of members. has an effect.

Again the results; the use of force by the top management's initiative to solve problems, the avoidance of conflicts by the members, and the avoidance of conflicts between the two sides of the problems.

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Summary

The conflict resistance strategies of Healthcare workers and the organization Culture Relationship

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This study was conducted in T.C. Çekirge State Hospital, which continues to provide health service services in connection with the Ministry of Health, has been made to determine the relationship between conflict resolution strategies and organizational culture of health workers.

The universe of the research was formed by 1500 health workers of Çekirge State Hospital. The sample is composed of 100 health workers working in different units and statues determined by random methods. As a data collection tool, “Conflict Resolution Strategies Scale” and “Organizational Culture Scale” were used. SPSS (Statistical Package for the Social Sciences) 23.0 statistical program was used in the evaluation of the data. Hypotheses were tested using regression analysis. The research data were collected between 01.12.2016 - 30.12.2016 and transferred to the SPSS program for evaluation of data between 01.01.2017 - 10.01.2017.

When we look at the results of regression analysis; A positive and significant effect was found on the flexible cultured problem solving strategy ($F = 30,046$, $\text{sig} < 0.01$) and reconciliation strategy ($F = 10,501$, $\text{sig} < 0.01$). In addition, on the static crossover softening strategy ($F = 13,080$, $\text{sig} < 0.01$), on the avoidance strategy ($F = 1,883$, $\text{sig} < 0.01$), strategy on the use of force ($F = 4.991$, $\text{sig} < 0.01$) it was found that a positive and significant effect.

A flexible organization has a significant influence on the problem-solving strategies that each individual can express himself, including culture, dialogue in conflict management, and active involvement of members in conflict management.

Keywords: Conflict, Conflict Management, Organizational Culture

INVESTIGATION OF THE EFFECT OF CUSTOMER SATISFACTION OF BANK EMPLOYEE BEHAVIOR

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1. Introduction

Customers are natural or legal persons that provide goods or services for any business. The importance for clients of the company are quite high. Because the amount the customer would be required to continue the existence of the company in exchange for goods or services to businesses and money-saving elements. Therefore, it is indispensable for the business customer satisfaction. To ensure customer satisfaction, there are things to be considered, though many elements. Customer price, quality, attitude towards customers' employees also financed concerned with details such as the provision of services is also very important. Business employees in terms of customer satisfaction are important because they are directly in touch with the customer. Employees can be quite effective in the development of the business on the customer's perception of quality. This is very important, especially for the service sector. same thing for the business service sector banks are valid. Banks realize that many applications today is to ensure customer satisfaction with customer focused strategy (Hepkul and Analizi ABSTRACT, 1992, s.27-33). This strategy begins with the acquisition of customers. Customer satisfaction in winning the same customer base by providing continuity is the way to go to gain customer loyalty. In all of these cases are considered bank employees play an active role. Because banks which institutional structure is to supply employees with integrity. Interlocutor in the eyes of customers is considered to represent the Bank's employees bank. In this respect, banks are not only a financial institution. At the same time a service company offering quality services to customers serves as. Bank employees share in the provision of quality services is very high.

Meet customers' employees, a good way to inform the customer, demonstrate a sincere attitude during the provision of services are attracting the attention of customers. All of these behaviors are necessary to ensure customer satisfaction. Customer satisfaction due by bank employees from the interest and concern shown by the objective is reached if the bank employees leaving the bank. Bank employees to represent the bank fulfill the actual task of the bank. Bank employees pay attention to stretching the point is to do due diligence on the training. This study examined the effect of a ban on customer satisfaction, employee behavior. Bank employees pay attention to stretching the point is to do due diligence on the training. This study examined the effect of a ban on customer satisfaction, employee behavior. Bank employees pay attention to stretching the point is to do due diligence on the training. This study examined the effect of a ban on customer satisfaction, employee behavior.

2. Conceptual Framework

2.1. Definition of Customer

In the literature, there are expressions that describe customers in many ways. Is a resource .For businesses, where the goods or services the consumer, so that the receiver of input or output. Many definitions can be performed (Cinar, 2007, p.9). Customers include the general terms of business goods or services from anyone in the area. In this sense, individual customers up to corporate customers also gain importance. Companies, associations, public economic organizations are accepted as clients. Customers who purchased the goods or services are not only buying but also people who have heard the desire of potential buyers are also encompassed by the definition of the customer (Eroglu, 2005, p. 9).

2.2. Customer Meaning and Satisfaction for Business

Many innovations of our age have increased competition in commercial life. Businesses are pursuing several different strategies to adapt to an increasingly competitive conditions (Naktiyok, 2003, s.225-226). Provide advertising, price change and the aim is to compete with many other applications. But here is the basis of customer acquisition and preservation of increasing competition of enterprises. Competitive strategies in customer-focused strategy, which is more important. Because other applications may be imitated in any way. However, the counterfeiting of customer satisfaction and customer directly for the provision of related policy both difficult and takes a long time.

2.3. Customer Satisfaction

Satisfaction is a relative concept, ranging from individuals. Overall satisfaction with a statement that customers expect from the goods or services (Self-confidence, 2008 s.657-658) Is the state of being compatible with the benefits of the goods or services benefit. Customer satisfaction is also from this situation (Ilter, 2005, s.24-25). The satisfaction of the customer may require many different presentations (Okay Akcay and 2009, s.464-465). Ensuring customer satisfaction is influenced by many factors. One of these factors is the behavior of the company employees. Because it is being addressed with employees representing business customers. Attitudes and behavior towards customers plays an important role in the separation of employees satisfied with the customer's business. Customer service, especially in service businesses, are addressed directly with the employee. Therefore all kind of working attitude, movement and behavior may be attracted customer's attention. Customer satisfaction can occur when the affected employees understand the positive and the negative can occur when the affected dissatisfaction. There are many factors that affect customer satisfaction. However, in a sector of human factors such as the impact of

employee services sector it is the most important factor should not be neglected. People need to be happy in a business environment to ensure customer satisfaction. not happy because happy customers are not against an employee. For this reason, businesses, employees of financial and moral expectations of employees to be happy must meet reasonable criteria (Naktiyok, 2003, s.225-226).

2.4.Customer Satisfaction of Importance in Business

Customer satisfaction is one of the elements that every business continuity. Customer satisfaction is improving the competitiveness of enterprises. In this way, the market can remain strong under increasing competitive conditions. Customer satisfaction is more competition there is also a contribution. Technology used by enterprises, advertising and other elements can be imitated by competitors. However, the business of imitation of the strategy implemented for the customer relationship management is difficult and costly. Therefore, to achieve customer satisfaction also means increasing the company's competitiveness. A bank which businesses are subject to the same conditions.

Therefore, banks are required to compete in providing customer satisfaction. Another importance of customer satisfaction for a business facilitates understanding how things are going. To be successful in business management approach can facilitate the achievement of customer satisfaction.

Because if the company consists of individuals working in a disciplined and orderly way customers can be happy about this. Indicator of customer satisfaction, which can make them happy by increasing the motivation of successful management employees. This paves the way happy happy customers running to occur. Otherwise, unhappy individuals inefficient, stress (Sahin, 2015, s.54-59) may become one of the owners. For this reason, customers may also adversely affected. Because if the company consists of individuals working in a disciplined and orderly way customers can be happy about this. Indicator of customer satisfaction, which can make them happy by increasing the motivation of successful management employees. This paves the way happy happy customers running to occur. Otherwise, unhappy individuals inefficient, stress (Sahin, 2015, s.54-59) may become one of the owners. For this reason, customers may also adversely affected. Because if the company consists of individuals working in a disciplined and orderly way customers can be happy about this. Indicator of customer satisfaction, which can make them happy by increasing the motivation of successful management employees. This paves the way happy happy customers running to occur. Otherwise, unhappy individuals inefficient, stress (Sahin, 2015, s.54-59) may become one of the owners. For this reason, customers may also adversely affected. 54-59) may become one of the owners.

2.5.Bank Evaluation of Employee Behavior and Customer Satisfaction

Innovation that our age has also affected the banking sector. Banks are also working as a financial institution no longer just a service company that is next to the task. Because in the competitive environment, customer relationship management header to provide better service to its customers is to go to different applications. Banks also are to perform certain practices to ensure customer satisfaction. Bank employees they perform with these applications. Therefore employees be trained in customer relations (Turkey, 2002, Pg.4-5 Content), attention to behavior towards customers can provide customer satisfaction.

2.6. Methodology of Research

Model of the research, hypotheses and related issues, will be given detailed information regarding sample collection and analysis of data will be explained later.

2.6.1. Problem and Model of Research

Impact on customer satisfaction, the bank staff behavior are examined in the study. This study used descriptive research type: description of the subject, are working to uncover the depiction research.

2.6.1. Problem and Model of Research

Impact on customer satisfaction, the bank staff behavior are examined in the study. This study used descriptive research type: description of the subject, are working to uncover the depiction research. The identification of bank customers in the research model is located on customer satisfaction and staff behavior. The research hypothesis is as follows:

H1: the behavior of the Bank's staff affects customer satisfaction.

H2: There is a relationship between customer satisfaction with the behavior of the Bank's staff.

2.6.2 The sampling and limits of Research

The study population are customers of the banks operating in Rize province in the center. Volunteers had 212 participants fill in the questionnaire. The research sample was created by easy sampling method called the participants were selected by sampling method. The study was limited to Rize center. The excessive number of participants in the survey research methods have made it easy.

2.6.3. Collection and Analysis of Datas

The literature on the subject is made. Theoretical framework has been prepared. Then one of the prepared to measure the impact on customer satisfaction survey of bank staff behavior towards the objectives of the research were applied to bank customers in Rize. Applied polls 5s are prepared according to Likert scale. The data obtained in the study were examined by questionnaires in SPSS 23 software package. Surveys have passed the reliability test and Cronbach's alpha value was found to be 0.83.

3. Results

Research In view of the answers given to questions relating to customers of participants in Table 1 'is also included. It located numerical expression of the participants' responses in the table above. All participants completed questionnaires to 212 units. Customers dislike waiting in the bank, according to data obtained from the survey results. Customers who believe that it is a waste of time they expect the Bank of standby time from this angle of bank employees work faster.

Bank customers coming to be directed towards a process is to please the customer. It is taking the right actions to correct information that the customer wants to make clear from the answers given in the survey in the fastest way. Bank employees rose against customer friendly they are in a position to provide the basis for customer satisfaction.

Table 1: Assessment of the Impact on Customer Satisfaction of Bank Employee Behavior

Questions	Total	Cover.	Std. Deflection
Making forwarding to the relevant department would please me when I went to the bank branch	212	4.20	0.94
The personnel take care of me and I'd love to know me	212	4.26	0.99
positive approach of the Bank's employees is important for me	212	4.36	0.94
Staff is important to make detailed information about the product that I use	212	4.17	0.94
I staff will be likely to use the products I like to keep me informed about	212	4.01	1.00
a fast and accurate way to end the banks will do the job is important to me.	212	4.51	0.84
It bothers me a long time waiting in line at the bank	212	4.42	0.92
of employees in queues in banks from giving priority to another customer or bank using the bank card from the machine as well as for their customers get irritated from the priority queue.	212	3.89	1.27
The Bank's priority as I get well card from the machine using the bank's own customers I'd like to have been	212	3.39	1.40
Ensuring advantages in a variety of fees and commissions for me to work with a bank is important to me	212	4.10	1.11
I benefit from the Bank's financial advisory services are important to me.	212	3.85	1.08
I would recommend my bank around me	212	3.65	1.02
I know my choice affect bank staff	212	3.62	1.23

The customers of the positive behavior of employees is understood that the positive effects. Customer, It feels special when interest is shown. To provide accurate information on the Bank's employees and customers to ensure the correct routing of customer trust in the bank. All these cases are considered to contribute to the formation of customer satisfaction.

Customers of banks in some of the most charged issues Complain business and operations that is making cuts under the name of commissions and expenses. Customer is suffering from such a condition. Such interruptions can cause loss reduction and customer satisfaction of the customer. Therefore, banks should be more careful in this regard. Customers of banks in some of the most charged issues Complain business and operations that is making cuts under the name of commissions and expenses. Customer is suffering from such a condition. Such interruptions can cause loss reduction and customer satisfaction of the customer. Therefore, banks should be more careful in this regard. Customers of banks in some of the most charged issues Complain business and operations that is making cuts under the name of commissions and expenses. Customer is suffering from such a condition. Such interruptions can cause loss reduction and customer satisfaction of the customer. Therefore, banks should be more careful in this regard.

4. Conclusion

We live in economic conditions banks are required to keep pace with the competition. So many different strategies are applied. Many strategies can be replicated in the competitive environment. However, customer relationship management, and difficult to replicate the strategy prepared for the customer satisfaction and increase the competitiveness of the bank for that cost. Banks all jobs working for the behavior of his employees is through a huge impact on customer satisfaction. Banks should pay attention to the behavior of employees to increase customer satisfaction. The training of employees in this regard must be given the best.

Customer-oriented operation system for customer satisfaction, increase the competitiveness of banks should be brought. For employees to satisfy customers, the employees must be happy. Bank employees are in material and spiritual meaning of the problems should be resolved by the bank management. All of these must be done for the creation of a successful management systems.

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Summary

INVESTIGATION OF THE EFFECT OF CUSTOMER SATISFACTION OF BANK EMPLOYEE BEHAVIOR

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Customers are important elements for every commercial business. In a competitive environment it is important for businesses to lose customers. Many things can be made to mimic the competition. However, it is difficult to replicate the strategies implemented for customers. These policies increase the competitiveness of enterprises. Businesses can gain the behavior of employees and customer satisfaction. Because the behavior of employees as representatives of business can arouse interest in customers. Although it is working with customers counterparts, though the company is working together with customers like it because it is a part of company employees. This situation is the same for banks and employees in an enterprise. Customer satisfaction is important for the survival of a bank in a competitive environment and remain strong. The subject of this research is to examine the impact on customer satisfaction, the bank staff behavior. Some studies in the literature on the subject, but the subject is located, is considered to be the original title to make contributions to the literature. The original research that has been seen in terms of value. The study questionnaire was applied to bank customers.

Keywords: Bank, bank employees, customer, customer satisfaction

INNOVATIVE APPROACH TO HEALTH SERVICE MATERIALS MANAGEMENT

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Introduction

Just In Time is a philosophy that has been implemented since the Second World War, led by Toyota Motor Factory President Taiichi Ohno. Just-in-Time (JIT) philosophy aims to create an efficient and effective stock management policy without sacrificing quality while aiming to reduce variable costs by increasing human resource utilization for businesses operating in manufacturing or service sectors (Ramaswamy, Selladurai ve Gunesakaran, 2002: 85).

Development, which is the main objective of the countries, is defined as human development different from social, cultural and economic indicators such as income distribution, infrastructure, industrialization in the classical sense. The focus of human development is on education and health. Under these conditions, the level of education and health spending of an individual country can be assessed by the per capita level of development of that community (Giunipero vd., 2005: 52).

With this in mind, the western countries that have reached this point are increasingly allocating their share of Gross Domestic Product (GDP) to health spending and have started to use this share more effectively. When we look at the ratio of total health expenditures to GDP, it is 10.1% in Germany, 11.1% in France, 8.2% in Spain and 8.9% in Italy, which are among the OECD countries, The GDP ratio in Turkey is 6,3%. The per capita health spending in these countries is 3,499 in Germany, 3,800 in France, 2,700 in Spain and only 880 in Turkey (Amasaka, 2002: 136).

According to functional classification; While 5.2% of the 2009 budget is spent for health expenditures, social security and social welfare expenditures account for 24% of the total expenditures. On the other hand, expenditures for defense services are 5.6% for the budget and 13.3% for the education services. At this point, 44% of the Social Security Institution's 2009 health budget of approximately TL 35 billion was allocated to pharmacies for drug payment (USA 12.6%, Japan 19.6%, UK 15.8%, Germany 14%

8). It is an indication that the allocation of resources to the private hospitals, which constitutes 9% of the total number of beds in Turkey, is 10% of this budget and 6% of the budget for university hospitals which constitute 15% of the total beds. (T.C. Maliye Bakanlığı, 2010 Yılı Bütçe Gerekçesi:28).

Human resources and materials are the main elements for the sustainability of diagnosis and treatment services of patients in health care enterprises which have to be managed for general business purposes except that they have more social responsibility consciousness. The

effectiveness of the combination of these two elements will enhance the quality of the service offered. Material activity can be achieved with well-designed inventory management (White, Pearson, 2001: 319).

The implementation of the Just-in-Time (JIT) stock management philosophy (JIT material management and JIT procurement), which is applied in the manufacturing sector and which does not add value to the product during the production process, will also be applied to the health sector and will provide the opportunity to establish a new material management standard for health enterprises with increased stock diversity . The Just-In-Time (JIT) system, which is used as a production and inventory control model in manufacturing enterprises, will be used as JIT philosophy, JIT stock management and JIT internal distribution applications in service enterprises in the works (Kros, Falasca ve Nadler, 2006: 224).

Material Management and Organization in Hospitals

Materials management services in hospitals are organized in different ways. The shape of the organization varies according to the nature of the hospital. In the United States, it appears that in hospitals, material management services are organized separately from the financial affairs department and these services are centralized. Thousands of items have to be made separately for the purchasing, storage, distribution and control of materials and equipment, workload and expertise (Seçim, 1985: 99).

According to a study by Purchasing World Magazine in 1986, managers in their titles were found to have higher salaries than managers in their titles (Leenders, Fearon, England, 1989: 25).

In general, the responsibility of the material manager is; In addition to the hospital senior management, there are materials management policies, determination of the amounts and times of the materials and devices to be purchased, purchasing, storing, distributing, keeping records of distributed materials and devices, controlling stocks, removing or reusing obsolete and unused materials. Hospitals include the pharmacy, food and shelter, sterile warehouse, laundry functions for the responsibility of Housley hospital manager of the material management book. Ammer, who works on material management, notes that it is necessary to discuss housekeeping's direct control of the

drugs stocked at the pharmacy with the participation of Housley's ideas (Holmgren, Wentz, 1982: 25).

A good material management organization is an organization where activities are consolidated in one center, avoiding time and costly complications on the job (Myers, 1990: 30).

Products to be selected greatly influence the effectiveness of treatment services and nursing services. Ideally, the committee is made up of a few scholars, who are authorized to make decisions in the relevant departments. Committee members are composed of the following persons.

- Bio-medical engineer
- Material distribution and material liability
- Purchasing manager
- Hospital manager
- A member of the infection control committee
- A representative from Nursing
- If necessary, a representative from other departments (pharmacy, emergency service, etc.)

The chair of the committee depends on the nature of the hospital and on the quality of the staff involved. The committee should especially observe the following issues (Myers, 1990: 31):

- Replace new or old products
- Products that affect the process change,
- Products and materials to be taken out of service,
- Material distribution, storage, maintenance activities (Tengillimoglu, 1993: 26).

MATERIALS AND MANAGEMENT

Purpose of the research

The aim of the study is to compare the modern working systems that are created as a result of the conventional structured stocking and the work load associated with it and the lean approach applications. In this study, the private Medicabil Hospital, which continues its activities in Bursa, has been put forth the thoughts on the time for the health workers to settle in the hospital supplies and to reach the materials.

Research Method

Evren Medicabil Private Hospital is a health care worker. The questionnaire was administered to 100 health care workers who were randomly selected as sample. Analyzes were performed on SPSS 19.0 package program on the data obtained from health workers. When the data were analyzed, frequency and percentage distributions, arithmetic mean and standard deviations, t-test, ANOVA and correlation analysis methods were used.

Results

In the study, the table showing the age, gender, marital status, department of work, total time worked as nurse, education level is given below.

Table 1. Distribution of nurses according to demographic characteristics (n = 100)

n %

Gender

- Woman 72 72,0
- Male 28 28,0

Age

- 20-29 83 83,0
- 30-39 13 13,0
- 40-49 4 4,0
- Your education level
- Health vocational high school 73 73,0
- School of Nursing 14 14,0
- Health Officer 1 1,0
- Associate Degree 12 12,0
- Department you work for
- Polyclinic 68 68,0
- Intensive care 16 16,0
- Emergency service and other 16 16,0

- Average number of patients per
- day you are obliged to look after
- 1-5 49 49,0
- 6-10 14 14,0
- 11-19 19 19,0
- 20 and over 18 18,0
- You are in hospital at work
- Head nurse assistant 5 5,0
- Responsible nurse 41 41,0
- Service Nursery 33 33,0
- Polyclinic nurse 4 4,0
- Operating room nursery 4 4,0
- Intensive care unit 13 13,0

According to Table 1; 72% (n = 72) of the nurses participating in the study were female, 28.0% (n = 28) were male, 83.0% (n = 83) were between 20-29 years, 13.0% (n = 13) between 30-39 years and 4,0% (n = 4) between 40 and 49 years that, 73.0% (n = 73) Health Vocational High School, 14.0% (n = 14) High School of Nursing, Health Officer of 1.0% (n = 1), 12,0% (n = 12) of graduate students, according to the running division; 68.0% (n = 68) of outpatients, 16.0% (n = 16) of intensive care, 16.0% (n = 16) were working in Emergency and other services, the average number of patients per day that they are required to take care of; 49% (n = 49) between 1-5 people, 14% (n = 14) 6 to 10 persons, 19% (n = 19) people between 11 and 19, 18% (n = 18) 20 and over, where they work at the hospital; 5,0% (n = 5) Head nurse assistant, 41.0% (n = 41) Responsible nurse, 33.0% (n = 33) Service Nurses, 4,0% (n = 4) outpatient nurses, 4,0% (n = 4) Operating room nurses, 13.0% (n = 13) were found to be intensive care nurses.

Table 2: Results of KMO and Barlett Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy. ,747

Bartlett's Test of Sphericity Approx. Chi-Square 566,161

df 78,000

Sig. ,000

First, since it is calculated as 0.477 as shown in table 2, the data set is suitable for factor analysis. Secondly, the Barlett test is significant (Sig.). This shows that there are high correlations between variables.

Table 3: Number of Factors Dependent on the Validity Statistic and Percent of Variance Described

First Eigenvalues Total Uploads

Component	Total	% Variance	Cumulative %	Total	% Variance	Cumulative %
1	4,068	31,296	31,296	4,043	31,103	31,103
2	1,751	13,471	44,767	1,678	12,905	44,009
3	1,211	9,315	54,082	1,180	9,080	53,089
4	1,117	8,592	62,674	1,138	8,753	61,841
5	1,008	7,751	70,425	1,116	8,584	70,425
6	,823	6,330	76,755			
7	,651	5,011	81,766			
8	,617	4,744	86,510			
9	,483	3,714	90,224			
10	,448	3,445	93,669			
11	,383	2,945	96,614			
12	,310	2,385	98,999			
13	,130	1,001	100,000			

As shown in Table 3, the first factor accounts for 31,103% of the total variance, while the five factors together account for 70,425% of the total variance. Therefore, it can be said that the five factors that make up the survey measure the factors that evaluate the effects on the lean approach in health care material management by 70%.

Table 4. Lean Approach Survey Data in Health Care Materials Management (n = 100)

Variables Classification Number % n

Distribution 67

Right on time 39 %58,21

Other 28 %41,79

Suppliers (Framework

Contract etc.) 67

Yes 41 %61,19

No 26 %38,81

Bed Numbers 67

20-50 16 %23,88

51-100 18 %26,87

101-200 14 %20,90

201-400 7 %10,45

401-600 6 %8,96

600+ 6 %8,96

Return 67

1st round 36 %53,73

2nd round 19 %28,36

round 3 12 %17,91

According to bed numbers, 50% of the hospitals categorized in 6 groups have less than 100 beds and only 8.96% have more than 600 beds. In particular, Ministry of Health hospitals have to keep a stock of medical / surgical material for up to 3 months with the Material Resource Management System (MRMS) applied within the scope of the stock management project and to ensure that the relocated persons who are in the registers of the health institutions and organizations but will not be used / used for various reasons, to be handed over / free of charge to the units. Thanks to this system, where purchase prices and stocks can be easily tracked, an input-output of 120 million TL was provided in the Ministry of Health hospitals in a short period of 6 months.

Results

Lean material management can be easily used in the procurement of product groups that may experience physical or financial difficulties in stocking due to the large variety of materials, which may vary from patient to patient. On the other hand, the lean approach philosophy that can be used for the continuity of health services and for the internal distribution of all medical / surgical materials that need to be inventoried

is very beneficial to both the financial and administrative staff. In domestic distribution applications where service points of production are considered as suppliers and also in customer and hospital center deposits, material spots can be provided regularly by creating sub-depots in units such as operating rooms and emergency services where material usage is intensive. In the services where patients are hospitalized, the material flow can be controlled with stocks that will be held in smaller quantities by floor cars instead of creating lower depots. When it is used as lean material management, it is necessary to establish a tight communication network between the philosophy which shows a success rate parallel to the flow of information between the customer and the supplier, and between all the other sub units and the hospital central repository. This is only possible with a well-designed lean hospital material management.

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Summary

INNOVATIVE APPROACH TO HEALTH SERVICE MATERIALS MANAGEMENT

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The lean approach of hospital material management, an indispensable part of the health system material management, faces increasing costs. The aim of the study is to compare the modern working systems that are produced as a result of the conventional structured stocking and the work load associated with it and the lean approach applications. In this study, private Medicabil Hospital, which continues its activities in Bursa, put forward the thoughts on the time of the health workers' settlement and access to the materials in the hospital deposit.

Evren Medicabil Private Hospital is a health care worker. The questionnaire was administered to 100 health care workers who were randomly selected as a sample. Analyzes were performed on the data obtained from the healthcare workers as a result of the questionnaire using the SPSS 19.0 package program. When the data were analyzed, frequency and percentage distributions, arithmetic mean and standard deviations analysis methods were used.

As a result, the lean approach to material management has reduced the time to transport materials and reduced unnecessary behavior times. Reducing these times prevented health workers from spending unnecessary time in the process

Keywords: Health, Material Management, Lean Approach

THE IMPROVEMENT OF CLINICAL WAREHOUSE AREA AND THE ROLE OF NURSING

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Introduction

It is everyone's right to request and receive health-related health service delivery. However, the health status cannot be stored. In this context, deficiencies in medical supplies in clinical warehouses cause major problems and negative impacts on the clinical image. Once clinics have identified the clinical storage areas they need in medical supplies and how they will be supplied from these materials, they are faced with deciding how these requirements will be met. In this phase, the administrators of the health enterprises will make their decision on the method of procurement in the way of procurement of stock materials which are obligatory for the enterprise. The goal of improving clinical storage areas is to ensure that stocks are kept at levels that do not cause disruption to the treatment functions of the clinics. These two issues need to be balanced. Improvement of clinical warehouses is a process that minimizes the investment of stocks as well as makes the warehouses flexible and thus instantly makes patient treatment service deliveries real. Improvement of the clinical warehouse areas in this direction is also an important factor for the hospital in terms of economic balance. The distribution of clinical warehouses to hospitals, the acceptance of medical supplies to storage, the distribution of treatment stages from one aspect to another, the delivery of final medical supplies to the final medical supplies in completed treatments, and the development of clinical warehouses in both these clinics, improves the development of a complementary function that is of utmost importance. How the warehouse areas are managed, both in the healthcare sector and in the sectors where the production of medical supplies are made, is directly linked to the warehouse areas of the clinics.

Clinics are also one of the most transparent units of differentiation in our time of increasing medical equipment competition and technological factors. It is unlikely that the improvement of clinical repositories will be far from technological and developmental. Today, rising quality standards and differentiation management styles will not be able to reveal clinics as a fundamental factor of differentiation. The level of

importance of hospitals in improving clinical repositories is primarily to be effective and productive. In order to control the costs of operations, to properly structure purchasing, warehousing and planning relationships, it is necessary to keep the clinical storage areas in an appropriate condition. Nurses will have a stronger role advantage and their position will be strengthened when the clinic's storage areas are improved with a lean approach.

Inventory Control Concept

The lean approach to clinical repositories is a very important physical value for hospitals. Without making stocks without production, the customer cannot afford the best service or maximize the profitability of the business depending on them. However, given the costs associated with the presence or absence of inventories, it is clear that the most appropriate way of controlling stocks is a cost-effective measure. Stocks that connect businesses with cash are seeing a key to the business in terms of meeting the demands, satisfaction of the customer and providing the competitive advantage. But with the control of stocks and good governance, these keys will be an advantage for the enterprise. Inventory control or inventory management policies that are not appropriate for the business will be at the expense of the business. In this context, the selection of suitable stock control for the establishment of appropriate stock policies and the establishment of effective stock management policy are anticipated as an indispensable element for every business. Inventory control is defined as the studies carried out in order to ensure that all stock movements of the semi-finished and finished goods participating or standing up to the production of the final product, starting from the raw material entrance which constitutes the first step of production, are followed up and that they are in such a degree as to prevent the production activities (Gürçay, 2012: 66).

Inventory control by another definition is to determine the sales process and order quantity, to monitor these assets in the process of obtaining them, and to organize the storage conditions so as to harmonize the order and sale of the assets of the entity (Küçük, 2011: 52).

Investigating the issues of stock control, Demir and Gümüçoğlu examined the subjects under seven main headings. These; (Demir ve Gümüçoğlu, 2009: 485)

- Determination of requirements
- Selection of the materials to be stocked
- Determination of the quantity of materials to be stocked
- Determining when to order
- Calculation of order quantity

-
- Elimination of excess stocks as needed
 - Improvement of record jobs

The main purpose of inventory control is; to keep production at the desired level, to ensure that the best (optimal) and economically viable material is obtained in terms of time and quantity in order to carry out the sales and deliveries with the pre-determined numbers.

In addition, stock control purposes; (Kobu, 2010: 328).

- To provide an acceptable level of customer service with minimum inventory costs,
- It can be listed as non-stocking within the order cycle.

According to Kobu, inventory control has three main functions. These;

- Supply and shipment
- Ambalance and
- Keeping inventory records

In addition to these functions, the elimination function is also included in the literature. In general, inventory control can be handled in two ways. The stocks of these are mainly the money, and the second is the quantity (Küçük, 2011: 52).

Costs affected by inventory control activities; amount of discounts, order costs, direct material costs, direct labor costs, overtime or shift costs, the costs of receiving new workers, training and recruitment, overcapacity costs, customer abduction costs, wear and tear costs, taxes and interest charges, storage costs, transportation costs, price changes, and so on. (Kobu, 2010: 329-331)

Business managers should integrate the most beneficial and least costly system into their operations, taking into account all these factors. On the other hand, Tekin emphasizes that the stock policy, production pattern and financial situation of the enterprises, information flow system, machinery and equipment situation, building and warehouse capacities should be taken into consideration in selecting appropriate inventory control program (Tekin, 2006: 11).

The section sorts the points to be considered when establishing the inventory control system as follows; (Kesim, 2010b: 102)

- Optimum amount of stock
- Economic order quantity

Optimal cost and critical inventory policies are interpreted as based on successful inventory control.

MATERIALS AND METHODS

The Purpose and Importance of Research

The purpose of this research; the survey methodology is used to improve the hospital warehouse's clinical warehouse areas in medical / surgical material management and distribution processes and to determine which dimensions or dimensions should be prioritized and improved in order to increase the role of the nurse.

Scope and Constraints of the Study

The area of the research is the service sector in general, and health service in particular.

Research Method

A questionnaire survey was conducted to determine internal customer considerations and to gather information on stock control / distribution models for measuring quality of service in hospitals for the purpose of the research conducted.

Data Collection Method

The research was carried out in Bursa Private Medicabil hospital. A random sample of health workers was selected and a questionnaire was applied. Analysis of the data used SPSS 23.0 (Statistical Packages for Social Sciences) program. The analysis of the data was done in the framework of complementary and inferential statistics. First, the reliability of the questionnaire has been tested. Then frequency, t-test, ANOVA test were applied for the analysis of the variables grouped at 95% confidence interval.

FINDINGS

The chart below shows the age, gender, marital status, department of work, total time worked as nurse, education level of health workers.

Table 1. Distribution of nurses according to demographic characteristics (n = 100)

Age n %

20-30 83 79,8

31-40 15 14,4

41-50 5 4,8

51 and over 1 1,0

Gender

Woman 72 69,2

Male 32 30,8

Do you have children?

Yes 40 38,5

No 64 61,6

Your education level

Health vocational high school 68 65,4

Associate Degree 22 21,2

License 13 12,5

Postgraduate (Master-PhD) 1 1,0

Total working hours in the
profession (years)

1-10 88 84,6

11-20 12 11,5

21-30 2 1,9

31-40 2 1,9

Your marital status

The married 47 45,2

Single 57 54,8

Department you work for

Policlinic 5 5,0

Female birth 2 2,0

Surgical department 57 57,0

Internal medicine department 22 22,0

Emergency 7 7,0

Intensive care 7 7,0

According to Table 1, 83.0% (n = 79.8) of the nurses participating in the study were in the age range of 20-30, 14.4% (n = 15) in the age range of 31-40, (n = 5) were in the range of 41-50 years, and in the range of 41-50 years of 1,0% (n = 1), 69.2% (n = 72) (n = 64) and 65.4% (n = 68) were male, 38.5% (n = 40), 61.6% (n = 64) (N =

22), 21.5% (n = 22) associate degree, 12.5% (n = 13) and 1.0% (n = 1) graduate (n = 2) 21.0% (n = 2) in the period between 1 and 10 years, in the period between 1 and 10 years Married with 45.2% (n = 29) and single, 54.8% with n = 57 (n = 57) in the interval of -30 years, 1.9% (n = 74) polyclinic, % 2,0 (n = 2) gynecology, % 57,0 (n = 57) surgery, % 22,0 = 22) inclusion e department, 7.0% (n = 7) emergency services and 7.0% (n = 7) emergency services.

Table 2. Lean approximation of clinical repository areas and role of nurse group analysis

Group Analysis

Marital status N Average Std. Deviation Std. Error Average

Rehabilitation of clinical

warehouses with a lean

approach and the role of the

nurse Woman 71 1,7566 ,38501 ,04569 Male 32 1,7349 ,49025 ,08667

As can be understood from the above table, 71 female employees participating in the research were improved with a lean approach to the average clinical warehouse areas and the role level of the nurse was 1,7566 while the 32 male workers participating in the survey were improved with a lean approach to the clinical warehouse areas and the role level of the nurse was 1,7349. Improvement of the clinical repository areas of female workers by lean approach and role information of the nurse is more.

Table 3. Lean approximation of clinical repository areas and role of the nurse Independent sample t-test

Independent Sampling T-Test

Rehabilitation of clinical

warehouses with a lean approach

and the role of the nurse Equality of Variances Levene Test Equality of t-test averages F Sig. t df Sig. (2-tailed) Average Difference Std. Error Difference 95% Difference and Confidence Interval Upper Lower

Equal variances are assumed ,767 ,383 ,242 101 ,809 ,02168 ,08945 -,15577 ,19913

Equal variances are not assumed ,221 48,954 ,826 ,02168 ,09797 -,17520 ,21857

Whether there is a meaningful difference between the improvement of the clinical depot areas of the male and female workers by the lean approach and the difference in the average knowledge levels of the nurses' (2-point). When the value of significance

is less than 0.05, there is a meaningful difference between the two groups. We found that the significance level of analysis in our analysis was $0,809 > 0,05$, that the clinical repository areas of men and women were improved with a lean approach and that the role knowledge levels of the nurse did not differ significantly. The improvement of the clinic warehouse areas of the employees with a lean approach and the role significance value of the nurse is $p > 0,05$, there is no significant difference according to the gender groups.

Table 4. The statistics table describing the improvement of age and clinical storage areas with a lean approach and the role of the nurse

Descriptive Statistics

Rehabilitation of clinical warehouses with a lean approach and the role of the nurse

N Average Std. Deviation Std. Error Average 95% confidence interval
 Minimum Maximum Upper Limit Lower Limit

20-30 82 1,7390 ,40539 ,04477 1,6499 1,8281 1,00 2,78

31-40 15 1,9338 ,45673 ,11793 1,6809 2,1867 1,35 3,20

41-50 5 1,5249 ,26113 ,11678 1,2007 1,8492 1,26 1,83

51 and

over 1 1,0000 1,00 1,00

Total 103 1,7498 ,41818 ,04120 1,6681 1,8316 1,00 3,20

According to age groups of employees; The improvement of the clinical repository areas of the employees between 31-40 years old with a lean approach and the knowledge level of the nurse’s role (1,9338) at the highest level, the improvement of the clinical repository areas of the workers with 51 and above and the role of the nurse’s knowledge level (1,0000) low level.

Table 5. Rehabilitation of age and clinical storage areas with a lean approach and the role of the nurse anova table

ANOVA

Rehabilitation of clinical warehouses with a lean approach and the role of the nurse

Sum of squares df Squares average F Sig.

Between groups 1,332 3 ,444 2,664 ,052

Within groups 16,505 99 ,167

Total 17,837 102

According to F test result at 95% confidence level; the clinical repository areas were improved with a lean approach and the significance value for the role of the nurse was found as $p = 0,052 > 0,05$. Clinical warehouse areas are improved with a lean approach and $p > 0.05$ for the role of the nurse does not show any significant difference according to age groups.

Results

Hospitals are trying to take a step forward in the competitive environment by acting with the belief that the improvement factors put into practice for the patients who are aware of the difficulties that may be experienced in the clinical depot areas can come into effect at any moment. The most important reason why the quality of service that can be provided with the facilities that are currently being used cannot be improved with a lean approach is the financial problems experienced by the hospitals. It is not enough to create a budget on its own to overcome the problems in the clinic warehouses in hospitals. For this, every element in the organization needs to be managed more rationally. The most important of these elements are nurses and stocks. So well-managed stocks and nurses will ensure that cash management is successful. In terms of clinics, the goal of managing clinical warehouses, which means direct material management, is to keep the right material in the right place at the right time, at the right cost and at the right cost. Therefore, the functions of clinical warehouse management must be properly structured within the system and be managed and administered by the nurses. Since these clinical warehouse areas are directly related processes of procurement, warehousing, distribution and inventory control in the management functions, a mistake in these processes will create a system that is out of control rather than an effective management.

Summary

THE IMPROVEMENT OF CLINICAL WAREHOUSE AREA AND THE ROLE OF NURSING

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The purpose of this research; The survey methodology is used to improve the hospital warehouse's clinical warehouse areas in the medical / surgical material management and distribution processes and to determine which dimension or dimensions should be prioritized and improved in order to increase the role of the nurse. The area of the research is the service sector in general, and health service in particular.

The research was carried out in Bursa Private Medicabil hospital. Surveys were conducted among the health professionals according to non-random sampling. In the analysis of the data, the use of SPSS 23.0 (Statistical Packages for Social Sciences) program was implemented. The analysis of the data was done in the framework of complementary and inferential statistics. First of all, the reliability of the questionnaire has been tested. Then frequency, t-test, ANOVA test were applied for the analysis of the variables grouped at 95% confidence interval.

As a result, approximately 30-40% of the total costs of the clinics in warehouse areas are brought into stock by the supply chain management process. The effect of drug / material costs is felt more intensely in private hospitals due to the warehouses of clinics, increased financing deficits and Social Security Institution applications. It has emerged that the role of nurses is great in improving these areas with a lean approach.

Keywords: Clinical Warehouse Area, Material Management, Inventory Control, Material Management System in Hospitals

EVALUATION OF PATIENT CARE NURSING APPLICATIONS WITH A LINE APPROACH

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Introduction

The needs of individuals in the changing and developing world are also constantly changing. These changeable organizations are able to sustain their existence and strive to improve themselves. When evaluated in this respect, it is of utmost importance that the hospitals providing health services in meeting the infinite human needs meet the health needs of the patients and maintain their functionality.

Patients' health expectancy is increasing day by day. The demand for high quality health care, as well as low health care requirements, enables local health care managers to seek new ways. With the Lean Thinking studies that started in the health sector in the 1950s, it was discovered that higher values could be realized with less cost, less resources. In the first years, the automotive industry pioneered the Toyota company, and after the lean work, it found the application area in the enterprises producing services such as health, logistics, education and municipal services.

Lean thought; (Worley and Doolen, 2006: 228) to increase productivity and quality in organizations through the reduction of waste. Lean work shows that the same value can be created as half of everything. Hospitals should operate with value analysis by measuring how patients perceive the activities they perform to increase the quality of life and satisfaction of healthcare providers. The application of lean thinking principles allows the focus on value by eliminating wastes in health care services and to satisfy the patient who is offered health care services.

In this article, the aim was to determine the opinions of the health care workers regarding the evaluation of patient care nursing practices with a lean approach. The study was conducted between January 15, 2017 and February 2017. The universe of the research was realized with 100 health workers who were working in Bursa Private Medicabil hospital and who accepted to work.

Definition of Nursing Activities

An activity is defined as the behavior of the nursing staff in traceable transactions or events in patient units (Scherubel, Minnick, 1994: 2).

Activity is a phenomenon related to nursing. By listing the requirements of the patient, nursing activities are classified and grouped into common areas where they show similarity. These categories include direct (direct) and indirect (indirect) care (Kılıçaslan, 1998: 17).

Patient care can be examined in two groups:

1. Direct care activities: Defined as activities directly related to the patient. Direct care in nursing care includes the most important care group. They are usually activities that are applied to the patient at bedside. (Such as blood, urine) to be sent to the laboratory to be sent to the laboratory, to provide the patient with the necessary information, such as the patient's nutrition, discharge, delivery of body hygiene, retrieval of vital signs, patient movement, positioning, prevention of pressure ulcers, care activities such as patient education and communication (Platin, Ocağcı, Güçsavaş, 1982: 21).

2. Indirect care activities: All activities necessary for patient care. Management is the activities that are conducted away from the patient, including the preparation and planning of the operations to be carried out. Patient admission, preparation of medication, registration of medications and transactions made to the patient, registration of doctor requests, preparation of medication cards, preparation of seizure reports, disinfection and care of materials, face to face and / or telephone conversation with physician and other personnel, interviews, preparation of seizure schedules, and staff training (Demos, 1994: 28). Distinguishing between direct and indirect patient care is important in terms of defining the time spent with the patient and the staff (Robichoud, Hamric, 1986: 31).

3. Other activities: Other activities outside of direct and indirect care activities are personal activities including nurse's communication, service material care, and unit activities including management activities, as well as tea time, eating, breakfast, hygiene, toilet, dressing and nurse-free waiting time (Uysal, 1998: 2).

Some researchers have divided the patient care activities into six categories. These categories include;

- a) Direct care category: Treatment, food, bath, education, mobilization etc. of the patient. maintenance activities,
- b) Indirect care category: Patient admission, drug preparation, registration, other meetings, cleaning etc. activities.
- c) General coordination of services: Equipment maintenance, material requirements

of services, etc.

d) Staff training: Training activities, in-service training, etc.

e) Personal time category: Tea, special jobs, etc.

f) Waiting times category: Staff, material, doctor wait (Scherubel, Minnick, 1994: 3).

Although a wide variety of instruments have been used to measure activity, researchers have been hampered by the fact that measurement is reliable, valid and practical. The theoretical and experimental developments in technological progress, physical instrument development and activity studies have been accelerated. Observational measures and employee reporting are the most commonly used in nursing research (Mason, Redeker, 1993: 2).

Nurse activity classification systems or taxonomies identify, define and name the amount of work of nurses. These systems have very different characteristics depending on their purpose. In 1984 Bel and Storey's study presented the percentage of time spent in nursing activities, the number of nurses required, the workload calculated, and the Nursing Health Service (NHS) management survey, nursing human power project. More than 3,000 nursing activities are defined daily and more than 16,000 nursing activities need to be studied (Bulechek, McCloskey, 1992: 289).

3. MATERIALS AND METHOD

3.1. Purpose And Model of Research

This study was conducted as a descriptive study to determine the opinions of health workers regarding the evaluation of patient care nursing practices with a lean approach.

3.2. Place of Research

Bursa Private Medicabil hospital.

3.3. The Universe and Sampling of the Study

Bursa Private Medicabil hospital, and 100 health workers who accepted to work.

3.4. Data Collection Tools

The research data was developed by the socio-demographic data form and Shutzenhofer (1992) and validity and reliability for the country were obtained with the "nursing activity scale" made by Saraçoglu (2010). When research data are evaluated; one-way analysis of variance, standard deviation, frequency, chi-square, t-test.

3.5. Evaluation of Data

Statistical Package for social sciences (SPSS) 18.0 Statistical Analysis Program. When research data are evaluated; standard deviation, frequency, chi-square, t-test.

When research data are evaluated; scale total score kolmogorov smirnov test result normal distribution was found suitable. Statistical methods such as one-way analysis of variance, standard deviation, frequency, chi-square and t-test were used to search for the relationship between nursing activity scale score and demographic data.

FINDINGS

In the study, the table showing the age, gender, marital status, department of work, total time worked as nurse, education level is given below.

Table 1. Distribution of nurses according to demographic characteristics (n = 100)

Age n %

20-30 82 82,0

31-40 16 16,0

41-50 2 2,0

Gender

Woman 74 74,0

Male 26 26,0

Marital status

Married 29 29,0

Single 71 71,0

Department you work for

Policlinic 5 5,0

Female birth 2 2,0

Surgical department 57 57,0

Internal medicine department 22 22,0

Emergency 7 7,0

Intensive care 7 7,0

Total time you worked as a nurse

1-10 89 89,0

11-20 8 8,0

21-30 1 1,0

31-40 1 1,0

41-50 1 1,0

Your education level

Health vocational high school 67 67,0

Associate Degree 8 8,0

License 25 25,0

According to Table 1, 82.0% (n= 82) of the nurses who participated in the study were in the age range of 20-30, 16.0% (n= 16) were between 31-40 years of age and 2.0% (n = 2) were in the age range of 41-50 years, 74.0% (n = 74) were female, 26.0% were male (n = 26), 29,0% (n = 29) were married, 71,0% (n = 71) were single, according to the running division; 5,0% (n = 74) outpatients, 2,0% (n = 2) of gestation, The surgical department of 57,0% (n = 57), 22.0% (n = 22) internal medicine department, 7,0% (n = 7) emergency services, 7,0% (n = 7) emergency services, total time worked as a nurse 89.0% (n = 89) in the range of 1-10 years, 8,0% (n = 8) in the interval of 11-20 years, 1,0'n% (n = 1) in the range of 21 to 30 years 1,0'n% (n = 1) in the range 31-40, 1,0'n% (n = 1) in the range from 41 to 50, 67.0% (n = 67)

Health Vocational High School, 8,0% (n = 8) associate degree, 25,0% (n = 25) were found to be associate degree graduates.

In this section, findings were given to fulfill the roles of nurses in the health care system for professional purposes. The reasons why nurses can not fulfill their roles in the health care system for professional purposes have been shown.

Table 2. Distribution of findings (n = 100) regarding the ability of nurses to fulfill their roles in the health care system for professional purposes

Phrases n % Scale Score Ss

Yes 29 29,0 160,78 23,893

Partially 55 55,0 157,82 25,634

No 16 16,0 153,29 29,374

Total 100 100,0 157,95 25,848

According to Table 2, the question of nurses' fulfillment of roles in the health care system for professional purposes; 55.0% (n = 55) 'Partially' response; 29.0% (n = 29) answered 'Yes' and 16.0% (n = 16) gave 'No' response.

According to the responses given, the average scale score of the Nursing Activity Scale is 'yes' 160,78; 'Partially' denominators 157,82; 'No' is calculated as 153.29.

Table 3. Nursing activity scale descriptive statistics

n	%	Minimum	Maximum	Mean	Ss
NAS Score	100	100,0	64 240	158,00	25,848

When the distribution of nursing activity scale (NAS) scores of nurses according to Table 3 is examined; The minimum score was 64, the maximum score was 240, and the average was $158,00 \pm 25,848$. Nursing Activity Scale scores are normally distributed ($p = 0.224 > 0.05$).

Results

The following results were obtained in this study which was made descriptive about the patient care nursing practice with a lean approach.

Regarding the demographic characteristics and occupational information of the nurses participating in the research; nurses participating in the study 98,0% of women were in the age range 20-39 years, 74,0% were women, 71,0% were single, 57,0% were working in the surgical department, nurses totaled 89,0% 1 It has been determined that 67,0% of the students graduated from Health Vocational High School in the interval of 10 years.

Nurses participating in the research; (n= 100) Nursing Activity Scale (NAS) score was $158,00 \pm 25,848$.

Nursing Activity Scale (NAS) scores of the nurses; the minimum score was 64, the maximum score was 240 and the average was $158,00 \pm 25,848$. Nursing Activity Scale scores are normally distributed ($p= 0.224 > 0.05$).

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Summary

EVALUATION OF PATIENT CARE NURSING APPLICATIONS WITH A LINE APPROACH

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This study was conducted as a descriptive study to determine the opinions of health workers regarding the evaluation of patient care nursing practices with a lean approach. The study was conducted between January 15, 2017 and February 2017. The universe of the research was made up of 100 health workers who were working in Bursa Private Medicabil hospital and who accepted to work. The data of the study was developed by the socio-demographic data form and Shutzenhofer (1992) and validity and reliability for the country were obtained by “nursing activity scale” made by Saraçoglu (2010). When research data are evaluated; standard deviation, frequency, t-test.

There was no statistically significant difference between the nursing activity scale mean scores according to the age groups of the nurses, according to the years of study, sex, and the number of patients examined daily. However, there was a statistically significant difference between the nurses’ graduation status and the nursing activity scale score according to the clinics they were working with.

Keywords: Nursing, Nursing Practices, Lean Approach

THE COMPARISON OF THE PERCEPTIONS OF ACADEMICIANS’ ORGANIZATIONAL ATTRACTIVENESS

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Introduction

Recruitment of qualified and organizationally qualified employees who the organizations need to hire to carry out their targeted activities has become a problem involving the entire organization day by day due to the complicated business environment and differentiated candidate and job qualities. With the information-driven industry replacing the tradition-based industry, the need for high value-added new information, and job seekers to assist in the production of products and services in connection to it, drives organizations to new types of approaches that will make them stand out in comparison to their competitors in the management of human resources.

Organizational attractiveness, as one of the differentiating approaches, is considered to be one of the most effective factors influencing the idea of formal application to or participating in the organization. The perception of attractiveness has a high impact on people’s acceptance of a concept or selection of alternatives that are being presented to them. When the individual makes a random choice, even though he or she generally considers that he/she takes the positive and negative aspects of all alternatives, the element that has the impact on the subject chosen is the attractiveness of the alternative. Organizations’ not being seen as appealing to customers but are attractively perceived by employees, in other words are personally evaluated as a desirable workplace, are said to have “organizational attractiveness” and organizational attractiveness is considered to be the first step in the process of making the selection and the hiring people who are currently engaged in other organizations.

The aim of this article is to determine the perceptions of organizational attractiveness among the academicians of Yıldız Technical University who are performing their academic activities in Istanbul. In this context, firstly the concept of organizational attractiveness is determined and examined in the existing literature. Then, in the application of the research, a questionnaire was applied to the academicians of the university.

Concept of Organizational Attractiveness

The concept of attractiveness, defined in the Turkish Language Association (TLA) dictionary as “attractiveness, charming, comely, fascination, and allure” is a feature that creates a positive effect, and feelings of liking and enjoyment on people.

When looked at the concept of attractiveness from the viewpoint of social identity theorem, it is seen that during self-categorization, the common directions between the individual’s characteristics and those facing him/her are exaggerated and the different aspects are ignored (Ceylan and Özbal, 2008: 81). In other words, the attractiveness of the organization is determined by the fact that the potential employer is evaluated as more attractive than the other organization, is more liked and is more preferred to be chosen as a place to work (Akçay, 2012).

When the literature is examined, it is seen that there is no single definite definition of ‘organizational attractiveness’, but is generally expressed in the context of “individual’s positive attitude towards organization” (Aiman-Smith et al., 2001: 221) or “perceiving the organization as an attractive place to work” (Aiman-Smith et al., 2001: 221, Rynes, 1991).

On the other hand, according to Vroom, organizational attractiveness refers to a collective attitude towards an organization, based on organizational attractiveness and the possibility that these characteristics exist in that organization (Vroom, 1966) (Highhouse, Lievens, Sinar, 2003)

Highhouse and his colleagues emphasize that the concept of organizational attractiveness reflects the emotional and attitudinal considerations of a particular organization that individuals regard as a potential workplace. (Highhouse et al., 2003: 989).

In a narrow sense, organizational attractiveness is an attitude expressed as “I want to work for this organization” (Van Hoye, 2006: 14).

Judge and Cable (1997) and Turban and Keon (1993) have conceptualized organizational attractiveness as the degree of interest that a person perceives an organization with (Arbak and Yeçilada, 2003: 25).

The Importance of Organizational Attractiveness

Leaving of qualified employees does not only reduce performance in an organization,

but it also leads to the loss of many projects and ideas that have not been done, but which could be done because the individual is a source of quality that can increase the success of the organization with new thoughts that have not yet been experienced. Moreover, due to the lack of qualified employees in the service or information intensive sectors and the expected increase in this deficiency in the future, the organizations’ quest for gathering the most qualified employees in its own structure has become very important for its success. In addition, organizations that can recruit qualified employees can more easily establish competitive advantage as they can choose from a wider pool of candidates (Turban and Greening, 1996, quoted by Akçay, 2012: 6).

With each field getting competitive momentum, organizations have not only to try to cope with new global competitors and diversified products, but also have to work hard to keep the employees they care about and to attract additional high-qualified potential employees (Gök, 2006: 83).

Studies Conducted on Organizational Attractiveness

When analyzing the studies done in this regard; in their work on factors affecting an organizational attractiveness, Lievens, Hoye, and Schreurs (2005: 553) found that gender, organizational familiarity, and perceptions of work and organizational characteristics (task diversity and social/team activities) were among the factors affecting organizational attractiveness (Lievens, Hoye, Schreurs, 2005).

Allen and O’Brien (2006) investigated the effects of formal mentoring programs on organizational attractiveness in a study that evaluated the subject in the framework of organizational characteristics. In this study it was found that the presence of a formal mentoring program in an enterprise could significantly affect organizational attractiveness.

In another study, Livens et al. attempted to determine the effect of four organizational characteristics (organizational size, level of internationalization, level of wage and centralization) on organizational attractiveness and how the five great personality traits changed organizational traits to organizational attractiveness. The study results show that large, medium-sized, decentralized and multinational enterprises are more attractive. It has also been determined that personality traits influence the effect of organizational traits on organizational attractiveness. For example, it has been ascertain that individuals of high-honesty find big organizations more attractive while individuals who are open to experiences find multinational organizations more attractive (Lievens et al., 2001: 30).

As well, in various studies (Bretz and Judge, 1994; Casper and Buffardi, 2004; Honeycutt and Rosen, 1997; Rau and Hyland, 2002) it has been observed that the work-family balance policies implemented by the organization have an impact on organizational attractiveness and influences the individual’s intention to pursue a job with that organization (Carless and Wintle, 2007: 395).

Theories of Organizational Attractiveness

Despite emphasis on the importance of organizational attractiveness in terms of the functionality and effectiveness of organizations, the lack of a unified theory of organizational attractiveness is a criticized issue. Although the basis of organizational attractiveness can be fed from many theoretical approaches, it is stated that in most of the studies of attractiveness, the theoretical explanation is briefly mentioned and the weighted research study is given (Ehrhart and Ziegert, 2005: 902-903 quoted by Öksüz, 2012).

Environmental Process Meta Theory: The first one of the three main theories that Ehrhart and Ziegert (2005) proposed is the “environmental action” which is based on the processing of information of the individuals about the characteristics of the environment. The different nature of theories under this main theory is that it focuses on how information about the real environment is processed, while developing individual’s perceptions that will turn into attraction (Ehrhart and Ziegert, 2005: 903).

Interaction Process Main Theory: ‘The need-press theory’ approach (Murray, 1938), which suggests that the ability of the individual to meet these needs is “positive”, is addressed under the title of “adaptive psychology” (Lewin, 1935) objective adaptation, which suggests that behavior is a function of the interaction between individual and situational traits (Ehrhart and Ziegert, 2005: 906-907).

Subjective adaptation theories suggest that individual-organization harmony is determined by the individual’s evaluations. The “theory of work compatibility” (Dawis and Lofquist, 1984) and “attraction-selection-attrition” (ASA) theory (Schneider, 1987) are examined under this context. It has been asserted that subjective harmony with the individual’s environment is significantly related to subjective harmony, and subjective harmony has a direct effect on attractiveness (Ehrhart and Ziegert, 2005: 908).

The Theory of Self-Transaction: According to the self-transaction main theory using social psychology, it is suggested that the individual’s view of the essence (self-esteem, self-sufficiency, social identity) is related in a certain way by explaining the relation of subjective harmony and attractiveness (Ehrhart and Ziegert, 2005: 908).

Rational Action Theory: The rational action theory put forward by Fishbein and Ajzen (1975) assumes that human behavior is the result of a rational series of conscious mental activity. In general, the theory suggests that the most obvious determinant of human behavior is the intention of the person to perform that behavior, which is a function of attitude and subjective norms in that intention (Highhouse et al., 2003: 987-988).

MATERIALS AND METHODS

Purpose of the Research

This study was carried out in order to determine the organizational attractiveness perceptions of Yıldız Technical University academicians who are continuing their academic activities in Istanbul.

The Importance of Research

It is considered that the results obtained at the end of the study will contribute significantly to the literature and businesses as well as the employees currently working or potentially to be employed. Due to the lack of studies literature-wise on organizational attractiveness in Turkey, it is commented that this study will provide important contributions and references to future studies made to large groups and different fields.

Universe and Sampling

All the academicians who were in charge at the university formed the universe of the research. The sample is 485 academicians selected through random sampling.

Data Collection Tools

As data collection tool, the “Organizational Attractiveness Scale” has been used. Created by Highhouse et al. (2003) and adapted to Turkish by Dural et al., the scale has 15 questions with 3 sub-dimensions.

Data Analysis

The data obtained in the study were analyzed using the SPSS for Windows 23.0. Numbers, percentage, mean, and standard deviation were used as descriptive statistical methods in the evaluation of the data. One-way ANOVA test was used for comparison of quantitative continuous data between two independent groups and t-test for comparison of quantitative continuous data between two independent groups. Among the continuous variables of the study, Pearson Correlation and Regression Analysis were applied.

FINDINGS

Findings about the academicians participated in the research; distributions by gender; 59.4% (n=288), and 40.6% (n=197) of the female population, respectively, showing that more male academicians participated in the survey than females.

Distribution according to marital status; 59.2% married (n=287), and 40.8% single (n=198), showing more married than single participant. Distribution by age; (N=28) between the ages of 20-25, 33.0% (n=160) between the ages of 26-31, 33.6% (n=163) between the ages of 32-37, between the ages of 38-43 10,7% (n=52), between the

ages of 44-49 11,8% (n=57), 50 years and over 5,2% (n=25), concluding that the ones between 32-37 is the highest in the survey but as well that there is a standard deviation by age group in the sample.

Distributions according to titles; the professors 13.4% (n=65), the associate professors 21.2% (n=103), the assistant professors 29.9% (n=145), the research assistant 32.4% (n=157), specialist 3,1% (n=15), with a high participation rate among research assistants. Distributions according to their functions; head of department 2.3% (n=11), deputy head of department 5.8% (n=28), teaching fellow 57.1% (n=277), research lecturer 34.8% (n=169), showing that research lecturers is higher among the participants.

Distributions according to faculties; Faculty of Education 10,5% (n=51), faculty of electrical and electronic engineering 13.6% (n=66), faculty of science and literature 22.5% (n=109), faculty of economics and administrative sciences 7.8% (n=38), faculty of civil engineering 13.2% (n=64), The Faculty of Chemistry and Metallurgy 11.3% (n=55), The Faculty of Mechanical Engineering 11,8% (n=57), The Faculty of Architecture 9.3% (n=45), concluding that participant from faculty of science and literature is higher.

Distributions according to the sections; Computer and Teaching Techniques 1.4% (n=7), Educational Sciences % 2,3 (n=11), Mathematics and Science Education 2.1% (n=10), Social Sciences and Turkish Education 1,6% (n=8), Basic Education 1,6% (n=8), Foreign Language Education 1.2% (n=6), Computer Engineering 4.5% (n=22), Biomedical Engineering 2.3% (n=11), Electrical Engineering 3,7% (n=18), Electronics and Communication Engineering 1,9% (n=9), Control and Automation Engineering 1,2% (n=6), Western Languages and Literature 2.1% (n=10), Molecular Biology and Genetics 1.9% (n=9), Physics 3,3% (n=16), Statistics 1,6% (n=8), Chemistry 2.1% (n=10), Mathematics 1.9% (n=9), Turkish Language and Literature % 3,7 (n=18), Human and Social Sciences % 1.0 (n=5), Philosophy Department 1,4% (n=7), Sociology Department 2.1% (n=10), History Department 1,6% (n=8), Economics 2.9% (n=14), Businesses 2,5% (n=12), Political Science and International Relations 2.5% (n=12), Civil Engineering 6,4% (n=31), Topographical Engineering % 3,5 (n=17), Environmental Engineering 3.3% (n=16), Chemical Engineering 3,7% (n=18), Mathematical Engineering 1.9% (n=9), Metallurgy and Materials Engineering 1,2% (n=6), Bioengineering 2.1% (n=10), Food Engineering 2.5% (n=12), Mechanical Engineering 6,0% (n=29), Industrial Engineering 3,3% (n=16), Mechatronics Engineering 2.3% (n=11), Architecture 5.6% (n=27), City and Regional Planning 3.7% (n=18). It is found that the participation of civil engineering academics is more than others, but still does not dominate the sample.

The working year period was found as follow; 1-5 years, 27.2% (n=132), 6-10 years 46.0% (n=223), 11-15 years 20.0% (n=97), 16-20 years 3.9% (n=19), and 2.9% (n=14) for 21 years and over. It has been found that the participation of academicians between 6-10 years working years is higher. Income level was found as follows; between 2500-

4000 TL 74.8% (n=363), 4001-5500 TL 8.5% (n=41), 5501-7000 TL 3.7% (n=18), 7001-8500 TL 8.9% (n=43), 8501 TL and over 4.1% (n=20). It has been understood that the participation of academicians with salary range between 2500-4000 TL is higher, and dominates the sample.

The fact that the findings obtained from this and the other conclusions are of value was analyzed (there exist a significant difference between two groups when the significance value was less than 0.05) and the following findings were obtained according to the case where a meaningful difference was detected. For example; The significance value for organizational attractiveness was found to be $p=0,000 < 0,05$ in the evaluation of the results of F test conducted at 95% confidence level in the findings of Age and Organizational Attractiveness in Table 1.

Table 1. Descriptive ANOVA table for age and organizational attractiveness statements

ANOVA						
	Sum of Sq.	df	Sq.Mean	F	Sig.	Post-Hoc
Between groups	8,541	5	1,708	6,767	,000	20-25,26-31 32-37, 38-43 44-49> 50 years and older
Within groups	120,923	479	,252			
Total	129,464	484				

As organizational attractiveness has a significance value $p < 0.05$, academicians' perception level of organizational attractiveness differs according to age groups. As a result of post-hoc analysis about which group or groups the difference is originated from; 20-25, 26-31, 32-37, 38-43 and 44-49 age groups are participating in higher ranks than the other groups (50 and older).

Table 2. Descriptive statistical table of title and organizational attractiveness

Descriptive Statistics								
	N	Mean	Std.Dv.	Std. Error	95% confidence interval		Min.	Max.
					Lower bound	Upper bound		
Proff.	65	3,9026	,32255	,04001	3,8226	3,9825	2,80	4,40
Assoc. Prof.	103	3,8790	,61441	,06054	3,7589	3,9990	1,53	4,60
Assist.Proff.	145	4,0892	,46569	,03867	4,0128	4,1656	1,93	4,60
Res.Assist.	157	3,9002	,54332	,04336	3,8146	3,9859	1,53	4,60
Specialist	15	3,8222	,45612	,11777	3,5696	4,0748	2,93	4,60
Total	485	3,9501	,51719	,02348	3,9040	3,9962	1,53	4,60

According to the findings in Table 2, organizational attractiveness perception level of the assistant professors (4,0882) is the highest among academicians' title groups, while organizational attractiveness perception level of specialists (3.8222) is the lowest.

When the findings in Table 3 were evaluated, the significance level for organizational attractiveness was found as $p=0,004 < 0,05$ as a result of F test at 95% confidence level. Since organizational attractiveness has a significance level of $p < 0,05$, academicians' perception level of organizational attractiveness is significantly different according to title groups.

Table 3. Descriptive ANOVA chart of titles and organizational attractiveness statements

ANOVA						
	Sum of Squares	df	Mean of Squares	F	Sig.	Post-Hoc
Between Groups	4,110	4	1,027	3,934	,004	Assit.Proff. Resh.Assist> Proff. Assoc.Proff. Specialist
Within Groups	125,354	480	,261			
Total	129,464	484				

As a result of the post-hoc analysis on which group or groups this difference is originated, Assistant professor and research assistant group is higher than the other group (Professor, Associate Professor, Specialist).

Table 4. Descriptive statistics table of faculty and organizational attractiveness statements.

Descriptive statistic								
	N	Mean	Std. Dv.	Std. Error	95% confidence interval		Min.	Max.
					Lower bound	Upper bound		
Faculty of Education	51	3,6523	,63768	,08929	3,4729	3,8316	1,53	4,60
faculty of electrical and electronic engineering	66	3,9212	,54949	,06764	3,7861	4,0563	1,53	4,60
faculty of science and litetature	109	3,9657	,54385	,05209	3,8625	4,0690	1,93	4,60
faculty of economics and administrative sciences	38	3,9684	,40232	,06526	3,8362	4,1007	2,80	4,60
faculty of civil engineering	64	4,0010	,39099	,04887	3,9034	4,0987	2,80	4,60
Faculty of Chemistry and Metallurgy	55	3,9515	,55503	,07484	3,8015	4,1016	2,33	4,53
Faculty of Mechanical Engineering	57	3,9801	,52311	,06929	3,8413	4,1189	2,07	4,60
Faculty of Architecture	45	4,1644	,26461	,03945	4,0849	4,2439	3,60	4,60
Total	485	3,9501	,51719	,02348	3,9040	3,9962	1,53	4,60

With respect to the findings in Table 4, according to the faculty groups the academicians are working in, the organizational attractiveness perception level of the Faculty of Architecture is the highest (4,1644), whereas the organizational attractiveness perception

level of the Faculty of Education (3.6523) is the lowest. When the significance is looked at, the significance value for organizational attractiveness according to F test result at a 95% confidence level is found as $p=0,000 < 0,05$, as can be observed in Table 5.

Table 5. Descriptive ANOVA chart of faculty and organizational attractiveness statements

ANOVA						
	Sum of Squares	df	Mean of Squares	F	Sig.	Post-Hoc
Between Groups	6,903	7	,986	3,838	,000	Faculty of Education, civil Engineering, Mechanical Eng., Architecture> electrical and electronic eng., economics and administrative sciences, Chemistry and Metallurgy
Within Groups	122,561	477	,257			
Total	129,464	484				

Since organizational attractiveness has a significance level of $p < 0,05$, the level of organizational attractiveness perceptions of academicians is significantly different according to the faculty groups they work in. As a result of the post-hoc analysis on which group or groups this difference is originated, The Faculty of Education, the Faculty of Civil Engineering, the Faculty of Mechanical Engineering, the Faculty of Architecture have more participation ratio that those of others (Faculty of Electrical and Electronics Engineering, Faculty of Economics and Administrative Sciences, Faculty of Chemistry and Metallurgy).

Table 6. Descriptive statistical table of departmental and organizational attractiveness statements

Descriptive Statistic									
	N	Mean	Std.Dv.	Std. Error	95% conf.Int		Min.	Max.	
					Lower bound	Upper bound			
Computer and Teaching Tech.	7	3,6000	,55244	,20880	3,0891	4,1109	2,93	4,60	
Educational Sciences	11	3,9697	,33114	,09984	3,7472	4,1922	3,53	4,33	
Mathematics and Science Edu.	10	3,4067	,91108	,28811	2,7549	4,0584	1,53	4,47	
Social Sciences and Turkish Edu.	8	3,8750	,33321	,11781	3,5964	4,1536	3,33	4,53	
Basic Education	9	3,5556	,79092	,26364	2,9476	4,1635	2,40	4,40	
Foreign Language Education	6	3,3889	,55203	,22537	2,8096	3,9682	2,47	4,00	
Computer Engineering	22	3,9061	,47483	,10123	3,6955	4,1166	2,40	4,47	
Biomedical Engineering	11	3,7758	,68849	,20759	3,3132	4,2383	2,13	4,47	
Electrical Engineering	18	3,8704	,68770	,16209	3,5284	4,2124	1,53	4,47	
Electronics and Comm. Engineering	9	4,0815	,31052	,10351	3,8428	4,3202	3,73	4,60	

Control and Automation Eng.	6	4,1556	,31458	,12843	3,8254	4,4857	3,73	4,47
Western Languages and Literature	10	3,7267	1,00539	,31793	3,0075	4,4459	1,93	4,60
Molecular Biology and Genetics	9	3,7481	,58384	,19461	3,2994	4,1969	2,93	4,40
Physics	16	3,9458	,56632	,14158	3,6441	4,2476	2,87	4,40
Statistics	8	4,2750	,22660	,08012	4,0856	4,4644	3,80	4,47
Chemistry	10	3,7733	,61279	,19378	3,3350	4,2117	2,53	4,53
Mathematics	9	3,9630	,42178	,14059	3,6388	4,2872	3,27	4,40
Turkish Language and Literature	18	4,1074	,27358	,06448	3,9714	4,2435	3,67	4,53
Human and Social Sciences	5	4,0533	,22311	,09978	3,7763	4,3304	3,80	4,33
Philosophy Department	7	3,9048	,49570	,18736	3,4463	4,3632	3,00	4,60
Sociology Department	10	4,1200	,27361	,08652	3,9243	4,3157	3,87	4,60
History Department	8	3,9583	,73024	,25818	3,3478	4,5688	2,27	4,60
Economics	14	3,9905	,35068	,09372	3,7880	4,1930	3,27	4,60
Businesses	12	3,9500	,48503	,14002	3,6418	4,2582	2,80	4,53
Political Science and Int. Relations	12	3,9611	,40348	,11647	3,7048	4,2175	3,07	4,40
Civil Engineering	31	3,9914	,46051	,08271	3,8225	4,1603	2,80	4,60
Topographical Engineering	17	3,9412	,22959	,05568	3,8231	4,0592	3,53	4,53
Environmental Engineering	16	4,0833	,38759	,09690	3,8768	4,2899	3,20	4,47
Chemical Engineering	18	3,9481	,65900	,15533	3,6204	4,2759	2,33	4,47
Mathematical Engineering	9	3,9926	,31348	,10449	3,7516	4,2336	3,53	4,47
Metallurgy and Materials Eng.	6	3,8556	,73565	,30033	3,0835	4,6276	2,87	4,47
Bioengineering	10	3,9467	,42838	,13546	3,6402	4,2531	3,00	4,47
Food Engineering	12	3,9778	,60525	,17472	3,5932	4,3623	2,40	4,53
Mechanical engineering	29	3,9655	,50916	,09455	3,7718	4,1592	2,87	4,60
Industrial Engineering	16	3,9000	,65410	,16353	3,5515	4,2485	2,07	4,53
Mechatronics Engineering	11	4,1455	,35001	,10553	3,9103	4,3806	3,20	4,53
Architecture	27	4,1926	,24553	,04725	4,0955	4,2897	3,80	4,60
City and Regional Planning	18	4,1222	,29306	,06907	3,9765	4,2680	3,60	4,60
Total	485	3,9501	,51719	,02348	3,9040	3,9962	1,53	4,60

As a result of examining Table 6, the organizational attractiveness perception level of the employees in the statistics section is the highest (4,2750) according to the departments that the academicians are working in, whereas those of the foreign language education department is the lowest (3,3889). According to the findings given in Table 7, the significance value for organizational attractiveness was found to be $p=0,045 < 0,05$ according to F test result at 95% confidence level.

Table 5. Descriptive ANOVA chart of department and organizational attractiveness statements

ANOVA						
	Sum of Squares	df	Mean of Squares	F	Sig.	Post-Hoc
Between Groups	13,908	37	,376	1,454	,045	Architecture> Other Departments
Within Groups	115,555	447	,259			
Total	129,464	484				

Since organizational attractiveness has a significance value $p < 0.05$, academicians' organizational attractiveness perceptions are significantly different according to the group of departments they work in. As a result of the post-hoc analysis on which group or groups this difference is originated, the architecture department group is participating in a higher proportion than the other group.

Table 8. Descriptive statistical table of Working Year and organizational attractiveness statements

Descriptive Statistic								
	N	Mean	Std.Dv.	Std. Error	95% confidence interval		Min.	Max.
					Lower bound	Upper bound		
1-5 Year	132	4,0965	,45577	,03967	4,0180	4,1749	2,33	4,60
6-10 Year	223	3,9590	,52996	,03549	3,8891	4,0290	1,53	4,60
11-15 Year	97	3,7732	,46104	,04681	3,6803	3,8661	2,20	4,60
16-20 Year	19	4,0070	,52016	,11933	3,7563	4,2577	2,13	4,60
21 and older	14	3,5762	,71926	,19223	3,1609	3,9915	1,93	4,40
Total	485	3,9501	,51719	,02348	3,9040	3,9962	1,53	4,60

In Table 8, organizational attractiveness perception level according to academicians' working years was found as the highest (4,0955) for those with 1-5 years, whereas the lowest (3,5762) for those with 21 years and older.

Table 9. Descriptive ANOVA chart of Working Year and organizational attractiveness statements

ANOVA						
	Sum of Squares	df	Mean of Squares	F	Sig.	Post-Hoc
Between Groups	7,900	4	1,975	7,799	,000	1-5 Year, 6-10 Year 11-15 Year, 16-20 Year> 21 Year and over
Within Groups	121,563	480	,253			
Total	129,464	484				

According to the findings in Table 9, the significance value for organizational attractiveness was found to be $p=0,000 < 0,05$ according to the F test result at 95%

confidence level. Since organizational attractiveness has a significance level of $p < 0.05$, academicians' perceptions of organizational attractiveness are significantly different according to "working year" groups. As a result of the post-hoc analysis on which group or groups this difference is originated, groups of 1-5 years, 6-10 years 11-15 years, and 16-20 years has more participating ratio than 21 years and over.

Table 10. Descriptive statistical table of income level and organizational attractiveness statements

Descriptive statistical								
	N	Mean	Std.Dv.	Std. Error	95% confidence interval		Min.	Max.
					Lower bound	Upper bound		
2500-4000 TL	363	3,9309	,52499	,02755	3,8768	3,9851	1,53	4,60
4001-5500 TL	41	4,1415	,40803	,06372	4,0127	4,2703	2,93	4,53
5501-7000 TL	18	4,1148	,42214	,09950	3,9049	4,3247	3,00	4,60
7001-8500 TL	43	3,9411	,56272	,08581	3,7679	4,1143	1,53	4,53
8501 TL and above	20	3,7767	,45744	,10229	3,5626	3,9908	2,40	4,40
Total	485	3,9501	,51719	,02348	3,9040	3,9962	1,53	4,60

As a result of the post-hoc analysis on which group or groups this difference is originated, groups of 1-5 years, 6-10 years 11-15 years, and 16-20 years has more participating ratio than 21 years and over. When the findings in Table 10 are evaluated, it was found that organizational attractiveness perception level is the highest among academicians whose income level groups are between 4001-5500 TL (4,1415), whereas the lowest for those with over 8501 TL (3,7767)

Table 11. Descriptive ANOVA chart of Income Level and organizational attractiveness statements

ANOVA						
	Sum of Squares	df	Mean of Squares	F	Sig.	Post-Hoc
Between Groups	2,728	4	,682	2,583	,037	2500-4000 TL, 4001-5500 TL, 5501-7000 TL 7001-8500 TL 8501 TL and above
Within Groups	126,736	480	,264			
Total	129,464	484				

According to the findings in Table 11, the significance value for organizational attractiveness was found to be $p=0,037 < 0,05$ according to F test result at 95% confidence level. Since organizational attractiveness has significance value $p < 0.05$, academicians' perception level of organizational attractiveness is significantly different according to income level groups. As a result of the post-hoc analysis on which group or groups this difference is originated, it was found out that the group of 4001-5500 TL has a higher participation ratio than those of other group (2500-4000 TL, 5501-

7000 TL, 7001-8500 TL, 8501 TL and above). This unlooked-for result indicates that organizational attractiveness perception may change despite higher incomes.

Conclusion and Recommendations

When made a comparison of the ratio of academicians' answers to the questionnaire, it was found to be, as the highest findings, 59.4% male, 59.2% married, 33.6% between the ages of 32-37, 32.4% research assistant, 57.1% of teaching fellow, 22.5% the faculty of science and technology, 6.4% civil engineering department, 46.0% of the working year of 6-10 years, and 74.8% Income level between 2500-4000 TL.

Within the framework of the relationship between the demographic characteristics of the academicians and their opinions about organizational attractiveness, it was found that the perception of organizational attractiveness of married female academicians working as Assistant Professor in the Department of Statistics, Faculty of Architecture, between the ages of 26-31 with the income of 4001-5500 TL was higher. When the findings were evaluated in terms of whether they were meaningful by the ANOVA test, about the level of organizational attractiveness perception the following results were obtained and related suggestions made as follows:

1. The academicians working in the age groups of 20-25, 26-31, 32-37, 38-43, and 44-49 have a higher perception of organizational attractiveness than the other group (Age 50 and over). Therefore, the reasons for the low perceived academicians working at age 50 and above should be investigated and analysis should be made at the point of increasing the level of motivation and organizational commitment.
2. . The Assistant Professor and Research Assistant title group have a higher perception of organizational attractiveness than the other group (Professor, Associate Professor, Specialist). In order to identify the main causes of this high ratio, motivation factors should be determined according to the sections of the academicians who work in this staff, and these reasons should be used in the context of the upgrade project by setting a developmental goal to increase the level of the academicians in the other staff.
3. The Faculty of Architecture (the highest), the education, civil engineering, and mechanical engineering group have a higher perception of organizational attractiveness than other groups (Electrical-Electronics, Economics and Administrative Sciences, Chemistry-Metallurgy). In these faculties where perception is low, root-cause analysis should be performed to find out determinative causes and new development strategies should be established.
4. The group of academicians with working year of 1-5, 6-10, 11-15, and 16-20 years has a higher perception of organizational attractiveness than the group of academicians who work for over 21 years. In this context, it has been observed

that, on the contrary to the theoretical data that open-minded employees prefer multinational organizations, the academicians working in the status of specialist and research assistant prefer to work within the country.

5. The group of academicians working on the wage scale of 4001-5500 TL has an organizational attractiveness perception higher than other groups (2500-4000 TL, 5501-7000 TL, 7001-8500 TL, 8501 TL and above). It is thought that the reason for this is not the fact that the salary is not a positive motive but academicians' (Assist.Proff. who are at the beginning of their professions) being belong to the group that thinks the organizational attractiveness of the university they work with is higher than what other groups (Assoc. Proff. and Proff.) think.
6. In this research, it was understood that the most important element of the organizational attractiveness concept is the exaggeration of the common aspect of the organization as a self-category and ignorance of its different direction aspects. In other words, it is understood that the majority of positive attitudes towards the organization match the definition of organizational attractiveness. It has also been found out that the level of organizational attractiveness decreases as the number of qualified staff and status increase. For this reason, it is recommended to evaluate and investigate this matter if it is about mobbing within the company. Because it is necessary for the organization to safeguard the most qualified personnel in order to be able to sustain its competitive advantage against its competitors. In order to maintain this superiority and to ensure a balanced distribution of organizational attractiveness perceptions among all academics, it is suggested that the human resources department should select personnel according to the findings in these research results.
7. For senior and experienced qualified academicians, formal mentor trainings should be initiated to raise lower level perceptions to the next level. At this stage, gender, familiarity, diversification of tasks and departments, promotion of social activities and dissemination of coordination among steering units to team work should be carried out for placement and reorganization tests.
8. Social activities should be increased; reward system should be developed.
9. The employment of research assistances mainly in accordance with Article 50/d of Law 2547 leads to the future uncertainty of the subsequent processes after completing their doctoral studies. It is necessary for the institution to develop decisions about owning young academics that have been trained by the institution and ensuring job security for the continuity of their academic life.

In conclusion, in the light of these nine above-mentioned proposals, organizations that are able to adapt to emerging technology, aiming lifelong learning, analyzing and synthesizing, creative, entrepreneurial, inquisitive, insensitive to ethical values,

educating students who are prone to team work, aiming a university that aiming a university that pioneers education, scientific research, technology development and art studies aiming at the development of the society and the improvement of the quality of life through the understanding of national and international cooperation and solidarity, regulating self-esteem, self-sufficiency, social identity, subjective harmony and attractiveness relations should be initiated.

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Summary

THE COMPARISON OF THE PERCEPTIONS OF ACADEMICIANS' ORGANIZATIONAL ATTRACTIVENESS

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This study was carried out in order to determine the organizational attractiveness perceptions of Yıldız Technical University academicians who are continuing their academic activities in Istanbul province. All the academicians working in the university as academician created the universe of the research. The sample is 485 academicians selected through random sampling. To collect data, a 15-question with 3 sub-dimensions "Organizational Attractiveness Scale" developed by Highhouse et al. (2003) and adapted to Turkish by Dural et al. was used. The obtained data have been analyzed using SPSS for Windows program 23.0. Statistical methods in data identifier number, percentage, mean, standard deviation, are used. As descriptive statistical methods, number, percentage, mean, standard deviation were used. One-Way ANOVA for comparison of quantitative continuous data between two independent groups, and t-test for comparison of quantitative continuous data between two independent groups were used. Pearson correlation and regression analysis were applied among the continuous variables of the study. As for the result reached in this study, experienced and inexperienced academicians and candidates have different perceptions about the instrumental and symbolic characteristics of the university and its associated organizational attractiveness.

Keywords: Organizational Attractiveness, Academician, University, Frame of Instrumental and Symbolic Characteristics.

HEALTH COMMUNICATIONS IN HEALTH WORKERS

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Introduction

The topic of the work is communication in health services. Communication is important in every social relation. Because, in social relations, it is possible for people to understand each other correctly and to communicate correctly. Confusion and crisis dominate in social relations where there is no proper communication. So the right communication is important in every social relation. However, if an order of importance is made, the first place is the health institutions. It is important to remember that a mistake in communication can result in the loss of a person's life. Communication in health services should be assessed as a professional qualification and should take place as an independent course in all health related professions.

The aim of the study is to investigate the issue of communication in health services. It is aimed to contribute to the topic of communication in health services with this research. With this contribution, it is expected that awareness of both professional and scientific aspects can be realized. Realistic applications should be based on research findings. The results of the research should shed light on the application. Scientific research has become an indispensable precondition for realistic management policies and practices.

Communication is the essence of social life and for that reason has not been denied by any approach. Social life is the communication that is possible. There can be no social life without communication. People have a direct connection to the nature of communication and the collectivity, culture and civilization that they develop. People have as much accumulation of culture and civilization as the communication capacity they have. The area where communication is most needed in the social habitat is health services. Because a correction to the loss of a human life that could lead to the result of false communication is not possible.

Health services and communication

According to E. Ozmen, health care is not valued as much as communication skills. There are problems in terms of communication between health workers and patients and their relatives. These problems are serious and blame the parties. In this phase, two factors are involved: Polarization and violence. Here, health workers are the target of violence. Polarization and violence are fueling the problem of communication. Stakeholders of a subject are becoming mutual enemies. Efforts have been made to take countermeasures against this situation; these are personal, organizational and institutional. Health communication uses the tools of communication science. Health communication is three dimensions. The first one examines the relationship between patients and their relatives and health workers in the context of interpersonal communication. The second dimension is to make people develop healthier behaviors. The third dimension is the marketing of health services and products. The main aims of health communication are to improve the communication skills of the health workers, to make the internal and external communication of the health service providers positive, and to increase the health level of the individuals. Limitation of health communication to the relationships between patient and patient relatives and health workers, is wrong. "One of the other main aims of health communication is to raise public health literacy" (<http://sagliktaletisim.com/erol-ozmen/>, 01.04.2017)

Health communication is developing and widespread every passing day. One of the most important reasons for this is the World Health Organization decisions made in 1980 in Alma-Ata. The perspective of Alma-Ata principles is preventative health; social justice, equity and basic health services. After these principles, health has become a multi-disciplinary space. In health services, conformity to the cultural structure has created community boundaries, healthy lifestyles, right to health approaches, new coverage areas and new boundaries. This was followed in 1986 by the Ottawa Convention for the Support of Health. Human health comes from being an object. His place has taken the concept of man as the subject. Support for health has become important. Individuals began to participate more in processes related to their own health. This process of change has made communication inevitable. Health workers are compared with communities, communities, and individuals to communicate more and more differently. In this context, health communication can be examined in four steps: first, communication with the general public. Healthy lifestyle is the target. This is not a recipe, it is not an individual; it must be adopted; because the principle that is determined is social. This social principle needs to be adopted and this can only be achieved through communication with society. In order for health messages to be perceived correctly, it is necessary to be given the proper character for the cultural structures of the society (Erbaydar, 2003: 64).

In terms of the general public, health communication is important and functioning in preventing health issues, and in preventing infectious diseases. This form of

communication gives the opportunity to reach the same broad mass. The second line of health communication is communication with the target group. Every society is made up of groups. The needs of each group are different. Communication with the target group is based on meeting these different needs. The third line of health communication is individual. Besides the social characteristics of the individual, there are also unique characteristics. The ways in which personal needs are met are different and will depend on the individual. Individual participation is required. It is necessary to address them by offering options. It is preferable to develop and strengthen its capacity, rather than solving the problems of the individual, in spite of it. All of this is possible via communication. The fourth line of health communication is politics. Supporting health is a policy issue, and this policy is social policy. Scientific knowledge is required for this, there is a necessity of collective spread of scientific knowledge. Decision makers need to focus on health and use accurate information as data. All health care services for the individual, the individual, are presented within a framework and the policy provides this framework. The aims and means of health services to be provided to the community are defined within this policy framework (Erbaydar, 2003: 48-49).

The most vital of human experiences is communication in disease and health; this has a multifaceted effect. Health communication has a provoking effect on this interaction. Health communication is a subsystem; it is part of general communication. Today, improvement of living conditions is evaluated within the scope of health. Health has a dynamic presence. All these health processes are informed. This is the issue of health communication. Health communication, sociology, psychology, economics, anthropology and business disciplines are carried out together with a field. In order to ensure effectiveness in health communication, it is important that the message is clear-cut; the purpose should also be determined (Öztürk, Öymen, 2013: 113).

MATERIALS AND METHODS

Methods and Techniques Used in Work:

In the theoretical parts of the study, the source scanning method was used. Firstly, it has benefited from publications in various libraries, including university libraries. A variety of books were obtained from the market and evaluated. Internet resources have also been exploited. Questionnaire was applied in the practical part of the work. The universe of the questionnaire is 200 people. Instead of sampling, the entire universe was included in the study. Bursa Medicabil Hospital health workers were identified as the application area. Out of the report, out-dated and leave-out, 200 health workers were included in the survey study and the questionnaire was administered directly to the physicians through interviews. In addition to the questions asked to obtain demographic data, 200 health workers were administered a Personal Communication Skill Inventory consisting of Likert Type 45 questions. This inventory was revealed by the work they did in 1998 when they were reliable by Ersanlı and Balcı. This inventory can be assessed in various ways. An evaluation on the basis of three dimensions is

also possible. Here, a direct link is established with each question, and the answers given are evaluated one by one. Instead of abstraction, real properties of tangible data obtained have been tried to be determined. Each questionnaire is answered as “never,” “rarely,” “sometimes,” “usually,” or “always.” The questionnaire was evaluated with SPSS 23.0 package program.

FINDINGS

Table 1: Gender Distribution

Gender	Frequency	Yüzde	Geçerli Yüzde	Cumulative Percentage
Woman	82	41,0	41,0	41,0
Male	118	59,0	59,0	100,0
Total	200	100,0	100,0	

Nearly half of the total health workers are female health workers, and some more are male health workers. About four out of every ten health workers are women and six are males. Women are evaluating women’s equality opportunities provided by the system very well and increasing their employment rate day by day. It is necessary to evaluate this as the results of the efforts of modernization in Turkey.

Table 2: Marital Status

Marital status	Frequency	Percent	Current Percentage	Birikimli Yüzde
Single	12	6,0	6,0	6,0
Married	188	94,0	94,0	100,0
Total	200	100,0	100,0	

The proportion of those who are married among health workers is higher than the single ones. It seems that the health workers are concerned about the family life.

Table 2: Age Status

Age Status	Frequency	Percent	Current Percentage	Cumulative Percentage
Age 25-30	5	2,5	2,5	2,5
Age 31-35	23	11,5	11,5	14,0
Age 36-40	50	25,0	25,0	39,0
Age 41-45	29	14,5	14,5	53,5
Age 46-50	62	31,0	31,0	84,5
51 and over	31	15,5	15,5	100,0
Total	200	100,0	100,0	

In terms of the numerical majority of health workers, the first order is for the 41-50 age group. The second order is the 36-40 age group, the third order is the 51-year-old and above group, and the fourth order is the 31-35-year-old group. Approximately eight

out of every ten health care workers are in the 36-50 age group. This suggests that health professionals are composed of experienced, accumulative qualities.

Table 3: Working to Understand People

Working to Understand People	Frequency	Percent	Current Percentage	Cumulative Percentage
Always	77	38,5	38,5	38,5
Usually	97	48,5	48,5	87,0
Sometimes	22	11,0	11,0	98,0
Rarely	3	1,5	1,5	99,5
Never	1	0,5	0,5	100,0
Total	200	100,0	100,0	

The vast majority of health workers are always and often trying to understand people. This suggests that health professionals have a very positive (positive) attitude towards empathy. Empathy is a must for communication. Putting yourself in the face of the other makes you understand what it is like to be able to look at it from the perspective of it, and that gives communication a solid foundation.

Table 4: Listening Suggestions Sincerely

I listen sincerely to the advice and suggestions from people I find in communication.	Frequency	Percent	Current Percentage	Cumulative Percentage
Always	34	17,0	17,0	17,0
Usually	101	50,5	50,5	67,5
Sometimes	51	25,5	25,5	93,0
Rarely	12	6,0	6,0	99,0
Never	2	1,0	1,0	100,0
Total	200	100,0	100,0	

Most of the health workers are in a positive attitude to listen to the people they communicate with. Approximately one in every four health care workers participates in this affirmation "sometimes". It can be thought that it would be useful to develop some approaches to increase the positive attitude, while the negative attitude is very low.

Results

In this study, the topic of communication in health services has been revealed and analyzed. Communication is the transfer of feelings, thoughts or information. The basic characteristic of the concept of communication is its sociality. Communication is the forerunner in creating a social structure. It is communicational, intelligent and essentially human-like. Communication is language based and systematic.

Communication is a process and it is based on the principle of exchanging information. In the communication process, three elements are the basis and they are communicator, communication and receiver. The main goal in the communication process is the transmission of the message / message. Communication has four levels of analysis. These are the individual level, interpersonal level, organizational level and social level.

The source, the message, the channel, the receiver, the detection, the feedback constitute communication subjects. Without them, communication is impossible. Send message to source recipient. The message is the sent information. A channel is the means between the receiver and the source. The recipient is the person to whom the message is delivered. Detection is a filter that determines the understanding of the message. The message reveals the perception of the parties involved. The reverse of the information flow between the receiver and the transmitter forms the feedback.

There are different types of communication types. Among these, the most common are the forms of nonverbal communication, verbal communication, written communication, mass communication. The reason for the increase of communication today is the mass communication. The process of transferring produced information through symbols and the process of being perceived and interpreted by human communities characterizes mass communication. Mass communication is the most used communication option. This is an outcome of mass communication technology.

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Summary

HEALTH COMMUNICATIONS IN HEALTH WORKERS

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The topic of the work is communication in health services. Communication is important in every social relation. Because, in social relations, it is possible for people to understand each other correctly and to communicate correctly. Confusion and crisis dominate in social relations where there is no proper communication.

The purpose of this study is to investigate the issue of communication in health services. It is aimed to contribute to the topic of communication in health services with this research. With this contribution, it is expected that awareness of both professional and scientific aspects can be realized.

In the theoretical parts of the study, the source scanning method was used. Questionnaire was applied in the practical part of the work. The universe of the questionnaire is 100 people. Instead of sampling, the entire universe was included in the study. Bursa Medicabil Hospital health workers were identified as the application area. The questionnaire was administered directly to healthcare providers through interviews. In addition to the questions asked to obtain demographic data, 100 personal health workers were administered a Personal Communication Skill Inventory consisting of Likert Type 45 questions. Each survey item is answered as “never,” “rarely,” “sometimes,” “usually,” or “always.” The questionnaire was evaluated with the SPSS 23.0 package program.

According to these findings; It was understood that the majority of the health workers of Bursa Medicabil Hospital had high communication skills. In addition, some findings that require support have been identified and evaluated.

Keywords: Communication, Communication Process, Hospitals, Physicians

YENİ BÜYÜKŞEHİR BELEDİYESİ KANUNU'NUN YEREL YÖNETİMLER AÇISINDAN DEUERLENDİRİLMESİ

Dilek DURAK

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1. Türkiye'de yerel yönetim türleri ve yapısı

“Yerel” kavramı, genel olarak yerel yönetim sınırları içerisinde yaşıyan halkın bir yerleolan bağlantısını ifade etmektedir. Her yerleşim yerine yerel hizmetlerin götürülemediği, ancak belirli bir yoğunlukta bir araya gelmiş insanların yerleştiği yerlere yerel hizmetler götürüle bilmektedir (Kalabalık, 2005: 37). Diğer bir tanımlamaya göre yerel yönetimler, merkezi yönetimin dışında, yerel bir topluluğun ortak ihtiyaçlarını karşılamak amacıyla oluşturulan, karar organları doğrudan halk tarafından seçilen, demokratik ve özerk bir idari yapıya sahip kamusal örgütlenme biçimidir (Tortop vd., 2006: 16).

Anayasası'nın 127. maddesi “mahalli idareler, il belediye veya köy halkının mahalli-müşterek ihtiyaçlarını karşılamak üzere kuruluş esasları kanunla belirtilen ve kararorganları, gene kanunda gösterilen, seçmenler tarafından seçilerek oluşturulan kamutüzel kişileridir. Mahalli idarelerin kuruluş ve görevleri ile yetkileri, yerinden yönetimyetkisine uygun olarak kanunla düzenlenir...” mahalli idarelerin görev ve yetkileri yerinden yönetim ilkesine uygun şekilde kanunla düzenlenmektedir. Kamu tüzelkiçiliğine sahip olan yerel yönetimlerin kendi bütçeleri vardır ve bir kısım kararlarınkendileri alırlar (Kavruk, 2004: 182). 1982 anayasasında da belirtildiği üzere üç kısma ayrılmış olan yerel yönetim birimlerini kısaca tanıyalım.

1.1. İl Özel İdareleri

İl özel idaresi, il halkının mahalli müşterek ihtiyaçlarını karşılamak üzere kurulan vekarar organı seçmenler tarafından seçilerek oluşturulan, idari ve mali özerkliğe sahipkamu tüzel kiçiligidir. İl özel idarelerinin kuruluş amacı, il halkının yol, su, eğitim,kültür, sağlık, tarım, ekonomi gibi ortak ve yerel ihtiyaçlarını karşılamak, ülkeekonomisine yerel katkıda bulunmak ve kalkınma planlarının il düzeyinde gerçekleştirilmesini sağlamaktır (Dedeoğlu, 2008: 5-16).

Vali, il encümeni gibi il özel idaresinin diğer yürütme organıdır aynı zamanda il özel idaresinin başı ve tüzel kişiliğini temsil eder. İl özel idaresini stratejik plana uygun olarak yönetir. İl özel idaresinin taçınır ve taçınmaz mallarını idare ederek, gelir ve alacaklarının takip ve tahsilini yürütür. İl özel idaresini devlet dairelerinde ve törenlerde, davacı veya davalı olarak yargı yerlerinde temsil eder (Ulusoy ve Akdemir2013: 195).

İl encümeni il özel idaresinin yürütme organıdır. İl genel meclisinin toplantıda olmadığı durumlarda meclisin yerine geçerek meclis görevini yapmaktadır. Ancak meclis toplantıları yılda iki kez yapılmak yerine her ay yapılmaya başlanınca encümen karar organı olmaktan çıkarılarak sadece yürütme organı haline getirilmiştir. Encümen toplantılarına vali başkanlık etmektedir. Encümen haftada en az bir defa olmak üzere önceden belirlenen gün ve saatte üye tam sayısının salt çoğunluğu ile toplanmaktadır. Yeni düzenlemeyle encümen üyelerinin uzmanlık niteliği güçlendirilerek yürütmeye ilişkin daha dinamik bir karar alma mekanizması öngörülmüştür (Ulusoy ve Akdemir2013: 202-203).

1.2.Belediyeler

Yerel yönetimlerin en temel birimi olan belediyeler,beldenin veya belde sakinlerinin mahalli müçterek ihtiyaçlarını karşılamak üzerekurulan ve karar organı seçmenler tarafından seçilerek oluşturulan, idari ve maliözzerklige sahip kamu tüzel kişileridir (Ulusoy ve Akdemir 2013: 205).

5393 sayılı kanuna göre belediye, belediye meclisi, belediye encümeni ve belediye başkan olmak üzere üç organdan oluşmaktadır. Belediyelerin karar organı olan belediye meclisi, yerel yönetimlerin en temel ve temsili demokrasiye vücut veren organıdır. Meclisin yetki ve görevleri dikkate alındığında halkın yönetime katılmasını sağlayarak yerel demokrasiyi sağlayan en önemli organdır (Kalabalık 2005: 367). Belediye başkanı,5393 sayılı Kanun'un 37'nci maddesine göre, belediye idaresinin başı ve belediye tüzelkişiliğini temsil etmektedir. Başkan belediye sınırları içerisindeki seçmenler tarafından 5yıllık süre için seçilir. Başkanın görevi; görev süresi doldugunda tekrar seçilemediginde, ölüm ve istifa hallerinde sona ermektedir. Bunun dışında belediyesinin feshini gerektirecek eylem ve işlemlere katılması halinde Danıştay kararıyla başkanlık görevi sona erer (Ulusoy ve Akdemir 2013: 320-321).

Büyükşehir belediyesi; büyükşehir belediye meclisi, büyükşehir belediye encümeni ve büyükşehir belediye başkanı olmak üzere üç organdan oluşmaktadır. Büyükşehirbelediye meclisi belediyenin karar organıdır. Meclis üyeleri belediye sınırları içerisindeki seçmenler tarafından 5 yıllığına seçilir. İlçe belediye başkanları meclisindogal üyesidir (Ulusoy ve Akdemir 2013: 317). Büyükşehir belediye başkanı aynı zamanda meclis başkanıdır. Meclis her ayın ikinci haftasında meclis tarafından belirlenen günde ve toplantı yerinde toplanır (Ökmen ve Parlak 2013: 304).

Büyükşehir belediye encümeni belediyenin yürütme organıdır. Encümen büyükşehir-belediye meclisinin kendi üyeleri arasından bir yıl için gizli oyla seçeceği beç üye

ilebiri genel sekreter, biri mali hizmetler birim amiri olmak üzere büyükşehir belediye başkanının birim amirleri arasından her yıl seçeceği beç üyeden oluşur (Inanç 2007,Ulusoy ve Akdemir 2013,).

Büyükşehir belediye başkanı belediye idaresinin başı ve belediye tüzel kişiliğini temsil eder. Başkan büyükşehir belediye sınırları içindeki seçmenler tarafından 5 yıllık süre için seçilir. Başkanın görevi; görev süresi doldugunda tekrar seçilemediginde, ölüm ve istifa hallerinde sona ermektedir. Bunun dışında büyükşehir belediyesinin feshini gerektirecek eylem ve işlemlere katılması halinde Danıştay kararıyla başkanlık görevi sona erer (Ulusoy ve Akdemir 2013: 320-321).

1.3. Köy

Köyler 1924 yılında çıkarılan 442 sayılı “Köy Kanunu” ile köyler tüzel kişiliğe kavuşmuştur (Ökmen ve Parlak 2013: 320). Köy, cami, okul, mera ve yakın veya uzak evlerden oluşan, birlikte yaşayan insanların oluşturduğu, en az 150 kişinin yaşadığı ve tüzel kişiliğe sahip olup köy derneği, ihtiyar heyeti ve muhtardan oluşan üç organı bulunmaktadır. Muhtar 5 yıl için seçilir köyün tüzel kişiliğini ve devleti temsil eder (Kavruk, 2004: 188).

2. Sonuç ve öneriler

2012 yılında yerel yönetimlerin yapısı hakkında köklü değişiklikler içeren 6360 sayılı Kanun çıkartılmıştır. Kanun ile getirilen en önemli değişikliklerden bir tanesi İstanbul ile Kocaeli için geçerli olan, belediye sınırlarının mülki idari sınırlarıyla aynı olması uygulaması tüm büyükşehir belediyeleri için geçerli hale getirilmesidir. Böylece “büyükşehir” belediyeleri “bütünşehir” belediyelerine dönüşmektedir. Kanun ayrıca büyükşehir belediyesi kurulan illerde il özel idareleri, köy ve belde belediyelerinin tüzel kişiliklerine son vermektedir. Anayasa'nın 126'ncı maddesine göre, “Türkiye merkezi idare kuruluşu bakımından, kamu hizmetlerinin gereklerine göre illere ayrılması” gerektiğini, 127'nci maddeye göre de “il halkının mahalli mücterek ihtiyaçlarının, karar organları kendileri tarafından seçilen kamu tüzel kişilerinince karşılanması gerektiği” belirtilmiştir. İl özel idareleri ve köylerin tüzel kişilikleri 6360'ın 1'inci maddesiyle kaldırılmıştır.

Bu durum Özerklik Çartı'nın 4'üncü maddesindeki, “...kamu sorumlulukları genellikle ve tercihen vatandaşa en yakın olan makamlar tarafından kullanılacaktır.” hükmüne ve 5'inci maddesindeki referandum koşulunun kullanılmamasına aykırıdır. İl özel idareleri, belediye ve köylerin tüzel kişiliklerinin kaldırılması ve yerel yönetimlerin sınır değişikliklerine ilişkin düzenlemeler, 6360'ın 1'inci maddesindeki gibi değil de Çart'ın 5'inci maddesinde yer alan “yerelyönetimlerin sınırlarında, mevzuatın el verdiği durumlarda ve mümkünse bir referandum yoluyla...” hükmü doğrultusunda, daha demokratik bir uygulama olan yerel halka danışılarak yapılması gerekmektedir. 6360 ile il özel idarelerinin tüzel kişiliklerine son verilerek, belediyelerin hizmet alanının kırsal alanları da kapsayacak şekilde genişletilmesine ve bu durumun il idare sistemin-

de boçluklar oluřturmasına neden olmaktadır. Kırsal alanın yönetiminin belediyelere devredilmesi, kırsal alanın planlamasında köy muhtarının, ihtiyar heyetinin, kaymakamın ve valinin devre dışı kalmasına neden olmaktadır. 6360 sayılı Kanun, yerel yönetimlerin mali yapılarında da bazı deęişiklikler ön görmektedir. Yerel yönetimlerin Genel Bütçe Vergi Gelirleri Tahsilatı Toplamından aldıkları payların oranlarında yeniden düzenlemeler yapılmıştır. 6360'ın 25'inci maddesinde yerel yönetimlerin gelir kaynakları oranının belirlenmesine, merkezi idare yerine Çart'ta da belirtildięi gibi kendilerinin karar vermesini sağlayacak düzenlemeler yapılması gerekmektedir.

Türkiye bazı maddelerine çekince koymasına rağmen Avrupa Yerel Yönetimler Özerklik Çartı'nı imzalaması yerel demokrasimizin gelişimi açısından umut verici bir durumdur. Ülkemizdeki yerel yönetimlerin, Özerklik Çartı'ndaki ilkeler doğrultusunda daha özerk bir yapıya kavuřturulması idari ve mali özerkliklerinin arttırılmasıyla gerçekte bileceęi kaçımlıdır. İçlevsel olarak yerel yönetimlerin en önemlilerinden olan belediyelerin, Avrupa Yerel Yönetimler Özerklik Çartı'nda belirtilen ilkelere uygunluğu, kendi örgütsel yapılarını oluřturabilmeleri, tek başlarına karar vererek sorumluluklarını yerine getirebilmeleri, mali açıdan kendi kaynaklarını oluřturabilmesi ile mümkündür.

Büyükşehir belediyelerinin sınırlarının, il mülki sınırı olarak genişletilmesi, imar bütünlüğü gibi gerekçelerle ilçe belediyelerinin yetkilerinin bir kısmının büyükşehir belediyesine geçmesi, "büyükşehir belediyelerini" klasik anlamda birbelediye olmaktan çıkarmakla birlikte, bir sonraki adımda "bölge idaresi" gibi yapılara dönürebileceęi düşünülmektedir. 6360 ile getirilen bu düzenlemeler Üniter yapıya sahip olan ülkemize zarar verebileceęi gibi merkezi idarenin vesayet denetiminin ağır çekilde uygulanması da otoriter ve demokratik ilkelerden uzak bir yönetim anlayışının ortaya çıkmasına neden olacaktır. Yerel yönetimlerle ilgili yapılacak düzenlemelerde bu iki kavram arasındaki dengeye dikkat edilmesi gerekmektedir. Merkezi idare tarafından yerel yönetimlere devredilen her sorumluluk, o sorumluluğun yerine getirebilmesi için gerekli yasal düzenlemelerin, uygun idari yapılanmanın ve mali özerkliğin Avrupa Yerel Yönetimler Özerklik Çartı kapsamında hazırlanarak yapılması gerektięi unutulmamalıdır.

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Summary

NEW METROPOLITAN MUNICIPALITY LAW EVALUATION OF LOCAL GOVERNMENTS

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Law No. 6360 to the Municipality of adhering to the law was given an autonomous self-rule authority. Metropolitan municipalities are autonomous in terms of public benefits of a section of the public service as determined by the Constitution and laws into consideration, can be specified as performed by local governments. Due to transport importance of the Municipality of local autonomy of the United Nations national and international organizations, mainly found in the continuous agenda, autonomy of metropolitan municipalities with national and international academic studies on this subject by examining the many ways have been tried to provide troops with practice in other countries. In particular, the strengthening of local service provision, the transfer of some powers to local governments, the central government issues have been raised by the European Union and the Council of Europe. Europe's economic and political aspects of integration, in terms of regional and local identity to make a strong European Charter of Local Self-Government was established in 1985. Our country, the European Charter of Local Self-Government was signed in 1988, stating that the participation of some substance. In 1992, it took effect. In this way, our country has made promising efforts towards the development of local democracy. In our country in recent years, many legal arrangements were made to local governments under the European Union legislation, administrative and financial autonomy configurations.

In this study; central government, local government and the autonomy concept was evaluated in a comprehensive manner. Besides, the output stages out of the European Charter of Local Self-Government, the scope has been examined and accepted principles of our country. Finally, in our country have serious arrangements of 5393 and Law No. 6360 on local authorities has been evaluated under the European Charter of Local Self-Government. Local autonomy of legal arrangements in the evaluation has tried to put forward what level can be performed.

Keywords: Central Government, Local Authorities, the Local Autonomy Autonomy and the European Charter of Local Self-Government.

ORGANIZATIONAL AND LABOR RELATIONSHIP IN HEALTH WORKERS

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Introduction

Today's rapid changes, business conditions, uncertainty environment and heavy life conditions are affecting people negatively. Especially in professions that are closely related to people, extinction and work-related tension are more common. In this case, the harmonious relationship between the employee and the organization will be affected and the role of the concept of burnout in this process must be taken into account. In this respect, this research was carried out in order to reveal the relationship and influence of the burnout of health workers on organizational commitment. The concept of organizational commitment, which is a sign of harmony between the working individual and the organization, is of great significance in all organizations in today's life (profit-intentional or non-profit). Organizational loyalty, rather than passive loyalty, refers to the active involvement of the individual in order for the organization to be successful and to achieve a certain goal. Today, the increasing human factor, the positive relationship between the organizational worker and the organization, is leading to the concept of organizational commitment.

Burnout is regarded as a professional injury for a long time, where human-oriented occupations such as human services, education and health services are exposed. Health workers are known to be one of the most risky groups in terms of burnout. It is important to be able to understand the burnout because of the negative effects on the service recipient individuals and organizations.

To investigate the burnout levels of health personnel working in a private hospital in Samsun and to determine the effect of burnout on organizational commitment. It is aimed that the factors affecting the burnout level of the health personnel working in the hospital and the ways of coping with it and the decrease of the burnout factor in increasing the organizational loyalty can contribute to the coping processes of the health personnel with burnout at the individual and managerial level.

Organizations need workers to reach their goals, and employees are participating in organizations to meet their own material and spiritual expectations. In this process of

mutual exchange between the organization and the employee, harmony between the employee and the organization gains importance in this context. However, the rapid change and uncertainty environment that the modern era has introduced has necessitated to consider the concept of burnout, which prevents a harmonious relationship between employee and organization.

The concept of Burnout

Maslach and his colleagues have been great contributors to the scientific significance of burnout and have made various studies on ways to prevent and cope with the causes of burnout. Burnout education and health services, such as people-oriented profession in frequent physical overwork and emerging case of inability to cope with stress is a condition that affects the psychological and emotional individuals. "Dictionary meaning of exhaustion; loss, fatigue, excessive energy, power and exhaustion resulting from the use of resources. "used by Freudenberger first time the concept of burnout and individual becoming unable normal working time should the result of the business to work on very refers to the situation experienced emotional exhaustion. But Maslach, who is accepted today, defines the following: "Burnout is an increase in emotional exhaustion and depersonalization and a decrease in the sense of personal accomplishment" (Ergin, 1997: 25).

Different approaches to burnout have resulted in various models. Perlman and Hartman developed a cognitively focused burnout model, developed a burnout model based on Suran and Sheridan personality development theory. Meir defended burnout expectations. Between the behavioral, physical and psychological problems created by a number of factors, different reactions in the 1970's have attracted attention and they are combined under the concept of burnout. Depletion is a consequence of the intense interaction that workers in the organization have with the people they meet (Torun, 1997: 46).

While these psychological, behavioral and physical problems affect health in a negative way, they negatively affect human health in adversities arising from work relations, work environments, status and roles. If these adverse conditions continue for a long time, burnout may occur as a negative experience as a result of interaction between person and environment. From here it can be said that you are seeing more of your exhaustion in people who work directly with people. "Maslach, on the other hand, is exhausted by the way he did from the reactions of the worker; Physical fatigue, long-suffering fatigue, helplessness and hopelessness; A physically and mentally dimensioned syndrome involving negative attitudes toward work, life and other people. " (Izgar, 2001: 1).

Örmen has expressed the relationship between stress and burnout as follows: «Burnout is a reaction to chronic emotional tension, especially due to intense attention from problematic people. It can be considered as a kind of stress. Strase has similar signs

and effects. But the characteristic that distinguishes burnout from the stress is the stress that is caused by the social relationship between the burnout and the client. « (Örmen, 1993: 1).

Therefore, those who work under intense stress are candidates for burnout syndrome. Burnout affects not only individuals but also the organizations they work directly with. Among the most studied occupations in the study of burnout, it was seen that there were health personnel. The reason for this is that face-to-face contact with people and frequent outbreaks in professions that require more communication. Burnout syndrome refers to a condition that results in an excess of the individual over the result of a study with an intensive program to achieve success in general (Girgin, 1995: 7).

Burnout is a situation that brings employees into an introverted situation and reduces the fighting power. An individual who is caught in burnout syndrome is affected both physically and mentally and affects the environment socially. “Maslach and Jackson described depression as threefold as emotional exhaustion, depersonalization, and reduced sense of personal accomplishment” (Arslan ve ark., 1996: 39).

Concept of organizational connectivity

With the recognition of the important effect of labor on the productivity of the workers, the researchers have been increased and an increase has been observed in these studies. Organizational commitment is also one of the important concepts in increasing productivity. “Mowday deals with organizational commitment in three dimensions: the desire to be a member of the organization, the belief in and acceptance of its values and aims, and the desire to make an effort for the organization. Identification with the organization involves the sharing of goals with other members of the organization, the sense of belonging and the dimension of loyalty, including the goals of organization and support of policies.” (Vatansever, 1994: 27).

Karaca summarized the last 10 years of his research as follows: “Research shows that commitment is related to job withdrawal and absenteeism. The results obtained at this point are that the organizational commitment is high and there is no effect on the low level of leaving the job at the low level. From all these, we can achieve the following result: The team can change the team by staying in a non-affiliated organization. But a job that does not have a knack of loyalty can leave the job.” (Samuray, 2001: 52).

MATERIALS AND METHODS

Purpose of The Research

In general, the study was conducted in order to investigate the concept, disclosure, prevention, methods of dealing with organizational commitment, and the level of importance of organizations in terms of organizational commitment in all employees.

Data Collection Tools

In the study, the questionnaire was applied with the technique of scanning the resources. The data obtained using Allen and Meyer Organizational Commitment Scale and Maslach Burnout Inventory were analyzed and interpreted.

Methods and Techniques Used

In the theoretical part, literature review technique is used. In the first part, concept of burnout, dimensions, factors and results are explained. In the second part, concept of organizational commitment, dimensions and results are explained. In the third chapter, 90 health personnel were surveyed using a questionnaire to investigate the relationship between burnout and organizational commitment. Personal information form, Maslach Burnout Questionnaire consisting of 22 questions and Organizational Commitment Questionnaire composed of 24 questions were collected. Data were analyzed by SPSS program. Frequency analyzes and descriptive statistics were used to determine the demographic characteristics of the sample. Correlation and regression analyzes were conducted with the aim of revealing the relationship between the variables. One way analysis of variance (ANOVA) was used to determine the effects of demographic and occupational characteristics, burnout and organizational commitment.

FINDINGS

Table 1: Mean and Standard Deviations

	Mean	Sd.	N
Emotional exhaustion	27,7444	6,96147	90
Desensitization	13,7222	3,66590	90
Decreased personal sense of accomplishment	31,8111	4,01932	90
Emotional commitment	24,3000	4,86780	90
Continued commitment	25,7000	5,21762	90
Normative commitment	23,9444	4,17688	90

Table 2: Correlation Analysis

	1	2	3	4	5	6
Emotional exhaustion	1					
Desensitization	,591**	1				
	,000					

Decreased personal sense of accomplishment	,097	,150	1			
	,361	,157				
Emotional commitment	-,252*	-,041	,137	1		
	,017	,704	,199			
Continued commitment	,166	,089	,059	,384**	1	
	,118	,404	,578	,000		
Normative commitment	-,126	-,012	-,011	,348**	,344**	1
	,235	,910	,920	,001	,001	

** . $p < 0.01$ * . $p < 0.05$

For the purpose of establishing the relationship between the concepts of burnout and organizational commitment, the correlations between the variables are examined. Correlation analysis revealed that there was a negative correlation between emotional commitment and emotional exhaustion ($r = -0.252$, $p < 0.05$). Nevertheless, although it was determined that there was a similar relationship between continuity commitment and burnout dimensions, these relationships were not significant ($p > 0.05$). Similarly, negative correlations were found between normative commitment and emotional exhaustion, depersonalization, and decreased sense of personal accomplishment, but these correlations were not significant ($p > 0.05$).

Multiple regression analysis was applied to determine the ability of organizational commitment dimensions to predict each burnout dimension. In regression analysis, burnout dimensions were taken as dependent variables and organizational commitment dimensions as independent variables.

Table 3: Emotional Exhaustion Results of Multiple Regression Analysis

	β	t	R	R^2	F
Emotional commitment	-,338	-3,057*	,397	,15	5,349*
Continued commitment	,339	3,067*			
Normative commitment	-,125	-1,150			

** . $p < 0.01$ * . $p < 0.05$

As can be seen from Table 3, emotional commitment and continuance commitment from organizational commitment dimensions account for 15% of the variance on emotional exhaustion from the burnout dimensions ($F = 5,349$, $p < 0.05$). While emotional attachment had an effect on the opposite side on emotional exhaustion, it was observed that there was an effect of positivity on continuity.

Table 4: Results of Multiple Regression Analysis of Sensitization

	β	t	R	R^2	F
Emotional commitment	-,081	-,673	,123	,01	,442
Continued commitment	,130	1,086			
Normative commitment	-,029	-,243			

** . $p < 0.01$ * . $p < 0.05$

Despite the significant association of organizational commitment dimensions with the dimension of desensitization burnout in Table 4, it is seen that the dimension of desensitization burnout is not predictive.

Table 5: Results of Multiple Regression Analysis Decrease in Personal Achievement

	β	t	R	R^2	F
Emotional commitment	,125	1,275	,152	,023	,678
Continued commitment	,020	,217			
Normative commitment	-,070	-,618			

** . $p < 0.01$ * . $p < 0.05$

In Table 5, although the dimensions of organizational commitment were found to be significantly related to the diminished burnout dimension, the decrease in personal achievement was not predictive of the burnout dimension.

Results

In this study, the concepts of burnout and organizational commitment were examined separately and the relationship between the health workers and the relationship between them was examined. Burnout is a physical, emotional and emotional condition that arises as a result of not coping with living stress. Burnout has three dimensions: emotional exhaustion, depersonalization, and a reduction in the sense of personal accomplishment. In the researches related to burnout, it has been seen that the overworked workload and the success in coping with the stress are directly related to the burnout. In this context, burnout is most common in people-oriented occupations such as education and health services. Burnout has personal and organizational reasons. There are personal factors such as age, marital status, number of children, personal expectations, character, performance, education, motivation, as well as organizational factors such as overloaded work environment, management, role conflict and uncertainty, duration of work and relations with colleagues. This and other factors in the study are discussed in detail. How burnout is perceived, how to deal with the burnout, how the burnout is affected by the burnout, and what are the negative effects on the burnout.

There is a negative relationship between burnout and organizational commitment. There is an inverse relationship between emotional exhaustion and emotional attachment.

There is a positive relationship between emotional exhaustion and continued addiction. To prevent burnout and to increase organizational commitment with it; The level of burnout can be reduced by making health workers feel that institution building and gathering are important, improving social status and improving working conditions. A certificate of appreciation, appreciation, shading etc. that will increase the training and motivation of the health personnel. Positive sentiments towards reorganization can be developed. Workers are at least as lucky as they can be. Health personnel should be able to rise. Reducing long working hours, solving low wage problems, increasing holiday and social activities, solving the problem of personnel insufficiency, democratic, responsible and shared management approaches should be adopted. Managers should be fair and open to employees and give them the message that they can apply to them in a troubled situation. A tolerant, flexible, fair, participatory management approach is crucial in preventing and eliminating the exhaustion of the manager who is listening and valued. Knowing what the burnout is and knowing it will enable the person to recognize the situation early on and to look for a solution. The rich people with social relations are more resistant to depletion. The person must make use of vacation and relaxation facilities.

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Summary

ORGANIZATIONAL AND LABOR RELATIONSHIP IN HEALTH WORKERS

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In general, the study was conducted in order to investigate the concept, disclosure, prevention, methods of dealing with organizational commitment, and the level of importance of organizations in terms of organizational commitment in all employees. In the study, the questionnaire was applied with the technique of scanning the resources. The data obtained using Allen and Meyer Organizational Commitment Scale and Maslach Burnout Inventory were analyzed and interpreted. In the study conducted in a private hospital in the province of Samsun, it was found that burnout was found to be the most emotional burnout dimension and evaluated according to personal characteristics. It has been found that the most favored aspect of the organization is the continuing commitment to the dimension. Emotional attachment is low. While the adverse effect on emotional exhaustion and emotional exhaustion was determined, continuing adherence was found to be low for emotional attachment and high continuity commitment in health workers, although emotional attachment was the most preferred attachment for organizations. Emotional attachment has an effect on the opposite side on emotional exhaustion, while positive attachment effect on continuity commitment has been observed. Despite the fact that organizational commitment dimensions, desensitization and reduction in the level of individual achievement have a significant relation with the dimension of burnout, it has been found that depersonalization and reduction of personal sense of accomplishment are not useful in predicting the burnout dimension.

Keywords: Organizational Commitment, Burnout, Health Care Workers

PLANNING OF SERVICE SALES WITH LAYOUT METHODS IN HEALTH ENTERPRISES

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Introduction

As is known, managers in healthcare enterprises are planning to sell services in a lean way. The planning of the sale of services by lean methods in these healthcare enterprises which has been going on since the past has made great progress parallel to the development of science and technology. Developments in medical supplies have both shortened the duration of treatment and caused significant increases in the number of people treated. Initially, treatments made for compulsory reasons began to be made in the form of planning of sales of services in healthcare enterprises by lean methods, depending on technological developments and treatment possibilities. Improvements in treatment possibilities and an increase in the number of people who have been treated have brought about the need to meet the service sales requirements in a simple manner in the healthcare businesses that these people will need throughout their care. Healthcare enterprises have been established to meet the service needs of people with treatment in a lean way and the health sector has developed over time and now has a significant place in the economic structure of the countries. The health sector has been perceived as a medical service based on medication for many years (Çontu, 2006: 2).

However, over time, the reasons for participation in people's healthcare have changed and they have gone into different pursuits. People have begun to request services for treatment purposes in a simple way. Certainly one of the reasons for directing people to health care establishment activities is undoubtedly health. People tend to seek health care delivery due to health, sometimes to recover lost health, sometimes to protect the current situation (Ilban, vd., 2008: 106).

Since the past years, people have been treating various diseases and disorders with health care purchasing. Our country is in a very rich situation in terms of service sales potential with simple methods in health care enterprises. In our country, service sales are often used in health services, primarily for treatment purposes, by lean methods (Aslan, 1992: 71). The planning of service sales by lean methods in health enterprises

provides the sector support with the planning of sales of normal health services in other health enterprises (Kozak, 1992: 33). The most important feature that distinguishes lean healthcare enterprises from other healthcare providers is that they have the treatment center where the lean treatment is made (Sandıkçı, 2008: 28).

Features of service

The definition of the concept of service in different ways is due to the basic features that distinguish services from goods to a large extent. These features include; it is possible to rank in the form of abstractity, inseparability, coincidence, lack of resistance, variability, and inability to possess (ownership is inalienable) (Ghobadian vd., 1994: 44-46).

Abstraction

There is no way to see, touch, taste and test services before buying them. In other words, the criteria for evaluating services are rather limited because of the lack of physical goods. Because of this feature of the services, consumers try to find concrete clues to have an idea about the service. To this end, consumers benefit from factors such as the physical conditions of the environment in which they will be served, the external appearance of the services that will be serviced, the tools and equipment used and the existing customers (Devebakan, 2005: 4).

The most fundamental difference between services and goods is immunity. Thus, unlike goods, services are not seen before they are produced, they can not be tasted, tasted, heard and smelled (Kotler, 2000: 43).

The fact that the service is abstract makes it difficult for customers to understand the service elements. In order for the customer to achieve this difficulty, the abstract product must be defined using concrete symbols (Karakaya, 2009: 34).

For example, a customer who goes to a restaurant for dinner may not be expected to pre-evaluate the restaurant and the service to be provided. However, after the service, the service will be able to make an assessment considering the quality, the duration, the behavior of the workshops, the taste of the food and beverages, the cleaning of the equipment used. In short, it is not possible to make an assessment of that service without taking advantage of it.

Indissolubility

It is not possible for services to be separated from each other because they are generally produced as a result of performance and are produced and consumed by people (Kozak, 2008: 19). In other words, those who provide services and benefit from this service are in close contact. This relationship is explained by the concept of inseparability. Indeed, the occupational product that is in contact with the customer is part of the product. For this reason, the occupation is an important factor affecting the quality of the service

provided (Yılmaz, 2007: 13). In other words, the identification of the service and the service provider may cause the performance to change and fluctuate depending on time and turn. Variability, on the other hand, also originates from the customer. Changes in consumers at any time, even if product and workplace performance always remain the same, affect the satisfaction of customers and the quality of service (Yükselen, 2003: 364).

Synchronization

Goods are produced as they are known, and then consumed. However, the same is not the case in the production and consumption of services. Services can be made first, then salable, or they can be produced and consumed simultaneously (Kozak, 2008: 20). The presentation of the service may be during consumption or during a portion of consumption. Although goods are produced and then sold and consumed, services are first produced, consumed and then sold. In other words, when the services are produced, they are consumed, ie the service is brought to the market and its use is synchronous. This has two important consequences. First; it is often the same person as the manufacturer and the seller who make up the service, and the person providing the service is part of the service. In other words, the service can not be distinguished from the service produced. It is not possible to distinguish the service from the waitress who serves in a catering service, because the production, presentation and quality of the service depends directly on the attitude and behavior of the waiter. This leads to direct agent-free distribution in the service sector. A service can not be marketed in many markets at the same time as the production of the service and its marketing are not separated. It is also not possible to market various services at the same time (Tek, 1997: 429).

Instability

This feature is mainly due to abstraction. Because of the action, process and performance of the services, there is no possibility to store, store, resell or replace it (Kozak, 2008: 20). At a certain unused capacity, it is not possible to retain it later (Tekeli, 2001: 38). The hotel industry is one of the best examples of this service. For example, if a hotel with 100 rooms sells only 60 rooms on any given day, it is not possible to cover the alternative cost of the unsold 40 rooms. Because 40 rooms that are not sold for that day are added to the number of rooms to be sold for the next day, the income from these 40 rooms that can not be sold is lost (Kotler et al., 1996: 84).

Variability

Because services are performance produced by people, it is not possible for two different presentations of the same service to be the same. In other words, it is often difficult to bring the service back to the market without errors and steadily. The quality and content of the services may vary, depending on the person who produces and serves the service, the customers, and even when the service is available. Often the service that

makes up the service is the service itself in the eyes of the customer. Another reason for being a variable is that customer characteristics and expectations are never the same. Each client's expectations and service understanding are different. Therefore, the variability of services is a result of human interactions (Öztürk, 2003:22).

Inheritance of Property

The person who buys a physical product owns it and can sell it to someone else at any time. In services, ownership is not a question. The consumer benefits from any service within a limited time. This feature of services is related to the simultaneous production and consumption. Ownership is not a matter of turnover, as production and consumption in all services occur at the same time (Karakaya, 2009: 36). For example, it does not have to be the entertainment facility of the person who uses the entertainment services, but rather the leisure service offered for a certain period of time (Yükselen,2003: 365).

MATERIALS AND METHODS

The subject of your research

Turkey has a very important healthcare potential due to its geological formation. Healthcare businesses that sell services through lean methods in our country are the capacity to create an important health sector activity in addition to meeting people's health needs (Kozak, 2005). The health-oriented use of health-care businesses, which sell services through lean methods, has brought healthcare businesses to the agenda. In this context; it is the issue of studying the treatment services of the middle and senior managers of the health care enterprises which provide services including health service sales applications and complementary therapies with the lean methods which are the most important objective in the emergence together with the treatment services in other healthcare enterprises.

The Purpose and Importance of Research

Successful healthcare businesses that sell services with lean methods are possible by achieving targeted profit and ensuring business continuity. Success is directly related to patient satisfaction. Patient satisfaction in health care enterprises that sell services through lean methods can be provided by providing Lean treatment services in full, as well as health / treatment services, which are the primary purpose of the patients, at the desired level. For this reason, there is a need for managing and evaluating the health care services in order to provide patient satisfaction. For this purpose, the questions asked for the evaluation of health services in the previous studies have been asked to the employees and their evaluations have been applied. This study differs from other studies in this respect.

The main purpose of this study is to determine the evaluations of lean healthcare marketing services by health care workers who sell services through lean methods that provide treatment services. This assessment was needed to ensure that the health care / treatment services offered in the health services were complementary to other services and that the health care workers considered the services to be important. The aim here is to determine whether the priorities of the health care workers in the presentation of the health care services are more important than the priorities of the health care workers, what services they care more about, whether there is a difference in opinion between the different health services and the employees of the different departments. It is considered that the results obtained without the work will give a different perspective to healthcare workers who provide health services by lean methods.

Limitations of the Study

As is the case with other research in the field of social sciences, this research has limitations. The following limitations need to be considered when this research is evaluated. The scope of the research has been limited both geographically and in terms of the type of business. Within the scope of the research, a Medicabil hospital operating in Bursa was taken. The reason for the election of Bursa; the concentration of health care investments in this area in recent years and the start of health enterprises as a capital city. Within this scope, the lack of lean health management and the number of employees consulted accordingly constitute the most basic limitation of the research. The data obtained as a result of the research is limited to the historical evaluations of the health workers involved in the survey. While evaluating the planning of sales of services by lean methods of health workers participating in the survey; they constitute a further limitation of investigating the possibility of reporting health care and division-by-compulsory views to which they are working.

The Universe of Research and Sampling

The universe of the research constitutes the health workers of the Private Medicabil Hospital which operates in Bursa. The research sample consisted of 100 health professionals selected by random methods.

Research Method

Survey technique was used to collect data while applying to health workers' evaluations. In the analysis of the data, frequency-percentage distributions, order of importance and importance averages are used. These analyzes were performed using the SPSS 23.0 for Windows program.

FINDINGS

In this section, the results of the analysis of the data obtained through the questionnaire from the health management staff who provided the lean health service were included in the findings and interpretations.

Table 1. Distribution of Employees by Demographic Status

Age	n	%
20-30	82	82,0
31-40	16	16,0
41-50	2	2,0
Gender		
Woman	74	74,0
Male	26	26,0
Your marital status		
The married	29	29,0
Single	71	71,0
Department you work for		
Policlinic	5	5,0
Female birth	2	2,0
Surgical department	57	57,0
Internal medicine department	22	22,0
Emergency	7	7,0
Intensive care	7	7,0
Total time you worked as a nurse		
1-10	89	89,0
11-20	8	8,0
21-30	1	1,0
31-40	1	1,0
41-50	1	1,0
Your education level		
Health vocational high school	67	67,0
Associate Degree	8	8,0
License	25	25,0

According to Table 1, 82.0% (n = 82) of the nurses participating in the survey were in the age range of 20-30 years, 16.0% (n = 16) were in the age range of 31-40 and 2.0% (N = 26) were married, 29.0% (n = 29) were married, 26.0% were married, (N = 74), 2.0% (n = 2) gynecology, and 57.0% (n = 71) were single, n = 57) surgical department, 22.0% (n = 22) internal medicine department, 7.0% (n = 7) emergency department, 7.0% (n = 7) emergency department, nurse (n = 89) ranged from 1 to 10 years, 8.0% (n = 8) to 11-20 years, and 1.0% (n = 1) to 21 (N = 67) in the range of 31-40 years,

1,0% (n = 1) in the range of 41-50 years, Health Vocational High School, 8.0% (n = 8) associate degree and 25.0% (n = 25) associate degree graduates.

Table 2: Degree of Importance according to Health Staff ‘

Services

Sections	Severity Rating Highest Expression	Importance Average
Welcome Service	Being warm and friendly at the entrance to the hospital	4,4
Room Services	Timely preparation of the oven	4,2
Food & Beverage	The quality of food and drinks served is delicious	5,8
personnel	Employees are gentle and gentle	5,3
Treatment Center	Adequate health personnel	4,5
Meeting and Congress Services	Finding meeting rooms at adequate capacity for different use	3,1
General Services	The common areas of the hospital are clean and well maintained	7,3

It was determined that the opinions of the employees regarding the importance levels of the services mentioned above according to the characteristics of the above mentioned evaluations of the lean health services are close to each other. In other words, employee evaluations of health services did not show a significant difference from the demographic (age, gender) and some other variables (education, occupation, duration of stay in accommodation sector, duration of management).

Results

When we compare the evaluations of employees' services, it is possible to say that the employees consider the first impressions of the patients very seriously and think that warm and sincere entry and registration processes should be fast and error-free.

When the evaluations of the employees' food and beverage section are examined; it is possible to say that you are aware of the priorities and priorities of the services to meet the patient expectations and satisfaction provided in the previous researches.

The quality and attitude of the employees who perform the important tasks in providing the service quality and service presentation are the most important factors in providing the patient satisfaction. The health professionals who were consulted in this study regarded the gulju face as courtesy, courtesy, cleanliness and hygiene as high-priority issues in terms of occupations.

In the lean healthcare enterprises, which have a significant place in the realization of lean healthcare activities, provision of treatment services and admission services in line with the expectations of the patients and ensuring patient satisfaction are important for the sustainability of lean health management activities. For this reason, health care workers should pay attention to patient expectations and satisfaction researches. Because, if a health care provider does not know how the patient is being assessed, it will not be possible to identify possible problem areas for expectation and satisfaction and to take necessary precautions to resolve the living problems. In hospitals, the services provided at certain times should be evaluated by the employees in terms of patient expectations and the harmonization and satisfaction of employee views.

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Summary

PLANNING OF SERVICE SALES WITH LAYOUT METHODS IN HEALTH ENTERPRISES

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The main purpose of this study is to determine how the health workers perceive the planning of the sale of the services provided by the public or private persons as personal and institutional individuals for the protection of the health of the people within the scope of the health services by the lean methods in the health enterprises and for the diagnosis, treatment and care.

The universe of the research constitutes the health workers of the Private Medicabil Hospital which operates in Bursa. The research sample consisted of 100 health professionals selected by random methods. Survey technique was used to collect data while applying to health workers' evaluations.

In the analysis of the data, frequency-percentage distributions, importance order and importance averages are used. As a result of the research, it has been determined that the health workers' planning of the sales of the services with the simple methods in the health services is important in the first place in terms of providing the services in accordance with the fast, high quality, clean and hygienic rules of health workers.

Keywords: Healthcare, Lean Method, Service, Planning, high quality, health workers

EFFECT OF APPENDIX POTENTIALS IN OPERATING EFFICIENCY

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INTRODUCTION

Queue problems are found everywhere people are busy, especially in the 21st century where city life is spreading, people have to wait in certain queues and queues to reach many services. This problem reduces the satisfaction of customers with the services they receive and thus reduces the quality of service. Queues are a bigger problem in this area because the customer structure of the health services has slightly different features than normal services. Since the health customer is called “sick”, each patient asks to get to the service as soon as possible, but due to heavy demand, he or she is forced to wait indefinitely. Various studies are being carried out to reduce these waiting queues. Appointment systems developed for this purpose also regulate the delivery of polyclinic services in many places, so that both the service provider and the service recipient are relieved to some extent. The cancellation of appointment in operating room efficiency has been examined in this context. One of the most important studies of the hospital appointment system is appointments from the operating room administrators. With this application, it is thought that the patients who are scheduled for the operating theater will be able to operate at the appointment time and be more efficient in terms of the operating room. The hospital system has a wide variety of branches, and the application of the same system to every area in such a large system will undoubtedly bring some problems. Differences in the examination and processing times of each branch and differences in service delivery between small clinics and large clinics make it difficult to use the same appointment systems at all hospital levels. Service delivery of operating theaters differs according to other branches. Since almost every transaction is an “interventional transaction”, many treatment periods can not be predicted. For example, a simple operation can suddenly return a large operation, so a short operation time of 1.5 hours can leave a long operation time of 10 hours. Sometimes simple operations take 1-2 hours, sometimes a single stitching takes over half an hour. Such situations cause dissatisfaction to occur because of exceeding the appointment times defined in the operating theater. Not only patients but also operating room doctors who

provide services are also disturbed by both patient waiting and patients' repetition of this situation. When the literature is examined, it is seen that the operating room appointment system, which is thought to be very easy by the operating room, is not successful enough for physicians.

Types of Appointment from Hospitals

Increasing accessibility to hospitals is of great importance in terms of appointment systems. The planned appointment systems for reducing waiting times and efficiently using the service capacity will lose system efficiency if the patients can not reach them easily enough. At every hour of the day, the system that enables appointment from many sources is accepted as the most efficient appointment system. The system should enable effective and efficient use of service providers on the one hand and minimize waiting times in front of the polyclinics and examination units of the patients on the other hand. Nowadays, appointments can be made with telephone, internet, personally applying and kiosk devices.

Appointment by phone

It is a system that allows patients to call their hospital or designated call centers via telephone and register their identity information and appointment system. This system is still widely used in private and public hospitals. MHRS application is used in public hospitals in our country since March of 2012. Through the MHRS application, patients can make an appointment from the desired hospital in the province of Turkey and the physician whom they want through telephone number 182. In addition to MHRS, hospitals are able to make appointments for patients who require advanced expertise from their phone numbers for some different applications. For example, appointments can be made from the MHRS number for general diagnosis and treatment clinics in the oral and dental health centers, and telephone numbers determined by the hospital in specialist areas such as orthodontics, pedodontists and prosthetics.

The system evaluates and organizes the appointment function as a whole. By integrating with the Hospital Information Management System (HBYS), it facilitates the registration and admission process of the patients and improves the examination process of the physicians. This ensures that the service delivery period of health institutions is faster and more efficient. In the telephone appointment system, the number of patients the physicians will work with and the number of patients to be examined and treated daily are determined. This data is entered into HBYS. Patients call the phone number of the hospital or higher management to make an appointment. Patient registration officers at the server that responds to the phone record the patient's identity and contact information through the computers. Patients then make an appointment with the physicians they want in the time they want to be examined. This system lasts until all appointments are gone. If the physician's working days and the number of patients he / she can serve daily are entered into the system with the right

timing, the patient's appointment date and time will be planned regularly, without inconsistency. Since the system is integrated with HBYS, the patients are referred to the outpatient clinics where they will receive services directly at appointment times. Patients also use the right to choose a physician while they appoint physicians whom they want to be examined during appointments by telephone. System records for the date of appointment are automatically created and appointments can be automatically seen on the outpatient examination list. Those who occupy the lines, who do not come to the blocking numbers and appointments are identified, and in case of this situation the numbers are blocked to the system. The telephone appointment system not only makes it easier for patients to make appointments, it also reduces the workload of the hospital.

Appointment System from the Internet

Today, the development of computer and internet systems has facilitated many functions in health institutions and increased the quality of service. Today, almost all of the services that can be provided in hospitals equipped with information management systems are being integrated with computers. The use of the Internet in physician appointment systems has made appointment procedures even easier to use. On the Internet appointment system, patients can make appointments at the MHRS website or at the hospitals' own internet addresses. On the internet page where the Internet dating system is located, there are policlinic names in the hospital's service network, appointment hours of doctors working in these policlinics and these physicians. Patients can make an appointment to the desired polyclinic on the internet appointment system and have the opportunity to make their own desired medical examination at the appointed time. As it is integrated with HBYS in this system as it is in the telephone appointment system, the patients can go to the outpatient clinics where they will receive direct service without any other intervention at the appointment hours. With this system, it is possible to easily make an appointment from the internet address of the patient by entering the internet when the patient or his / her relatives are moving from the hospital, home, workplace, internet cafes to mobile terminals (mobile phone, handheld computer etc.). The system offers an appointment processing system that eliminates labor and time lost, reducing the time they spend in the hospital, without having to go to the hospital to get an appointment. With this system, the appointment based on internet usage is contemporary and inexpensive (Arslan, 2011: 141-142).

Making an Appointment to a Hospital Personally

Although the internet and telephone appointment system is very popular nowadays, some patients admit that it is easier for patients to apply to the patient registration and admission offices and to make an appointment system. Nowadays, public hospitals are able to make appointments by internet, telephone and personally. Personally, in the appointment system, the patient waits in front of the patient registration and admission desk and makes an appointment at the appropriate time from the physicians they want

when they arrive. They then wait for the hour to be served at the outpatient clinic. In this system, patients may have to wait long periods for an appointment and for an examination. Patients who apply to patient registration banks personally sign up to the system by giving identity and contact information to the staff. Patients who are usually registered to a hospital's information system can only register with their identification number if their information is stored in the system in subsequent applications to the same hospital. After the staff in the bank identifies the information of the patients requesting appointment, they will be given a check to see if social security is available. If the provisioning process is successful, the appointment registration of the patients is completed and the patients are directed to the outpatient clinics from the registration and admission unit. You can also make an appointment for a patient who has an appointment over the phone or on the internet and who does not come to the appointment, or who is late or who is late. In this way, patients who do not come to the appointment will be prevented from having their doctor's spare time. This method is widely used by hospital administrations to ensure that the system is not left empty.

Appointment with kiosk device

Patients can receive the outpatient clinic number through the kiosk device without the need of the attendants in the appointment systems used by the kiosk device. This system works integrated with HBYS and other appointment systems, allowing the patient to register with the outpatient clinic and the physician and to perform provisioning before the examination recording is done. With the kiosk system, patient registration and admission procedures are performed more quickly and patients access the service they demand without waiting for too many rows. With the kiosk system, patients can make appointments without having to use traditional appointment forms to perform appointments and enrollments. When using patients' kiosk devices, time limits are applied in order to delay the operation of other patients waiting in line by extending their processing times. Patients who are positive after the provision can direct the medicine to be examined directly. Apart from appointment procedures, patients can use kiosk device; health board reports, x-rays, ultrasonics reports, laboratory results are available and they can get information about the latest condition of the patient entering the operation. In addition, the patient can be used as a complaint box and allows the survey to be conducted between the institutional staff and patients (Arslan, 2011: 141, 142).

MATERIALS AND METHODS

Purpose of the research

This work; to increase the efficiency of the operating room, to plan more effective operation, to increase the quality and productivity in health service deliveries in operating rooms and to reduce appointment cancellations. This study was conducted

to determine how appointment cancellations are perceived by healthcare workers in the operating theaters and how cancellation of appointments affect productivity.

Universe and Sampling

The prepared questionnaire was applied to 100 health workers.

Data Collection Tool

A questionnaire developed by the researcher was used as data collection tool in the study.

Validity and Reliability Analysis of Data

The validity and reliability analysis of the data obtained without the study were made. For this purpose, exploratory factor analysis and the Cronbach Alpha coefficient were used. Reliability is carried out in order to demonstrate the consistency of the questions on the questionnaire with each other and the extent to which the scale used reflects the problem of interest (Kalaycı, 2014: 403). Therefore, a reliable test or scale is expected to give similar results if applied again under similar conditions (Altunçık et al., 2010: 122).

In the research, the value of Cronbach Alpha coefficient used for credibility is between 0 and 1. Accordingly, scales that range from 0 to 0,40 are not reliable. The scales that have a value between 0,40-0,60 are low, those with values between 0,60-0,80 are highly reliable, those with values between 0,80-1,00 are considered highly reliable (Karagöz, 2014: 698).

In the exploratory factor analysis used in the analysis of the scale, the Kaiser-Meyer-Oklin (KMO) test demonstrates the adequacy of the sample used in the scale. The fact that the result of the BMT test is below 0,50 indicates that the validity of the scale is unacceptable. 0,50 weak, 0,60 medium, 0,70 good, 0,80 very good and 0,90 excellent (Karagöz, 2014: 651).

Constraints of the Study

The research is limited to the views of health professionals working in the Bursa Medicabil hospital. For this reason, it can not be compared to all health workers.

Analysis of Data

In the analysis of the data, descriptive statistical methods as well as chi-square analysis, t-test and ANOVA analysis were used.

FINDINGS

Table 1

Socio-Demographic Characteristics of Participants

		Count	Percent
Gender	Woman	73	39,9
	Male	110	60,1
Marital status	Single	53	29,0
	The married	130	71,0
Age	30 years and under	54	29,5
	30-34	46	25,1
	35-39	35	19,1
	40 years and over	48	22,62
Mission time	5 years and over	77	42,1
	6-10 years	47	25,7
	11-15 years	25	13,7
	16 years and over	34	18,5

Table 1 contains the socio-demographic characteristics of the participants. As can be seen when the table is examined, the majority of the participants are men (60.1%) and married (71.0) health workers. 29.50% of the participants were younger than 30 years old, 22.62% were over 40 years old and the average age was $34,11 \pm 7,539$. 42.1% of the health workers participating in the study are working for 5 years or less; the average duration of duty is $8,39 \pm 7,349$ years.

Table 2

Results of Correlation Analysis on the Sizes of the Scale

	Benefit	Drawback	Functionality
Benefit	1	,260**	,220**
Drawback	,260**	1	-,114
Functionality	,220**	-,114	1

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

As seen in Table 2, there is a statistically significant positive correlation between the size of the scale and the disadvantages ($r = 0,260$) and functionality ($r = 0,220$) ($p < 0,05$). On the other hand, there is a statistically insignificant relationship between the size of the problem and the dimension of functioning ($r = - 0.114$), but there is an opposite relationship ($p > 0.05$). It can be said that in accordance with these findings, the benefits of the appointment system have increased, and the inconveniences and functioning have increased.

Table 3. Systematic Problems Appointment System Appraisals of Health Workers According to Their Situation

		n	Average	s.s	t	p
Benefit	In your life	128	2,44	0,801	-4,266	0,000
	Non-living	55	3,00	0,864		
Drawback	In your life	128	2,26	0,962	-1,697	0,091
	Non-living	55	2,52	0,921		
Functionality	In your life	128	3,24	1,008	-1,966	0,051
	Non-living	55	3,55	0,931		
Total	In your life	128	2,48	0,609	-3,876	0,000
	Non-living	55	2,87	0,631		

Table 3 shows the results of t Test in Independent Samples, based on the cases where the healthcare workers participating in the study had a systematic problem in the operating room appointment system. As seen in the table, there is a statistically significant difference between the health care workers who have a systematic problem and the ones who do not have a systematic problem in the aspect of benefits and general evaluation of the appointment system. ($P < 0.05$). On the other hand, there is no statistically significant difference between the health care workers in terms of disadvantage and functionality according to the systematic problem. ($P > 0.05$). The participation of health professionals who are having problems both in terms of benefit size and in general of the appointment system is statistically lower. Although there is no statistically significant difference, the health care workers who have similar problems and functional problems are more negative.

Results

In the study, it was aimed to determine how the application of the operating room appointment system was perceived by the health workers and the opinions of the health workers about the topic. Questionnaires administered to 183 health care workers were analyzed using descriptive statistical methods, t test in independent samples and one way analysis of variance. According to the findings of the study, the highest participation by health professionals in terms of functionality; it has been found that the least attendance is in the size of a drawback which reveals the drawbacks of the operating room appointment system. However, in the study of Çahin (2013: 22), it was seen that the appointment system of the operating theater was negatively evaluated by the health workers by 73.3%. When the evaluations of the subject-related patients were examined, the level of satisfaction with the appointment system was found to be high (Çahin, 2013: 22, Sampson et al., 2008: 642). The socio-demographic characteristics of the participants do not cause any difference in evaluating the drawbacks, benefits and deficiencies of the operating room appointment system. Participants were found to have problems such as interruptions in communication, appointment of two patients at the same time, and cancellation of the spontaneous appointment in the question

about whether they were experiencing problems due to the appointment system in the operating room. In the study of Falcon (2013: 21), there were no problems in general (71.5%); the problems experienced are not observed to the appointment hour, the problems of other patients are caused by the computer system. A similar question was addressed to the hospital by an appointment by Falcon (2013: 20); even half of the patients, most of whom did not have appointments, stated that they had problems in the examination at the hospital. The ones who stated that they had a problem complained about the wait and the examination.

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PROBLEMS ENCOUNTERED BY FEMALE EDUCATIONAL SUPERVISORS

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Introduction

The term ‘supervision’ in Turkey is used in the same sense as similar words such as inspection, control, and renewal. In addition to identifying various forms of illegalities and their responsibilities, the supervision is also seen as a guiding process by minimizing the risk of corruption and mistakes in the audited institutions, providing proposals for better management and ensuring productive and frugal production (Köse, 1999). For this purpose, the institutions employ supervisors appointed to perform supervisions. These supervisors review and evaluate them, the information and documents about the institution and prepare reports according to the results. They present to senior executives in their organization the reports on the elimination of any defect they have identified. Supervision of the processes is necessary for the institutions to function properly. During the supervision process, supervisors are expected to act as a manager, leader, guide, tutor, and researcher. The supervisors who perform the supervision function within the management processes must examine each unit individually to reach the goal of the organization (Arslantaç&Özkan, 2013).

The main purpose of educational supervision is to enable schools to continue education activities actively. It is also determined by educational supervision that what organizational, managerial and educational objectives of educational institutions are being carried out at planned levels and what can be done to turn it into a positive situation if there is a negative situation (Baçaran, 2006). According to Colantonio (2005), educational supervision is seen as another way of improving the quality of educational services offered. Through education supervision, it is possible to develop staff and create an effective environment. He stated that it would be

possible to improve the quality by eliminating deficiencies thanks to an effective education supervision.

The supervisors of the education system are responsible for auditing the educational activities of the teacher, the development of the teaching skills, the introduction of the advances and innovations in the field of education and training, and the improvement and development of the existing situation by determining the mistakes and deficiencies. The responsibilities of an effective educational supervisors are listed by Aydın (2007) as follows: to determine the objectives of the supervision, to select and appoint the personnel, to provide guidance for the healthy use of the funding needed for the education, to lead the educational institution to improve the teaching and to encourage teachers for research and development, to apply educational staff's legal responsibility definitions, to provide space, tools and equipment for schools and their effective use, to promote the school program, to ensure the usage of natural and social resources, to ensure the creation of an open environment in human relations, and lastly to provide leadership in the professional development of school staff.

Bell (1988) and Brunner (1998) pointed out that gender is an important factor in the selection process of educational supervisors and that women are disadvantaged compared to men. In Miller's (2009) study, it is reported that the educational supervisor's profession is seen as a patriarchal occupation in the USA, which is why female educational supervisors are less than male educational supervisors. In another study conducted by Skrla, Reyes, and Scheurich (2000), discrimination based on sex was examined, and it was reported that female supervisors were exposed to maltreatment and exclusion by men during their professional lives. Looking at the proportions of women at the management levels in many countries, uneven approaches to women's selection, placement, and career processes are seen. The research findings reveal that marriage and children are the biggest obstacles to women's work and career (Kocacık&Gökkaya, 2005).

As a result, due to gender inequality in institutions and gender roles of women, women in the education sector are also exposed to a number of oppressions and in the secondary place after men. Because of this, in education environments, women have to make more effort than men to become top managers (Cengiz, 2009). In the supervisor profession, women experience distress due to their gender as in other professions (Erdem&Erogul, 2012).

Nevertheless; in the European Union project titled "Education and Gender" conducted in 12 countries in Europe, the gender-based structure of education in Turkey has been investigated. In the survey conducted by the Izmir University of Economics, it has been determined that 3620 of the 62,933 teachers working in 27,197 primary schools in Turkey are male and 59,313 are female. However, when the genders of school administrators were examined, it was seen that only 11,9% were women. Also, when the Ministry of National Education's data are examined, there are one

female administrator among 81 provincial national education directors and 8 female administrators among 718 district national education directors. Of the educational supervisors working in Turkey, 20% are women, and 80% are men. In short, women have only a very low level of management even in professions that are defined as “fit for women”. (MEB, 2014).

On the other hand, looking at developed countries, it is seen that only 10% of women working in Europe are middle or lower level managers and less than 5% can take part in top management. In Western Europe and other developed countries, the proportion of women in decision-making positions is around 13.1% only in public institutions, especially in ministries related to social issues (Koray, 1993). This shows that women around the world are facing significant obstacles in their career development.

In this study, it is aimed to determine the problems experienced by female educational supervisors, the reasons of these problems, and the studies that can be done to solve these problems. For this general purpose, hiring process, occupational problems encountered, reasons for emerging of professional problems, solutions for these problems, behaviors exhibited against the problems they experience and their preference this profession again were investigated in educational supervisors. Another aim of the research is to attract the attention of the researchers to the female educational supervisors. It is aimed to scientifically investigate what can be done to increase the proportion of women in education supervision similar to teachers where women are the vast majority as well as to contribute to the related literature. The reasons why women who constitute the majority of education workers are not represented at a high level in educational supervision have been investigated.

It is thought that this research will be a source of awareness for the problems and solutions that female educational supervisors are experiencing and will be a resource for other profession groups to work on to identify the problems of working women and to develop solution proposals.

Method

In this study, which was carried out as a qualitative phenomenological pattern, the opinions of female educational supervisors about their problems in their working lives were examined in depth.

17 female educational supervisors working in Ankara in 2014-2015 academic year voluntarily participated in the study. The demographic information of the participants is given in Table 1.

Table 1. Demographic characteristics of female educational supervisors participating in the study

Participant	Age	Marital Status	Education	Monthly Salary	Total Working Experience	Working Experience as an supervisor
M1	26-35	Single	Bachelor's degree	1501-2500	11-15 years	1-5 years
M2	26-35	Married	Bachelor's degree	2501<	11-15 years	6-10 years
M3	36-45	Married	Bachelor's degree	2501<	16 years <	16 years <
M4	36-45	Married	Bachelor's degree	2501<	16 years <	1-5 years
M5	36-45	-				
M6	26-35	Married	Bachelor's degree	2501<	11-15 years	6-10 years
M7	36-45	Married	PhD	2501<	16 years <	16 years <
M8	26-35	Married	Bachelor's degree	2501<	6-10 years	1-5 years
M9	36-45	Divorced	Bachelor's degree	2501<	16 years <	1-5 years
M10	26-35	Divorced	Bachelor's degree	2501<	16 years <	16 years <
M11	26-35	Divorced	Bachelor's degree	2501<	6-10 years	1-5 years
M12	36-45	Married	Bachelor's degree	2501<	16 years <	6-10 years
M13	36-45	Married	Bachelor's degree	2501<	16 years <	16 years <
M14	26-35	Divorced	Bachelor's degree	2501<	6-10 years	1-5 years
M15	36-45	Married	Bachelor's degree	2501 <	16 years <	16 years <
M16	26-35	Married	Bachelor's degree	2501 <	6-10 years	1-5 years
M17	26-35	Single	Bachelor's degree	1501-2500	11-15 years	1-5 years

According to Table 1, it is seen that 9 female supervisors were between 26-35 years and 8 were between 36-45 years. When we look at the marital status of female educational supervisors, it was understood that two were single, ten were married and four were divorced. In the research sample, a woman did not agree to respond to demographic questions except the age of the educational supervisor's information form.

Semi-structured interview form consisting of 15 questions was used as data collection tool. The research was conducted by reviewing the relevant literature and taking the opinions of field experts. The interview form that was created was reviewed again by the field experts and finalized. In order to ensure the validity and reliability of the data collection tool in the research, the interview data were examined by the researcher and another expert and, according to their opinions, the problems related to

female educational supervisors and the ways in which they proposed solutions were determined separately. The interview form prepared in the research was preliminarily tested with four female educational supervisors working in Ankara city center. In the light of opinions and suggestions, the interview form has been revised and finalized.

The data obtained as a result of the interviews is explained by content analysis. In line with the views taken, themes were determined separately as the hiring process of female educational supervisors, problems they have experienced, causes of problems, proposals for solutions, attitudes towards problems and attitudes towards the profession were determined separately.

Results

The reasons for becoming a female educational supervisors were partner or family support (n=4), knowing an supervisor (n=3), during higher education (n=3), private life (n=1), first supervisory inspection (n=2), while working as a teacher (n=2) and finally after an instant decision by himself (n=1). It was seen that all of the female instructors inspected by the research have decided to be an educational supervisors by themselves or by the influence of their surroundings. For example, the following explanations were seen *"I decided to be an educational supervisor while continuing a master of science program in Izmir"* (K3). *"I decided while working as an educational supervisor in AgriPatnos"* (K2).

While the problems faced by female educational supervisors were examined, a classification was made according to gender main theme. For this reason, the main themes were formed under the theme of gender, non-gender, and problem-free. Problems faced by female educational supervisors under the gender main theme were gender discrimination (n=3), slang (n=1) and male bias (n=3). Gender discrimination was among the problems encountered by female educational supervisors. The use of slang terms by colleagues or by those outside of the institution is also seen as a problem for female educational supervisors. For example, the following statements were seen *"As female supervisor, we are always behind men."* (K15). *"In general, it is the way of speaking because males constitute the majority of the groups"* (K5). *"As in every profession, male colleagues think that females cannot do this job well enough."* (K7).

When examining the sub-themes under non-gender theme, the problems faced by the female educational supervisors were regional difficulties, discipline, teacher prejudice, intense work, personal life. Since first assignments of female educational supervisors are mostly eastern regions, they face regional problems related to culture of the region and harsh weather conditions. There were also female educational supervisors who indicate that there are no problems.

The main themes for the causes of the problems faced by female educational supervisors were classified as gender related and non-gender-related. The problem related to gender was gender discrimination (n=6). Problems not related to gender

were fear from supervision (n=1), lack of supervision (n=1), cultural differences (n=3), occupational problems (n=4), private life problems (n=1), non-being professional (n=3). For example, the following answers were given *“the source of this problem in the education sector, as in every sector, are teachers fear of supervision” (K9).* *“As in other professions in our country, in this profession, people start their job without gaining sufficient experience.” (K7).*

Gender equality (n=4), education (n=6), occupational conditions (n=2), providing vehicle (n=1) and unrelated (n=2) themes were seen when the proposed solutions for the problems of female educational supervisors are examined. Five participants did not make any suggestions. For the solution of the problem of “education” sub-theme, it is stated that firstly supervisors should be educated adequately.

When examining what kinds of behaviors female educational supervisors exhibited in response to experienced problems, the results were as follows: solution focused (n=13), empathic (n=3), cool (n=5), patient (n=3), idealist (n=1) and authoritarian (n=1). Female educational supervisors stated that they try to find solutions to the problems they are experiencing: for example, *“I try to show solution oriented behavior for the problems I experience” (K12).* *“I offer solutions.” (K16).* However, when all the answers were examined, it was seen that some participants can exhibit multiple behaviors. For example, (K5) used expressions that serve as examples for both “express” and “authoritarian” contact. (K2) expressed both idealistic and authoritarian attitudes. As this result implies, in the evaluation of the female educational supervisors behaviors in relation to the problems they encounter, it was seen that they are solution oriented, cool-tempered, empathic, patient, idealistic, self-expressive and authoritarian.

When examining the situation and reasons of female educational supervisors in choosing the same profession again, the answers were evaluated in two themes as “election” and “cause”. The sub-themes associated with the selection were evaluated as yes (n=15) and no (n=2). It was seen that a very large majority of participants want to choose the same profession again. The reasons why women’s educational supervisors would choose this profession again were love (n=7), private life (n=2), adherence (n=1) and character professional adjustment (n=1). Regarding the theme of “election”, one of the female educational supervisors, K11, *“If I come back to the world again, I would be an supervisor again*” while the other participant K1 expressed her unwillingness to choose this profession as *“I do not think I will choose being an supervisor, again.”*

Discussions and Recommendations

It was seen that participants had both gender-related and not gender related problems but most of the problems were non-gender related. Problems with gender constitute only one-fifth of the general problems. In the study on the problems of female

supervisors, Gülveren (2008) found that the general problems of female supervisors were similar to those of male supervisors. Problems faced by female faculty supervisors under the gender theme were sex discrimination, slang, and male prejudice. Gender discrimination is among the problems female educational supervisors face. The use of slang terms by colleagues in the periphery or by those outside the institution is also seen as a major problem for female educational supervisor. Tallerico (2000) stated that female educational supervisors were subjected to gender-related professional discrimination by persons in their immediate surroundings, authorized persons and male educational supervisors during entering this profession.

In sum, the problems faced by the educational supervisors due to their cultural and natural conditions in the area they work, since their first place of duty is mostly eastern regions; problems arising from not finding the discipline at supervised educational institutions at the same level they have in their lives; prejudices of teachers; intensive work schedule of the participants due to the nature of their profession has emerged as problems not related to gender. However, the participants are neglecting their families because of their busy lives, the stress they have experienced due to their risky work and the limited time. This is also a problem in their private life. Male supervisors are also affected with these problems. Problems according to the main theme not related to gender were fear of supervision, lack of supervision, cultural differences, occupational problems, problems with private life and problems with not being professional. In order to address these non-gender-related problems, it is necessary to educate audited educators and to provide guidance in their profession in order to make them ready for the supervision. Supervisors need to gain experience to become professional, be adept at their profession. For this reason it may be appropriate to provide on-the-job training for supervisors on necessary subjects.

Dagli (2001) stated that in the minds of the teachers working in primary schools, educational supervisors showed low leadership behaviors in class supervision. Sayılan (2012) stated that gender inequality could be corrected by removing the problems identified in this way. He also stated that gender discrimination should be considered together with cultural, economic and political reasons in the society. In the research conducted by Babaoglan (2011), not being accepted as authority, prejudices about female supervisors, restriction of social life, harassment, not being included in decision processes by superior managers, lack of awareness of female supervisors about their problems, and low number of female supervisors were identified as main problems.

It has been seen that the solution the female educational supervisors have developed to the problems they have experienced was thinking solution-oriented in the first place and they acted calmly, with empathy, patiently, idealistic, self-expressive and authoritarian. On the other hand, Uygur (2006) stated about the experience of supervisors and their development that there are communication problems between experienced supervisors

and new supervisors and workload and working in compliance with legislation negatively affect their professional life.

It is seen that the vast majority of female educational supervisors (15/17) would choose the same profession again. This shows that the vast majority of female educational supervisors are pleased that they have done this profession. As a result, the problems faced by female educational supervisors in the research and the causes of these problems are often not gender-related.

In the study, female supervisors stated that senior management and the people they supervise do not give importance to them and they have experienced sexual discrimination in the stages of investigation and evaluation. In this sense, the senior management and the supervised sector should be informed. In-service training can also be provided on how behavior and attitudes should be in the face of events or behaviors experienced during the supervision.

Finally, in this study, female educational supervisors' own views were included. The views of male colleagues, teachers, administrators, and students can also be consulted. By considering these opinions, problems and differences can be put forward, and models related to solution proposals can be created.

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Summary

PROBLEMS ENCOUNTERED BY FEMALE EDUCATIONAL SUPERVISORS

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Educational supervision is necessary for managing educational institutions, for examining plans and for carrying out the control function of the education system. The primary purpose of educational supervision is to enable schools to continue education activities actively. The educational supervisors in the education system provide professional help on the evaluation of the teaching activities of the teachers, the development of teaching skills, the introduction of advances and innovations in education and training, the improvement of the existing situation by determining the mistakes and deficiencies.

In the literature of educational supervision, many studies have reported the problems of educational supervisors. In this study, it is aimed to determine the problems experienced by female educational supervisors, the reasons of these problems, and the changes that can be done to solve these problems. Seventeen female educational supervisors working in Ankara voluntarily participated in this study, which was designed as a qualitative phenomenological research. Semi-structured interview form consisting of 15 questions was used as data collection tool. The data obtained as a result of the interview is explained by content analysis. In line with the views taken, themes were determined separately as the hiring process of female educational supervisors, problems they have experienced, causes of problems, proposals for solutions, attitudes towards problems and attitudes towards the profession were determined separately.

At the end of the research, problems faced by female educational supervisors were found to be gender-related and non-gender-related. Gender-related issues were gender discrimination in the profession, prejudices of male workers and use of slang expressions in the working environment. Non-gender-related issues have been emphasized as the difficulties of the region they work in, the prejudices of the teachers, the disciplinary problems, the uncertainty of working hours, the length of intensive study and neglecting their families as a consequence. As a result, in the investigation of challenges encountered by female educational supervisors, the causes of these problems, and the solution proposals, it was found that these problems are mostly not related to gender.

Keywords: Supervision, Educational Supervision, Female Educational Supervisors

SAĞLIK YÖNETİCİLERİNİN GÖSTERDİKLERİ LİDERLİK TARZLARININ SAĞLIK ÇALIŞANI MOTİVASYONUNA ETKİSİ

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GİRİŞ

Çalışma konusunun seçimi; sağlık sektöründe en yoğun hastaya ulaşılan ve gerekli tedavi hizmetlerinin verildiği birimlerin hastaneler olmasıdır. Hastaneler kendi bünyesinde birçok birim bulundurur. Birimlere başvuran hastaların beklentileri çalışan tüm sağlık ve idari personelin güler yüzlü, anlayışlı ve kendilerine bir iç gözüyle bakılmamasıdır. Çalışan personeller de kendi haklarının korunduğu kişi başına düşen görev sayısının adaletli olduğu ve sadece kendi içleri ile belirlenmiş bir düzen içinde çalışmak isterler.

Hastanelerde yoğun teknoloji ve emek bir arada kullanılır. Yoğun teknolojinin en fazla kullanıldığı birimlerden biri ameliyathanelerdir. Ameliyathanelerde çalışan sağlık personeli birçok sıkıntıya birebir çözüm getirmek zorunda kalır. Kapalı birim olması sebebiyle sıkıntıları ve sorunları belirli kişilerle paylaşır ve çözmeye çalışırlar. Sağlık çalışanlarının düzenini ve çalışma yöntemlerini sağlık çalışanlarının yöneticileri belirler. Çalışmada yöneticilerin liderlik davranışlarının nasıl olması ve algılananın ne olduğu ve bunun motivasyonlar üzerindeki etkisine bakılmıştır (Barutçugil, 2004: 21).

Hastanelerde ayrıcalıklı birimler arasında ameliyathaneler yer almaktadır. Sebep olarakta ortamın dış ortamdan izole olması, isteyen kişinin içeriye ulaşmasının mümkün olmaması, tüm cerrahi müdahalelerin orada yapılması ve ikamesi zor olan deneyimli, yetenekli ve pratik çözümler üretebilen personellerin çalışmasıdır. Yoğun olan tempoda ekip anlayışının olması gerekmektedir. Ekibin lideri olarak da yönetici görev almaktadır. Çalışmada yöneticilerin liderlik davranışlarının çalışanların motivasyonları üzerine etkisini incelemek amaçlanmıştır (Aktan, 1999: 11).

Sağlıkta en önemli hizmet sunucusu hastanelerdir. Hastanelerin en önemli ve içlerin karmaşık olduğu birimlerdir. Tüm yoğunluğunu en fazla çeken sağlık çalışanları grubudur. Etkin ve verimli olmasının baş faktörlerinden biri de iyi bir lider tarafından

yönetilmelidir. Lider görevini yönetici(sorumlu) üstlenir. Lider davranışlarının çalışanlar açısından olumlu yönde algılanması beklenen çalışma performansı açısından çok önem taşımaktadır. Çalışanların motivasyonlarının yüksek olması tüm işleyiş açısından olumlu yönde algılanmaktadır.

Çalışmada kullanılan yöntem ve teknikler olarak birkaç üniversitenin kütüphanesinden veri toplamak için yazılı kaynaklar değerlendirilmiştir. Konuyla bağlantılı tezler incelenmiş, internet kaynakları ve yayınlanan dergi makaleleri okunmuştur. Meslekte edinilen deneyim ve bilgilerden yararlanılmıştır.

Sağlık Yöneticiliği ve Liderlik

Sağlık Yöneticiliği birebir insanla ilgili bir meslek olduğu için iletişim çok önem taşımaktadır. Başarılı bir liderlik yapabilmek içinde iletişim yönlerinin iyi kullanılması gerekmektedir. Özellikle yapılan bir işte değişiklik yapabilmek için iletişim çok önem kazanmaktadır. Başarılı bir liderde benlik saygısı da çok önem taşımaktadır. Sağlık Yöneticisi liderler güçlü ve zayıf yönlerinin farkına varmalı ve kendilerini gerçekçi bir şekilde değerlendirmelidirler. Benlik saygısı yüksek olan liderlerin kendilerine güvenleri de olur. Bu durumda liderin birlikte çalıştılarıyla olumlu bir iletişim kurması astların kendilerine güvenlerinin olmasını sağlar. Ve kendine güveni olan bir liderle çalışmak iş motivasyonunu da artırır. Sağlık mesleğinde liderlik kavramının diğer mesleklere göre yavaş ilerlemesinin en önemli sebebi toplumsal faktörlerden kaynaklanmaktadır.

Meslek günümüzde erkeklerinde tercih etmesine rağmen kadın ağırlıklı yapılan ve toplumdaki algısı da öyle olan bir meslektir. Kadınların cinsiyetleri nedeniyle daha kibar ve alıngan olduğu düşünülerek liderliğin erkeklere daha uygun olduğu inanılmaktadır. Sağlık Yöneticiliği ve kadın sözcüğünün ne anlama geldiğine dair 30 dilde bir araştırma yapılmıştır. Araştırmanın sonucunda bu iki sözcüğün iyi ve aktif olduğu anlamının yanı sıra duygusal ve zayıf anlamına da geldiği belirtilmiştir. Bundan dolayı sözcüğün anlamı kadın sözcüğü ile özdeşleştiği belirtilmiştir (Terzioğlu ve Taçkın, 2008: 62).

Sağlık yöneticiliği hastanın ihtiyacı olan bakımları saptayıp uygun bakımları vermek gibi kararlar alınması gereken bir meslek olduğu için liderlik bir kat daha önem taşımaktadır. Bu yüzden liderlik özelliği taşıyan ve yeteneği olan adayların geliştirilmesi için desteklenmelidir. Sağlık yöneticiliği çalıştıları ortam gereginde hızlı hasta sirkülasyonu gereginde dikkat ve yakın gözlem gerektiren dinamik bakımı vermektedirler. Problem çözme sürecinin yanı sıra teknolojik çok önem taşıyan cihazlar kullanırlar. Aynı zamanda da ameliyathane ortamı diğer birimlerden daha izole olan bir ortamdır. Tüm bu yoğun çalışmalardan dolayı çalışma ortamında daha etkili bir liderlik davranışı sergilemeleri gerekmektedir. Sonuç olarak; tüm bu zor çalışma şartları ve sistemsiz sıkıntılar içinde çalışanları anlayan yine kendi meslektaşları olurlar. Bu yüzden yönetenlerin olması çok önem taşımaktadır. Etkin bir lideri; astlarının rahat ve huzurlu çalışmasını sağlayan bunun için çaba gösteren liderdir (Besler, Oktal, Baraz, 2013: 10).

GEREÇ VE YÖNTEM

Araştırmanın amacı

Sağlık işletmelerinde görevli sağlık yöneticileri tarafından gösterilen liderlik tarzlarının sağlık çalışanlarının motivasyonlarına etkisinin belirlenmesidir.

Araştırmanın Evreni ve Örneklemi

Araştırmamızda sağlık çalışanları üzerinde anket uygulaması yapılmıştır. Anket uygulamasında evren olarak Samsun ilinde faaliyetlerini sürdürmekte olan iki özel hastane belirlenmiştir. Belirlenen iki hastanede 120 kişi anket uygulamasına katılmıştır.

Veri Toplama Araçları

Veri toplama aracı olarak kişisel bilgi formu, liderlik davranış ölçeği ve minnesto doyum ölçeği anketleri kullanılmıştır.

Verilerin analizi

Araştırma sonucu elde edilen veriler SPSS (Statistical Package for Social Sciences) programı kullanılarak analiz edilmiştir. Hipotez testi olarak Non- paramedik testlerden olan Kruskal Wallis H-testi, korelasyon analizi ve Mann Whitney U testi yapılmıştır. Araştırmada veriler yüzde değerler ele alınarak yapılmıştır.

BULGULAR

Tablo 1.Liderlik Davranış Ölçeğinde; Alt Boyutlar İle Yaş Aralıklarının Değerlendirilmesi (N=120)

Alt Boyutlar	Yaş Aralıkları	N	Ortalama	KW	p	Anlamlılıklar
İçgören odaklı liderlik	20 yaş altı	4	79,00	3,941	0,414	0,414>0,05 Anlamsız
	20-25	15	64,71			
	26-30	32	50,31			
	31-35	23	61,78			
	35 yaş ve üstü	46	61,89			
Değişim odaklı liderlik	20 yaş altı	4	79,00	1,908	0,280	0,280>0,05 Anlamsız
	20-25	14	55,93			
	26-30	32	63,78			
	31-35	23	58,09			
	35 yaş ve üstü	46	57,04			
Görev odaklı liderlik	20 yaş altı	4	62,67	5,071	0,753	0,753>0,05 Anlamsız
	20-25	15	41,79			
	26-30	32	65,78			
	31-35	23	57,52			
	35 yaş ve üstü	46	61,30			

Tablo 1’de araştırmaya katılanların iç gören odaklı liderlik ortalamaları ile yaş aralıklarının arasındaki anlamlılığı değerlendirilmiştir. Yapılan kruskall Wallis H-testi sonucunda yaş aralığı ile iç gören odaklı liderlik boyutunun arasında anlamlılık yoktur. (KW: 3,941; $p=0,414>0,05$)

Katılımcıların değişim odaklı liderlik puanları ile yaş aralıkları arasındaki anlamlılık değerlendirilmiştir. Sonuçlara bakıldığında gruplar arasında istatistiksel olarak anlamlılık yoktur. (KW: 1,908; $p=0,280 >0,05$)

Katılımcıların görev odaklı liderlik puanları ile yaş aralıkları arasındaki anlamlılık değerlendirilmiştir. Sonuçlara bakıldığında gruplar arasında istatistiksel olarak anlamlılık yoktur. (KW: 5,071; $p=0,753>0,05$)

Tablo 2.Yönetici Liderlik Ölçeği Alt Boyutları ile Motivasyon Ölçeği Alt Boyutlarının Korelasyon Analizinin Değerlendirilmesi

Boyutlar	Yaş Aralıkları	N	R
İç kaynaklı	İçgören odaklı liderlik	120	0,39
	Görev odaklı liderlik	120	0,08
	Değişim odaklı liderlik	120	0,41
Dış kaynaklı	İçgören odaklı liderlik	120	0,3
	Görev odaklı liderlik	120	0,16
	Değişim odaklı liderlik	120	-0,22
Genel	İçgören odaklı liderlik	120	-0,05
	Görev odaklı liderlik	120	0,36
	Değişim odaklı liderlik	120	0,23

Tablo 2’de motivasyonun iç kaynaklı alt boyutu ile liderliğin değişim odaklı alt boyutlarının arasındaki ilişkiyi belirlemek için korelasyon analizleri yapılmıştır. Çıkan sonuçlarda %41 düzeyinde pozitif yönde anlamlılık bulunmuştur. İç kaynaklı motivasyon ile iç gören liderlik arasındaki sonuç %39 düzeyinde pozitif yönde anlamlıdır. İç kaynaklı motivasyon ile görev odaklı lider arasındaki sonuç %8 düzeyinde pozitif düzeyinde olumludur. İç kaynaklı motivasyon arttıkça liderlik alt boyutlarında da artış görülmektedir.

Dış kaynaklı motivasyon ile iç gören liderlik arasındaki ilişki iç gören odaklı liderlik %3 düzeyinde pozitif yönde anlamlı bulunmuştur. Dış kaynaklı motivasyon ile görev odaklı liderlik arasında %16 oranında pozitif yönde anlamlılık bulunmuştur. Dış kaynaklı motivasyon ile değişim odaklı liderlik arasında %22 oranında pozitif yönde anlamlılık bulunmuştur. Dış kaynaklı motivasyon ile iç gören odaklı ve görev odaklı liderlik arasında pozitif yönde anlamlılık vardır. Yani dış kaynaklı motivasyonda artış olurken değişim ve görev odaklı liderlikte de artış olmaktadır. Dış kaynaklı motivasyon artarken değişim odaklı liderlikte azalma olmaktadır.

Genel motivasyon ile iç gören odaklı liderlik arasında %5 düzeyinde negatif bir anlamlılık vardır. Genel motivasyon ile görev odaklı liderlik arasında %36 düzeyinde pozitif düzeyde anlamlılık vardır. Genel motivasyon ile değişim odaklı liderlik arasında %23 düzeyinde pozitif düzeyde bir anlamlılık vardır. Genel motivasyon da artış olurken iç gören liderlikte azalma olmaktadır.

SONUÇLAR

Sağlık sektörü teknolojinin ve emeğin en yoğun olduğu birimler olarak bilinmektedir. Hastaneler de çalışan sağlık çalışanlarının diğer sektörlerde çalışanlara göre daha dikkatli, yoğun ve pratik çalışması gerekmektedir. Bundan dolayı çalışan ekibin memnuniyeti ve iç doyumunu çok önemlidir. İç doyumunu ve motivasyonlarını etkileyen sebepler; çalışılan ortamın fiziki özelliği, çalışma şekilleri, çalışma saatleri, kazanılan ücret ve yöneticilerin davranışlarıdır. Yaptığımız çalışma da; sağlık çalışanlarının %85'inin yöneticilerinin liderlik davranışlarından memnun olduğu görülmüştür.

Yapılan çalışmada sağlık çalışanlarının çoğunluğunun çalışmaktan memnun oldukları ve görev yerlerini değiştirmek istemedikleri belirlenmiştir. Çalışanların eğitimlerinin artması ile sorgulamacı olmalarının paralel gittiği gözlenmiştir. Bu sebeple eğitime ağırlık verilmesi gerekmektedir. Ayrıca uygulanan ücret politikalarında eğitim desteklenmeli ve eğitimi yüksek olanların aldıkları ücretler daha yüksek olmalıdır. Araştırmada da meslek lisesi mezunu sağlık çalışanlarının da diğer çalışanlara göre daha memnun ve motivasyonlarının yüksek olmasının en önemli etkeninin ücret farklılıklarının çok az olmasıdır.

Ülkemizde sağlık sistemi geçmişe göre daha gelişmiş olmasına rağmen özellikle devlet hastanelerindeki imkanlar hala kısıtlıdır. Kullanılması gereken cihazlar ve aletler her geçen gün teknolojinin de ilerlemesi ile artmıştır. Sağlık çalışanları eğitim aldıkları kurumlarda ya da çalıştıkları diğer kurumlarda bu teknolojileri kullanabilmektedirler. Aynı standartları devlet hastanelerinde de bulmak isterler. Bunun olumsuz olması sonucunda ilk olarak çatıçacakları ekip hemşireler olmaktadır. Üniversite ve eğitim araştırma hastanelerindeki çalışanların özel hastanelere göre mutsuz olmalarının en önemli nedeni budur. Özel hastanelerin ortam olarak daha teknoloji ile donanımlı, fiziki özellikleri uygun ve malzeme kısıtlılığı olmayan yerlerdir.

Ülkemizde çalışılan fiziki şartlar, eleman sayıları, malzeme ihtiyaçlarının karşılanması, ücret politikaları ve gerekliliklerin teşvik edilmesi ile motivasyonların daha yükseleceği düşünülmektedir.

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Summary

THE HEALTHY EMPLOYEE MOTIVATION EFFECT OF HEALTH ADMINISTRATIVE INDICATORS LEADERSHIP STYLES

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The purpose of the research is to determine the impact of the leadership styles shown by the health managers in health care enterprises on the motivation of health workers. Questionnaires were given to health workers in our research. As a result of the survey, two private hospitals operating in the province of Samsun have been identified. In the two identified hospitals, 120 people participated in the survey. A three-step survey was conducted in the survey. Surveys; Personal information form, leadership behavior scale, Minnesota satiety scale.

Women make up 86.7% of the survey participants. The perception of the leadership behaviors of the health professionals who graduated from the vocational high school was found significant in the research ($p = 0,006 < 0,05$). Perceptions of leadership behaviors of the managers of the working years in the hospital were meaninglessly found ($p = 0.280 > 0.05$). The motivation of the employees between the ages of 26 and 30 and the positive perception of the managers were found meaningful. ($p = 0.27 > 0.05$)

Keywords: Health, Health Manager, Health Worker, Leadership, Motivation

INVESTIGATION OF THE EFFECT OF CUSTOMER RELATIONSHIP MANAGEMENT AND CUSTOMER LOYALTY OF BANK EMPLOYEE BEHAVIOR

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1. Introduction

Changes in competition between businesses in today's world has changed too. businesses that are empowered with technology, they entered into a competition across geographic boundaries. In such a competitive environment, it is no longer sufficient just satisfaction for customers. It also sought ways to gain customer loyalty. For this reason, the policy applied to customers has become more important. Customer relationship management is one of these policies. The service sector is a system that is being implemented in many sectors especially. The importance of the service sector, providing services and service area is due to be human.

Also in the service sector, a sector where there is too much competition in the banking sector. Banks depend on the success of customer relationship management bank employees. The behavior of employees who are representatives of the Bank is one of the important elements to achieve customer satisfaction. Because the behavior of bank employees has an impact on customers. However, the acquisition of customer satisfaction is not sufficient alone. It is necessary to ensure continuity of customer satisfaction. The most important way to achieve this is to gain customer loyalty. The concept of loyalty is an important contribution to the Bank's employees is increasing the competitiveness of the bank. This customer relationship management study of the behavior of bank employees and the impact of the acquisition of customer loyalty will be examined. It is necessary to ensure continuity of customer satisfaction. The most important way to achieve this is to gain customer loyalty. The concept of loyalty is an important contribution to the Bank's employees is increasing the competitiveness of the bank.

This customer relationship management study of the behavior of bank employees and the impact of the acquisition of customer loyalty will be examined. It is necessary to ensure continuity of customer satisfaction. The most important way to achieve this is to gain customer loyalty. The concept of loyalty is an important contribution to the Bank's employees is increasing the competitiveness of the bank. This customer relationship management study of the behavior of bank employees and the impact of the acquisition of customer loyalty will be examined.

2.Customer Relationship Management

Customers and all customer relationship processes covering everything that occurs between customers and businesses into the area all transactions between businesses is called. Customer acquisition, customer satisfaction, process-oriented relations such as the acquisition of the customer's loyalty to the establishment of customer relationship management are given name. Since 1990, the customer relationship management or other names emerged as Customer Relationship Management (CRM) has been among the important elements of the trade in the past. However, the validity period has seen the last accepted. Customer relationship management is made in the literature of many different definitions.

In one of these customer-oriented approach to work it is expressed in profit as all of the policies carried out by the company pursuing (Yeler, 2006 s.9-10). It is the mechanism serves as a bridge between customers and businesses. The main purpose customer relationship management to create value building relationships with customers, develop relationships and maintain continuity. Customer relationship management, there are some steps to follow these steps and illustrate the need to work to succeed in a customer-oriented customer relations.

At this stage, there is the determination of the customers at first. Done to identify different campaigns for clients, it carried out a number of applications such as the introduction of new products. The second stage is the customer's acquisition stage. Examination of the second phase, customer demand is realized submission of various proposals and implementation of the final steps. The next step is retention of customers. After the customer was acquired from the third stage some methods are applied to retain customers.

These include: taking orders, making quality delivery, solutions are to be directed to develop methods of customer demand and problem-complaint. The fourth and final stage is reached when it is necessary to gain customer loyalty. This stage is the stage of the examination of customer demand and the development of different sales methods. in a way that customers remain loyal to the company's effort should be made to (www.crminturkey.org, ET: 10/04/2016). Customer relationships are important to ensure customer continuity earned points towards managing and implementing the right strategies to customer groups (Iltter, 2005, p.19-20).

Customer relationship management is also facilitating the implementation of proper marketing strategy. In this way, the correct sales, to the right customer the right product, at the right time and the right price reaches the customer. This can be said also for banks deemed status of the business service sector. Our era has adopted a customer-centric operating principles of the banking tool itself and in relations with customers are acting accordingly.

3. Customer Loyalty

Loyalty literally refers to as the commitment. loyalty in the dictionary, is referred to as solid and strong friendship (<http://www.tdk.gov.tr/>, Accessed: 04/01/2016). The first loyalty is the loyalty of employees of businesses that call. The past to the present commercial life must be loyal to the company employees to be healthy. Another type of loyalty is important for business customers' loyalty. Customer loyalty is made permanent transformation of the business from the goods or services received. Previously known to customers buying goods or services over the process are an example of customer loyalty (Altintas, 2000, s.28-29). After the acquisition of customer satisfaction to customer loyalty it is necessary to create value for the business. It should establish long-term relationships with customers. In this way, the perception is the safe in the eyes of business customers. Establishing long-term relationships is to guarantee the continued existence of the company. Especially in the service sector banks to gain customer loyalty and establish long-term relationships it is vital for the viability of the bank.

3.1. Bank Employee Behavior Relations Between Customer Relationship Management

Customer relationship management is the power of employees in terms of implementation. Because employees are the customer's interlocutor in any business. They represent the bank employees in the bank. Therefore, it is bound to be successful customer relationship management of the bank's employees. The effect of the policy will be applied to customers working in explaining to customers is enormous. The customer receives services from employees for employees is easier to impress customers. Customers show interest, to have a structure and generating quick solutions, are reinforcing the image of the bank's employees in offices perform a seamless service delivery. In this way, customer relationship management may be successful and won the customer's loyalty.

4. Methodology of Research

The model of research in this part of the study, the hypothesis of the issue will be given information about the collection and analysis of data.

4.1. The subject matter and Model of Research

customer relationship management of the bank staff behavior in this study were examined and the impact on customer loyalty. For the purpose of descriptive research model was used in the study. This method was chosen to be the subject of enlightening. The research hypothesis is as follows:

H1: Bank staff will affect the behavior of the customer relationship management.

H2: Bank staff's behavior affects customer loyalty.

4.2. The sampling and Boundaries

rather theoretical and general or specific sample is fed from the funds of the practical work, mainly research literature literature and constitute the limits of the sample of the research.

4.3. Data Collection and Analysis

The literature on the subject is made. Theoretical framework has been prepared. Research for the loyalty of the bank staff behavior and its effect on customer relationship management theory and will be set forth in the evaluation of the practical work done.

5.Results

Customer satisfaction and quality is one of the most important factors in the formation of customer loyalty. Each customer receives the product he expects it to be good quality. Located in the concept of business success in the literature chain quality it is situated on the first ring. Quality, customer satisfaction and continuity when being led to the provision brings customer loyalty (Türkyılmaz and Ozkan, 2008). Customer behavior is an important contribution to the formation of the perception that employees receive quality service. Because decide to quality services received by employees from customers.

To meet customer expectations in another study performed leads to customer satisfaction. This opinion has been associated with sincerity in customer loyalty. Customer complaints about bank; or if they were considered in this complaint consists customer loyalty can easily get to the bank. Another factor influencing customer satisfaction and loyalty rates. If this element is properly disclosed to customers by bank employees may be easier to gain the satisfaction of the customer acquisition and loyalty.

One of the results of the Bank's personnel conduct general studies examining the effects on customers of banks are unwilling to spend too much time in the customer. Because time is precious considering the customer does not want to spend leisure time in the bank. The Bank is one of the expectations of customers taking behavior in positive thoughts understanding of the employees. Customers who want to see positive behaviors are becoming so pleased with the behavior of bank employees. This is the natural result of satisfied customers leaving the bank they pass the position to be acquired customer loyalty for the bank.

The long-term satisfaction with the acquisition of Loyalty can be achieved by ensuring a customer relationship management.

Running up to be important customers for banks is also important. Because employees who are to satisfy customers. One of the most important aspects in this respect is the provision of literature for customer satisfaction and employee satisfaction. Because not happy working environment, a business can not please the people dissatisfied with the opposite clients. Staff generally acts according to customer-focused approach. Customer's right to bring the case of the solution of any problem is of great importance to customer satisfaction. In this case it contributes significantly to the formation of the trust prior to the acquisition of the customer's satisfaction.

Bank of the conduct of its employees on the basis of customer relationships lead to positive results lies in the successful execution of management by the bank management. Successful management of a successful and happy employees, satisfied customers happy and successful employee acts in the creation. Intense competition in the bank's employees must have a strong and loyal relationship with their customers to make their presence constantly. Because many strategies for competition can be easily imitated. But the counterfeiting of applications for customer relationship management is difficult and costly. Customer relationship management applications remain specific to the relevant bank. Customer relationship management is instrumental in winning the customer's satisfaction. successful management of customer relations is positive consequences in terms of both bank customers. In this way, customers are finding banks to recognize opportunity. Banks are easier to identify when customers make the right decisions. Banks can develop different strategies according to the customer. Bank of customer satisfaction through successful customer relationship management that is effective in winning customer loyalty.

Gaining customer loyalty is composed of an important result in terms of the continuity of the bank due to a difficult process. Bank of customer satisfaction through successful customer relationship management that is effective in winning customer loyalty. Gaining customer loyalty is composed of an important result in terms of the continuity of the bank due to a difficult process. Bank of customer satisfaction through successful customer relationship management that is effective in winning customer loyalty. Gaining customer loyalty is composed of an important result in terms of the continuity of the bank due to a difficult process.

Result

The most important factor of the success of the Bank's customer relationship management are bank employees. It increases customer satisfaction to succeed on positive behavior and problem solving for customers and employees of the Bank is preparing the ground for the formation of customer loyalty. about the behavior of bank employees must be careful. In this case, it provided it is supported by the bank's management. given that a number of seminars on training in human psychology or behavior of the employees and delivering training can provide a way equipped to take the training of bank employees.

Customers must be satisfied that satisfied employees. Bank employees should be happy in the material and spiritual sense business environment. An employee may also positively affect customer is happy. Otherwise, the employee is a situation can not be expected to exhibit such a performance. Otherwise, employees can also enter a negative psychology itself.

Training in different periods to increase the motivation of the employees of the Bank seminar arranged. In addition, some employees made financial contributions. The success of customer relationship management also requires a successful bank management. It creates successful running of a successful management. Employees also can achieve a successful outcome for the bank by demonstrating positive behavior towards customers.

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Summary

INVESTIGATION OF THE EFFECT OF CUSTOMER RELATIONSHIP MANAGEMENT AND CUSTOMER LOYALTY OF BANK EMPLOYEE BEHAVIOR

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On the basis of the research subject of customer loyalty and customer relationship management is situated. the behavior of bank employees to the effect of customer loyalty and customer relationship management will be examined. Though there are many studies on the subject in the literature to support the subject with examples from literature will be made. information in accordance with an illustrative aspect will be given subject from different models in the studies in the literature. Overall operation will be set forth in the existing conditions, a method using descriptive.

Keywords: Bank, Bank staff, the behavior of employees, customers, customer relationship management, customer loyalty

THE EFFECT OF HEALTH WORKERS ON THE BUSINESS SATISFACTION OF CONFLICT RESISTANCE METHODS

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Introduction

The Neolithic age has begun to live collectively. This is due to the fact that the mass of production is expanding and people can not do some things on their own. Collaboration has gained importance as people start doing such things together, and the first organizations have started to be established. The different abilities that exist in humans are gathered under an organizational structure, and thanks to these talent sums, actions that exceed individual power have begun to be carried out easily. Organizations have formed as a result of people living together and developing joint actions over time. The institutionalization that results from these organizational structures and some actions are bound to certain standards. These standards have enabled the formation of a culture within the organization over time. The organization determines the degree to which its members achieve their goals. Relations between members of the organization; communication, conflict, coordination, cooperation, organizational members' motivation, motivation, stress levels affect the degree to which organizational goals are achieved. The organization is synonymous with civilization, there is no civilization without the organization (Aydm, 2000: 16).

The alienation of the organization to the culturally can cause conflicts with time, and it can also reduce the motivation over time. This low motivation is thought to affect the job satisfaction that exists in the individuals. There are also types of conflicts other than the conflict that arises from the organizational culture and the inability to understand. The view that the conflict itself is negative has not changed over time. The first assumptions about conflict in organizations were negative. The conflict was attempted to be destroyed by being seen as harmful to the organization. In order to prevent the negative consequences of violence and destruction, the causes should be concentrated and attempted to be destroyed. The view that the cracker is bad has been replaced by the view that the formation of the conflict should not be prevented and

accepted in time. This view, which argues that conflicts can sometimes be useful, was accepted in 1940-1970. The opinion that is effective from 1970's to this day is the necessity of a crack at the level that the group is awake, able to make self-criticism and creative. From time to time, the manager should direct the group to the conflict. A group without a cracker is static, indifferent and unresponsive. The good or bad of the cracker is due to the cracker's cracker (Robbins, 1994: 221– 223).

Over time, the idea that new ideas created by the clash of opposing ideas will open the door to innovation for existing organizations has gained importance. In view of this view, it is thought that there will be a gain for the institutions together with the control of the conflicts. It has been mentioned in various researches that conflicts that can not be controlled can cause negative motivation in organizations over time. It is entirely up to the managers' ability to be positive or negative. Managers with high self-sufficiency can put the conflict effectively into the organization. In the same way, managers who do not have self-sufficiency may be faced with the consequences that the conflicts existing within the organization will not control and the destructive effect for the organization in case of prolongation of the conflict. Job satisfaction comes from the emotional reactions that individuals show against their activities in the working environment. Individuals have an emotional reaction over time with problems they encounter in their working lives, which in time leads to job satisfaction or dissatisfaction.

Conflict Resolution Methods

Conflicts between individuals living in society as a result of violence occur as part of social life. As well as trying to understand conflict, it is necessary to develop skills in the resolution of conflicts (Kocacik, 2001: 6).

The causes of conflicts should be investigated and an appropriate solution model should be established to lead to conflict management. While it is important to know the causes of the conflicts, it is also important that the conflicts can be managed properly. Successful management of conflicts can not be achieved by focusing on simple and temporary solutions. In the management phase of the conflicts, the managers adopt the appropriate intervention style in accordance with some important conflict management models. These models are categorized in different forms, including competitive management models, models bringing short-term solutions, and models bringing long-lasting solutions to conflict (www.iibf.sdu.edu.tr, 03.04.2017).

Definition of Job Satisfaction

Nowadays, it is a job satisfaction that is pointed out on the organizations. Researchers on the concept of job satisfaction were found in different definitions, making it difficult to make a common definition of job satisfaction. To give a general definition, job satisfaction is the pleasure of the individual regarding his job, his pleasure from his work. "Job satisfaction is an anticipation of the feelings of the physiologically and psychologically provided by the occupants at the same time. When it comes to job

satisfaction, it comes to mind with the material interests obtained from the work, and the happiness that comes from bringing business colleagues and works to the worker who enjoy working together” (Bingöl, 1998:266).

Job satisfaction; can be measured by the alignment between the individual’s job-related expectations and job characteristics. If this compliance is high, job satisfaction is low and job satisfaction is low. If a person is not satisfied with his work and can not provide satisfaction, negative feelings about his work develop. These negative emotions can lead to work inefficiency, absenteeism, psychological problems. But in the opposite case, the person who gives enough satisfaction from his work takes ownership of the business and makes the best effort to get the desired efficiency. In addition, the social circles of individuals who are adequately satisfied with their work are also positively affected.

MATERIALS AND METHODS

Model of your research

The level of the relationship between organizational conflict and job satisfaction of the research participants was examined. Sub-problems have been identified and tested for this relationship. The method used for the research is the screening model which is one of the quantitative research methods. The screening model is the general screening model type which is one of the sub-model types. As a research model, it is a research approach aiming to describe the screening model in the past or as if there is still an existing situation. General screening patterns are screening arrangements made on a group, sample or sample taken from all or the universe in order to arrive at a general judgment about the universe in a phase consisting of a large number of elements (Karasar, 2008: 77-79).

Purpose of the research

This study was conducted in T.C. Çekirge State Hospital, which continues to provide health services in connection with the Ministry of Health, was conducted in order to determine the effect of conflict resolution methods on job satisfaction.

Universe and Sampling

The universe of the research was formed by 1500 health workers of Çekirge State Hospital. The sample is composed of 100 health workers working in different units and statues determined by random methods.

Data Collection Tool

The “Conflict Resolution Methods” and the “Minnesota Job Satisfaction Scale” were used as data collection tools.

Evaluation of Data

SPSS (Statistical Package for the Social Sciences) 23.0 statistical program was used for the evaluation of the data. In the analysis of the data, frequency and percentage distributions, independent t test, one way ANOVA, correlation and regression analyzes were performed.

FINDINGS

Table 1: Job Satisfaction Levels of Healthcare Workers

Dimensions	Number of Items (k)	Lowest Score	Highest Score	\bar{x}	ss	\bar{x}/k
1. Internal Satisfaction	12	12	60	26,67	6,67	2,22
2. External Satisfaction	8	8	40	22,17	6,17	2,77
Total (GeneralSatisfaction)	20	20	100	48,83	11,71	2,44

As shown in Table 1, the arithmetic average of scores for general job satisfaction is 48.83 (2.44 out of 5). It is seen that participants have low job satisfaction in general because they have a neutral job score of 60 points and a low job satisfaction level of 60 points. Moreover, the internal satisfaction level arithmetic average was found to be 26.67. Likewise, when the neutral value for internal satisfaction is 36, it is seen that the internal satisfaction level of the participants is also low. Finally, when the external satisfaction level is examined, it is seen that the arithmetic mean is 22.17. When the neutral score is considered to be 24 in the external satisfaction, it can be reached that the external satisfaction of the participants is also low. It is seen that the average of external satisfaction scores is higher than the average of internal satisfaction and general satisfaction scores.

Table 2: Job Satisfaction Levels of Health Workers by Gender Variable

Boyutlar		N	X	ss	Sd	T	P
1. Internal Satisfaction	Woman	133	26,624	6,54	143	-,269	,788
	Male	12	27,167	8,29			
2. External Satisfaction	Woman	133	22,105	6,16	143	-,391	,697
	Male	12	22,833	6,52			
Total (General Satisfaction)	Woman	133	48,729	11,62	143	-,359	,720
	Male	12	50	13,14			

According to the genders of health workers in Table 2; t-test results of job satisfaction scores were given. According to the analyzes performed, the average of women ($\bar{x} = 22,624$) was lower than the average of men ($\bar{x} = 27,167$) according to the satisfaction sub-factor. However, there was no significant difference between men and women as a result of the t-test ($t = -, 269, p >, 05$). The end result is that the levels of

inner satisfaction of men and women are close to each other and there is no meaningful difference. Based on the subscale of external satisfaction, the average of women ($\bar{x} = 22,105$) was lower than the average of men ($\bar{x} = 22,833$). As a result of the T-test, there were no significant differences between women and men ($t = -, 391, p >, 05$). When the general satisfaction level was considered, the average of men ($\bar{x} = 50$) was higher than the average of women ($\bar{x} = 48,729$). However, there was no significant difference between men and women according to t-test result ($t =, 720, p >, 05$). As a result of the analyzes performed, there was no significant difference between men and women in general satisfaction level, internal satisfaction and external satisfaction.

Table 3: Job Satisfaction Levels of Health Workers by Age Variety

Dimensions		Sum of squares	Sd	Squares Average	F	P
1. Internal Satisfaction	Between groups	273,15	3	91,05	2,09	0,10
	Intragroup	6136,96	141	43,52		
	Total	6410,11	144			
2. External Satisfaction	Between groups	252,83	3	84,28	2,27	0,08
	Intragroup	5223,19	141	37,04		
	Total	5476,03	144			
Total (Overall Satisfaction)	Between groups	1038,33	3	346,11	2,61	0,053
	Intragroup	18705,69	141	132,66		
	Total	19744,03	144			

ANOVA results of job satisfaction scores according to the age of health workers were given. According to the study done, it was reached that there was no significant difference between age groups when the internal satisfaction factor was taken ($F = 2.09, p >, 05$). No significant difference was found between age groups according to external satisfaction sub-factor ($F = 2.27, p >, 05$). Finally, in the examination of the general satisfaction scale according to age groups, it was concluded that there was no significant difference between the groups ($F = 2.61, p >, 05$).

Table 3: Job Satisfaction Levels of Health Workers According to Marital Status Variable

Dimensions		N	X	ss	Sd	T	P
1. Internal Satisfaction	Married	106	26,35	6,05	143	-,952	,343
	Single	39	27,54	8,15			
2. External Satisfaction	Married	106	21,16	5,51	143	-3,349	,001
	Single	39	24,90	7,05			
Total (Overall Satisfaction)	Married	106	47,51	10,47	143	-2,279	,024
	Single	39	52,44	14,08			

In Table 3, t-test results of job satisfaction scores are given according to the marital status of the health care workers. When the internal satisfaction subfactor was

considered according to the analyzes performed, the average of married women ($\bar{x} = 26,35$) was lower than the average of single women ($\bar{x} = 27,54$). As a result of t -test, no significant difference was found between the married and the single ($t = -, 952, p >, 05$). The end result is that married and unmarried individuals have similar internal satisfaction levels and there is no significant difference. Based on the subscale of external satisfaction, the average of marriages ($\bar{x} = 21,16$) was lower than the average of singles ($\bar{x} = 24,90$). As the result of the T -test was examined, there was a significant difference between the married and the unmarried ($t = - 3,349, p <, 05$). Significant differences were found between married and single teachers compared to external satisfaction scale. Bachelors have been found to have a higher saturation than marriages. The external satisfaction level of 24 points, which is neutral level, was reached by the bachelors and reached the high level of satisfaction. When the general level of satisfaction was considered, the average of marriages ($\bar{x} = 47,51$) was lower than the average of singles ($\bar{x} = 52,44$). Also, according to the t -test result, there was a significant difference between the married and the single. ($t = -2,279, p <, 05$). It seems that overall satisfaction is caused by the significant difference between married and single. It has been observed that the general satisfaction of single health care workers is higher than that of married ones.

Table 4: Organizational Conflict Levels of Healthcare Workers

Dimensions	Number of Items (k)	Lowest Score	Highest Score	\bar{x}	ss	\bar{x}/k
Conflict in the Group	9	9	45	20,83	5,53	2,31
Between Groups	8	8	40	28,72	3,53	3,59
Conflict Personal Conflict	6	6	30	20,84	2,66	3,47

As shown in Table 14, interpretations of point values of the organizational conflict scale were given. According to the analysis, the median conflict scores of the health workers were examined ($\bar{x} = 20.83, \bar{x} / k = 2.31$) and the levels of conflict within the group were found to be low. However, it is seen that the healthcare workers' level of conflict between groups is high when the average scores ($\bar{x} = 28,72, \bar{x} / k = 3.59$) are examined. In this context, it is seen that the level of conflict among the health workers is low and the level of conflict between the groups is high. In addition, the level of personal conflict of health workers ($\bar{x} = 20.84, \bar{x} / k = 3.47$) was high. According to the results obtained from the questionnaire, it is seen that the highest level of the clash is out of group. The analyzes were based on $\bar{x} / k = 3$ (neutral) crystal.

Results

It has been found that all of the organizational conflict sub-factors of health workers have a significant relationship between job satisfaction sub-factors. It is seen that the relationship between job satisfaction sub-factors and organizational conflict sub-

factors is moderate. Üngüren, Cengiz and Algür (2009) conducted a survey in order to determine the level of job satisfaction of employees in hospitality enterprises and to determine the effect of the determined levels on organizational conflict management strategies. At the end of the research, it was determined that the conflict strategies applied by the employees in the organizational conflict had an important differentiating function in determining job satisfaction situations.

It has been found that there is a low level of relationship between organizational conflict and job satisfaction. In this context, it is important to develop correct resolution strategies, particularly in order for conflicts in hospitals to positively influence the level of job satisfaction of healthcare professionals.

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Summary

THE EFFECT OF HEALTH WORKERS ON THE BUSINESS SATISFACTION OF CONFLICT RESISTANCE METHODS

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This study was conducted in T.C. Çekirge State Hospital, which is continuing its health service delivery depending on the Ministry of Health, was made to determine the effect of conflict resolution methods on job satisfaction of health workers.

The universe of the research was formed by 1500 health workers of Çekirge State Hospital. The sample is composed of 100 health workers working in different units and statuses determined by random methods. The “Conflict Resolution Methods” and the “Minnesota Job Satisfaction Scale” were used as data collection tools. SPSS (Statistical Package for the Social Sciences) 23.0 statistical program was used in the evaluation of the data. In the analysis of the data, frequency and percentage distributions, independent t test, one way ANOVA, correlation and regression analyzes were performed.

According to simple linear regression model; The correlation coefficient is 0.023, and the coefficient of determination (R²) is 0.001. $P = 0,765 > 0,05$, this result is not statistically significant. Therefore, there was no significant relationship between conflict resolution methods and job satisfaction.

As a result of this study, it was determined that the methods of resolving the conflicts among the health workers working in the same status were not a significant effect on job satisfaction

Keywords: Conflict, Conflict Resolution Method, Job Satisfaction, Analyze

INNOVATION IN HEALTH SYSTEM EFFECTS ON PATIENT SATISFACTION

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Introduction

Conceptually, health is a phenomenon that social life can not give up. The health sector created by health institutions and organizations is the sector most affected by the rapid differentiation experienced in patient needs and technology. For this reason, health institutions and organizations have an important place in terms of enabling individuals to lead a life in health and well-being. Especially in the globalized world, healthcare enterprises, which continue their activities in the state and private sector, are rapidly seeking various ways of surviving their lives. An increase in the level of importance is seen when the subject of health is the issue. Innovation of healthcare enterprises has gained importance as the income levels of individuals and the public and their living standards have increased. In this way, individuals can easily receive news from technology and healthcare delivery services applied in different parts of the world. In the last two decades, the privatization process in the health-related area has been accelerated and an increase in fertility has been achieved. The individual with the illness will demand health service delivery from the health institution where he / she is satisfied. In order to be able to continue in the conditions of global competition, it is imperative to be innovative, sustainable and change-centered, with continuous growth. Regardless of which one is chosen within the sector, it is necessary for the enterprises to constantly update and renew their own situation in order for the health service delivery to be effective and efficient. This point is only possible with the innovation that will be done within the organization both within products and within marketing. Individuals are experiencing a deterioration in their health care system and seeking comfort in their normal life as they apply to health-related businesses. Personal room, bathroom, television, internet, shopping, security and canteen, cafe services. In this case, it is necessary to increase patient satisfaction and service quality.

Quality in health services; working correctly, applying the right individuals and the right people. The most important indicator of the achievement of the innovation goal

is the satisfaction level of the patients. Satisfied individuals will come back to health care and will give this operation to other people. This will allow the establishment to remain in the market. In healthcare enterprises, a good communication with the patients is achieved with satisfaction, and the trust in these people is constantly passed. It allows the well-recognized needs of patients to be met.

Patients should be satisfied with the doctors and nurses, physicians and nurses in terms of health service delivery in terms of compatibility occurs. It has been seen that there is no harmony and likelihood of evaluation between the nourishment and the peace that the sick people are considered to be rehabilitative and accepted as a motivation tool. Patients were found to be positive and harmonious in terms of bathing and hygiene. In this article, the effect of the social economic structure on the health system of innovation is studied.

Innovation

According to Peter F. Drucker (1985), innovation is a tool that increases welfare and contributes to entrepreneurship. It is also an act of providing resources that bring a new capacity to create prosperity. According to Porter (1990), innovation includes technologies that provide competitive advantage and new ways of doing business. Rogers (1995) defines innovation as an idea, practice, or object that is perceived as new by individuals. Damanpour (1991) emphasized innovation as the adaptation, development and creation of new ideas on the success of a company. Trott (1998) considered innovation as a management process and considered the process of thinking, technology development, the manufacturing process of a new or improved product, or the management of all activities in the manufacturing and marketing of equipment(Aksel, 2010: 6).

The necessity of innovation

Innovation is a special tool of your entrepreneurship. A new capacity to build prosperity is an act of gratitude for the resources that bring it to life. It is not a science or technology, but a value (Durna, 2002:5).

a) Internal Business Causes

Among the reasons for in-house innovation are; to be recognized and to be innovative, to have a wide range of products to choose from, to have the hope and desire to raise profits, to keep morale high in business, and to create more organizational environments for creativity, where more innovations can be made. It may also be a reason for workshops to attract and retain talented and willing employees and to keep them in business, to enjoy the work for all the business in the business, to give them opportunities to make sense of their business, and to motivate them to work by soliciting them for their problems (Çelikleç, 2008:8).

b) Causes Out of Business

Non-business reasons are divided into two: market-related and social reasons.

- 1) Market-related reasons are based on the concern of being a pioneer, maintaining a pioneer, providing technical superiority to competitors, and becoming a sole dealer of a product on the market.
- 2) Social causes are to satisfy consumers who are waiting for change, to prove the social utility of the business against public bodies, and to give a positive impression of public opinion about the big business. 57% of European countries are looking for innovative products and services, and they are doing important work towards innovation (Üstel ve Kabatepe, 2006).

Innovation ensures that individual and social needs (health, rest, work, transportation, etc.) are met at a better level. Innovation is also essential for the spirit of entrepreneurship. Every new venture, after all, comes at the end of a process to bring about a certain innovation. Moreover, all initiatives need to be constantly renewed to be able to sustain their competitiveness (Göker, 2000: 3). Today, the competitive advantage is no longer just costs. The speed of responding to market needs is much more in-house and costly than many factors such as speed of product life, product and service quality, design, development of new products and services, product and service production according to customer requirements, new management and organization models. All these factors require innovation. This is where you enter new markets, increase your existing market share and increase your competitive power (Elçi, 2007: 21).

The higher the ability of an enterprise to innovate, the longer it can last for many years (Burgelman, vd., 2001: 3).

Innovation in Medicine

Innovation in envy; it is possible to define and apply better treatments to treat patients in less time and with less pain. Innovation should not be considered just as finding new drugs or new diagnostic methods.

- 1) Providing patient-centered health care (taking into account patient wishes)
- 2) Scientific new discoveries (finding drugs, vaccines, surgical applications, diagnostic methods, medical instruments, information technology, etc.)
- 3) New and better practices in medical education (aim is to prepare the leaders of your future by finding the best candidates),
- 4) New developments in society and health (the goal is to improve the health level of the community under the leadership of reliable and impressive leaders).

In the future, health practices will be more complicated and full of prohibitions. For this reason, we should accept that we have to raise our health level and innovate with

patient-centered, patient-oriented, blood-based practices. Every innovation made in medical supplies, medicines and treatment procedures is the end result of an effort to improve the quality of life of human beings. For this reason, health, Innovation and R & D activities are the most important areas of activity. Health technology is continuously and rapidly changing with the R & D work carried out. R & D activities in healthcare in developed countries have an important place in total R & D activities (Ayhan, 2011: 98). In our country, R & D work done in the health field is very low. For example, while the innovative pharmaceutical industry is investing more than \$ 90 billion each year in R & D activities, the share of our country is only \$ 38 million as of 2007. That is, the drug industry's total R & D expenditure is 4,000 in 10,000. Actually, there are enough infrastructure for R & D and innovation activities like every other area in our country. But it is important to be able to create a regional system to support the innovation process.

MATERIALS AND METHODS

The Importance of Research

The aim of this article is to investigate the effect of innovations on patient satisfaction and hence the economy on innovations in hospitals, an important part of the healthcare sector.

Universe and Sampling

The universe of the study is patients who are hospitalized in a special hospital in December 2016. The sample was found to be 80 patients by random method.

Research Method

This study is a face-to-face survey. In the analysis of the data, frequency, number, mean, standard deviation, t-test and correlation statistical methods were used.

FINDINGS

The demographic characteristics of the patients were examined and the following results were obtained

Table 1: Age Distribution of Patients Condition

	Count	%
10-15	20	25
15-35	20	25
35-55	20	25
55 and over	20	25
Total	80	100

The age distributions of the patients studied are clearly shown in Table 1 and the homogeneity seen in age distributions is very rare.

Table 2: Gender Distribution of Patients

	Count	%
Kadın	50	63
Erkek	30	37
Toplam	80	100

Table 2 summarizes the distributions of the patients studied on the basis of their genders. Of the values in the table, 63% of the participants are women and 37% are men.

Table 3: Marital status of patients

	Count	%
Married	38	48
Single	42	52
Total	80	100

When the distributions of patient participants according to their marital status are examined; it is stated that the vast majority is single. Of the 80 participants sampled, 52% were single and 48% were married.

Table 4: Intensity of Interest When the Patient Seeks to Make an Appointment

	Count	%
Good	68	85
Middle	10	13
Bad	2	2
Total	80	100

85% of the patients say they are satisfied with the service provided and when they call the appointment center by telephone to be examined at the hospital. 13% said they were moderately satisfied with the service they received when making an appointment, and 2% said they were not satisfied with the service provided.

Table 5: Patient's First Facial Smiler Facial Condition

	Count	%
Good	66	83
Middle	12	15
Bad	2	2
Total	80	100

83% of the patients stated that they received a smile when they came to the hospital, 15% said they were moderately interested and 2% said they were poor.

Table 6: Hospital's Modern Vehicle Equipment and Equipment Ownership Status

	Count	%
Good	60	75
Middle	18	22
Bad	2	3
Total	80	100

Patients also received 75% of the hospital's modern equipment and equipment.

Table 7: Patient's Interest by the Doctor

	Count	%
Good	60	75
Middle	15	19
Bad	5	6
Total	80	100

Patients' satisfaction with hospital care was 75%, while 19% was moderate and 6% was unsatisfied.

Results

There is a rapid change in global life. This differentiation will continue to multiply as life continues throughout the world. As the level of satisfaction of the patients in the health care enterprises and the quality of the service increases, the increase in the profit level will be seen and selected. This will ensure permanent presence on the market and will generate profits. It is related to the quality indicator in the service sector in health service presentations and to the level of satisfaction of the individuals who benefit from these service offerings. The increase in satisfaction levels will also increase the election of the business. The level of patient satisfaction is vital to the health sector. Development in technology can remove more than one problem as well as bring more than one problem. Health-related businesses should be able to live up to new technologies in terms of being able to be continuous. Healthcare-related businesses are putting a lot of effort into ensuring their satisfaction without intensifying the internal or external customer. In particular, individuals do not hesitate to go for the sake of getting a remedy. They are looking for the latest technology and health care. The mistake in the sector brought by the healthcare enterprises to the point where the individual's life is taken into consideration is definitely not accepted. For this reason, zero error approach is essential in this sector. Innovations that bring convenience to the suffering and painful individuals and the individuals accompanying these individuals may increase the level of satisfaction or create negative thoughts in terms of operating small deficiencies. Health facilities should accept that all of this can happen.

This article also examines the level of quality of health care delivery and the degree to which innovation in healthcare enterprises affects customer satisfaction. It has been determined whether there is a link between the demographic characteristics of patient individuals and the evaluation of the type of services offered in the hospital. In this research, it is seen that the types of medical services in the health sector are more technologically more easily accepted by sick people; physical appearance of hospital and health workers, attitudes of health workers and their service status were examined.

The level of education of individuals who are treated in a private hospital where our research is conducted is generally low. The reason for this is that educated people choose state hospitals.

The patients who were admitted to the private hospital in December 2016 were aged 55 years or over by 43%. This condition is the case of cardiovascular diseases, especially as the age increases.

99% success has been achieved in the renovation work carried out at the point of patient confidentiality. There has been an increase in the level of satisfaction with the patient's privacy, which is considered to be the essential rights of sick individuals. There was a problem of privacy when the hospital had a large number of patients lying in the rooms in the old period. Especially the male patient wives were accompanying. This has been a problem both in terms of patients and companions. This situation has been solved as a result of the rooms becoming single or double rooms. Due to the inadequate physical structure of the hospital building, the congestion experienced in the outpatient clinic was preceded by innovative work.

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Summary

INNOVATION IN HEALTH SYSTEM EFFECTS ON PATIENT SATISFACTION

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The health sector is among the sectors that are most affected by rapid differentiation in technology. Innovation is more important in terms of health enterprises because it increases efficiency and profitability. It is up to innovation to be able to maintain continuity in a global world.

The purpose of this article is to investigate the effect of innovations on patient satisfaction and hence the economy on innovations in hospitals, an important part of the healthcare sector.

The universe of the study is patients who are hospitalized in a special hospital in December 2016. The sample was found to be 80 patients by random method. This study is a face-to-face survey. In the analysis of the data, frequency, number, mean, standard deviation, t-test and correlation statistical methods were used.

As a result; As a result of the innovation, it was revealed that the patients were satisfied with the physicians and nurses, and the physicians and nurses worked in harmony with the service. It has been observed that there is no harmony and validity between the evaluation of “nutrition” and “peace”, which is considered as an important motivation for the recovery of the patients. Patients were found to be positive and compatible with respect to bathroom and hygiene.

Keywords: Innovation in Health Services, Innovation, Patient Satisfaction

CUSTOMER RELATIONSHIP MANAGEMENT IN BANKS INVESTIGATION OF THE EFFECT OF CUSTOMER SATISFACTION

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1. Introduction

It is determined by the benefits of the customers who purchase any goods or services or goods quality service. Therefore, it is the customer who decides to quality. businesses operating in the service sector are needed to make the customer's quality practices will translate itself. In particular, policies that will make or do banks need to be an impact to turn in their favor. Because banks operating in the intense competition is no longer just a financial institution. with changes brought by the Bank to its customers era has become a business that offers a special service. Banks can apply different marketing techniques for their customers and employees has been a customer-oriented structure. These banks reasons, to ensure customer satisfaction and must follow the right strategy to win more customers. Hepkul and Analizi ABSTRACT, 1992, s.27-33). That's why banks are giving importance to customer relationship management applications. Customer relationship management between bank customers to bridge it. Determination of customers' expectations and facilitate the creation of banks the right strategy. This research will be set forth in the relationship between customer satisfaction and customer relationship management. It is a qualitative research study will be supported by the literature. whether the conceptual framework illustrated in the first portion and the second section will be described by giving some examples from the literature relationships between concepts. the findings and recommendations will be included in the last chapter.

2. Conceptual Framework

2.1. Customer Relations Concept and Features

Customer relations is one of the most important factors affecting the success of the company (Floods, 2000, s.20-21).

A person operating the company until the customer is not starting from any statement about the relationship with the customer all the time in business relations. Customer relations are generally taken into account the situation at the sales of goods or services.

However, before including the customer's purchase-sale and after all the work you need to consider. Customer relationship consists of two parts. First it received the goods or services from that entity and there is a problem still. The question here is customer dissatisfaction. Want to attract the attention of business to solve customer problems. The second is the relationship began before entering business customers. In this case, ensure the satisfaction of customers and businesses are ready to ensure the continuity of this satisfaction (GERSON, 1997, s.27-28). But the important thing is the elimination of customer dissatisfaction in the first state. Because businesses dissatisfaction condition occurs primarily because they think the customer satisfaction satisfaction remains at the background. So it must firstly eliminating the problem.

2.2. Customer Relations Management

Customer relationship management is a very general statement. The entire relationship with the customer's business is managed on the business side. In this case, until the customer's business clients potential while the elapsed time and then involves the provision of a customer's continuity. Customer relationship management application existed in the past but since 1990, is a recognized form of government. Customer relationship management is defined in different ways (Mane, 2006 s.9-10). Customer acquisition and customer relationship management begins with ensuring the satisfaction of a policy implemented to remain loyal to the customer's business. Operating with is the bridge between customers. The method for customers to have information about your business, for businesses is determining the format of the customer's expectations.

Customer relationship management is composed of several stages. This step shows that to be successful in customer relations customer-oriented working late. The first step in determining the customer is located. implementing different strategies for retaining customers, making campaigns, carried out a number of applications such as the introduction of new products. In the second stage to obtain the customer takes place. In the second stage examination of customer demand and requests, submission and implementation of various recommendations are realized. The third phase is the phase of retention of customers.

After obtaining customers from different techniques are implemented to avoid losing customers at this stage. These include: order taking, delivery quality, solution development are directed to methods of customer requests and complaints. The fourth stage is reached when it is necessary to gain customer loyalty. This stage is the stage of the examination of customer demand and the development of different sales methods. Customer is an effort to remain loyal to the company in some way (www.crminturkey.org 2016, ET: 10/04/2016). Customer relationships are important to ensure customer continuity earned points towards managing and implementing the right strategies to customer groups (Ilter, 2005, p.19-20). Customer relationship management is also facilitating the implementation of proper marketing strategy. In this way, the correct sales, to the right customer to the right product reaches the right time and cost to the customer. This can be said also for banks deemed status of the business service sector. Our era has adopted a customer-centric operating principles of the banking tool itself and in relations with customers are acting accordingly.

2.3. Customer Satisfaction and meaning for Businesses

It has led the company to find different solutions of increasing competition with globalization. Because of the many different ways they entered into a search for a solution to the applicant's business and technology and many other applications it can easily be imitated in order to increase its competitiveness. Customer relationship has been one of the subjects that take care of business in recent years. It is difficult to imitate because customer-oriented strategies used to develop and compete. That's why businesses have begun to use the customer relationship management. Because the customer is the most important factor for the continuity of the business it is also starting to become a tool to improve the competitiveness of the business.

2.3.1. Customer happiness

Customer satisfaction is different for a sensed condition. customer satisfaction is a very relative concept can be evaluated with the benefits they heard from their purchased goods or services (Ilter, 2005, s.24-25). Customers receive the product or service that can be satisfied with the presentation of the business. Therefore, customer satisfaction can be evaluated with different items (Okay Akcay and 2009, s.464-465). Customer satisfaction is not compatible with the expected benefits of the benefits derived from the goods or services purchased.

2.3.2. Customer Satisfaction of Importance in Business

continuity of the business depends upon the permanence of their customers. The continuity of customer satisfaction depends not heard from the goods or services received from the company. Therefore, businesses need to make the necessary applications to ensure customer satisfaction. Because it is important for the existence of business customers. Another importance of ensuring customer satisfaction is dependent on the continuity of the business competitiveness of its customers. Otherwise, the customer is ensured of continuity begins to enter into the process of extinction businesses. Customer satisfaction also change the marketing strategy of the company and of thereby also leads to increased competitiveness. It should give importance to customer relations management to ensure customer satisfaction of business. Customer relations management, form a bond between the customer and the customer's business starting acquired. In this way, both sides recognize each other. When bilateral relations are established according to their interests. Therefore, while it is a mandatory implementation of customer relationship management to ensure customer satisfaction, which is important for businesses. Another importance of customer satisfaction are the company employees. If the employees are happy to be able to please the customer. Otherwise, this is not possible. Customer satisfaction with happy employees can be determined whether it is an indicator of the company's management approach. Because customers are not happy with a situation a person is not expected to make her happy. businesses that want to be successful, customer-focused studies are required. In this way, both sides recognize each other. When bilateral relations are established according to their interests. Therefore, while it is a mandatory implementation of customer relationship management to ensure customer satisfaction, which is important for businesses. Another importance of customer satisfaction are the company employees. If the employees are happy to be able to please the customer.

Otherwise, this is not possible. Customer satisfaction with happy employees can be determined whether it is an indicator of the company's management approach. Because customers are not happy with a situation a person is not expected to make her happy. businesses that want to be successful, customer-focused studies are required. In this way, both sides recognize each other. When bilateral relations are established according to their interests. Therefore, while it is a mandatory implementation of customer relationship management to ensure customer satisfaction, which is important for businesses. Another importance of customer satisfaction are the company employees. If the employees are happy to be able to please the customer. Otherwise, this is not possible. Customer satisfaction with happy employees can be determined whether it is an indicator of the company's management approach. Because customers are not happy with a situation a person is not expected to make her happy. businesses that want to be successful, customer-focused studies are required. Therefore, while it is a mandatory implementation of customer relationship management to ensure customer satisfaction, which is important for businesses. Another importance of customer satisfaction are the company employees. If the employees are happy to be able to please the customer. Otherwise, this is not possible. Customer satisfaction with happy employees can be determined whether it is an indicator of the company's management approach. Because customers are not happy with a situation a person is not expected to make her happy. businesses that want to be successful, customer-focused studies are required. Therefore, while it is a mandatory implementation of customer relationship management to ensure customer satisfaction, which is important for businesses. Another importance of customer satisfaction are the company employees. If the employees are happy to be able to please the customer. Otherwise, this is not possible.

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3. Research Methodology

3.1. Research's Problem and Method

- Customer relationship management applications have an impact on customer satisfaction is?
- Customer relationship management is how the effect of customer satisfaction?

Research is a qualitative study. The research subject was studied from a theoretical point of view. Descriptive research method was used.

3.2. Universe and Sampling

Made in the literature on the subject it has been examined. Practical and theoretical studies are evaluated.

4. Results

4.1. Customer Relations of Management Impact on Customer Satisfaction

The company provides customers with customer relationship management recognize each other. With banks operating in the management of customer relationships both with existing clients in the services sector are likely to be interested in the potential customer's customer. In this way, customers can develop better strategies to recognize and better. In this case also there is another convenience for customers who want to reach the bank. Customers also recognizes the bank. customer relationship management that enables mutual establishment of a bond is to ensure you receive positive results in terms of communication on both sides. Before getting to the bank could begin to be attracted to the bank began to recognize individual banks. This allows you to also easier to win the bank's customers. the Bank also provides customer relationship management, especially for the development of different strategies for existing customers it serves the purpose of providing customer satisfaction. Because each customer and the bank is easier to answer the expectations and demands to know and to produce solutions. The win ensures continuity of customer satisfaction for existing customers of the acquired customer loyalty. Gaining customer loyalty is desirable for every bank.

This situation shows that successful customer relationships in the management. In this way, it is the positive results of customer relationship management and it appears that is directly related to customer satisfaction. The win ensures continuity of customer satisfaction for existing customers of the acquired customer loyalty. Gaining customer loyalty is desirable for every bank. This situation shows that successful customer relationships in the management. In this way, it is the positive results of customer relationship management and it appears that is directly related to customer satisfaction. The win ensures continuity of customer satisfaction for existing customers of the acquired customer loyalty. Gaining customer loyalty is desirable for every bank. This situation shows that successful customer relationships in the management. In this way, it is the positive results of customer relationship management and it appears that is directly related to customer satisfaction.

Customer relationship management is easier to establish contact. In this way, a bond is formed between the bank and the customer. Both parties are able to find each other in a good way for the bank to customers' problems more easily and quickly familiar solution. One of the goals of customer relationship management with the bank's clients to reach customers with the technological infrastructure of the bank due to the recognition of each other can increase customer satisfaction. Thanks to the technological infrastructure of the customer's problem can be solved satisfied customers. Customer satisfaction thanks to technology you can create to get a smooth and quick service. Customer satisfaction through customer relationship management communication that contribute significantly to be increased.

5.Result

Banks compete changed their strategy because of the intense competition. Customer-focused approach to prefer the customer relationship management. Changing competitive conditions also gives importance to customer relations. Customer relationship management is a new management approach. Customer communication between the two sides and the establishment of healthy banks to recognize each other better.

Both a management approach that is both marketing strategy. This aspect can be found in different fields of application. Banks' management style is because a hard and long to be imitated by competitors of reasons to prefer this new application. Customer satisfaction is one of the most important conditions for the continued existence of a bank. Therefore, banks are working hard to ensure customer satisfaction. Banks won the customer relationship management to increase customer satisfaction, customer loyalty is required to execute successfully. It also needs to pay attention to potential customers so he could work towards increasing the number of customers with satisfaction. Because customers can recommend the bank to another customer. In this way, banks would have taken the cost-free advertising service.

This is also one of the benefits of customer satisfaction. Banks to employees who perform customer relationship management must also give importance to customer satisfaction. Because of that happy employees provide the customers to be happy. Otherwise, success is not failure may occur. It also needs to pay attention to potential customers so he could work towards increasing the number of customers with satisfaction. Because customers can recommend the bank to another customer. In this way, banks would have taken the cost-free advertising service. This is also one of the benefits of customer satisfaction. Banks to employees who perform customer relationship management must also give importance to customer satisfaction. Because of that happy employees provide the customers to be happy. Otherwise, success is not failure may occur. It also needs to pay attention to potential customers so he could work towards increasing the number of customers with satisfaction. Because customers can recommend the bank to another customer. In this way, banks would have taken the cost-free advertising service.

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Summary

CUSTOMER RELATIONSHIP MANAGEMENT IN BANKS INVESTIGATION OF THE EFFECT OF CUSTOMER SATISFACTION

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Examined the issue of the impact on customer satisfaction of customer relationship management in banks have been examined in this study. Research is a qualitative study is enriched with detailed literature review. It has benefited from academic studies on the subject. The study consists of three parts. In the first part conceptual framework, relationships between concepts and theoretical framework in the second section, the third chapter findings, assessments and recommendations is located.

Keywords: Bank customer, customer relationship management, customer satisfaction

INVESTIGATION OF THE EFFECT OF TOUCH SCREEN USE OF COMPUTER USE HOME DIALYSIS PATIENTS

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Introduction

The use of touchscreens in the world is rapidly increasing in the commercial sector, but the use of this technology has also started to leap into the field of education. Touch screens have been used especially in the field of special education and studies are being done on this area (Magictouch, 2010). It is also used in the education of children at the level of pre-primary education and primary education (Romeo et al., 2003).

There are currently no studies on the use of touch screens in education in Turkey. When evaluated in this respect, the results of this thesis work will guide the work to be done in this area. When the usage areas of touch screens in Turkey are examined, it is mostly used in commercial area and personal electronic goods field. The commercial area is mainly used in kiosk type devices where banks are used in automated teller machines (ATM) devices, companies are promoting or servicing, personal computers are used in notebooks, desktops and personal digital assistants (PDAs), mobile phones, photo machines, nintendo Touch screens are used in some game consoles such as DS. Touch screens, which have a wide range of uses, appear to be more involved in service and entertainment. This technology, which is not very new when it is examined in history, constitutes an obstacle to the widespread use of high cost usage. In the near future, however, monitors, televisions, telephones, and many electronic device displays are predicted to have a largely touch-sensitive display. Considering factors such as extra motivation that the touchscreen will have on the student, low computer literacy and the possibility of people using the keyboard and mouse to operate using the touchscreen, the touchscreen can be an alternative to keyboard and mouse hardware, the traditional input units, or a higher ease of use will be investigated in this study.

In the next sections of the study, touch screen projects of the technologies, working principles, usage areas, tablet computers, touch screen attitude scale development process, Ministry of National Education (MNB) used in touch screens will be examined.

Touch screen

Touch screen technology allows electronic devices to be controlled by gently touching them with fingers or special pens. The operating principles of touch screens vary according to their intended use and where they are found. Such screens have different technologies that are used today. Some of these technologies are:

- Resistive Technology
- Surface Wave Technology
- Capacitive Display Technology
- Infrared Technology

Resistive Display Technology

Resistive or, in other words, resistive touchscreens come in many layers. The most important of these are the two conductive layers with a small gap between them. When touched by the finger, these two layers merge at that point

it creates a change in the current so it is understood where it is touched. The data received here is processed and reflected on the screen. Resistive Technology works with a circuit switching system to detect the touch. As it can be seen from a remote control or calculator that has been opened inside, two surfaces very close to each other are placed at the pressure points to provide the touch of the keys and they come into contact when pressed against them. This is the principle that resistive touch screen technologies use to detect the touch location.

Surface Wave Technology

Surface wave technology uses a relatively more interesting principle to detect touch. Ultrasonic sound waves are passing through the touch screen of the technology called SAW (Surface Acoustic Wave). The screen surface is covered with a grid of ultrasonic sound waves and the position is determined by determining the position of the interruption that a possible touch will make in the grid.

Capacitive Display Technology

Capacitive touch screens are made up of a combination of an insulating layer such as glass and a conductive layer. In general, indium tin oxide is used as a conductor in these screens. Because the human body is conductive, it has its own electrostatic field. When touched, the structure of this area is disturbed by the electrostatic field of the screen, and the screen perceives this change. This is where information is touched. Some of the new generation mobile phones use screens that work with this method.

Infrared Technology

Infrared technology is easier to understand than other touch screen technologies. Infrared LEDs and photo detectors are located on the edges of touch screens with infrared technology. These detectors control the integrity of the LED beams. On touchscreens that use this technology, the infrared sensors are placed on the X and Y axes with a certain number of infrared detectors to compensate for these diodes. When this screen is touched, it is prevented from seeing the infrared light across the sensor, and the coordinates at the intersection points are calculated by finding that the connections of the sensors on the X-Y axes are interrupted. By touching the finger or any other cismin screen in this way, the integrity of the rays is deteriorated and the photo detectors detect it and send it to the controller. Touch screens with infrared technology are preferred in devices such as ATMs or kiosks in open areas.

MATERIALS AND METHODS

Research Model

In this article, touch screens influence the use of home dialysis patients' computers; pre-test-post-test models were used.

Universe and Sampling

In order to develop the "Touch Screen Attitude Scale" to be used in the scope of the research, a trial scale was applied to a house dialysis patient group of 377 people over 56 items and the scale was conducted with validity - reliability study.

The sample of the study consisted of 43 household dialysis patients registered in a dialysis service of a hospital in Istanbul. The application lasted 4 weeks.

Data Collection Tools

"Computational Attitude Scale" and "Touch Screen Attitude Scale" were used as data collection tools in the study.

Analyzes of Data

In cases where the data show normal distribution and two groups need to be compared, the t-test from independent parametric tests is used, the non-parametric Mann Whitney U test of the t test is used where the data are not normally distributed and two groups must be compared. If more than one group is compared and each group has a normal distribution over the dependent variable, the One Way Anova test is used. In the case of no normal distribution, the Kruskal Wallis H test, the nonparametric counterpart of the One Way Anova test, is used. Paired Samples t test is used when the scores of related measurement sets need to be compared.

FINDINGS

Table 1: Descriptive statistics of responses before and after the attitude scale towards the computer.

	Attitude scale for the computer-preliminary test	Attitude scale for the computer-final test
N	43	43
Average	122,88	131,35
Standard deviation	15,914	14,824
Skew	-0,034	-0,143
Kurtosis	-0,985	-0,609

When the level of skewness and kurtosis of the pretest distribution in Table 1 is examined, it is found that the value of the skewness coefficient (-0,034) and the kurtosis coefficient (-0,985) is less than one, that of the z statistic calculated for skewness and kurtosis is 1,96 may be interpreted as the fact that the distribution does not normally deviate excessively. When the degree of skewness and kurtosis of the post test distribution is examined, it is found that the deviation of the coefficient of skewness (-0,143) and kurtosis coefficient (-0,609) is less than 1.96 which is calculated for the kurtosis and kurtosis, it can be interpreted that it does not show excessive deviation from normal. The normality hypothesis was also tested using the Shapiro-Wilks hypothesis test because the sample size was smaller than 50 ($n = 43$).

Table 2: Normality Assumptions Statistics for Answers Before and After the Attitude toward the Computer-Based Attitude Scale.

	Shapiro-Wilk		
	Statistic	df	Sig.
Attitude scale for the computer-preliminary test	0,97	43	0,324
Attitude scale for the computer-final test	0,972	43	0,373

As seen in Table 2, p values calculated for the two distributions indicate that the scores at the significance level $\alpha = 0,05$ do not deviate from the normal distribution.

Table 3: Results of t-test on attitudes toward the computer before and after the experiment.

Ölçüm (CAS)	N	\bar{x}	S	sd	t	p
Attitude scale for the computer-preliminary test	43	122,88	15,9	42	-2,869	0,006
Attitude scale for the computer-final test	43	131,35	14,8			

As Table 3 shows, there was a statistically significant change in attitudes towards the computer as a result of the experimentation of the patients ($t(43) = -2,869, p < 0,05$).

Results

This study was conducted to investigate the effect of touch screens on the attitudes of home dialysis patients to computer and educational games and the attitudes of home dialysis patients to touch screens. The research done is an experimental work. Changes in attitudes were examined using data collection tools before and after the experiment. Within the scope of the study, 2 monitors with multi touch support were used. During the development of DETÖ, 377 students were given touch screen training for 43 students during the experiment and these students were allowed to use the touch screen.

The high cost of touchscreens limits the number of touchscreens that can be used in this research. The greater number of touchscreens in this field of study will allow home dialysis patients to have more on-screen time. This may allow for more detailed information about home dialysis patients' attitudes. There is very little software with multi-touch support. It is especially difficult to reach such software for educational purposes. For this reason, educational software with multi-touch support that can be developed in accordance with the purposes of the research can have a greater impact on home dialysis patients' attitudes towards touch screens.

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Summary

INVESTIGATION OF THE EFFECT OF TOUCH SCREEN USE OF COMPUTER USE HOME DIALYSIS PATIENTS

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The effect of the use of computer touch-screen home dialysis patients in this article; pre-trial of the model, one group pre-test - post-test were analyzed using the model.

To be used in the context of research "Touch Screen Attitudes" is applied to the scale of a home dialysis patient trial group were 377 people over 56 items to improve and validity of the scale - making reliability study was conducted. The research sample consists of 43 registered home dialysis patients in a hospital's dialysis service in Istanbul. The practice lasted 4 weeks. Research data gathering tools as previously validity and reliability studies conducted "Attitude Scale Towards Computer" and "Touch Screen Attitude Scale" is used. Before using the touch screen as a result of home dialysis patients in the study and after use were significant differences between the attitudes towards computers. Likewise, before using the touch screen of home dialysis patients and after use was obtained in significant differences in attitudes towards computer games. Home dialysis patients when examining attitudes towards touch screen before and after the experiment was not a significant difference.

Keywords: Home Dialysis Patient, Touch Screens, Touch Screen Attitude Scale

HOME CARE SERVICES MANAGEMENT AND ORGANIZATION IN PUBLIC AND PUBLIC HOSPITALS AND PATIENT RELATIONSHIP BETWEEN PATIENTS AND PATIENTS

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Introduction

This study was conducted to determine the satisfaction and satisfaction of home care services management and organization in private and state hospitals located in the city center of Istanbul and the health services offered by registered patients and their relatives.

Health is seen as an indisputable value in human life. For this reason, people protect their health and go to hospitals when they are sick. This demonstrates the importance of hospitals in our lives. In our age, people protect their health as preventive measures. The end result of healthy people being tightly vigilant is increasing their productivity in their business and private lives. Every kind of health-related service has a great place in people's lives because it is possible to obtain healthy societies from developed and healthy people in every direction. In countries with a social state understanding, home care services are offered to the public more by the state, and in countries where most of the developed and economically well-financed countries are provided, public health services are offered to the public both by the state and the private sector. In our country, home care services are carried out both by the private sector and the state. As the importance given to home care services in our country increases, the importance of home care services institutions has started to increase. First of all, home care services institutions, which are opened as state institutions, as well as private home care services institutions have started to be opened. There are many troubles experienced by private home care services institutions that are moving with quality service understanding and want to create their own brand in home care services. These troubles; Private home care services institutions may arise in the legislative applications related to private home care services institutions in the establishment phase, site selection, staff selection and recruitment process, management of private home care services, marketing related strategies, technological adaptation, financing creation.

The state and private sectors need to act together to solve the problems of private home care services institutions. Some of the proposals for solution of special home care services by renewing the relevant legal regulations, speeding up the bureaucratic system, training qualified staff by interviewing with the education sector are some of the suggestions. State-based work on home care services; Provision of home care services, planning at home care services, supervision at home care services, arrangement and financing at home care services. Home care services in our country are mostly provided by the state as state services. In home care services, which are provided as state services; Lack of qualified managers, lack of experienced and expert staff in the field are seen as problems. For this reason, private home care services are supported and in many places private home care services are provided. As private home care services increased the satisfaction of the patients, the private home care services began to change in our country as the patients became more productive and satisfied.

Customer Satisfaction in Home Care Services

Patient satisfaction; Is a function of the quality expected with the perceived quality as a measurement reflecting the patient's reactions to the input, process and outputs of the care, which is considered as a dimension of care quality in health institutions (Tengilimoglu, 2012: 326).

In other words, satisfaction is the result of meeting the expectations of the patients. Patient satisfaction; The benefit that patients expect from the service they receive is a function that depends on the burden of the patient overcome by the patient, the performance they expect from the service, the sociocultural values of the service presentation (self and family culture, social class and status, their own taste and habits, lifestyle, prejudices) (Ateç, 2011: 275).

“The criteria to be used in defining patient satisfaction are:

- Providing information and education services,
- Providing easy access to the service,
- Offer good / safe service
- Providing selection rights,
- To give importance to confidentiality (confidentiality)
- Providing confidence,
- Helping to make decisions,
- To improve the service,
- To provide comfort,

- Respect,
- Providing order,
- Providing continuity “ (Tokay, 2000: 93).

All of these factors directly or indirectly affect patient satisfaction. Healthcare organizations should first try to estimate patients' expectations by analyzing them well. Then the highest level of services needed to meet patient expectations should be created and the illness should be presented in the most appropriate way. The main purpose of the services provided is to create unconditional patient satisfaction. A patient who is not satisfied can not expect to receive services from a health facility that is not satisfied again except in cases of necessity. “Healthcare institutions must first provide patient and employee satisfaction in order to sustain their assets. It is emphasized not only patient satisfaction but also employee satisfaction in health services. For this, it is important for the healthcare workers, as internal customers, to determine the level of job satisfaction and the people who influence it. Management needs to provide the necessary conditions to raise the level of job satisfaction. “ (Güllülü,Erciç,Ünal,Yapraklı, 2008: 28).

In health institutions, customer satisfaction varies according to services offered and service delivery processes. For example; A patient who is admitted to a hospital may be highly satisfied with the laboratory and other medical services while dissatisfied with bureaucratic procedures or cafeteria services. The activity that firstly needs to be done by the healthcare institution manager aiming to increase customer satisfaction is to examine what service or service process is responsible for the dissatisfaction (Tengilimoglu, 2012: 327).

MATERIALS AND METHODS

Purpose of the research

This study was conducted to determine the satisfaction and satisfaction of home care services management and organization in private and state hospitals located in the city center of Istanbul and the health services offered by registered patients and their relatives.

The Universe of Research and Sampling

The universe of the research was formed by patient and patient relatives registered at home care services in private and state hospitals located in Istanbul city center. The sample consisted of 100 patients and relatives who were admitted between 01 January -30 December 2016.

Data Collection Tools

Survey form was used to collect data.

Analysis of Data

In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the descriptive analysis of categorical data, frequency analyzes were used. The data were loaded into the computer using the SPSS statistical package program 19.0, and main distributions and cross tables were created.

Results

The demographic characteristics of the patients who underwent care at home participating in the study were examined with the help of frequency analysis. The findings are presented in Table 1.

Table 1. Demographic Characteristics of Home-Care Patients

Socio-demographic Characteristics		Count	%
Gender	Male	36	36,0
	Woman	64	64,0
Age Groups	18-25	18	18,0
	26-35	18	18,0
	36-45	26	26,0
	46-55	16	16,0
	56 years and over	22	22,0
Marital status	Single	24	24,0
	The married	76	76,0
Graduation Status	Not literate	3	3,0
	Primary education	45	45,0
	High school	38	38,0
	University	14	14,0
Profession	Worker	37	37,0
	Officer	23	23,0
	Retired	3	3,0
	Housewife	25	25,0
	Student	4	4,0
	Unemployed	2	2,0
	Self-employment	6	6,0

As shown in Table 1, the demographic characteristics of the patients, age, gender, social security and education status and frequency of patients who applied to the hospital were evaluated and their percentages were evaluated. There is a difference in the literature regarding the relation of satisfaction with such socio-demographic characteristics. When the frequencies and percentage values of participants are compared according to gender: female patients with more than half of them. The majority of the women

who were women were asked about the reasons for referral to the hospital and they mentioned the ease of access to the hospital and the proximity to the home. When the frequency and percentage values of the participants according to their age groups are examined, it is seen that on average the participation is equal across all age groups. The highest participation rate was found in the age range of 36-45 years. When frequency and percentage values are examined according to the civil status of the participants, it is seen that the vast majority of the patients are married with 73.6%. It is understood that those who are married are more likely to come to the hospital and to meet more with health problems. When the frequencies and percentage values are examined according to the educational status of the participants: it is observed that the education levels are very good. Nearly half of the patients were primary school and high school graduates. This arouses the idea that patients have a certain culture and knowledge. When frequency and percentage values were examined according to occupational status of the participants: nearly half of the patients who applied to the hospital were found to be workers with a minimum wage level of 36.7%. This was followed by civil servants and housewives. When frequency and percentages of participants are examined according to their social security situation: it is seen that half of the patients are SSK. The biggest factor in this is that IBEAH has already been a SSK hospital. Over time it has been transformed into an educational and research hospital. It is frequently visited because it is a familiar and familiar hospital for former SSC patients. Those who are social insurance are preferred by SSK and YK because of the low incomes such as examination and difference of difference from state hospitals. Those without social security were assumed to have the lowest rates, and because they were subject to the consolidation, they generally preferred private hospitals. According to the results of the research, it was argued that the patients' health status, demographic variables and characteristics and patient characteristics affected patient satisfaction.

Table 2. Patient Satisfaction With Emergency Service Application Forms

Emergency Service Application Form		Satisfaction					Total	Satisfaction average
		Very bad	Bad	Middle	Good	Very good		
Ambulance	N	0	0	1	2	1	4	4,00
	%	0	0	25	50	25	100	
Special vehicle	N	3	0	8	0	0	11	3,59
	%	2,7	0	87,3	0	0	100	
Public Transport / Walking	N	0	2	35	39	9	85	3,84
	%	0	1,1	18,9	75,1	4,9	100	
Total	N	3	2	44	41	10	100	
	%	3,0	2,0	44,0	41,0	10,0	100	

f=5,398, p=0,005

When the satisfaction levels of the patients according to the forms of emergency service are examined, the satisfaction level of ambulance patients is higher. On the other hand, the satisfaction score of patients by private vehicle or by public transportation / walking indicates a medium level of satisfaction. The reason for this is that the necessary equipment is provided in the ambulance together with the health personnel, and these personnel directly receive the patient in the emergency room and deliver it to the doctor. Thus, the waiting period of the patient is shortened and treatment is started. According to the analysis of variance made to determine whether patients' satisfaction levels differ according to the application form to the hospital, the satisfaction levels of the patients differ according to the application forms ($P < 0,05$).

Results

Patient satisfaction is a multidimensional concept that includes service presentation, interaction of patients and service providers, service availability, service continuity, service provider competence and communication characteristics. Therefore, patient satisfaction is regarded as a consequence of health services. Customer satisfaction shows how much the operator expects the customer to meet his or her needs, how much of the benefit the client really wants to receive from the service, and what he thinks about the business after the service. In the study, the improvement of the patient-staff relations for a good emergency service, making the physical environment more positive, informing the patient throughout the whole process, shortening waiting times in the emergency service, protecting and continually improving the quality of patient care, It has been determined that the impression and reliability should be increased. When such studies are carried out, it will be possible for the institutions to increase the quality of service efficiently and efficiently and respond to the expectations of the society.

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Summary

HOME CARE SERVICES MANAGEMENT AND ORGANIZATION IN PUBLIC AND PUBLIC HOSPITALS AND PATIENT RELATIONSHIP BETWEEN PATIENTS AND PATIENTS

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The universe of the research was composed of patient and patient relatives registered at home care services in private and state hospitals in Istanbul city center. The sample consisted of 100 patients and their relatives who were admitted between 01-30 January 2017. Survey form was used to collect data. In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the descriptive analysis of categorical data, frequency analyzes were used. Data 19.0 SPSS statistical package program was used to load the computer, main distributions and cross tables were created.

A statistically significant difference was found between the patients' general satisfaction with their home care unit, the presence of previous complaints related to the unit and the difficulties encountered during admission and service ($p < 0,05$).

It has been determined that good care and continual improvement of quality of care for the management and organization of a good home care service in the workplace should increase the likelihood and confidence that the hospital management and employees leave in patients.

Keywords: Hospital, Patient, Home Care Services,analyze,quality of care

DIALYSIS PATIENTS NEED FOR INVESTIGATION OF THE HOUSE OF MOBILE PHONE USE

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Introduction

The main purpose of the research is to examine the consumption behavior of young people, their need to have a mobile phone and their motivations. The purpose of this study is; is to examine the needs and motivations of mobile phone usage, mobile phone ownership of young people of different ages and genders. Following the start of formal education in particular, there are a number of factors in the development, maintenance and development of children with peers that are beginning to communicate with their social environment outside their families and relatives. In the adolescence period, efforts to prove individuals' personalities both to their families and to their surroundings cause their exhibitions to participate in various groups in which they can express themselves, develop their sense of belonging and gain their identity. Especially young people who are dressing up and having fun and distinguishing the group they belong with and differentiating from others are in the effort to create their identities through various symbols and symbols. Adaptation of the characteristics of life such as "discipline, self-respect and self-esteem, self-sufficiency, personal competence and responsibility", which is defined by what individuals buy and what they spend, rather than what they do, the contemporary cultural transformation left by the values of 'interacting with others, merging with people with similar lifestyles' constitutes the framework of consumer society. Consumption is the source of the integration of individuals into objects and their fulfillment of their desires, dreams and hopes by passing through objects. For young people who use their status as a symbol of status beyond the functions of the mobile phone, the brand, color, shape and style of presentation in the advertisements is a major factor in the purchase. Consumption society is trying to be supported by purchasing, using togetherness and feeling of belonging (Tellan, 2004: 7).

In this study, the importance of young people's mobile phones will be emphasized. Mobile phones are widely used among young people, and the meaning they express for young people is far beyond being a means of communication. Mobile phones have

become an integral part of young people. For teenagers, a mobile phone is a powerful way to express yourself. With their mobile phone, young people meet their needs such as “telling where they are, reaching the family, getting information from friends, asking for help in a difficult situation” as well as being motivated by “thinking about being popular, feeling having a wide circle of friends, feeling better”. Young people are more comfortable with their friends’ environment thanks to their mobile phone, which affects their social lives positively. From taking pictures with a mobile phone to talking with friends about their own problems, young people make use of mobile phones for many reasons. This causes the mobile phones to perceive themselves as an integral part of their self.

Home Dialysis Patients Expressing themselves Using Cell Phones

Mobile phones, which are increasingly used today, are an important need and motivation tool in young people’s lives. It is even an integral part of their self. All social, emotional and physical needs make mobile phone essential for young people. Young consumers can inform their parents, find social-emotional sharing with their friends, exchange information about lessons, etc. they are always hurt by their mobile phones to get their basic needs. Mobile phones are an important source of motivation when young people are accepted by their friends and they think that they are wanted. In connection with the widespread use of mobile phones in the public space and the perception of young people as a symbol of fashion, young individuals realize their identity formation via mobile phones. The mobile phone is a configuration of individual identities for young people. Mobile phone models, ringtones, accessories provide youth personalization of mobile phones. The most important impact of the effort to prove the independence of young people has been the efforts to create their own style with the personalization of mobile phones. In this context, the brand of mobile phones has become the most important mobile phone preference model for young people (Özaççılar, 2009: 22).

The new common identity that emerged on the global level has created a young mobile culture. The language used in mobile phone communication is formed by the symbols used in the short message services and the identities are reproduced. In particular, it has been seen that the symbols used in text message services, which is the most preferred mobile phone service of young people, have a common meaning in Asia, America and Europe (Özaççılar, 2009: 23).

A mobile phone is not just a tool that an individual uses for communication; at the same time symbolically expressing itself is a tool that allows you to express. A mobile phone is an instrument that influences how individuals perceive or mean each other in the sense of establishing individual relationships and at the same time determine how individuals will reconcile their appearance with their mobile phone. In this work, it has been seen that individuals in this context personalize mobile phones by using ringtones, melodies, mobile phone colors or mobile phone accessories of mobile phones. Individuals have a sense of satisfaction that comes from the fact that the

mobile phone is fashionable. This has an effect on the person, which leaves behind the instrumental and functional features of the mobile phone. The function, design and style of a mobile phone is important. The mobile phone is an object that students carry in their bags, pockets or hands, and students feel like part of their body from the moment they start carrying their mobile phone Everywhere (Fortunati, 2002: 515;Katz ve Sugiyama, 2006: 323).

The growing dependence of the younger generation on technology has led to technology being at the center of their lives. Mobile phones are becoming the most indispensable device for young people, and other technology products such as mp3 and television are of great importance in young people's lives. Many young people have been told that they feel mentally and physically distressed without their iPhones or BlackBerrys, and that they are suffering from feelings of addiction and depression all day long when they are deprived of them. In the young people who are asked to interrupt their relationships with the media through 24 hours of technology, they have been affected by feelings of loneliness, panic, anxiety and heartbeat. Whether developed or underdeveloped, all the young people from different countries have expressed their moods in almost the same words: angry, grumpy, confused, worried, restless, dizzy, dependent, panic, angry, lonely, depressed, paranoid and nervous. This has been interpreted to mean that today's mobile phones are the "security cover" for this generations (Marketing Türkiye, 2011: 1)

Needs of Home Dialysis Patients for Mobile Phone Usage.

Needs can be met in many ways. This may be related to the needs of the functional, hedonic, or mixture of these. Functional needs meet practical purposes and must be aimed at the product. Mobile phones allow adolescents to make phone calls to communicate with their parents and friends. Hedonic needs are more emotional needs such as social acceptance, social relations and self-esteem. The needs should carry both internal and external objectives. Internal needs can meet internal feelings and desires, such as the need to play games with a mobile phone while driving home from school. External needs are the needs driven by reference groups of adolescents, and in general the social impact is the issue. An example of this is the need to talk to friends, send text messages to a girl or a boyfriend (Martensen, 2007: 111).

Need; the thrill of the absence of something is the feeling of lack. Especially if the absence is felt in terms of survival and feeling good about ourselves, the tension that the absence creates will feel stronger. For this reason, the needs are motives that motivate consumers (Odabaşı and Barıç, 2002: 20 - 21).

Every day the consumers realize the different needs. The consumer, who realizes that the gasoline is about to run out in the car, realizes that the need is a problem. This difference means that there is an unbalanced situation. This imbalance can create a disorder in the physical or chemical structure of the body, as well as in the psychological

or social area of the individual. In other words, the perception of imbalance between the situation that the consumer has designed and the present situation reveals the need (Islamoglu, 2003: 27).

To reduce the tension that starts with the emergence of needs, the consumer moves with motivation. If all the tensions had been biological, consumer motivation could be described as a simple motivation. However, it is possible to talk about psychological and social tension. Because the problems and the tensions that arise in them emerge with emotions. For example, any beverage can lose its need for thirst. There are many options such as soda, cola, beer, water, fruit juice in this point. Emotional factors can play a role in the selection of a particular product, such as when a group of friends is drinking that drink. Physically the least satisfying option can provide the most satisfaction either psychologically or socially (Odabaçı and Barıç, 2002: 111-112).

Nowadays, it can be said that mobile phones come at the forefront of technological products that people have. Mobile phones are almost an extension of people, and most people have an essential importance. The importance of attributing such importance to mobile phones stems from the mutual needs that I give. The young consumer group is among the consumers who make the most use of these opportunities provided by mobile phones. While mobile phones are an object of desire for young people with the features they possess, the families of young consumers want their children to have this car at least as much as they want. The communication provided by mobile phones allows parents to talk to their children whenever they want, which hinders the suspicion of where their children are. Likewise, young consumers can also meet with their family and friends when they wish, and they can easily solve what they wear on this count. When today's young people are thinking about intense temposu, how much they need for a mobile phone is obvious. People need to be different, stand out, and be superior to people on the one hand, while on the other hand they want to belong to a group because of their social needs and to identify with and be similar to that group. These needs are primarily concerned with self-respect, self-esteem, respect for others, recognition, prestige, reputation, appreciation, care, superiority and status. The slogan "Be noticed with Beymen" is a slogan that targets both social needs and the need to be recognized (Koç, 2007: 140).

If a consumer who wants to transport from one place to another is providing this need with a Porsche, it is not possible to mention only the basic transport function here. When a consumer demands a branded product to meet their needs, it means that they are establishing a number of relationships between the product and the brand they demand (Akyüz, 2009: 48).

One study found that 90% of young people aged 11-15 have mobile phones. It is stated that using mobile phones is an important factor for young people to feel safe. According to the findings of the study, female adolescents stated that they felt more secure when they were near mobile phones according to male adolescents. However,

the games contained in the mobile phones take the place of toys with different colors and features, and the new models of mobile phones cause the tendency of consumption of children and young people to increase. This may cause the child / genocide to feel confronted with the family, as well as to compete with friends and to feel pressure and strain to make expenditures incompatible with the family's economic situation to win this race (Kelleci, 2008: 255).

The young mobile communication culture, which includes new values and behavioral patterns, is typical of the communication society. These features are manifested in nearby neighborhood groups created in schools or neighborhoods. Communication via mobile phones has come to the point of establishing face-to-face relationship and close relationship. The mobile communication format has become the basic form of communication in strengthening the existing social networks of young people and expanding their social networks. This form of communication is called mobile communication. It has been seen that young people are selective in the process of strengthening social networks (Özaççılar,2009: 22).

The rationale for the child to acquire a new mobile phone can be based on many needs. Many types of needs are emphasized in consumer sources. These needs are based on needs at different levels, ranging from low to high. However, physiological needs are not included in this context. The need for ego and self realization is discussed as one (Martensen, 2007: 108).

The mobile phone provides a high degree of flexibility in reaching out to others in adolescents. A mobile phone is a communication tool that allows an individual to communicate with family or friends much more quickly. Mobile phones allow children to communicate with family and friends regardless of time or place (Martensen, 2007: 109).

According to Jessen (Denmark Newspaper Berlingske Tidende, 11 January 2003) mobile phones among children and adolescents are not seen as fashion - they simply became a necessity for children's social life. Children need a mobile phone to communicate with each other because they are involved in many activities throughout the day. They are always on the move, so they keep their mobile phones with them, thinking they may be the only way they can reach their friends. Thus, it can be said that both children and adults have the possibility to plan or postpone and can change their meeting situations during the day (Trns. Martensen, 2007: 109).

FINDINGS

Findings obtained according to the results of the research are shown in tabular below.

Table 1: Demographic information on home dialysis patients.

	Count	%
Gender		
Woman	171	51,0
Male	164	49,0
Total	335	100,0
Age		
18-25	206	61,5
26 and over	129	38,5
Total (x = 14.18 ± 1.32)	335	100,0
Socio-economic level		
High	180	53,7
Middle	119	35,5
Low	36	10,8
Total	335	100,0
Your mother's education status		
Literate	20	6,0
Primary education	104	31,0
High school	119	35,5
University or College	92	27,5
Total	335	100,0
Your father's learning situation		
Literate	7	2,1
Primary education	85	25,4
High school	117	34,9
University or College	126	37,6
Total	335	100,0

51.0% of household dialysis patients included in the study were female, 49% were male. Those between the ages of 18-25 are 61,5%, 26% and 38,5%, and the average age is (x = 14.18 ± 1.32). Socio-economic levels are 53.7% higher, 35.5% moderate, and 10.8% lower. Educational status of mother is 6,0% literate, 31,0% is primary education, 35,5% is high school, 27,5% is university or college. The education status of the father is literate 2.1%, 25.4% primary education, 34.9% high school and 37.6% university or college.

Table 2: Demographic information on home dialysis patients (continued).

	Count	%
The profession of the mother		
Worker	10	3,0
Officer	70	20,9
Artisans and Craftsman	2	0,6
Self-employment	22	6,6
Housewife	230	68,7
Painter	1	0,2
Total	335	100,0
Your father's profession		
Worker	66	20,7
Officer	118	35,2
Artisans and Craftsman	40	11,9
Self-employment	105	31,3
Farmer	3	0,9
Total	335	100,0
Number of individuals in the family		
2nd	5	1,5
3	41	12,2
4	176	52,5
5 and more	113	33,8
Total ($x = 4.31 + 0.97$)	335	100,0
Number of siblings		
Non	35	10,4
one	176	52,5
2nd	94	28,1
3 and more	30	9,0
Total ($x = 1.38 + 0.49$)	335	100,0

Of the household dialysis patients included in the study, 3.0% were employed, 20.9% were civil servants, 0.6% were artisans and craftsmen, 6.6% were self-employed, 68.7% were housewives, 20.9% are civil servants, 6.6% are self-employed, 3.0% are workers, 0.6% are artisans and craftsmen, and 0.2% are painters. 35.2% of the fathers of household dialysis patients are civil servants, 31.3% are self-employed, 20.07% are workers, 11.9% are artisans and 0.9% are farmers. When the number of individuals in households of home dialysis patients was examined, it was found that their families had an average of 4.31 ± 0.97 individuals; half of the home dialysis patients (52.5%) were composed of 4 individuals; 33.8% of the youth with 5 or more children in the family, 12.2% of the youth with 3 and 1.5% of the youth with 2 were found. The mean number of siblings of dialysis patients (excluding themselves) was 1.38 ± 0.49 , while 52.5% had 2, 9.0% had 3 or more siblings and 10.4% had no siblings.

Table 3: Types of mobile phone usage by young household dialysis patients by age.

		Age				Total		X ²
		18-25		26 and over		Count	%	
		Count	%	Count	%			
Mobile phone presence	There is	179	86,9	124	96,1	303	90,4	7.823**
	No	27	13,1	5	3,9	32	9,6	
	Total	206	100,0	129	100,0	335	100,0	
The first mobile phone to be used	Yes	54	30,2	21	16,9	75	24,8	12,664
	No	125	69,8	103	83,1	228	75,2	
	Total	179	100,0	124	100,0	303	100,0	
If the mobile phone used is the	one	54	30,2	21	16,9	74	24,8	72,940
	2nd	47	25,7	33	26,6	80	26,3	
	3	42	23,5	34	24,7	76	25,1	
	4	23	12,8	16	12,9	39	12,9	
	5 and more	16	7,9	20	16,2	34	11,3	
	Total	179	100,0	124	100,0	303	100,0	
How much mobile phone is used	Less than 1 year	19	10,6	1	0,8	20	6,6	127.299*
	one	23	12,8	10	8,1	33	10,9	
	2nd	40	22,3	19	15,3	59	19,5	
	3	51	28,5	21	16,9	72	23,8	
	4	27	15,1	26	21,0	53	17,5	
	5	10	5,6	32	25,8	42	13,7	
	Total	179	100,0	124	100,0	303	100,0	
What kind of mobile phone user	Novice	5	2,8	1	0,8	6	2,0	15.316
	Average	66	36,9	51	41,1	117	38,6	
	Expert	108	60,4	72	58,1	179	59,4	
	Total	179	100,0	124	100,0	303	100,0	
Staying with your cell phone during the day	Yes	122	68,2	98	79,0	220	72,6	10.093
	No	57	31,8	26	21,0	83	27,4	
	Total	179	100,0	124	100,0	303	100,0	
How many times a day are dialed	0-1	31	17,3	26	21,0	57	18,8	8,658
	2-3	82	45,8	57	46,0	139	45,9	
	4 and more	66	36,9	41	33,0	107	35,3	
	Total	179	100,0	124	100,0	303	100,0	
How many calls per day	0-1	49	27,4	47	37,9	96	31,7	11,299
	2-3	82	45,8	49	39,5	131	43,2	
	4 and more	48	26,8	28	22,6	76	25,1	
	Total	179	100,0	124	100,0	303	100,0	

How many sms received per day	0-1	50	27,9	22	17,8	72	23,8	20,953
	2 and more	129	72,1	102	82,2	231	76,2	
	Total	179	100,0	124	100,0	303	100,0	
How long is the day connected to the internet via mobile phone	who connect	135	75,4	106	85,5	241	79,5	60.146
	Connects less than 10 minutes	24	13,2	9	7,0	33	10,9	
	11-20 minutes	8	4,5	4	3,2	12	4,0	
	21 minutes and more connected	12	6,9	5	4,0	17	5,6	
	Total	179	100,0	124	100,0	303	100,0	
E-mail sent via mobile phone	Yes	21	11,7	7	5,6	28	9,2	7.797
	No	158	88,3	117	94,4	275	90,8	
	Total	179	100,0	124	100,0	303	100,0	
Play games on the mobile phone	Yes	126	70,4	81	65,3	207	68,3	5,294
	No	53	29,6	43	34,7	96	31,7	
	Total	179	100,0	124	100,0	303	100,0	
How much you spend in a month to communicate with your mobile phone	0-25 TL	103	57,5	84	67,7	187	61,7	
	26-50 TL	64	35,8	38	30,6	102	33,7	
	51 TL or more	12	6,7	2	1,7	14	4,6	
	Total	179	100,0	124	100,0	303	100,0	

Table 4: Types of mobile phone use by young household dialysis patients by gender.

		Gender				Total		X ²
		Woman		Male		Count	%	
		Count	%	Count	%			
Mobile phone presence	There is	57	91,8	146	89,0	303	90,4	,753
	No	14	8,2	18	11,0	32	9,6	
	Total	171	100,0	164	100,0	335	100,0	
The first mobile phone to be used	Yes	48	30,6	27	18,5	75	24,8	5.927
	No	109	69,4	119	81,5	228	75,	
	Total	157	100,0	146	100,0	303	100,0	
If the mobile phone used is the	one	48	30,6	26	18,5	74	24,4	12,266
	2nd	37	23,6	43	28,8	80	26,4	
	3	40	25,5	36	24,7	76	25,1	
	4	17	10,8	22	15,1	39	12,8	
	5 and more	15	9,5	19	13,1	34	11,3	
	Total	157	100,0	146	100,0	303	100,0	

How much mobile phone is used	Less than 1 year	13	8,3	7	4,9	20	6,6	14.917
	one	16	10,2	17	11,6	33	10,8	
	2nd	34	21,7	25	17,1	59	19,4	
	3	34	21,7	38	26,0	72	23,8	
	4	24	15,3	29	19,9	53	17,5	
	5	23	14,5	19	13,0	42	13,9	
	More than 6 years	13	8,3	11	7,5	24	8	
	Total	157	100,0	146	100,0	303	100,0	
What kind of mobile phone user	Novice	2	1,3	4	2,7	6	2,0	4.498
	Average	68	43,3	49	33,6	117	38,6	
	Expert	87	55,4	93	63,7	180	59,4	
	Total	157	100,0	146	100,0	303	100,0	
Staying with your cell phone during the day	Yes	120	76,4	101	69,2	221	72,9	2.858
	No	37	23,6	45	30,8	82	27,1	
	Total	158	100,0	146	100,0	303	100,0	
How many times a day are dialed	0-1	27	17,2	30	20,5	57	18,8	2.528
	2-3	68	43,3	71	48,7	139	45,9	
	4 and more	62	39,5	45	30,8	107	35,3	
	Total	157	100,0	146	100,0	303	100,0	
How many calls per day	0-1	46	29,3	50	34,2	96	31,7	,860
	2-3	70	44,6	61	41,8	131	43,2	
	4 and more	41	26,1	35	24,0	76	25,1	
	Total	157	100,0	146	100,0	303	100,0	
How many sms received per day	0-1	15	9,6	26	17,8	41	13,5	5.556
	2 and more	142	90,4	120	82,2	262	86,5	
	Total	157	100,0	146	100,0	303	100,0	
How many sms sent per day	0-1	30	19,2	42	28,8	72	23,8	7.106
	2 and more	127	80,8	104	71,2	231	76,2	
	Total	157	100,0	146	100,0	303	100,0	
How long is the day connected to the internet via mobile phone	Who connect	131	83,4	110	75,3	241	79,6	17.988
	Connects less than 10 minutes	14	8,9	19	13,0	33	10,9	
	11-20 minutes	3	1,9	9	6,1	12	4,0	
	21 minutes and more connected	9	5,8	8	5,6	17	5,5	
	Total	157	100,0	146	100,0	303	100,0	
E-mail sent via mobile phone	Yes	15	9,6	13	8,9	28	9,2	,933
	No	142	90,4	133	91,1	275	90,8	
	Total	157	100,0	146	100,0	303	100,0	
Play games on the mobile phone	Yes	98	62,4	109	74,7	207	68,3	5.234*
	No	59	37,6	37	25,3	96	31,7	
	Total	157	100,0	146	100,0	303	100,0	

How much you spend in a month to communicate with your mobile phone	0-25 TL	87	55,4	100	68,5	187	61,7	5,543
	26-50 TL	62	39,5	40	27,4	102	33,7	
	51 TL or more	8	5,1	6	4,1	14	14,6	
	Total	157	100,0	146	100,0	303	100,0	

* $p < 0.05$

26.3% of household dialysis patients included in the survey stated that they use second, 25.1% third and 12.9% fourth mobile phones. The rate of 5 or more cell phone replacements in home dialysis patients is 11.3%. When the age variable is taken into account; the percentage of those in the 12-14 age group who indicate that they use the first mobile phone is higher than that of those in the 15-17 age group (30.2%, 16.9%), indicating that they use 5th or 6th, 7th, 8th, 9th and 10th mobile phones. The proportion of those in the 15-17 age group is more than twice that of the 12-14 age group (16.2%, 7.9%). The ratio of the dialysis patients using the 2nd (25.7%, 26.6%), 3rd (23.5%, 27.4%) and 4th (12.8%, 12.9%) phones and 12-14 and 15-17 age groups were found to be close to each other.

The proportion of males using first mobile phones (30.6%, 18.5%), 2. (28.8%, 23.6%), 4. (15.1%, 10.8) and 5. (13.1%, 9.5% higher than girls. The rate of those who stated that they use third mobile phone from home dialysis patients were closely observed in both males and females (25.5%, 24.7%). The results of the statistical analysis showed that there was no difference depending on age and gender.

According to the data, most of the home dialysis patients already had a mobile phone and are now using 2nd mobile phones. The proportion of women and men who say that they use the 3rd mobile phone from home dialysis patients is close to each other. These results show us that mobile phones are not a new tool for home dialysis patients and are a product they already use. When the findings about the duration of home dialysis patients' cell phone usage are examined; mobile phones have been used for 3.17 ± 1.77 years, 23.8% for 3 years, 19.5% for 2 years, 17.5% for 4 years, 13.7% for 5 years and 8.0% for 6 years and more.

It has been determined that the people in the 18-25 age group are 2.71 ± 1.71 and the people in the 15-17 age group are using mobile phones for 3.82 ± 1.66 years. Household dialysis patients rate of 18-25 age group among mobile phone users for 1 year (12.8%, 8.1%), 2 years (22.3%, 15.3%) and 3 years (28.5%, 16.9% It is high; The percentage of those 26 years of age and older who use mobile phones for 4 years (21.0%, 15.1%), 5 years (25.8%, 5.6%) and 6 years and more (12.1%, 5.1% found high.

When considering gender variables; the average age of women using mobile phones was 3.09 ± 1.77 , and that of males was 3.24 ± 1.77 . It was determined that the ratio of men and women using mobile phones is similar to that of men who use mobile phones

for 3 years (26.0%), for 2 years (21.7%) and for 3 years (21.7%). Chi-square analysis results showed that home dialysis patients' cell phone use times changed with age ($p < 0.05$), but not by gender ($p > 0.05$).

In Boberg (2008), home dialysis patients have reached the end of their mobile phone for an average of 3 years. More than half (59.4%) of the home dialysis patients included in the survey considers themselves as "experts" and 38.6% as "average" mobile phone users. The rate of household dialysis patients who think they are "novices" is only 2.0%.

The proportion of those who consider themselves "expert" mobile phone users to be an "average" user in the 15-17 age group (60.4%, 58.1%) who are close to each other in the age group of 18-24 and 25 years and over is from the 18-24 age group (41.1%, 36.9%); The proportion of those in the 18-24 age group, who are considered "novice" users, was slightly higher than those in the 25 years and over group (2.8%, 0.8%).

When the findings are interpreted taking into consideration the gender change; (63.7%, 55.4%) of the respondents who evaluated themselves as "expert" users from men; while the rate of those who regarded them as "average" from the females was higher than the rate of males (43.3%, 33.6%). No statistically significant difference was observed between the two variables ($p > 0.05$). In a study conducted by Boberg (2008), less than 1% of household dialysis patients felt themselves inexperienced in using mobile phones, and 57.0% found themselves qualified as "experts" in mobile phone use.

When the households participating in the survey examined the presence of dialysis patients by mobile phones during the day, it was understood that most (72.6%) had mobile phones with them and 27.4% did not. It was determined that young people aged 25 years and older had more mobile phones in their 18-24 age group (79.0%, 68.2%) than women (76.4%, 69.2%) compared to males but the difference was not statistically significant ($p > 0.05$). The findings of Boberg (2008) also show that home dialysis patients have mobile phones with an average of 21 hours per day.

Household dialysis patients were found to have a mean of 2.17 ± 0.72 times per day whereas the numbers and percentage values of the dialysis patients were 2-3 per day (45.9%) of home dialysis patients and 4 or more and 18.8% 0-1 times on their mobile phone. When the findings about age are examined; It was found that the proportion of those in the 18-24 age group were higher than those of the other groups (45.8%, 2.19 ± 0.73) 46.0%), the ratio of those who said that they were called 4 or more times is slightly higher than the age group of 25-24 years (36.9%, 33.0%) in the 18-24 age group. The average number of women is 2.22 ± 0.72 per day, while the average of men is 2.10 ± 0.71 times per day on mobile phones. The proportion of those who stated that they were 0-1 times (20.5%, 17.2%) and 2-3 times (48.7%, 43.3%) in home dialysis patients were male; The rate of those who stated that they had 4 or more times was found higher in women (39.5%, 30.8%). No statistically significant difference was found between age and gender by statistical analysis ($p > 0.05$).

The research findings indicate that home dialysis patients are called every day. Home dialysis patients are mostly searched by their parents and friends. Mobile phones meet the need for security for parents who are wondering where home dialysis patients are, while meeting the social needs of young people in terms of planning and meeting with their friends. 43.2% of home dialysis patients said that they call from mobile phones 2-3, 25.1% say 4 and more, 31.7% call 0-1 times daily, while the average number of calls per day is 1.93 ± 0.75 . When findings are examined considering age groups; The average age of the 18-24 age group was found to be more than 25 years of age (1.99 ± 0.73 , 1.85 ± 0.77), in the 18-24 age group it was 2-3 times daily (45.8%, 39.5%) and 4 or more (26.8%, 22.6%) of those who are 25 years of age or older; (37.9%, 27.4%) than those in the 18-24 age group.

Among the household dialysis patients included in the study, women were sought 1.97 ± 0.75 per day on average and 1.90 ± 0.76 times for men. The proportion of women who stated that they were calling 0-1 times a day was female (34.2%, 29.3%), 2-3 (44.6%, 41.8%) and 4 or more times (26.1%, 24.0% found high. Statistical analyzes have shown that home dialysis patients' mobile phone numbers during the day do not vary depending on age or gender ($p > 0.05$).

While the dialysis patients who visited the house searched for 1.93 ± 0.75 times a day on their mobile phones, 43.2% of the respondents said they were calling from mobile phones 2-3 times a day, 31.7% 0-1, 25.1% 4 or more times a day. In the 18-24 age group, the average number of calls by mobile phone users was found to be higher than the age group of 25 years (1.99 ± 0.73 , 1.85 ± 0.77). The percentage of those who were searching for 0-1 times a day in the age group of 25 years and over was found to be between 18-24 years (37.9%, 27.4%), 2-3 (45.8%, 39.5%) and 4 or more times (26.8%, 22.6%) in the age group of 18-24 is higher than the age group of 25 years and over. When the findings according to gender are examined; it is observed that women are more searched during the day than men (1.97 ± 0.75 , 1.90 ± 0.76). When the numbers and percentages are taken into consideration, it is seen that the percentage of those who say that they have searched 0-1 times in males (34.2%, 29.3%), 2-3 (44.6%, 41.8%) and 4 or more times (26.1%, 24.0% and the proportion of women who stated that they made a search was higher than that of men. However, the results of chi-square analysis showed that the number of calls per day by home dialysis patients did not change, depending on age and gender.

Boberg (2008) found that the majority of dialysis patients in French and Finnish households were searching three times a day on their mobile phones and that men were searching more than women for having searched 3 times and that gender had an impact on the number of daily calls. Young people were asked how many SMS they received per day, and they received an average of 2.54 ± 0.73 SMS; (86.5%) received 2 or more SMS messages per day and 13.5% received SMS messages of 0-1 SMS. When age groups are taken into consideration, it is seen that 91.1% of the young people in

the age group of 25 and over, 83.2% of the 18-24 age group receive 2 or more SMS messages per day, SMS average of 25 SMS messages per day, 18-24 age group (2.64 ± 0.64 , 2.47 ± 0.77), respectively. Women expressed an average of 2.62 ± 0.66 SMS a day, while men received an average of 2.45 ± 0.78 SMS a day. 90.4% of the women and 82.2% of the men stated that they received 2 or more SMSs. The rate of male to female dialysis patients was found to be higher than that of female (17.8%, 9.6%). The results of the chi-square analysis with the aim of determining the statistical difference showed that the number of SMS received by home dialysis patients during the day did not differ depending on age and gender ($p > 0.05$).

Household dialysis patients send an average of 2.38 ± 0.85 SMS a day, indicating that 76.2% of household dialysis patients sent 2-1 and 23.8% of SMS sent SMS. The average age of the 18-24 age group was 2.30 ± 0.88 SMS, the average age of 25 years and over sent SMS 2.50 ± 0.78 SMS and the proportion of household dialysis patients who sent 25 SMS messages twice a day or more was higher than the 18-24 age group (82.2%, 72.1%), respectively. When the number of SMS sent by men and women during the day is examined; it was found that women sent 2.49 ± 0.81 SMS messages per day and 2.25 ± 0.88 SMS messages to men. (80.8%, 71.2%), while the percentage of men who reported that they sent 2-1 SMS was higher than that of women (28.8%, 19.2%). According to the results of analysis, age and gender variables were not found to be effective on the number of SMS sent home by dialysis patients during the day ($p > 0.05$). The findings of Boberg's work (2008) are also close to the findings of this work. French and Finnish household dialysis patients received and sent an average of 3 SMS a day.

Home dialysis patients were asked how long they were connected via mobile phones, most (79.5%) were not connected via mobile phones, 10.9% were connected for less than 10 minutes, 5.6% were connected for 21 minutes or more, 4.0 for 11-20 minutes and the average connection time for mobile phone and internet users was 4.23 ± 12.69 . The average age of dialysis patients in the 18-24 age group was 25 years old and over (4.65 ± 11.26 , 3.64 ± 14.55), and the rate of those who were not connected via the mobile phone was 25 years and over, higher than the 18-24 age group (85.5% 75.4%). 13.2% of those in the 18-24 age group and 7.0% of the 25 age group and above are connected to the Internet for less than 10 minutes; The percentage of young people who were interneceived for 11-20 minutes (4.5%, 3.2%) and for 21 or more minutes (6.9%, 4.0%) was found to be slightly higher in the 18-24 age group, 25 years and over. Among men who are not connected via mobile phones, the proportion of women who are connected between men (83.4%, 75.3%), less than 10 minutes (13.0%, 8.9%) and 11-20 minutes (6.1%, 1.9%) is higher than women. The proportion of women and men who are connected to the Internet via mobile phones for 21 minutes or more is almost the same (5.8%, 5.6%). The duration of women's internet connection over the mobile phone was 3.57 ± 11.27 while the duration of men's mobile phone connection was 4.95 ± 14.07 . Statistical analysis results showed that the duration of internecement of

home dialysis patients via mobile phones did not change according to age and gender ($p > 0.05$). The results of the research by Boberg (2008); showed that 84% of home dialysis patients did not connect via mobile phones, and that this effect on the state of connecting the genders from the mobile phone to the internets, men are more benefited from this practice.

Results

Home dialysis patients have been reached at the high level that they are not connected internally via mobile phones. When household dialysis patients send e-mails via mobile phone, (90.8%) did not send e-mails via mobile phone, and 9.2% of them sent e-mails via mobile phone. The proportion of household dialysis patients, who stated that they sent e-mails from their mobile phones in the 18-24 age group, was found to be about twice the age group of 25 years and over (11.7%, 5.6%). When gender variables are taken into consideration, 9.6% of the women and 8.9% of the men say they have e-mailed via mobile phone. Chi-square analysis results show that household dialysis patients' e-mails via mobile phone do not change significantly depending on age and gender ($p > 0.05$). The findings of the study conducted on French and Finnish household dialysis patients (Boberg, 2008) also show that 94% of household dialysis patients do not send e-mails from their mobile phones. While the proportion of household dialysis patients who played games on mobile phones was 68.3%, 31.7% said they did not play these games. When findings related to age groups and gender are examined; (70.4%), males (74.7%), 25 years (65.3%) and women (62.4%) were found to be higher than those in the age group of 18-24 years who said they played the games in mobile phones and age and gender were not statistically different ($p > 0.05$). In a study conducted on French and Finnish home dialysis patients (Boberg, 2008), 76.0% of household dialysis patients found that they spent almost no time on mobile phone games. Household dialysis patients were asked how much they spent in one month to communicate with mobile phones, 61.7% of them were spending between 0-25 TL per month. 33.7% of the home dialysis patients stated that they spend 26-50 TL per month and 4.6% over 51 TL in order to communicate with mobile phones. The rate of young people who stated that they spend 0-25 TL per month in the 25 years and over group is 67.7% while it is 57.5% in 18-24 age group. The proportion of those in the age group of 18-24 who stated that they spend 51 TL or more in the study was higher than those of the group 25 years and over (6.7%, 1.7%). When the number and percentage values are examined, taking into consideration gender variation, The proportion of men who spend 0-25 TL is higher than that of women (68.5%, 55.4%) and the rate of women who spend 25-50 TL is higher than men (39.5%, 27.4%) while the ratio of men and women who spend 51 TL or more (5.1% 4.1%) were close to each other. Household dialysis patients' communication expenditure is determined statistically based on age and gender ($p > 0.05$). The findings of the study conducted by Çavuç (2007) with 163 university students reveal that 32.5% of the students who participated in the study paid 30-50 YTL per month; 31.9% of them paid 0- 30 YTL per month.

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Summary

DIALYSIS PATIENTS NEED FOR INVESTIGATION OF THE HOUSE OF MOBILE PHONE USE

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In this research, the information concerning the use of mobile phones of registered home dialysis patients in dialysis department of a hospital in Istanbul to express themselves using mobile phones and mobile phone examining the need for purpose with different socio-mobile phone selected from neighborhood economic levels with the total of 303 home dialysis He was carried out on patients.

The survey technique was used to collect research material. Likert-type sentences, with internal consistency coefficient for the reliability of the questionnaire responses rated "Cronbach's alpha" are calculated.

Taking into account gender and age in order to determine the form of home dialysis patients use mobile phones Chi-Square the need for the use of mobile phones to home dialysis patients depending on gender and age differences with the aim to determine the t-test was used.

Chi-square analysis results; ($p < 0.01$) and cell phone usage times ($p < 0.05$) of household dialysis patients were changed depending on the age variable. According to the T-test results; ($p < 0.001$), and more comfortable planning with their friends ($p < 0.05$) by telephone ($p < 0.001$), while the dialysis patients had telephone calls .

Keywords: Home Dialysis Patient, Mobile Phones, Need, gender and age

INVESTIGATIONS ON PLYATIVE CARE OF PRIVATE AND PUBLIC HOSPITAL HEALTHCARE WORKERS

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Introduction

Especially developed countries in the field of public health from the beginning of the 19th century to the present day; Public policies that cover a wide range of social and environmental conditions that are focused on the concepts of health, health protection and health promotion. Understanding that diseases are most linked to lifestyle of individuals, increasing global chronic diseases, and increasing interest in quality of life, are also increasing the importance of developing countries' health. The development of health is generally defined as the process by which individuals increase their control over their own health and ensure that they are optimally healthy. In the health promotion conferences and studies carried out since the Ottawa Conference in 1986; (Health literacy and behavior), strengthening the health system, strengthening the health system, increasing inter-sectoral cooperation to build healthy community policies and increasing capacity to develop health".As can be understood from these headings, health promotion includes not only the information and behavior of individuals but also the strengthening of social capacity and policy changes. Individuals are supported in the process, make personal choices for healthy behaviors, and improve their social responsibilities to make positive changes in their life behavior. The most basic unit offered for individual and collective health services is primary health care facilities. With the implementation of the Health Transformation Program in our country in 2008, primary health care services; Family Health Center (ASM), Community Health Center (TSM) and 112 Emergency Health Services. Family health center; Is composed of the family physician units which consist of family physicians and family health care units which provide preventive and therapeutic services for individuals together. Family medicine service is; Is responsible for the health and health problems of all members of the family from the unborn mother's womb to the oldest member of the family, taking care of the individual in a holistic approach from birth to death together with the bio-psycho-social circles.

Palliative Care Aim

Palliative care is a holistic approach to the relief of pain in those with a life-threatening illness or a potential illness (Meghani, 2004). Palliative care should be presented with a respectful, open and responsive approach; Be sensitive to the individual's personality, cultural and religious values, beliefs and practices, as well as the laws in each country. According to Dame Cicely Saunders, "Palliative care begins with an understanding that each individual is worthy to be respected as his unique experience, story, association and culture and as a unique / unique entity" (Davies and Higginson, 2004: 7).

Philosophy of Palliative Care:

- Palliative care provides support and care to individuals with life-threatening illnesses at various institutions.
- Palliative care is based on the understanding that death is part of the normal life cycle.
- The death process is regarded as a great (deep) experience of the individual and the family.
- It focuses on strengthening the quality of life by integrating the physical, psychological, social and spiritual aspects of care and care.
- The use of an interdisciplinary team is key to meeting the diverse needs of patients and families.
- Patients and families can be prepared for death by appropriate care

According to the American Medical Institute, Palliative care is the prevention, relief, reduction or alleviation of the symptoms of the disease without curing (Palliative Care Program, 2009). The purpose of using the palliative term is not to investigate the cause of the symptom, but to treat and treat the symptom itself. (Erel, 2008).

MATERIALS AND METHODS

Purpose of the research

This study was carried out in order to determine the current knowledge and opinions about the palliative care of private and state hospitals health workers in Istanbul center.

Type of researcher

Research is cross-sectional.

Research Universe and Sampling

The research universe is the health workers of private and state hospitals located in the city center of Istanbul. As a sample, 370 health care workers were randomly selected from these hospitals.

Data Collection Tool

Survey form was used to collect data.

Data Evaluation

In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the descriptive analysis of categorical data, frequency analyzes were used. The data was loaded into the computer using the SPSS statistical package program 19.0. In the analysis of the data, One Way Anova or Kruskall Wallis and chi-square tests were used in addition to the descriptive statistics as well as parametric testing prerequisites.

FINDINGS

Table 1. Opinions of healthcare personnel about who should be formed by palliative team members

		Count	%
Opinions of Palliative Care Team Members	Nurse	361	97,8
	Doctor	347	94,0
	Psychologist	326	88,3
	Physiotherapist	269	72,9
	Nutritionist	249	67,5
	Social worker	238	65,0
	Volunteers	221	59,9
	Religious comissary	192	52,0
	Pharmacist	152	41,2
Family members	26	7,0	

Table 1 shows the opinions of healthcare personnel regarding palliative team members. The individuals who participated in the study indicated that nurses, doctors and psychologically intensive people should be involved in the whole, while they were less frequently referred to as volunteers, religious officers and pharmacists.

Table 2. Issues to be considered in the training program on palliative care according to the health personnel

		Count	%
Views on issues that need to be addressed in the curriculum on palliative care	Palliative care (basic concepts and principles)	298	80,7
	Communication	291	78,9
	Legal and Ethical Issues	237	64,2
	Symptom management	228	61,8
	Missing and mourning process	225	61,0

Table 2 presents the views of the health personnel on issues that need to be addressed in the training program on palliative care. 80.7% of the healthcare personnel had to address the basic concepts and principles of palliative care, 78.9% to communication, 64.2% to legal and ethical issues, 61.8% to symptom management, 61% to study education programs related to loss and mourning stated.

Table 3. Opinions on the reasons why the healthcare personnel's palliative care services have not yet developed

		Count	%
Opinions Regarding the Reasons for Palliative Care Services Not Yet Developed	Disregard	164	44,4
	Education Inadequacy	158	42,9
	Economic Insufficiency	76	20,6
	State Budget Allocation	66	17,9
	Staff Inadequacy	60	16,3
	Cultural Causes	55	14,9

Table 3 presents the opinions of the health personnel on the reasons why palliative care services have not yet developed. The reasons why healthcare staff palliative care services have not yet developed; Stated that they did not care 44.4%; Although some of the participants did not think that even curative treatment was given enough importance in the circumstances of our country, they stated that the palliative care was considered as wasted labor due to the application to the dying individuals. Of the other participants, 42.9% stated education inadequacy, 20.6% economic inadequacy, 17.9% state budget allocation, 16.3% element inadequacy and 14.9% cultural reasons.

Results

Although the descriptions of the palliative care of the healthcare personnel participating in the study are similar to those of the above studies, it is noteworthy that the individuals in the terminal period mainly describe "improving quality of life" and "end-of-life care". The majority of the patient groups who can benefit from the healthcare staff palliative care services participating in the study are oncologic patients and terminal patients and the palliative care service can be given in the hospital setting (45.4%); They pointed out that the reasons for the inability to develop palliative care services are largely disregarding and education inadequacy. Some of the participants stated that "even in the circumstances of our country, even curative treatment is not given enough importance, so we consider palliative care as wasted labor due to the application to the dying individuals". The health care staff should identify the patient group that can benefit from palliative care as more oncologic patients; The fact that palliative care is more important in focusing on curative treatment is likely to result from this level of awareness and inadequate education. Only the participating family members are mentioned as the nurses, physicians, psychologists, physiotherapists, dietitians, social workers, volunteers, religious officers and pharmacists who are members of the health

staff palliative care team participating in the study. However, in the opinion of the palliative approach, “I agree with the majority of the expression” Palliative care is a member of the decision-making team of patients and their families”. It is thought that the questionnaire form may be due to the fact that “family members” are not given as a separate option in the team members. Nevertheless, the fact that most of the participants did not mention religious officials, pharmacists and social workers in the team members suggests that palliative care practices are not well established by health personnel and that there is uncertainty about team members. Most of the health personnel stated that “basic concepts, principles and communication” should be included in the palliative care education. The lack of information about the concept and scope of palliative care is more prevalent in the individuals than in the sub-themes; It is thought to have caused them to focus on the main theme / basic concepts.

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Summary

INVESTIGATIONS ON PALLYATIVE CARE OF PRIVATE AND PUBLIC HOSPITAL HEALTHCARE WORKERS

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This study was carried out in order to determine the current knowledge and opinions about the palliative care of private and state hospitals health workers in Istanbul center.

Research is cross-sectional. The research universe is the health workers of private and state hospitals located in the city center of Istanbul. As a sample, 370 health care workers were randomly selected from these hospitals. Survey form was used to collect data.

In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the descriptive analysis of categorical data, frequency analyzes were used. The data was loaded into the computer using the SPSS statistical package program 19.0. In the analysis of the data, One Way Anova or Kruskall Wallis and chi-square tests were used in addition to the descriptive statistics as well as parametric testing prerequisites.

There was statistically significant difference ($p < 0.05$) in the distribution of median values of participation status among some views regarding palliative care according to the status of health workers' information about palliative care, occupation, education / specialty area, age and work clinics.

As a result of the study, the development of palliative care awareness should be broadened to include palliative care in the training curriculum and in-service training programs.

Keywords: Palliative, Palliative care, Healthcare workers

ETHICS MANAGEMENT AND SOCIAL RULES

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Introduction

We evaluate the moral development, which every individual desires to change but cannot change on his own, in the context of rules of change. Since we desire to make our existence meaningful on the level of organizational management we need a source of power that controls behavioral approach, distribution of roles, organizational goals and values. We form organizational behavior within the system we give strength to with responsibilities that are legitimized through actions. Organizational culture, which lays out the rules for the organizational goals, creates ethic norms.

While ethics carry norms on the judicial and belief levels, it understands the current organizational culture as a system of values through subconscious thoughts with relevant relations. System of values is an important factor in the formation of organizations. Defining the rights and wrongs in goals is creating a system of rules for actualizing an activity. This creates the method of management of rules. A set of rules and a concept of management that manages the rules that would preserve the inner integrity are created due to organization's nature. Management must ensure the ethical management of the various groups that are brought together for a goal with action based on the value and integrity of the organization. Entire set of rules, management goals based on the concepts of good and bad, control of actions that are worthless or under qualified all create the rules of the organizational services. Organizations are founded based on goals can be affected by informal structures while fulfilling their duties to the group members. Obeying the laws of ethics in the occupational groups within the organization and creating the necessary set of behaviors forms the occupational ethics.

Organizational management must be on the conceptual levels and management of behavioral rules, goal based rules, values and actions must be seen as the entirety of organizational culture. Societal changes form the ethical values according to the culture of life. Living conditions of the people changing positions in economic and social life context might create intra-cultural and intra-organizational norm conflicts. In this context, which ethic values will be believed on, which concept of truth and which

behaviors will form the criteria for values, must be determined, and organizational ethical behavior must be harmonized with societal expectations to persevere behaviors on ethical management concept. Ethics management in organizations interacts with social changes as differences between organizations. In this sense, ethics will be examined within the context of ethics management in organizations.

1. The Concept of Ethics

1.1. Definition of Ethics

Behaviors are the outputs of thought processes. On the morality level, we use ethics to measure each other's actions, which are outputs of our thoughts and societal motivation roles which are the outcomes of reward and punishment mechanics. *"To understand what ethics mean, we must first have a clear idea on what morality means."* (Feldman, 2012:11). Adhesion to human rights is necessary in characterized behavior. "Ethics is a type of social consciousness, behavior and ideological relation; it is indigenous to a certain societal formation, class or segment, it is determined based on history and it is tangible, it is used by a certain society, class, state or all of the society and large and it is the entirety of traditional perspectives, values, norms, principles, relations and behaviors." (Aydın, 2012:3) (Çalışlar, 1983:10) In other words, morality defined as *"Morality is about rights and wrongs, good and evil, virtuous and erroneous behavior and the assessment of their results."* (Aydın, 2012:3) (Çalışlar, 1983:10) formation of ethical judgments can create ethics *"it is the expression of right and wrong criteria belonging to the past and the present."* (Aydın, 2012:3) (From Lamberton ve Minner 1995:445) *"It is a field of philosophy that researches traditional or ethic relations, behavior types and perspectives of the humanity"*. (Aydın, 2012:3) (from Çalışlar, 1983:35) It can be considered an assessment of criteria of the actualization of ethical social rules. In this situation, an ethical relation can form in all of the rules applied in the actualization of an action. This relation can define all of the social rules. *"Social Rules are the rules that regulate social relationships."* (Akıntürk, 2004:5) These rules can be categorized into 4 groups:

- *Religious Rules*
- *Ethical Rules*
- *Etiquette*
- *Legal Rules*

Religious Rules *"It is a set of orders and prohibitions, created by God and delivered to us by the prophets."* (Akıntürk, 2004:6) While ethics carry cultural norms on the level of beliefs, every single rule necessary to do ethical actions which includes social rules that are religious rules; It's norms are set by God, organizational rules are not applicable to them and they provide organizational rules with one sided norms.

Ethical Rules: They are considered to be Subjective and Objective Rules. “*Subjective Ethics is how we deal with our own desires.*” “*Objective Ethics is how individuals must treat each other with in their relationships in the social life.*” (Akıntürk, 2004:7) These are rules that form the social norms within the organizational culture. While ethics carry cultural norms in both judicial and belief levels, it must be considered within the current organizational value set using relevant relations of subconscious thoughts. Value is a determinant factor in organization’s formation. Determining the rights and wrongs in the goals means determining the rule set for all actions. This creates the management by rules Ethics is adopting the current organizational culture as a set values. The concept of value forms the social systems and norms culture within the business organizations.

“Determinant values that contribute to the formation of culture.” (Eren, 2010:143-144) (From Parson’s)

1. Technical Values: Knowledge, beliefs and applications gained from natural sciences, engineering and physical aspect of events.
2. Economic Values: Supply and demand based tendencies and applications that form the consumer actions in the market.
3. Social Values: Population’s social tendencies, beliefs, preferences and lifestyles.
4. Psychological Values: Tendencies, needs and preferences of individuals.
5. Political Values: Beliefs, rules and applications that form the governing type of the country.
6. Aesthetical Values: Beliefs and applications that put importance to fine arts, looks and beauty.
7. Values: Tendencies and applications that people gain from observing their environment and learning from their families, ethics and traditions.
8. Religious Values: Dominant religion of the population. Rules, applications and beliefs that are relevant to it. (Eren, 2010:143-144) (From Parsons)

Ethics is the norm rules that are formed within the organizational culture. Formation of a value set is necessary for the formation of norms in this situation. Value set is an inhibiting factor for familiar disruptive behavior. It plays an important role in social behavior in this situation. Primary characteristics of social behavior are adopting negative and positive behavior and being dependent on cultural activities, and these are important factors in determining values.

Etiquette: “*These determine how an individual act in certain situations.*” (Akıntürk, 2004:8) This determines the form of organizational culture’s behaviors.

Legal Rules: “Religious, ethical and etiquette rules have non-material sanctions. For this reason, they do not have the means to force people to act according to its rules and prohibitions. The rules that have material sanctions instead of non-material ones to force them to obey its rules and prohibition are Legal rules.” (Akıntürk, 2004:8–9) Legal rules formalize the norms within the organizational culture. The rules that ensure that a negative action is not performed have absolute sanctions. Legal rules are the rules that polish the certainty of norm rules.

1.2. Organizational Ethics

“An organization is formed by an orderly or non-orderly (formed randomly) flock of people gathered to achieve a common goal or goals that have unity in decisions and actions.” (Ahmet Yes. New Developments in Management, Course Content, Unit 2.2.2.) Organizing is necessary to have activities to achieve a certain goal or goals. “Organizations need to coordinate the human resources, physical factors and their functions that possess in order to become effective. This process of coordination is called organizing.” (Sökmen, 2011:37) (Certo 1997, Can 1999, from Koçel 2005) How well the formal methods of these activities fit must be checked to determine performance-wise. “Organizational ethics is a set of principles that allow the wage-earners to be implanted with the same type of behavior within the legal context; they allow organization to carry out its responsibilities to the population and it allows them to provide services to them as well.” (Aydın, 2012:4) Organizations that were created to achieve certain goals can become under the influence of non-formal structures while carrying out their functions and fulfilling their tasks against the population within a legal context. “Non-ethical behavior of organizations can be categorized into 4 groups.” (Sökmen, 2011,38) (Karalar, 2001)

- First behavior is when wage earners doing frauds when they are left out of the jurisdiction of managers. Embezzlement and thievery can be examples for this situation.
- Second one can happen intentionally or non-intentionally. Not placing enough effort to ones job, ignoring other’s wrongs or exploitations etc.
- Third one is the managers acting to achieve their own ends. Bribery, placing common prices with competitors, supply limitations etc.
- Fourth one is going out of the ethical (sometimes legal as well) boundaries for the interests of the business, constantly and intentionally. Production and marketing products that are harmful, spreading rumors to benefit the organization, speculating etc... (Sökmen et al. 2011:38) (Karalar, 2001)

Creating a sense against non-ethical conduct, assessing intra-organizational cultural transfer based on the norm rules and fundamentals of power is necessary.

1.1.1.1 Ethnocentrism (Evaluating Based On Culture)

“Ethnocentrism is taking one’s culture as the primary one and evaluating other cultures from the viewpoint of his own.”(Özkalp et al.2004:69)An individual adopting his birthplace and place of living creates lifestyles and cultural differences. It should be noted that different cultures will not be adopted for this reason. “In ethnocentrism, an individual perceives his own norms and values as superior because he doesn’t recognize other cultures.”(Özkalp et al.2004:69) “Ethnocentrism has positive and negative aspects.Positive aspects include the fact that it increases the loyalty between group members.Negative aspects include creating harmful discriminations and this leads to belittlements and exclusions.”(Özkalp et al.2004:69)Ethnocentrism can be caused by warps in perception caused by perception of stereotypes. *“Stereotypes are a personal conflict that is caused by people categorizing humans and objects in their minds.This means grouping people based on their race, nationality, occupation etc.”*’ (Eren, 2010:77) Judging cultural lifestyles based on stereotypes can create non-ethical behavioral concepts.This can require ethics discussions.

1.1.1.1.1 Ethics in Discussions

If there are deep-seated differences in opinion in regards to organizational goals and aims, its success begins at the stage of discussions. *“Discussions is a inter-personal interaction process, which becomes necessary when two or more parties need to achieve a result despite their differences and it involves using persuasion to achieve a mutually acceptable solution which will iron out differences.”* (Çetin, 2009: 8) (Fowler 1996) It allows disagreements between parties to resolves with solutions that will create results. Discussion evaluates the efficiency of the efforts that aim to get rid of conflicts between two or more parties (Individual- Group- Organization) that were caused by differences in the actions of these parties.The primary elements of the discussion process, factors that would negatively affect its success and main problems in its processes must be evaluated in the context of ethics.

Behavior is the output of the thought processes. In the factor of behaviors, the set of rules that govern the actualization of an action is ethics. Point of origin in personal actions is the behavioral ethics intelligence. *“Ethics intelligence can be defined as how the universal human values should be applied to our personal values, aims and actions.”*(Top, 2008: 62) Mercy in the context of personal thoughts is basically decreasing the deficient effects of the factors caused by our mistakes. Interpretation of the behavior starts at the perception level. *“Perception is the process where people bring together, organize and use the knowledge garnered by his senses (sight, hearing, olfaction, touching and weighing) to understand and interpret their environments.”* (Eren, 2010: 62) Human behavior forms the entirety of our actions in this process where we started by interpreting our actions. *“When making an ethical decision, the decision maker must make a decision between rights and wrong or right or right or wrong or wrong based on his conscience.”* (Çetin, 2009: 351) (Nijhof, Rietdijk: 199) Ethical actions within its limits depend on discussion for efficiency.

In discussion, interpreting or defining ethical or non-ethical situations from different perspectives is difficult. If discussion is viewed through a perspective that is more fitting to strategies and tactics, the unifying goals of the discussion will not be lost between the parties. It is important to relate the certain and common understanding that the parties will be achieving through discussion with the laid out ethical rules and standards. The roles of strong and weak are important in relationships. Direction of the discussion ethics changes depending on the assessment in the context of regulating the party's relations. It is necessary to relate the result of the discussions with ethics rules and standards laid out by ethical behaviors towards unifying purposes.

1.2.2. Power

Does the application of rules in cultural differences create power and does the power's essence of continuity create mobbing? *"Power is the authority and the effect that one side has on the other side or the conditions."* Power, the continuity of the potency that is currently owned can cause the obstacles to the potency to be viewed as an enemy. *"Remains of an enemy can start moving again like the remains of a disease or a fire." For this reason, they must be destroyed utterly.* (Greene, 2011:9) (Kautilya, 3rd Century B.C.) In the context of power, if one loses his won rights without his consent, it means that he lost his right. In this situation, "Submitting to power is not an option, it is a necessity" (Rousseau, 2012:7). If power is taken as a basis of the concept nepotism with the points of its distinction, it can be viewed negatively in the perceptions. *"Some people view evil as the remains of the past without societies."* (Greene; 2011:9) Power is one of the realities of living. Even if the roles change, continuity of power is ensured by factors. Most distinctive characteristic of power is pressure. Having pressure is turning the interests and works towards own benefits. It can be defined as mobbing. *"TDK suggested the translation of mobbing into Turkish as wearing someone out."* (Atuk, 2012:19) Mobbing is inhibiting an individual's thoughts and opinions. *"Mobbing is the last step on the staircase that leads to the attempts on life".* (Atuk 2012:20) Public laws have sanctions against torture and they are laid out in the Turkish Penal Law's articles 94, 95 and 96.

1.3 Occupational Ethics

Individual's need to have consistency in their work life and necessity placed on them that requires them to have success in opinions can lead internalize their situation of being in an occupational status. It is necessary for them to acquire profession to develop their skills. "1) An occupation means: a work that is based on acquired skills and knowledges that are gained through education and it aims to produce products beneficial to people and sell them for money 2)Vocations 3)Discipline" (Turkish Language Society) "An vocation needs to have the following characteristics in order to be an occupation." (Aydın, 2012,95)

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1. "An occupation meets the indispensable needs of the society
 2. An occupation is not just about self-satisfaction; it is also a work that is done towards meeting other people's needs.
 3. It is based on knowledges and skills gained through a systematic education.
 4. Occupational branches are widened through researches and experiments and in time, they will develop inherent techniques.
 5. Occupations are vocations that are done to gain something.
 6. Vocations that are considered to be professions have endemic values and ethics codes and members of this professions act according to these values and codes."(Aydın, 2012:95–96)

Occupation is an indicator for personal development, and it is a symbolical status that one carries throughout his life. *"The concept of occupation can be generally defined as a professional work that one does to make a living"...* (Sökmen et al. 2011:35)

Application of an acquired occupation on the behaviors which are the outputs of thought processes within social rules, can define the occupation's ethics. *"Occupational ethics can be defined as behavioral rules in the occupations that deal directly with other people"* (Aydın, 2012:99) "Occupational ethics is a set of principles that are created based on an occupation and it forces the members of the occupation in certain behaviors, it limits personal tendencies, it excludes lacking or unprincipled members from the occupations, it regulates the competition within the education and it aims to protect the ideals of service.".... 2011:38) (Pehlivan, 2002'den) Resisting the norms of the groups, favourism, contrariety and not disobeying the occupational rules can be caused by personal internalization.

"Distinctive characteristic of the occupational ethics is that faults in conduct will not be met with repercussions outside the occupation; essentially, public conscience is disinterested in these faults."The reason behind this disinterest is the fact that these principles are common in all organs of the public.Ethical principles regulate tasks that are not visible to everyone, for this reason, it does not know what these rules are, what they should be, what kind of personal relations that the people carry them out should have."(Aydın, 2012:99)(Durkheim, 1949:12)

Knowing what the tasks and primary characteristics of the principles within occupational ethics requires a good level of observation skills.

"Characteristics of a good observer" (Feldman, 2012:269) (Firth, 1952 317-45)

1. They know everything about unethical facts.
2. They can perceive everything.

3. They are profitless.
4. They don't act on their emotions.
5. They are consistent.
6. They are normal in every other regard.

“Determining ethical principles and having occupation’s members acting according to them plays an important role in regards to some practical expectations in the anticipation the occupation and members. These are: (Aydın, 2012:101)”

- Defining acceptable behaviors.
- Raising the standards of quality in the application of the occupation.
- Providing the members of the occupation with opportunities to compare their behaviors using self-assessments
- Determining occupational behaviors and responsibilities within a framework
- Being mediators in the development of the occupational identity
- Determining the indicators for occupational maturity. (Aydın, 2012:101)

1.3.1. Ethics and Nepotism

Ethics examine rights and wrongs of judgment, it seeks the whole in actions and lack of it can create unethical situations, ergo nepotism. Nepotism can be defined as the old-boy network (being in close friendship with people based on interests) of our day. In this situation, application of ethics in groups that have gathered for a purpose, in other words, organizations and determining the responsibilities of these organizations in the legal context shows that the rules are in action. Disobeying rules can bring sanctions, while this is considered to be punishment, since this situation is governed by groups of interest, it can contain informal management types.

Forming rules that need to be obeyed in human related occupations create occupational ethics. In the context of occupational principles, formation of legal (sanction related) rules, create services and current organizational structure. Interests that are not present in the application of current rules can lead to nepotism. While acceptable behaviors can seem like unethical from the standpoint of ethical judgment, being in a close friendship that looks out for mutual interest, leaving the current situation and the thought of distinction may cause nepotism.

Characterizing existing rules that are made up of ethical moral structures and what is right to do and what is not, forms social rules. Nepotism is the motivation where the need for mutual interest based close friendships and old boy networks are the wrong thing.

2. The Concept of Morale

2.1 Definition of Morale and its Effects on Ethical Management

To reach organizational goals and for proper functioning of functions in an organizations, individuals need to have environments where they can comfortably express their feelings and opinions. "Morale can be defined as the general atmosphere of an individual or a group. Before all else, morale is a dynamic concept, which means that it changes constantly, therefore, a constant effort must be spent to keep it high. For this reason, it is a feeling that needs constant nurturing" (Eren, 2010:197). In this context morale can provide the organization with elements of harmony, guidance and motivation. "In organizations, it is developing cooperation and coordination." (Eren, 2010:197) Morale is also relevant to the perception of support. "For workers, the feeling of support defines how well that their organization values their contributions and thinks of their interests, (Robbins et al. 2012:79) The most important is providing them with the feeling of belonging. "Loyalty of a worker to his work, his satisfaction and joy he derives from it". (Robbins et al., 2012:79) Meeting their needs and desires creates non-absenteeism, loyalty and hardworking workers, which means increase in general basic talents in an organization.

For a Strong Sense of Morale: (Eren, 2010:197)

- 1) Role of Cooperation and Coordination (L'esprit de corps)
- 2) Pertinence and Tenacity
- 3) Liveliness
- 4) Resistance to dissatisfaction and disappointment
- 5) Loyalty to goals and loyalty to leader

The situation where the organization's groups are affected must be examined using the relative concept; the facts that affect morale must be examined by using their effect relationship and their reflections on the group must be examined with efficiency in mind.

"It can be said that a lot of factors affect group morale. However, three fundamental factors can be determined. There are: (Eren, 2010:197)

- 1) To what extent does the group have a common goal?
- 2) How well does this common goal serve the personal needs of the people who make up the group
- 3) How this common goal of the group members will be assessed, which means to what extent is the goal determined by managers who are outside the group is relevant and how easily can it be achieved.

The situation of low morale can create disconnected relationships within the system of hierarchy. Restricting desires and ambitions can decrease the loyalty. *“Forced loyalty is the perceived economic value that is the result of the comparison between staying and leaving the organization”* (Robbins et al.2012:77). For sustainable unity, it is important to detect and get rid of the factors that create vicious cycles that are born of the effect relationship of the feelings that cause low morale.

The Harms That Low Morale Will Cause (Eren, 2010:197)

- 1) Efficiency will be affected to a great extent if it is the worker’s opinions, labors and skills are factors in it. But if the worker’s opinions, labors and talents are not being used in production, efficiency will not be affected.
- 2) Low morale can cause physical discomfort, which can cause work accidents.
- 3) Low morale will cause quits, tears in work groups, which will increase work turnover rate. Absenteeism and leaves will increase as well.

Components of Low Morale (Eren, 2010:197)

- 1) *Apathy and laxness*
- 2) *Conflicts and disputes*
- 3) *Envy and intolerance*
- 4) *Lack of camaraderie*
- 5) *Pessimism*

2.1.1. Work Satisfaction in Morale

Workers being able to express their feelings and opinions in a comfortable environment can cause the sustainability in morale satisfaction, which can help reaching organizational goals. *“Satisfaction in work is generally used in a definition that means a positive feeling that occurs when the characteristics of the work is review”*. (Robbins et al.2012:79) *“Material gained from work and the joy that worker feels from working with his colleagues and creating something generally comes to mind when talking about this”*. (Eren, 2010:202)

To reach organizational goals functions of the organization must be smooth and clear and workers must have an environment that they can freely express their opinions and feelings. *“Morale can be defined as the general atmosphere of an individual or a group. Before all else, morale is a dynamic concept, which means that it changes constantly, therefore, a constant effort must be spent to keep it high. For this reason, it is a feeling that needs constant nurturing”* (Eren, 2010:197). In this context morale can provide the organization with elements of harmony, guidance and motivation. *“In organizations, it is developing cooperation and coordination.”* (Eren, 2010:197) Morale is also relevant to the perception of support. *“For workers, the feeling of support defines how well that*

their organization values their contributions and thinks of their interests, (Robbins et al.2012:79) the most important is providing them with the feeling of belonging, which can lead to qualified functions. Inefficiency in the members of the group can occur when harmony guidance cannot provide support.

2.1.2 Role of Nepotism in Morale and Satisfaction Relationship

Morale is a factor for harmony and guidance, it affects development of organizational cooperation, it increases work satisfaction -which is the positive feelings towards work-, and it also increases the success of the company. The concept of nepotism affects motivation functions of harmony and guidance and formed party structures can decrease the strength of morale, creating dissatisfaction.

Creative side of work satisfaction enters a vicious cycle due to cause and effect relationship of the target cycle caused by nepotism. Assumption that creating something is not assessed creates tears in active opinions.

Conclusion and Suggestions

Since actions are caused by thought processes, rules that govern actualization of actions create the ethical management of an organization. We use ethics to measure our formed action's ethical aspects within the context of rewards of punishment of social motivation. Ethics can be considered the measurement assessment of actualization of ethical social rules. This relation defines social rules as a whole. Social relations are regulated by Religious, Ethical, Etiquette and Legal rules.

Religious rules are social rules and its rules are set by God, it is not subject to organizational culture rules and it is in a one sided relationship with the organizational culture. Ethical rules is the determining factor in creation of an individual's set of values as it is considered to be one by thought and action, it considers the organizational cultures to be a set of values and it relates subconscious thoughts with relevant relations. This situation creates organizational management. Values inhibit becoming habitual disruptive behavior. It plays an important role in social behavior. Etiquette rules limit actions and judgments of organizational culture. Legal rules, formalize norms in organizational culture, it sets negative consequences for certain actions and its sanctions are absolute. Absoluteness of norm rules is set into stone by legal rules and these rules also stop their degradation.

In organizational ethics, suitability of formal methods of activities for them to be carried out in accordance with organizational goals must be determined using performance assessment methods. When functions are brought together and do their responsibilities against the society within the context of the law, they can be influenced by informal structures.

Assessing the norm rules of the culture transfer between organizations based on the cultures present causes lifestyles and cultural differences based on power essentials.

Different cultures must be taken into consideration. Situations that can cause ethnocentrism are caused by stereotypes warping the mental perceptions. Perception of stereotypes has the possibility to create non-ethical behavior concepts towards cultural lifestyles. This can require ethics discussions.

If there are deep differences in opinions on organizational goals, their assessment begins at the stage of discussions. Discussions assess the efficiency and effectiveness of getting rid of the differences caused by behavioral differences.

In the process of perception where we have started by interpreting our actions, human behavior form the entirety of actions. Effectiveness and efficiency of ethical actions depend on discussions. Using discussions and its results as tools for creating unity and relating ethical behavior with general ethical rules and standards is very important.

Power and continuity of possessing power can cause things that inhibit it to be seen negatively. Loss of won rights changing sides without consent is essentially losing the rights when it comes to power. In this situation, power as a concept must be taken as an essential along with its distinction point and its continuity must be ensured by factors even if roles change. Most important characteristic of power is pressure.

The need for consistency in working life and the need for having success in opinion causes people to internalize being in occupations. In this situation, people need to increase their skills by getting occupations. Occupations are indicators for personal gains and it is a symbolical situation that shows a person success throughout his life. Application of behavior, which is the output of thoughts, can characterize occupational ethics. Behavior's fitting to occupational application rules, resisting group's norms, contrariety and discrimination can be caused by appropriation.

Ethics looks for the whole in actions and lack of it can create nepotism. Nepotism can be defined as the old-boy network (being in close friendship with people based on interests) of our day. Application of ethics in groups that have gathered for a purpose, in other words, organizations and determining the responsibilities of these organizations in the legal context shows that the rules are in action. Nepotism is the motivation where the need for mutual interest based close friendships and old boy networks are the wrong thing.

To reach organizational goals and for proper functioning of functions in an organizations, individuals need to have environments where they can comfortably express their feelings and opinions. Morale is also relevant to the perception of support. Meeting their needs and desires creates non-absenteeism, loyalty and hardworking workers, which means increase in general basic talents in an organization. The situation where the organization's groups and the facts that affect morale must be examined by using their effect relationship and their reflections on the group must be examined with efficiency in mind. Restricting desires and ambitions can decrease the loyalty. To reach organizational goals functions of the organization must be smooth and clear and workers must have an environment that they can freely express their opinions and feelings. Providing the feeling of belonging can lead to qualified functions.

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Summary

ETHICS MANAGEMENT AND SOCIAL RULES

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We need a power source which controls the behavioral approach, work distribution, organizational goals and values in the stage of existent organizational management. We form organizational behaviors in the system which has been established by behaviors. Therefore social rules in ethics management of the organizations which identify the social norms in their goals have been examined. Method has been searched with qualitative methods making a literature study due to not having sufficient studies which describe social rules in the field of organizational behavior in the terms of ethics managements in organizations. In this research, general theoretical discussions, exemplifications and evaluations within the frame of experience are performed. In the research, Description of Ethics, Ethnocentrism, Ethics in Negotiation, Vocational Ethics, Nepotism and the concept of Moral have been tried to be qualified under the main headings.

In this research due to not having sufficient study which defines the ethic management in terms of social rules in the organization, qualitative study is performed. Being qualitative it reflects the data for scale development which will be able to be used in quantitative studies.

Behavior which goes through a thinking process can form the ethics management. We use ethics to measure the moral dimension of our composed behavior. Ethics can be accepted as evaluation of measurement for actualization of ethics social rules. This relation gregariously defines social rules. It regulates through religion, moral, good manners and rules of law. Ethics can be accepted as evaluation of measurement for actualization of ethics social rules. This relation gregariously defines social rules.

Key Words: Organization, Social Rules, Ethics, Vocational Ethics, Job Satisfaction, Nepotism

PALIIATIVE CARE SERVICES MANAGEMENT AND ORGANIZATION IN PUBLIC AND PUBLIC HOSPITALS AND PATIENT RELATIONSHIP BETWEEN PATIENTS AND PATIENTS

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Introduction

Palliative care is seen as an indisputable value in human life. For this reason, people protect their health and go to hospitals when they are sick. This demonstrates the importance of hospitals in our lives. While palliative care is only appropriate for patients in the last stages of life, Aiming at alleviating the pain and improving the quality of life in the individuals who have chronic and life threatening diseases and who live with these problems; It should be applied as early as possible. In our age, people protect their health as preventive measures. The end result of healthy people being tightly vigilant is increasing their productivity in their business and private lives. Every kind of health-related service has a great place in people's lives because it is possible to obtain healthy societies from developed and healthy people in every direction. Healthcare services are offered to the public by the state, and in countries where most developed and economically well-being countries, healthcare services are offered to the public by both the state and the private sector. In our country, health services are carried out both by the private sector and the government. As the importance given to health increases in our country, the importance of health institutions has also started to increase. First of all, private hospitals were opened as well as hospitals opened as state institutions. There are many problems experienced by private hospitals who want to create their own brand within the health sector and act with quality service understanding. These troubles; It can occur in the establishment stage of the private hospitals, the location selection, personnel selection and recruitment process, management of special hospitals, marketing strategies, technological adaptation, financing, private hospital legislation. The government and the private sector have to act together to solve the problems of private hospitals. Renewing the legal regulations related to private hospitals, ensuring that the bureaucratic system is accelerated, educating the qualified staff by talking with

the education sector constitutes some of the suggestions for solution. State-based work on health services; Provision of health services, planning in health services, supervision in health services, regulation and financing in health services. In our country, health services are mostly provided by the state as state services. In health services that are provided as a state service; Lack of qualified staff, lack of experienced and expert staff in the field, and so on. For this reason, the establishment of private hospitals has been supported and many private hospitals have been established. As the satisfaction of patients in private hospitals increases, as the patients get more efficient services and become more satisfied, the situation of private hospitals in our country has begun to change.

PALLIATIVE CARE EXPECTATIONS AND DETECTIONS

Palliative Care Patient Expectations

In addition to the medical needs of patients, healthcare facilities tend to meet the needs of patients as well as the expectations of patients. In addition to this obligation, patients have expectations that are different from each other. Even patient expectations can change even instantaneously. Just as there is a difference between the expectation of patients receiving the same services, the same patient can have different expectations from different services on different days in different services. Since satisfaction is a function of expectation, how expectations occur is also important. Expectations are based on past experiences in the same or similar situations. For this reason, the level of satisfaction that the individual has obtained from his previous experience is influenced by the shape of his anticipations and, accordingly, whether he is satisfied with the service offered to him and in determining his satisfaction. The level of satisfaction heard varies as the expectations change over time(Tokay, 2000: 89).

Palliative Care of the Patient Expectations Affecting Factors of Hospital Services

There are many factors that affect patient expectations. Although these factors are very diverse, they can be grouped into four groups. These can be listed as follows:

- “The medical needs of the patient,
- Experience from other health institutions,
- Socio-cultural status and psychological conditions,
- Definition of quality in mind “(www.merih.net/m1/woguzen21.htm, (04.04.2017).

These factors should be studied continuously and carefully by health managers. It will be easier for a health care provider to consider these factors that are likely to affect patients’ expectations and to present illnesses by creating services that are understandable and therefore meet those expectations.

Palliative Care Perceptions

Perception is a process in which an individual receives stimuli from a stimulant with the help of sensory organs, a mental effort to interpret, and a response in the result. The perception of the disease may vary according to societies and cultures. Two patients with the same problem often seem to behave very differently. For example, while someone is applying for a health facility immediately, the other is almost gone. The reason for this is that they perceive the situation or environment they are in different ways (Tengilimoglu, 2012: 80).

The relationships between the expected service and the perceived service may be as follows:

- “Expected service > If the service is perceived, the perceived quality is unsatisfactory and the quality of service is unacceptable.
- Expected service = Perceived service quality is satisfactory and acceptable.
- Expected service < If the service is sensed, the perceived quality is higher than satisfactory quality and creates the ideal quality level. “ (Sarı, 2010: 10).

MATERIALS AND METHODS

Type of Study

This study is a descriptive, cross-sectional study designed to determine the knowledge and opinions of palliative care of health personnel.

Purpose of the research

This study was conducted to determine the satisfaction and satisfaction of the management and organization of palliative care services in private and state hospitals in Istanbul city center and the health services offered by registered patients and their relatives.

The Universe of Research and Sampling

The patient's and patient's relatives were registered to palliative care services in private and state hospitals located in Istanbul city center. The sample consisted of 100 patients and relatives who were admitted between 01 January-30 December 2016.

Data Collection Tools

Survey form was used to collect data.

Analysis of Data

In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the

descriptive analysis of categorical data, frequency analyzes were used. The data were loaded into the computer using the SPSS statistical package program 19.0, and main distributions and cross tables were created.

RESULTS

The demographic characteristics of the patients who underwent palliative care in the study were examined with the help of frequency analysis. The findings are presented in Table 1.

Table 1. Distribution of Palliative Care Patients by Demographic Characteristics

Socio-demographic Characteristics		Count	%
Gender	Male	64	64,0
	Female	36	36,0
Ages groups	18-25	2	2,0
	26-35	2	2,0
	36-45	30	30,0
	46-55	10	10,0
	56 age and over	56	56,0
Marital status	Single	14	14,0
	Married	86	86,0
Educational status	Not literate	3	3,0
	Primary education	49	49,0
	High school	38	38,0
	University	10	10,0
Profession	Worker	37	37,0
	Officer	23	23,0
	Retired	3	3,0
	Housewife	25	25,0
	Student	4	4,0
	Unemployed	2	2,0
	Self-employment	6	6,0

As shown in Table 1, the frequency, age, gender, social security and education status of the palliative care patients' demographics, and the palliative care patients who applied to the hospital were analyzed and their percentages were evaluated. There is a difference in the literature regarding the relation of satisfaction with such socio-demographic characteristics. Given the frequency and percentage values of the participants according to gender: male patients with more than half of them. The majority of male patients were asked about the reasons for their admission to the hospital, and they included the ease of access to the hospital and the proximity to the home. When the frequency and percentage values of the participants according to their age groups are examined, it is seen that on average the participation is

equal across all age groups. The highest attendance was 56 years and over. When frequency and percentage values are examined according to the civil status of the participants, it is seen that the vast majority of the patients are married with 86.0%. It is understood that those who are married are more likely to come to the hospital and to meet more with health problems. When frequency and percentage values are examined according to the educational status of the participants: it is observed that the education levels are not good. Nearly half of the patients were primary school and high school graduates. This arouses the idea that patients have a certain culture and knowledge. When frequency and percentage values were examined according to occupational status of the participants: it was determined that nearly half of the patients who applied to the hospital were workers with minimum wage level of 37.0%. This was followed by civil servants and housewives. When frequency and percentages of participants are examined according to their social security situation: it is seen that half of the patients are SSK. The biggest factor in this is that IBEAH has already been a SSK hospital. Over time it has been transformed into an educational and research hospital. It is frequently visited because it is a familiar and familiar hospital for former SSC patients. Those who are social insurance are preferred by SSK and YK because of the low incomes such as examination and difference of difference from state hospitals. Those without social security were assumed to have the lowest rates, and because they were subject to the consolidation, they generally preferred private hospitals. According to the results of the research, it was argued that the patients' health status, demographic variables and characteristics and patient characteristics affected patient satisfaction.

Results

It is an indisputable fact that the understanding of satisfaction of palliative care patients has gained importance in parallel both in the world and in Turkey. It is known that palliative care patient satisfaction is vital for the healthcare sector. At the very least, it is the most important reason to be able to survive and survive. To be successful, health care providers must have a process that can monitor and renew the needs and satisfaction levels of palliative care patients. Particularly with the increase in private hospital numbers, the satisfaction of palliative care patients is getting more and more important in terms of increasing competition. To meet the needs of palliative care patients, palliative care patients constitute the first step in measuring expectations. It is possible for hospitals not to mention technical and functional qualifications. Palliative care patients who do not have much knowledge of the technical characteristics and quality of the services provided in the health facilities decides on the quality of the service and the quality of the service quality and the quality of the patient, the patient's physical appearance, the confidence of the hospital staff and the doctors, Empathy that can be formed with employees also decides according to the dimensions of the service quality we call. That is, the stages of service acquisition and the events and the attitudes experienced by these patients are very important to the patient. It is an

inevitable reality that the number of health institutions is increasing day by day and the competition environment between them increases. In order for health institutions to survive under these conditions and be preferred for patients, it is imperative that they can provide quality service at a level that can meet the ever changing, developing needs and needs of the customers.

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Summary

PALIAIVE CARE SERVICES MANAGEMENT AND ORGANIZATION IN PUBLIC AND PUBLIC HOSPITALS AND PATIENT RELATIONSHIP BETWEEN PATIENTS AND PATIENTS

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This study was conducted to determine the satisfaction and satisfaction of the management and organization of palliative care services in private and state hospitals located in the city center of Istanbul and the health services offered by registered patients and their relatives.

The universe of the study consisted of patient and patient relatives registered to palliative care services in private and state hospitals located in Istanbul city center. The sample consisted of 100 patients and their relatives who were admitted between 01-30 January 2017. Survey form was used to collect data. In this descriptive study, the figures are presented as numbers and percentages. After compiling the data, descriptive and descriptive statistics are discussed. In the descriptive analysis of categorical data, frequency analyzes were used. Data 19.0 SPSS statistical package program was used to load the computer, main distributions and cross tables were created.

Statistically significant differences were found between the patients' views on the procedures performed and the information about their progress, the waiting times on the basis of laboratory and radiological examinations, the views on the treatment applied to them and the general satisfaction relation of the patients when the patients were examined and treated in the palliative care unit ($p < 0,05$).

It has been determined that for the management and organization of a good palliative care services in the study, the patient-staff relations should be developed at a high level, the patient must be informed throughout the process, the waiting times in the emergency service should be shortened, the quality of patient care must be protected and continuously improved.

Keywords: Hospital, Patient, Palliative, Palliative Care Services, Laboratory

DETERMINATION OF SATISFACTION WITH DEMOGRAPHIC VARIABLES OF CUSTOMERS ACCOMMODATING IN THERMAL TOURISM OPERATIONS

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Introduction

Health tourism refers to thermal tourism or hot spring tourism, which is also known as alternative tourism types. In recent years, health tourism has become more and more important due to the health and holiday travel of people. This necessitates the continuous development of health tourism. However, it also contributes to the economy of places where health tourism develops.

In developed and developing countries, environmental pollution as a result of urbanization and industrialization, the consumption of food which harm human health; physical or psychological fatigue; to create a lifestyle that reduces the efficiency of work. Sea, spa and seasonal cure services to keep people's health and working efficiency high; It provides health tourism by coming together with domestic and foreign tourism. Health tourism is becoming attractive to customers as the services offered by other tourism varieties can last for at least three weeks with health services (Kozak, 2012, s. 28).

The center of health tourism in Turkey and in the world is considered as thermal tourism. However, the treatment methods used in health tourism, their sources and the preferences of the guests staying at the hotel are different from each other, which led to the subdivision of health tourism (Gülmez, 2012, s. 93).

Thermal tourism is also a source of spa tourism as well. Hot or healing waters boil boiling, boiling water to build facilities around the facilities are called spas or hot springs (Avderen, 2011, s. 44).

Many studies have been done to determine the satisfaction of customers staying in thermal tourism enterprises. When the previous studies about this subject are examined, the variables affecting customer satisfaction; quality of service, measures taken and reliability. Besides, it has not been seen that the general characteristics of the hotel are influential in customer satisfaction. It has been determined that there is a change in customer satisfaction according to demographic characteristics of customers.

Thermal Tourism Operations

The purpose of thermal tourism is to go to businesses that provide services using natural hot springs from where they have been living for a certain period of time in order to protect or treat existing health conditions. Customers who come to thermal tourism businesses do not buy treatment only. Beside treatment, it also meets accommodation, nutrition and entertainment needs; it also benefits from the natural and cultural attractions of the region it is headed to. Tourists who come to thermal tourism enterprises for a certain period of time to evaluate their leisure time and travel, participate in the thermal tourism movement. (Arslan Z., 1992, p.2).

There are thermal centers in the world that provide quality and scientific services in the frame of tourism perception with a changing view towards tourism in recent years. As the numbers of thermal centers providing quality and scientific services are increasing day by day, it is predicted that thermal tourism will take its place among the most advanced tourism types in the future. (Selvi, 2002, p. 95).

Thermal tourism, which takes care of the health of people and societies in order to survive; treats many diseases and causes physical and nervous fatigue to decrease. This is also one of the important parts of health tourism. At the same time, this indicates that thermal tourism is a kind of human-focused tourism. In countries that have come to realize that human life is important, understanding of healthy life is emerging. As a result, thermal tourism, which is one of the important parts of health tourism, is in the tourism sector of countries that attach importance to healthy life. However, in developing and developing countries, the young population is gradually displacing the elderly population; private and state insurances must meet the health expenditures, the investments of the thermal tourism enterprises should increase and thermal tourism in the coming years will be a sustainable tourism variety (Sandıkçı, 2008, p. 5).

Before describing thermal tourism in detail, it is necessary to mention the thermal service enterprises. While some of the thermal tourism enterprises only provide health services; some accommodation services; while others provide cure centers, accommodation and recreation services in a single enterprise. The main reason for the structural difference in such enterprises is; besides the natural hot water used,

complementary tourism services are being continued (Monteson & J. Inger, 1992, pp. 38).

In thermal tourism enterprises, besides thermal services, complementary services are required; because the costs of establishing and operating the thermal tourism enterprises are more expensive than other types of tourism. Therefore, it is necessary to provide simultaneous consumption of thermal tourism services and other services together with additional services. In this respect, thermal tourism enterprises have recovered themselves in a shorter time. (Sandıkçı, 2008, p.5).

MATERIALS AND METHODS

Purpose of the research

Thermal tourism is one of the types of applications that are moving forward in the field of health tourism. Efforts are being made to increase customer satisfaction in thermal tourism enterprises. Moving from this point, it is aimed to reveal the differences between the perceptions and expectations of the customers related to the services of the operator, depending on the demographic variable varieties in this study.

The Importance of Research

The importance of health tourism in Turkey is increasing day by day and it is accepted as the locomotive sector for emerging countries including health tourism. Turkey is very rich in terms of thermal tourism resources which is the most important part of health tourism. Especially rural and small cities are economically developed, allowing them to be recognized culturally, so the tourism of the country is getting more revitalized (Çetin, 2011, p.902).

The prominence of this study is to determine the needs of the guests staying in thermal hotels in the Yalova district of thermal tourism.

Main Mass of the Study and Sampling Process

The total number of customers staying at the hotel is 678. The total number of surveys distributed to fill the hotels is 400. The number of surveys collected is 290. However, 251 questionnaires were analyzed.

Data collection method

Three thermal hotels operating in Yalova met face-to-face with customers staying at least one night and filled out questionnaires to fill out questionnaires. The questionnaire consists of three parts. In the first part, the questions defining the demographic characteristics of the customers (age, gender, education, marital status, occupation, income, residence city) were asked and in the second part, general descriptive questions about the accommodation of the guests in this hotel were asked. In the third part of the questionnaire, there is a likert scale of 7 which is used to indicate the expected and

perceived quality ratios of 22 expressions regarding the perceived service quality. (1. Not important, 2. Not important, 3. Not partly important, 4. Not important and not important, 5. Partly significant, 6. Important, 7. Very important).

Data analysis

The statistical tests included in the SPSS 20 program were used for the statements on the questionnaire.

In this context, frequency and percentage analyzes, t-test, reliability analyzes, averages and standard deviations are calculated for demographic characteristics and other descriptive queries and expressions.

FINDINGS

Table 1: Differences in Expectations from Hotel Services by Gender Independent Variable (T-Test)

There was no difference in gender variation on the hotel services that the guests staying in thermal hotels operating in Yalova were expecting.

Dependent Variables (expectants)	Group	N	\bar{X}	t	p
Perfect location	Woman	122	5,1	-1,72	0,086
	Male	129	4,88		
Has modern SPA vehicles	Woman	122	5,57	0,414	0,679
	Male	129	5,19		
Decor is simple and welcoming	Woman	122	5,6	-0,12	0,902
	Male	129	5,19		
The rooms are comfortable	Woman	122	5,66	-0,84	0,404
	Male	129	5,27		
The staff is good	Woman	122	5,7	0,29	0,772
	Male	129	5,26		
Parking facilities exist	Woman	122	5,58	0,05	0,96
	Male	129	5,11		
Know how employees will serve customers	Woman	122	5,7	-0,65	0,514
	Male	129	5,29		
High quality food and beverage service	Woman	122	5,66	-0,1	0,924
	Male	129	5,14		
Good cleaning and sanitary installation	Woman	122	5,65	0,182	0,855
	Male	129	5,35		
The beauty of the natural surroundings	Woman	122	5,52	0,446	0,656
	Male	129	5,24		
Employees behave warmly and friendly to customers	Woman	122	5,7	0,33	0,742
	Male	129	5,3		

Individual attention with each customer	Woman	122	5,61	-0,38	0,702
	Male	129	5,27		
Totally guaranteed reservation	Woman	122	5,75	0,893	0,373
	Male	129	5,22		
Competitive prices	Woman	122	5,11	-1,04	0,3
	Male	129	4,95		
In general people have a good image, reputation	Woman	122	5,62	-0,48	0,633
	Male	129	5,34		
Having complementary facilities	Woman	122	5,58	0,491	0,624
	Male	129	5,19		
It's a peaceful and quiet place	Woman	122	5,72	-0,54	0,593
	Male	129	5,41		
No mistakes in service performance	Woman	122	5,4	-0,48	0,633
	Male	129	5,16		
Employees trying to solve customer problems	Woman	122	5,61	0,145	0,885
	Male	129	5,22		
Finding permanent medical services	Woman	122	5,65	-0,3	0,765
	Male	129	5,53		
Our waters are of good quality in terms of medical and mineral	Woman	122	5,92	-0,79	0,432
	Male	129	5,63		
Having a variety of treatment modalities	Woman	122	5,86	-0,57	0,568
	Male	129	5,61		

Table 2: Differences Between Expectations from Hotel Services Based on Marital Status Independent Variable (T-Test)

Dependent Variables (expectants)	Group	N	\bar{x}	t	p
Perfect location	Single	89	6,03	-0,22	0,83
	The married	142	6,07		
Has modern SPA vehicles	Single	89	6,16	-0,22	0,823
	The married	142	6,19		
Decor is simple and welcoming	Single	89	6,12	0,122	0,903
	The married	142	6,1		
The rooms are comfortable	Single	89	6,17	-0,19	0,848
	The married	142	6,2		
The staff is good	Single	89	6,17	-0,13	0,893
	The married	142	6,19		
Parking facilities exist	Single	89	5,62	-1,93	0,055
	The married	142	6,02		

Know how employees will serve customers	Single	89	6,19	-0,32	0,751
	The married	142	6,24		
High quality food and beverage service	Single	89	6,21	0,124	0,902
	The married	142	6,2		
Good cleaning and sanitary installation	Single	89	6,19	-0,08	0,937
	The married	142	6,2		
The beauty of the natural surroundings	Single	89	6,25	0,891	0,374
	The married	142	6,11		
Employees behave warmly and friendly to customers	Single	89	6,17	-0,55	0,585
	The married	142	6,24		
Individual attention with each customer	Single	89	6,15	-0,29	0,772
	The married	142	6,19		
Totally guaranteed reservation	Single	89	6,11	-0,69	0,494
	The married	142	6,22		
Competitive prices	Single	89	5,66	-1,76	0,08
	The married	142	6,02		
In general people have a good image, reputation	Single	89	6,21	-0,26	0,794
	The married	142	6,25		
Having complementary facilities	Single	89	6,12	0,152	0,879
	The married	142	6,1		
It's a peaceful and quiet place	Single	89	6,17	-0,09	0,931
	The married	142	6,18		
No mistakes in service performance	Single	89	6,05	-0,23	0,822
	The married	142	6,08		
Employees trying to solve customer problems	Single	89	6,18	-0,44	0,66
	The married	142	6,25		
Finding permanent medical services	Single	89	6,19	0,44	0,657
	The married	142	6,26		
Our waters are of good quality in terms of medical and mineral	Single	89	6,27	-0,02	0,983
	The married	142	6,27		
Having a variety of treatment modalities	Single	89	6,27	0,4	0,692
	The married	142	6,21		

Result

Thermal tourism; It is a type of tourism that takes place at a certain time for the purpose of health protection or treatment. Tourists participating in the thermal tourism movement get diversity of activities through the gathering of cure application, accommodation, nutrition and entertainment requirements. If the thermal resources that Turkey possesses are considered; The State Planning Organization, TURSAB, the Ministry of Health and the Ministry of Culture and Tourism should work in coordination. Because when thermal resources are assessed and offered for service to the tourism sector, it is a source of income for both the country's economy and the region's economy. When the tenth development plan (T.C. Ministry of Development, 2014-2018) is examined, it seems that targets for continuous development related to thermal tourism are put into place. These include increased plant-bed capacity, the cultivation of qualified personnel, and the separation of Turkey into thermal zones. Yalova is one of the places where the investments are inadequate due to its rich thermal resources (T.C. Ministry of Culture and Tourism Main Page, 2015). In thermal tourism activities conducted in Yalova province, it is tried to determine the effect of gender and marital status variables on customer satisfaction. The customers are below average in the average of the average of the hotel in terms of the perfect location, the decor in the hotel is simple and welcoming, the hotel has parking facilities, competitive prices, complementary facilities and lack of faults in hotel service performance. It shows that customers have low expectations for these variables.

The customer needs to have a perfect location of the hotel, to have modern SPA vehicles, simple and welcoming decor, parking facilities in the hotel, good food and beverage service at the hotel, natural beauty, competitive prices, complementary facilities, is below the average averages of the evaluations of the services that the employees are trying to solve the customer problems. Customer satisfaction with the services they receive is moderate.

Customers can find out from the hotel that they are staying with their expectations from an excellent hotel.

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Summary

DETERMINATION OF SATISFACTION WITH DEMOGRAPHIC VARIABLES OF CUSTOMERS ACCOMMODATING IN THERMAL TOURISM OPERATIONS

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Thermal tourism is one of the types of applications which are leading on the field of health tourism. Efforts are being made to increase customer satisfaction in thermal tourism enterprises. Moving from this point, it is aimed to reveal the differences between the perceptions and expectations of the customers related to the services of the operator, depending on the demographic variable variables in this study.

The data were collected from the customers of the three thermal enterprises that provided services in the province of Yalova. Data from the 251 questionnaire were analyzed by descriptive statistics, reliability analysis and T-test methods.

When the study results were examined, it was seen that customer perceptions were negative for all hotel services. In other words, customer expectations were not met in hotel services. There is no difference for marital status change, while the gender variation for the hotel performance that the three-thermal hotel customers perceive is completely guaranteed, while the reservation and high quality food and drink service are positively different.

Keywords: Thermal Tourism, Thermal tourism enterprises, Customer Satisfaction

A STUDY ON THE DETERMINATION OF THE CHALLENGES EXPERIENCED BY CAREGIVER INDIVIDUALS PROVIDING INFORMAL CARE SERVICE TO HANDICAPPED AND ELDERLY PEOPLE AT HOME: AN EXAMPLE CASE FROM AMASYA PROVINCE / TURKEY

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1. Introduction

When the healthcare systems in Turkey and throughout the world are examined, it is seen that each country has a national healthcare system that reflects the management approach in the country and generally responding to the expectation of the public while considering the country's culture, history and socio-economic status. The change and development occurring in the healthcare sector particularly in recent years also triggered Turkey and thus the Turkish healthcare system initialised a process of change through "Health Transformation" programmes towards the purpose of actualising a reorganisation in healthcare. The Health Transformation programme made resource distribution more regular through further disciplining the healthcare system, and aimed for responding to the public expectations with services at higher levels with its people orientation, accessibility, financing and delivery approach.

In line with the developments experienced in technological sense, the rising of the average life expectancy along with the drop recorded in birth and death rates and widespread application of the public health services have caused the world population to get more and more aged and with this aging the frequency of the occurrence of chronic disorders to rise more and more. The erosion of traditional roles of the family institution in our day results in the aggravation of the problem of caregiving to elderly people with each passing day (Danis, 2006).

Due to the increase of handicaps, elderliness and chronic disorders because of the demographical changes throughout the world, the demand for care services has begun to be felt more and more and the expectations towards increasing of the quality of life also increased in line with this. While only protection and care services were

taken into consideration for handicapped and elderly people in the past, plans made towards providing a comfortable and active life has taken the place of this approach in our day. In response to such expectations of people, healthcare services have been required to be restructured. As one of such demands, home care services has begun to take its place with constantly increasing weight in recent years within the healthcare and social care system. Many reviews and studies are being conducted in developed countries on the impacts of handicapped population on the socio-economic structure, and efforts towards ensuring handicapped population to continue their lives without being separated from social life are gaining importance. Improving the quality of life of the handicapped population, ensuring social integration, and resolving the health, care and protection problems are issues of importance.

One of the most important parameters for the measurement of the countries' development levels is the development of the programmes provided in the field of health and social services. Particularly, improvement of the quality of life of the handicapped and elderly people is one of the most significant indicators that the quality of life of the people is on the rise. The increase in the quality of care services is a significant indicator of the importance placed on the human life. Humans, differing from other living beings, require the assistance and support of others for continuing their lives beginning from the moment they draw their first breath. Healthy people are capable of address their own needs by themselves. However, there are also people who have to continue their whole lives in need of assistance from others due to certain physiological, psychological or mental problems occurred since birth or from later on, or the physiological deterioration brought by elderliness.

According to the definition made by official sources, home care service is “delivery of health and care and follow up services in line with doctors' recommendations to patients at the environment they inhabit with their families while fulfilling medical needs including the rehabilitation, physiotherapy and psychological treatment given by healthcare personnel” (Official Gazette with date 10.03.2005 and issue no 25751).

According to the definition of home care services in different literatures, care is assisting the individual in need of care in terms of actualising revitalising and adapting the physical, physiological and social activities of vital importance. The person who is unable to fulfil primary vital needs by herself/himself, straying from the necessary quality of life requires the assistance from family, close relatives or experts for utilising personal preferences and sustaining their lives (GencveDanis, 2011).

World Health Organisation (WHO) defines care as the activities that require assistance from family, relatives or medical, social and other experts towards enabling individuals who are incapable of providing their own personal care to utilise their personal choices and to maintain their quality of lives (Oglak, 2007:p.3). Services of assisting the individual in need in his/her own living space without demoting social status for nutrition, personal care, environment and body cleaning, protection from dangers, guidance in adapting to

social life and emotional support by formal or informal caregivers are defined in their entirety as care services. Home care services in our country are provided by a population dominantly comprised of women. Because the caregiver women dedicate their lives for the cared handicapped and elderly people to have a convenient and comfortable life, they are lack of a personal life of their own. It is observed that sometimes they get stuck up as isolated from their spouses and from the society due to this sacrifice of theirs. Because they are often left alone while providing care services, they also begin to experience certain physical and mental disorders. Because home care service is a model of service provided to the patients in their own environment, it is seen as a practice recognised in all countries throughout the world. In addition, delivery of service being able to be performed with less cost compared to private or public care centres makes home care a preferred choice. Home health and home care have to make dominant an understanding that will generate solutions to the problems of caregivers and their socio-economic and mental exhaustion through a multidisciplinary approach by use of public means.

This study was conducted for the purpose of determining the challenges experienced by caregiver individuals providing informal care service to handicapped and elderly people at home and indicating the socio-economic states they find themselves in.

2. Tools and Methods

This study was planned and implemented in a supplementing and cross-sectional manner for the purpose of determining the caregiver burdens and the challenges faced by the individuals providing home care to individuals in need of care within Amasya provincial centre borders during the period between November and December 2016.

The population of the study was comprised of a total of 884 relatives of patients receiving home care at provincial centre, and the number of individuals to be sampled was defined as 137 under the conditions $\alpha=0.05$, power=0.80 and error 5% through use of Power Analysis and Sample Size (PASS) programme and by referencing the study formerly conducted by Alpteker (2008).

A questionnaire form was utilised for obtaining the data to be used in the research. The questionnaire form comprised of 3 sections, and a total of 62 questions. The first section comprising of 12 questions focused on the socio-demographic characteristics and health problems of individuals who undertake care services, the second section comprising of 28 questions focused on the home care of the patients in need of care, and the third section comprising of 22 questions focused on the challenges experienced by caregivers, utilising the "Caregiver Burden Scale".

Caregiver Burden Scale (CBS)

This is a scale that was developed for the purpose of determining the challenges faced by caregivers by Zarit, Reeverand Bach-Peterson in the year 1980 and recognised commonly. The scale test that may be filled by the caregiver herself/himself or by the

researcher comprises of 22 expressions that determines the impact of the given care on the life of the caregiver individual (physical, mental and social wellbeing state). The scale contains Likert-type evaluations varying between 0 and 4 in the form of “never”, “rarely”, “sometimes”, “frequently”, “always” answers. Minimum “0” and maximum “88” points may be scored in the scale. According to scores; 0 -20 points mean: “no caregiver burden”, 21- 40 points mean: “light caregiver burden”, 41 - 60 points mean: “average caregiver burden” and 61 - 88 points mean: “severe caregiver burden” (Inciand Erdem, 2006). The scale’s validity and reliability have been confirmed in many countries, and the Cronbach Alpha Value varies between 0.87 and 0.99. Turkish validity and reliability of the scale was determined by Inciand Erdem (2006).

Statistical Assessment of Data

The statistical analysis of the data was conducted by use of the package programme Statistical Package For Social Sciences (SPSS) 17.0 on computer. Initially the frequency (f) and percentage (%) distributions of the data were calculated for the resolution of the data gathered in the questionnaire implementation. For determining whether or not the statistical analysis of the data indicated significant difference per certain variables (such as age or gender), chi square technique was applied and the level $p < 0.05$ was defined as significant.

3. Findings

It was found out that 51.1% of the caregivers were not able to spend time for themselves, 55.5% did not have any assistant for being able to rest, 55.5% needed training regarding care, and while 91.2% of them consented that the best place to care for the patient is home environment. Caregivers expressed by 42.3% that they had clinically diagnosed disorder, by 93.4% that they provide physiological care to their patients, by 62.5% that they experienced physical strain while providing care and by 19.3% that they could not spend sufficient time for themselves, by 40.9% that they experienced communication problems with their patients, by 39.4% that there is no one to take care of their patients in their absence, by 41.6% that they needed assistance to be able to rest, by 70.1% that providing care to their patients incurred material burden on them, and by 67.2% that they did not feel adequate in providing the care.

Table 1: Identifier characteristics of caregiving individuals (n:137)

Variables	Number	%
Gender		
Women	135	98.5
Men	2	1.5
Age		
20 – 29years	32	23.4
30 – 39 years	41	29.9
40 – 49years	43	31.4
50 yearsand	21	15.3

Education		
Primary	92	67.2
High School and	45	32.8
Civil Status		
Married	104	75.9
Not Married	33	24.1
Profession		
Retired	6	4.4
Housewife	109	79.6
Self Employed	22	16.1
Social Security Status		
Present	67	48.9
Not Present	70	51.1
Income Status		
Present	23	16.8
Not Present	114	83.2
Monthly Income Status		
1300 TL and below	84	61.3
1300 TL	53	38.7
Total	137	100.0

The identifying characteristics of the caregiving individuals that are taken within the scope of this study are shown in Table 1. The median age of the caregivers is 38.30±11.05 (27-49 years). It was found out that the majority of caregivers are within 40-49 years age group by 31.4%, woman by 98.5%, primary education graduate by 67.2%, married by 75.9%, housewife by 79.6%, possessing social security by 48.9%, not possessing any income by 83.2%, and the majority of those who do have income were found out to have monthly income of 1300 TL or below.

Table 2: Characteristics of caregiving individuals in relation to provided care (n:137)

Variables	Number	%
Persons lived together		
With family (spouse and child)	100	73.0
With people other than family	23	16.8
With father and mother	14	10.2
The period of care delivered		
Less than 1 year	53	38.7
1 – 2 years	39	28.5
3 years and	45	32.8
The reason for delivering care to patient		
Family responsibility	58	42.3
Affection/having family ties	61	44.5
None other to deliver care	14	10.2
Economic contribution of care	4	2.9
Contentment due to caring for patient		
Yes	127	92.7
No	10	7.3

Ability to spend time for themselves		
Yes	67	48.9
No	70	51.1
Need for training regarding patient care		
Yes	76	55.5
No	61	44.5
Best place to care for patient		
Home	125	91.2
Care centre	12	8.8
Having someone to assist in patient care to be able to rest		
Yes	61	44.5
No	76	55.5
Total	137	100.0

When we assessed the characteristics of caregiving individuals in relation to provided care, it was found out that 73.0% lived with spouse and child, 38.7% delivered care services for less than 1 year, 44.5% cared for the patient because they feel affection or have family ties towards the patient 92.7% were content with caring for the patient, 51.1% did not have time to spend for themselves, 55.5% did not have anybody to assist them to be able to rest, 55.5% needed training for care, and 91.2% consented that the best place for delivering care to the patient is home environment (Table 2).

Table 3: The level of caregiver burden of the caregiver (n=137)

Caregiver Burden	Number	%
None (0-20 points)	31	22.6
Light (21-40 points)	92	67.2
Average (41-60 points)	14	10.2
Severe (61-88 points)	0	0.0
Total	137	100.0

Due to the sample number being limited to 137 in this study, the caregiver burden was grouped into two as non-burdened for the group falling into “none” category, and burdened for the groups falling into “light” and “average” categories, and referred as such in the tables hereinafter. It was found out that 22.6% of the caregivers had no caregiver burden, while 67.2% had light caregiver burden and 10.2% had average caregiver burden. According to the binary grouping, it may be mentioned that 77.4% (n=106) had caregiver burden. On the other hand the points median of caregiver burden of the caregiving individuals was calculated as 27.1 ± 9.7 (between 17 and 37 points) (Table 3).

Table 4: Caregiver burden distribution according to certain characteristics of the caregivers (n=137)

Variables	Caregiver Burden				Total		χ^2
	Non-Burdened		Burdened		Number	%	P
	Number	%	Number	%			
Gender							
Women	30	96.8	105	99.1	135	98.5	0.869
Men	1	3.2	1	0.9	2	1.5	0.403
Age							
20 – 29years	6	19.4	26	24.5	32	23.4	2.757
30 – 39 years	13	41.9	28	26.4	41	29.9	
40 – 49years	8	25.8	35	33.0	43	31.4	0.431
50 years and ‡	4	12.9	17	16.0	21	15.3	
Education							
Primary	19	61.3	73	68.9	92	67.2	0.624
High School and ‡	12	38.7	33	31.1	45	32.8	0.429
Civil Status							
Married	23	74.2	81	76.4	104	75.9	0.065
Not Married	8	25.8	25	23.6	33	24.1	0.799
Profession							
Housewife	28	90.3	87	82.1	115	83.9	1.210
Self Employed	3	9.7	19	17.9	22	16.1	0.405
Social Security Status							
Present	17	54.8	50	47.2	67	48.9	0.565
Not Present	14	45.2	56	52.8	70	51.1	0.452
Income Status							
Present	9	29.0	14	13.2	23	16.8	4.300
Not Present	22	71.0	92	86.8	114	83.2	0.038*
Monthly Income Status							
1300 TL and below	20	64.5	64	60.4	84	61.3	0.173
1300 TL ‡	11	35.5	42	39.6	53	38.7	0.677
Total	31	100.0	106	100.0	137	100.0	

*p<0.05

86.8% of the burdened caregivers were found out to be devoid of monthly income, and the difference between the groups was found as statistically significant (p<0.05) (Table 4).

99.1% of the burdened caregivers were found out to be women, while the difference between the groups was found as not statistically significant (p>0.05) (Table 4).

41.9% of the non-burdened caregivers were found out to be within the 30-39 years age group, and 33.0% of the burdened caregivers were found out to be within the 40-49 years age group, while the difference between the groups was found as not statistically significant (p>0.05) (Table 4).

68.9% of the burdened caregivers and 61.3% of the non-burdened caregivers were found out to be primary education graduates, while the difference between the groups was found as not statistically significant (p>0.05) (Table 4).

76.4% of the burdened caregivers and 74.2% of the non-burdened caregivers were found out to be married, while the difference between the groups was found as not statistically significant ($p>0.05$) (Table 4).

82.1% of the burdened caregivers and 90.3% of the non-burdened caregivers were found out to be housewives, while the difference between the groups was found as not statistically significant ($p>0.05$) (Table 4).

52.8% of the burdened caregivers were found out to not have social security and 54.8% of the non-burdened caregivers were found out to have social security, while the difference between the groups was found as not statistically significant ($p>0.05$) (Table 4).

86.8% of the burdened caregivers and 71.0% of the non-burdened caregivers were found out not to have monthly income, while the difference between the groups was found as not statistically significant ($p>0.05$) (Table 4).

60.4% of the burdened caregivers and 64.5% of the non-burdened caregivers were found out not to have monthly incomes of 1300 TL or below, while the difference between the groups was found as not statistically significant ($p>0.05$) (Table 4).

4. Conclusion and Recommendations

One of the most important parameters for the measurement of the countries' development levels is the development of the programmes provided in the field of health and social services. Particularly, improvement of the quality of life of the handicapped and elderly people is one of the most significant indicators that the quality of life of the people is on the rise. The increase in the quality of care services is a significant indicator of the importance placed on the human life. Home care services aimed at handicapped and elderly people are provided in our country either formally by institutions or informally by family and relatives in home environment (Adak, 2003). In our study, 91.2% of the caregiving individuals expressed that the best place to provide care for the patients is home environment, while 44.5% indicated they cared for the patient because of affection/family ties, and 55.5% indicated that they needed training in regards to care. People hesitate to leave their relatives to institutional care due to their overweighing sentiments. It was found out that caregivers may learn better about the wrong practices they knew as correct, and that home care services would ensure more effective and efficient use of public resources in terms of personnel and costs in the event they are trained by the Ministry of Health. In addition, people benefitting from care services would be ensured to live more comfortably and the people who are cared for would be prevented to return to the hospital after being discharged.

It is expressed that women who work in paid employment while also fulfilling their marital and motherly duties at home experience "caregiver burden" and "caregiver stress" due to having to provide care also for the elderly, and have to balance their

personal needs and requests with the responsibility towards others (Seyyaran Oglak, 2004). In our study, it was found out that 51.1% of the caregiving individuals could not spend time for themselves. Research demonstrates similarities with our study. Humans, differing from other living beings, require the assistance and support of others for continuing their lives beginning from the moment they draw their first breath. Healthy people are capable of address their own needs by themselves. However, there are also people who have to continue their whole lives in need of assistance from others due to certain physiological, psychological or mental problems occurred since birth or from later on, or the physiological deterioration brought by elderliness.

In his study, Alpteker (2008) found out that 71.0% of the caregivers (n: 49) had caregiver burden when the caregiver burden was grouped as “burdened” and “non-burdened”. In our study, 22.6% of the caregivers were found out not to have caregiver burden, while 67.2% had light and 10.2% had average level of caregiver burden. According to the binary grouping, it may be mentioned that 77.4%(n=106) had caregiver burden. The elderly and the care for elderly that is defined as “burden” for the family causes daily life problems to be experienced more severely, and the elderly and their caregivers occur to be the group affected most from changes in family life.

In the study we conducted, it was observed that 31.4% of the caregivers fell within the 40-49 years age group, 67.2% had only primary education, 98.5% were women, 75.9% were married, 79.6% were housewives, 48.9% had social security, 83.2% did not have monthly income and 61.3% of those that had possessed monthly incomes of 1300 TL and below (Table 1). In his study, Alpteker (2008) observed that majority of those with caregiver burden were women (83.7%), married (87.8%) and housewives (65.3%); and that the care to the elderly was provided mostly by spouse (38.8%), daughter (24.5%) or daughter-in-law (20.4%). As the aging of the population may not be prevented, it seems important to determine the caregiver burdens and the challenges faced by those who provide home care services to individuals of 65 years and older in order to develop new strategies towards preserving the health of the aging population and the people undertaking their care, and preventing and resolving the social and economic problems that may emerge.

In conclusion, it was determined that caregiver individuals providing informal care service to handicapped and elderly people at home experienced various challenges; thus, theoretical and practical trainings compliant to legislation in terms of health ethics may be provided for preserving both their health and the health of the people they provide care services to, and for increasing their quality of life, towards the purpose of preventing a new generation to swarming to the health facilities.

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Summary

A STUDY ON THE DETERMINATION OF THE CHALLENGES EXPERIENCED BY CAREGIVER INDIVIDUALS PROVIDING INFORMAL CARE SERVICE TO HANDICAPPED AND ELDERLY PEOPLE AT HOME: AN EXAMPLE CASE FROM AMASYA PROVINCE /TURKEY

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This study was conducted for the purpose of determining the challenges experienced by caregiver individuals providing informal care service to handicapped and elderly people at home. The study was implemented in Amasya provincial centre between the November and December of the year 2016. The population of the study was comprised of a total of 884 relatives of patients receiving home care at provincial centre, and the individuals to be sampled were defined as 137 people under the conditions $\alpha=0.05$, $\text{power}=0.80$ and error 5%. For determining whether or not the statistical analysis of the data indicated significant difference per certain variables (such as age or gender), chi square technique was applied and the level $p < 0.05$ was defined as significant. Caregivers indicated by 42.3% that they had clinically diagnosed disorder, by 93.4% that they provide physiological care to their patients, by 62.5% that they experienced physical strain while providing care and by 19.3% that they could not spend sufficient time for themselves, by 40.9% that they experienced communication problems with their patients, by 39.4% that there is no one to take care of their patients in their absence, by 41.6% that they needed assistance to be able to rest, by 70.1% that providing care to their patients incurred material burden on them, and by 67.2% that they did not feel adequate in providing the care. It was determined that 22.6% of caregivers did not have caregiver burden, while 67.2% of them had light caregiver burden and 10.2% had average caregiver burden. According to binary grouping, it may be mentioned that 77.4% of the caregivers ($n=106$) had caregiver burden. It was determined that caregiver individuals providing informal care service to handicapped and elderly people at home experienced various challenges; thus, theoretical and practical trainings compliant to legislation in terms of health ethics may be provided for preserving both their health and the health of the people they provide care services to, and for increasing their quality of life, towards the purpose of preventing a new generation to swarming to the health facilities.

Keywords: Caregivers, caregiver burden, handicapped and elderly, home care services.

THE EFFECTIVENESS OF AN ANNOUNCEMENT BEHAVIOR LEARNING EDUCATION ON THE ANALYSIS ROLE

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Introduction

Maternal identity development is the process of learning a woman's maternal behavior. In this process, the shaping of maternal identity shows that the role of motherhood is acquired, that is, being a mother. Meighan and Mercer describe the role of maternity as a role-playing process in the realization of maternal behavior (Meighan, Ramona, Mercer, 2006: 605). Motherhood is an important process of transition in the lives of women (Emmanuel, Creedy, St John, Gamble & Brown, 2008: 18). The mother's interest in the baby begins with the feeling of the baby movements in the mother's womb for the first time during pregnancy and forms the basis of the mother's baby relationship. In the first days after birth, the mothers' perception of their infant provides the continuity of the mother-infant relationship in later periods. Later on, when your mother smells her baby, touches her, and meets her needs, she increases her mother's positive perception of her baby (Gorrie, McKinney, Murray, 1998: 245). Having a baby in the family life cycle is considered a difficult period because it is a happening event for the mother and father as well as a change that requires new role and responsibility (Taçkın, 2007: 2). Mothers who make their first birth can worry about how they will look after their babies after birth, meet their needs and have their own qualifications (Foster, Hunsberger, Anderson, 1990: 3). In this period, parents have to deal with babysitting, creating a safe environment for the baby, communicating with the baby, learning new roles, improving family sensitivity and coping with problems with the baby (Çeker, 2006: 2). The training provided to mothers about their care and baby care, relieving the concerns of mothers and emphasized that it is effective in increasing their sense of competence (Marks, 1998: 99). For this reason, it is very important to determine the maternal and baby care needs of the mother / infant health which is started in the prenatal period and continued during the postnatal period, and to provide care, education and counseling services in line with these requirements (Beydag, 2007: 479). In the formation of healthy societies, it has been stated that from the intrauterine

lifetime, the baby can pass the healthy growth and development process and receive qualified care in this direction (Karaçam, 2008: 708). It is necessary for the mother to acquire the necessary knowledge and skills to be able to adapt to the role of motherhood, to accept her baby, to look after her and her baby when she goes home. Maternity is a fact that a mother who has formed role behaviors will give her baby better care with confidence that she has won (Taçkın, 2007: 2). It has been emphasized that nursing approaches, such as informing, counseling and dealing with parental concerns during prenatal and postnatal periods, where dynamic changes have taken place in various studies, have been important in developing self-confidence in motherhood, especially in relation to motherhood after birth (Beydag, 2007: 480).

Motherhood Role Gain

Taking the role of motherhood and parenting is a very complex, multi-stage process. The theory and model of being a mother helps to facilitate the complex process of being a parent (Meighan, Ramona, Mercer, 2006: 606). Maternal role play was defined as a process that started in the prenatal period for the first time and completed in the first year after birth with the formation of maternal identity. Mercer describes the role of motherhood and the incorporation of maternal behaviors into the established order of the mother as a role performance process (Mercer, 1981: 73). Maternal role performance is a process in which a woman develops during her pregnancy, begins to occur at birth, and continues until after one year after birth (Walker, Crain, Thompson, 1986: 352). Depending on the differences between the pipes, it can take as long as one year as it can be achieved in one month, it takes about four months on average (Meighan, Ramona, Mercer, 2006: 607). Mercer, regarding motherhood role in the recovery operation, first-time mothers after birth, women who have developed the ability to provide care to infants and the right time is the fourth month reported an increase in confidence (Taçkın, 2007: 3).

Stages of Motherhood Role Gains

Maternal identity development is the process of learning a woman's maternal behavior. It is a process which starts with the determination of pregnancy, develops in pregnancy, continues in the postpartum period and is completed with the formation of maternal identity development. In this process; The shaping of the identity of motherhood shows that the role of motherhood is achieved, that is, being a mother. Formation of maternity occurs with every child born and the anticipation takes place in four phases: stage, formal stage, informal stage, and personal stage. Each of these stages is influenced by the relationship between mother and father, family function, important people, stress and social support (Mercer, 2006: 608). The final point of getting identity is reached by getting motherhood identity development stages that start with the stages of expectations, mastery about how mother should feel about harmony, how to achieve the role, and personal stage in which she gains confidence. The overlapping role phases of access vary as the baby grows and develops (Taçkın, 2007: 4).

1) Expectations Phase: It includes the psychological and social initiation of adherence to pregnancy and gestation. The first step in adapting to the role of maternity is to adopt pregnancy thought and place it into the way of life (Mercer, 2006: 649).

Developmental tasks that must be performed as an everyday in stages expectations (Mercer, 2006: 649);

- Adoption of pregnancy,
- Identification of mother role,
- Re-arrangement of relations with partner and environment,
- Establishing relationships with the (unborn) baby on the abdomen,
- Preparing for birth (baby and mother)
- Determines the emotional and social support to be received from the partner and the surrounding community.

2) Formal(Official) Stage: Beginning with the birth of the child involves the development and learning of the role of the mother. Under the influence of role models, the mother tries to behave as if she is expecting her and to fulfill her roles. It is also important to maintain your baby's nursing care during the formal period. Healthy recovery of mother's birth after childbirth facilitates role acquisition (Taçkın, 2007: 5).

3) Informal (Unofficial) Stage: The woman begins to develop her own choices or her own maternal style and observes what kind of mother role she will play in her new role, in the direction of her future goals and the formal life of the mother. While the mother carries out the role of motherhood, she should not forget the other roles and responsibilities in the family (co-role) (Taçkın, 2007: 6).

4) Personal Stage: The woman who reaches this stage lives the comfort of being a mother and carries out her own ideas and behaviors. She learned to take care of the mother-infant relationship. It is complemented by the attainment of mastery and self-confidence in the way that the mother is feeling fit and how she should perform her role. The role attained continues until the end of life (Taçkın, 2007: 7).

MATERIALS AND METHODS

Purpose of the research

The purpose of this article is to assess the effect of learning maternal behavior training on maternal role attainment. The research was conducted in February, 2017 at a maternity clinic in Istanbul and at the homes of women who were investigated.

The Universe of Research and Sampling

I created the universe of the researcher, that is, the pregnancies that came in order to receive care for the polyclinics of a maternity hospital within the month. Sample size for the study; Power analysis performed with 95% test power and 0.05 error level resulted in a total of 120 pregnant women. The sample of the study was selected by random sampling method with no possibility at the stage.

Data Collection Tools

Three forms were used to collect research data. The Personal Information Form was prepared by the researcher. The Semantic Disparity Scale-I scale as a mother measures the evaluation dimensions of the concept "I as a mother". The Semantic Difference Scale-My Baby scale measures the assessment dimensions of the baby concept. The Pharis Self-Confidence Scale measures self-confidence about a parent's daily baby care.

Analysis of Data

The results of the study were evaluated in a computer program SPSS 23.0 (Statistical Package for Social Science). Reliability test (Cronbach Alpha), descriptive tests, t-test and Pearson Correlation analysis were used in the evaluation of the data.

FINDINGS

Table 1. Distribution of Socio-Demographic Characteristics of mother

Property		Count	%
Age group	17-25	39	65,0
	26-35	21	35,0
Education Status	Primary school	14	23,3
	Middle School	5	8,3
	High school	22	36,7
	University	9	31,7
Family Type	Core Family	43	71,7
	Large Family	17	28,3
Duration of marriage	Less than a year	21	35,0
	1-3 years	37	61,7
	4-10 years	2	3,3
Income Status	Less than income equivalent to the expense Income	16	26,7
	More than income	6	10,0
		38	63,3
Planned pregnancy	Planned	43	71,7
	Not Planned	17	28,3

Baby's Gender	Girl	33	55,0
	Boy	27	45,0
Baby breastfeeding status	Breastfeeding	59	98,3
	Non-breastfeeding	1	1,7

As shown in Table 1, 65.0% of the mothers are in the 17-25 age group, 36.7% are in high school, 71.7% are in the core family type, 61.7% are married for 1 - 3 years and 63.3% It was determined that 71.7% planned to have a pregnancy, 55.0% had a baby girl, 98.3% breastfed their baby, and all of their mothers (100%) received social support for the care of the baby and his baby.

Table 2. Comparison of Pre-test-Post-test Score Averages and Score Averages Difference of Ben Scale as Mothers of the Experiment and Control Group Subjects

As I mother Scale	Pre-test	The final test	X D± SD	t	p
	X±SD	X±SD			
Experiment Group (n=60)	60.81±6.88	63.15±5.43	2.33±2.79	6.478	.000
Control Group (n=60)	61.01±6.50	60.75±6.68	0.26±1.89	1.090	.280
t	.164	2.157			
p	.870	.033			

Pre-test mean scores (60.81 ± 6.08) and maternal pre-test scores (63.15 ± 5.43) were found to be statistically significant ($p < 0.001$). The mean pre-test scores (61.01 ± 6.50) of the control group mothers I and 61.01 ± 6.50 (60.75 ± 6.68) were significantly lower in the final test ($p > 0.05$). Comparison between groups; (63.15 ± 5.43) and control group (60.75 ± 6.68), respectively, while the experimental group had a statistically insignificant difference between the pretest scores of the experimental and control group mothers on the scale, There was statistically significant difference between the two groups ($p < 0.05$).

Table 3. Comparison of Pre-test and Post-test Score Averages and Score Averages Difference of My Baby Scale of the Experimental and Control Group Subjects

My Baby Scale	Pre-test	The final test	X D± SD	t	p
	X±SD	X±SD			
Experiment Group (n=60)	33.46±4.39	36.46 ± 7.65	3.00±6.87	3.378	.001
Control Group (n=60)	33.73±5.10	34.00 ±4.89	0.26±1.44	1.426	.159
t	.306	2.102			
p	.760	.038			

Pre-test mean scores (33.46 ± 4.39) and maternal pre-test scores (36.46 ± 7.65) were found before and after mother's education in the study group and statistically There was a significant difference ($p < 0.05$). It was found that there was no statistically significant difference between the control group mothers' my baby scale post-test mean (34.00

± 4.89) and pre-test mean (33.73 ± 5.10), but there was no statistically significant difference between them. In the comparison of the average scores of the points that the parents get from my Baby Scale; ($P > 0.05$), there was no statistically significant difference between the pre-test scores of the experimental and control group mothers ($p > 0.05$), the post test scores of the mother group of the experimental group after the education of motherhood identity development were higher than the control group (36.46 ± 7.65) There was a statistically significant difference between the groups ($p < 0.05$).

Table 4. Pharis Self-Confidence Scale of the Experiment and Control Group Subjects Pre-test-Post-test Score Averages and Score Averages Difference

Pharis Self Confidence Scale	Pre-test	The final test	X D \pm SD	t	p
	X \pm SD	X \pm SD			
Experiment Group (n=60)	44.93 \pm 8.95	47.85 \pm 6.97	2.91 \pm 3.35	6.742	.000
Control Group (n=60)	42.65 \pm 9.36	42.96 \pm 8.72	0.31 \pm 1.95	1.256	.214
t	1.365	3.386			
p	.175	.001			

Pharis Self-Confidence Scale pre-test averages (44.93 ± 8.95) were found to be higher in mothers in the study group (47.85 ± 6.97) after mothers education, and the difference was statistically significant ($p < 0.001$). There was no statistically significant difference ($p > 0.05$) between pre-test mean (42.65 ± 9.36) and post-test mean (42.96 ± 8.72) obtained from Pharis Self-Confidence Scale by the mothers in the control group. Comparison between groups; (47.85 ± 6.97) and the control group (42.96 ± 8.72) were higher than the control group (42.96 ± 8.72) after the maternal identity development training, while the difference was not statistically significant between the Pharis Self-Confidence Scale pre- test point averages There was a statistically significant difference between the groups ($p < 0.001$).

Results

Research of a Maternity Hospital Polyclinic in and in the homes of women participating in the study in the homes of mothers participating in the study, conducted in February 2017 motherhood identity development education in Istanbul, the maternal role achievements and the following results in this study empirically half in order to determine the effect of the baby perceptions were obtained: Mother given to motherhood to be the mother of identity development training that significantly affect ($p < 0.05$), the mother of his mother to the maternity identity development training to increase the baby perception ($p < 0.05$), mother to increase the confidence of the mothers of the motherhood identity development of education ($p < 0.05$) in the experimental and control groups age of mother, educational level, economic status, family type, length of marriage, where the baby's gender and pregnancy with the influence that her mother's condition is not planned ($p > 0.05$), but not their mothers in the experimental group

planned pregnancy. Of cases, the baby perception of positive effects ($p < 0.05$), age of the mother in the experimental and control groups, education level, economic status, family type, duration of marriage and gender of the baby they have to affect the baby perception ($p > 0.05$), the experimental group motherhood of the age of the mother confidence that the positive effects ($p < 0.05$), education of mothers in the experimental and control group status, economic status, family type, length of marriage, of where the gender of the baby and the planned condition is pregnancy has been found to affect the confidence of mothers ($p > 0.05$). In the study, it was determined that mother's self-esteem increased in parallel with the acquisition of maternal identity and the increase in the perception of the baby ($p < 0.001$). In line with these results it can be made the following suggestions: Nurses by women to attend at the maternity clinic, antenatal and post-natal period with the aim to develop successful maternal behaviors, delivering training that supports the motherhood identity development in the transition to parenting roles, booklets on the subject, brochures, etc material provision and Routine initiation of these practices, initiation of mother-infant interaction in the early postnatal period and support of the mother's perception of the baby, Repetition of the study in different regions and larger sample groups may be suggested.

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Summary

THE EFFECTIVENESS OF AN ANNOUNCEMENT BEHAVIOR LEARNING EDUCATION ON THE ANALYSIS ROLE

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The purpose of this article is to assess the effect of learning maternal behavior training on maternal role attainment. The research was conducted in February, 2017 at a maternity clinic in Istanbul and at the homes of women who were investigated.

I created the universe of the researcher, that is, the pregnancies that came in order to receive care for the polyclinics of a maternity hospital within the month. Sample size for the study; Power analysis performed with 95% test power and 0.05 error level resulted in a total of 120 pregnant women. The sample of the study was selected by random sampling method with no possibility at the stage. Three forms were used to collect research data. The Personal Information Form was prepared by the researcher. The Semantic Difference Scale-I scale as a mother measures the evaluation dimensions of the concept of "I as a mother". The Semantic Difference Scale-My Baby scale measures the assessment dimensions of the baby concept. The Pharis Self-Confidence Scale measures self-confidence about a parent's daily baby care.

The results of the study were evaluated in a computer program SPSS 23.0 (Statistical Package for Social Science). Reliability test (Cronbach Alpha), descriptive tests, t-test and Pearson Correlation analysis were used in the evaluation of the data.

In the study, it was found that maternal learning behaviors that were given to mothers significantly affected the mother ($p < 0.05$), mother's perception increased ($p < 0.05$), mother's self-esteem increased ($p < 0.05$), mother's self- (P < 0.001).

Keywords: Maternity, Maternal Role, Baby, Self-confidence, baby concept, maternal learning behaviors.

EXAMINATION OF EXAM ANXIETY AND LONELINESS LEVELS OF THE 8TH GRADE STUDENTS IN TERMS OF SOME VARIANCES

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Introduction

In education systems that the exams come to the forefront; is an inevitable situation for the students not to be effected and not to have changings in their lives. It is observed that especially when they are entering more important exams or if they are coincided with exams that are not recoverable then the stres level increase and anxieties occur. For students, exam terms pass so intensive in terms of physical and emotional factors. Stress and exam anxiety related to examsare important problem for students. If the exams affect the carrier chosing and future opportunities of the individual then it can especially be stressful (Peleg-Popko 2004).

Anxiety have positive human behaviours both normal and pathological aspects, therefore it has become one of the most spread researched notions in the psychology (Baçarıır, 1990).Anxiety word means; worry, fear and curiosity (Köknel, 1989).With another definition anxiety is the suspicious expectation feeling that is realized in the situations, a powerful stimulation or an intesnively experienced event(Rachman, 1998).

Spielberger (1966) discussed the anxiety under two topics; “state anxiety” and “permanent anxiety”. According to this state anxiety is a subjective fear that individual feel when he is in an under stressed situation. Permanent anxiety is the tendency of anxiety experience, generally perceiving and/or commenting the situations as stressful. When it is considered from developmental aspect fear and anxiety at the medium level is the part of normal development. When anxiety begins to block functionality of the individual it is accepted as a problem (Kendall &Suveg, 2006).

Examination anxiety is a stable personality characteristic that shows itself by a reduction in psychological, physiological, and behavioral responses to a threatening situation. In other words, it is the emotional reaction that students show against exams (Çahin,

Günay&Batı, 2006). Despite the increase in the number of students, the students feel themselves in a competition environment with the chance of entering the universities is not very high and the quotas are limited, and this competition leads to the intensive anxiety experience for examinations (Yeçilyurt, 2007). With the sensitiveness of environment to this competition and the criticism of the surrounding environment of a few negative experiences that the student has experienced creates an inevitable vicious cycle for the student and the anxiety of the exam shows itself (Bildik, 2007).

The TEOG is an examination that the 8th grade students take and who has no compensation for the next year and it is a determining factor for which school, such as a high school, should be spent in an important educational phase. Students often experience exam anxiety because of this test. It is known that many students are experiencing exam anxiety. Therefore, it is important to investigate the factors that affect the occurrence of the anxiety. It is the first view that students who are inadequate in learning and work skills experience high exam anxiety. Students who are inadequate in learning and working skills do not have the organizational skills necessary to recall knowledge and therefore experience high anxiety in the test environment. In fact, in these students, the problem is not the test, but the preparation of the test (Boujon&Quaireau, 1997). As another factor, some students are concerned with the negative thoughts on the exam duration. Negative experiences lead some students to think negatively on their rights and create a prejudice and learned helplessness that the students will fail who have worries related to the exam or not (Kutlu and Bozkurt, 2003).

When the researches are examined, it is determined that the anxiety levels of the female students are higher than the male students (Mersin &Öksüz, 2013). Kayapınar (2006) stated that children who have families with low monthly incomes experience more exam anxiety than children with high income. It is stated that students who have problems about social relations and communication, express that they do not have family pressure related to the exams, and have not experienced the exam anxiety more frequently (Kesici, 2007). Kayapınar (2006) found that there were no meaningful differences between study room that they have at their home and exam anxiety. On the other hand Çeker (2013) has found that students' achievements differ significantly depending on whether they study rooms in their home or not. The success of the exam removes exam anxiety.

Examination anxiety can cause students to experience loneliness. Loneliness is a life experience that occurs when an individual does not have a real relationship with other people, rejected, misunderstood, breaks up with society, lack of connection figure, lack of love, uncertainty, and the disappearance of social relations (Imamoglu, 2008; Jung, 2012). Bilgen (1989) noted that changes which may be at turning points in human life are effective in experiencing loneliness. It is necessary to distinguish the concept of being on one's own and the feeling of loneliness. Being one's own is a desirable situation. However, loneliness is an unwanted and a negative situation. While

the individual may feel alone in the community, he/she cannot experience loneliness emotion when he/she is alone (Duy, 2003).

When loneliness is not overcome, the problem may be permanent. Therefore, it is very important to take necessary steps to escape from loneliness. The longer a person stays in a negative social environment, or the longer they are exposed to negative and disruptive relationships, the greater the loneliness and sense of isolation (Ernst & Cacioppo, 1998). Although loneliness experience has some common features, it is experienced by each individual in different ways (Hamamcı & Duy, 2005). It is known that lonely students have low social skills in interacting with others and they are academically unsuccessful.

Some researchers determined that gender variance is not a factor at the loneliness level (Öztürk 1997). According to another research results, effect of the gender on loneliness levels importantly differ and it is seen that the loneliness levels of male students are higher than female students (Saraçoğlu, 2000). On the other hand it was determined that students with low income their loneliness levels are at the higher level (Demirtaş, 2007). Le Roux and Connors (2001) found that there was no meaningful difference in socioeconomic levels of loneliness in this study. This finding is in the quality of supporting the study. Wei & Kendall (2014) reported that the level of loneliness of students was at higher level, the psychological control perceived by the parents of the children increases the symptoms of anxiety and depression, the perceived psychological control effect increases during the adolescence period, and the internalization problems increase as the age progress. In the research, although there is no meaningful difference occurred between the study room that belongs ownself and the examination anxiety, there are also different findings existed. The working environment, that is, young people who have not got a room of their own, has been reported by researchers that they feel themselves more alone (Duyan, Duyan, Çifti, Sevin, Erbay, & İkizoglu, 2010).

In this research the examination done in the exam anxieties and loneliness levels of the 8th grades that if there is a change existed or not according to their genders, family pressures, studying environment and family income level. In accordance with this situation, in the following questions answers are sought.

1. Is there a meaningful difference between genders, exam anxieties and loneliness of the 8th grade students?
2. Is there a meaningful difference between family pressures, exam anxieties and loneliness of the 8th grade students?
3. Is there a meaningful difference between study rooms that belong to them, exam anxieties and loneliness of the 8th grade students?

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4. Is there a meaningful difference between families' economical income, exam anxieties and loneliness of the 8th grade students?
 5. Is there a meaningful difference between exam anxieties and loneliness of the 8th grade students?

METHOD

Research Model

In this research exam anxieties and loneliness levels of the 8th grade students were examined. The relational survey model was used in the research. The relational survey models are the models that aim to determine the together changing existence and/or degree of two and more than two variances (Karasar, 2007).

Population and Sampling

Population of the research consists of 8th grade students that continue study in Kayseri province. The scales of the research were applied on 202 students that were chosen with coincidental sampling method.

Data Collecting Tools

1 - Personal Information Form

In the research information related to genders, study environments, family pressures and family income levels of the students were given.

2 - Westside Exam Anxiety Scale

Westside Exam anxiety Scale which was developed by Driscoll (2007) is a scale with ten articles in a single factor that measures the level of exam anxiety of students, which is designed to determine the effectiveness of programs to reduce exam anxiety. Because of the lack of a collective thought on the subscales of the exam anxiety, Driscoll has decided on a single dimension in the eleven subjects, which includes deterioration of the student's mood and anxiety in a single factor after coverage.

Scale is a measuring instrument consisting of 11 articles, rated in five-point likert type, (5) Always right, (4) Generally right, (3) Intermediate right, (2) Rarely Right and (1) Never Right. While the lowest score that can be taken from the scale is 11 the highest score is 55. High scores from the scale with no article means that the student has high exam anxiety, low values indicate low exam anxiety.

The Turkish adaptation of the scale was done by Totan and Yavuz (2009). In the first step, three faculty members with translation knowledge of English-Turkish and English language proficiency were taken by three faculty members, taking permission to adapt the scale to the Turkish university students. According to the feedbacks of the experts,

it is decided that the two materials containing two judgments should be expressed separately (I think that make mistake during the important examinations, I think that I will fail at that lesson and I feel myself unhappy during an important examination). Besides, one article was removed from the scale, which has no relationship with exam anxiety, by six experts (including the difficulties involved in preparing an assignment for a lesson instead of exam). In addition, the original form, which is a total of 10 articles, was translated into Turkish as 11 articles. These prepared 11 articles were controlled by two Turkish language and literature experts and examined in terms of suitability with the Turkish language and arranged in such a way that the two articles do not disturb the meaning and content in the direction of their experts. Structural validity of the scale was examined by explanatory factor analysis (EFA) and confirmatory factor analysis (CFA). After the CFA it was observed that the scale which aims to examine the exam anxiety of the university students consisted of single dimension. Besides, reliability studies have shown that university students show determination to scale the level of exam anxiety.

3- UCLA Loneliness Scale

It is a scale that was developed by Russelet al. (1980) and validity studies for our country done by Demir (1989) scales the loneliness emotion of the individual and is a likert type consisted of 20 questions. 10 expressions include (1,4,5,6,9,10,15,16,19,20) positive expressions that indicate satisfaction from social relations, 10 expressions include (2,3,7,8,11,12,13,14,17,18) negative expressions that indicate the dissatisfaction from social relations. In the scale individuals evaluate the each article according to the situation that which sentence they agree on and how often they believe in them. Articles are graded between 1-4 values with ‘never’, ‘rarely’, ‘sometimes’, ‘often’ expressions. The lowest score that will be taken from the scale is 20 the highest is 80. When the score, which is taken from scale, increase, it shows that individual experience more intensive loneliness. Demir (1989) found the cronbach alpha coefficient of the UCLA Loneliness Scale as 0,96. In this study the cronbach alpha coefficient was found as 0,91.

FINDINGS

Table 1. Test results related that if there is a difference or not in the exam anxiety and loneliness levels of the students according to their genders

Dimensions	Gender	N	X	Ss	T	P
Exam anxiety	Female	93	25,68	8,062	-4,041	,000
	Male	109	30,44	8,676		
Loneliness	Female	93	50,39	5,459	-1,027	,306
	Male	109	51,20	5,799		

*p<.05

In the Table1 when exam anxiety and loneliness scales of the secondary school 8th grade students were examined according to their genders: in the exam anxiety; arithmetic average of the male participants was ($X=30,44$), female participants' was found as ($X=25,68$). Between averages there was a meaningful difference found ($t=-4,041 p<.05$). In the loneliness dimension; arithmetic average of the male students was ($X=51,20$), female participants' was found as ($X=50,39$). Between averages there was not a meaningful difference found ($t= -1,027 p>.05$). In the Table 2 findings were given according to students' family pressure related that if there is a difference or not in exam anxiety and loneliness levels.

Table2.t Test results related that if there is a difference or not in the exam anxiety and loneliness levels of the students according to their family pressure

Dimension	pressure	N	X	Ss	T	p
Exam anxiety	Yes	122	27,30	8,567	-1,905	,058
	No	80	29,69	8,782		
Loneliness	Yes	122	51,66	5,462	2,616	,010
	No	80	49,55	5,717		

* $p<.05$

In the Table 2when exam anxiety and loneliness scales of the 8th grade students were examined according to family pressure that they feel: in the exam anxiety; arithmetic average of the participants who said "yes"was ($X=27,30$), participants' who said "no" was found as ($X=29,69$). Between averages there was no meaningful difference found ($t= -1,905 p>.05$). In the loneliness dimension arithmetic average of the participants who said "yes" was ($X=51,66$), participants' who said "no" was found as ($X=49,55$). Between averages there was a meaningful difference found ($t= 2,616 p<.05$). In the Table 3findings were given according to existence of study rooms of the students related that if there is a difference or not in exam anxiety and loneliness levels.

Table 3.t Test results related that if there is a difference or not in the exam anxiety and loneliness levels of the students according to existence of study rooms

Dimensions	Study environment	N	X	Ss	T	p
Exam anxiety	Yes	121	27,30	8,567	,430	,663
	No	81	29,69	8,782		
Loneliness	Yes	121	51,66	5,462	,771	,443
	No	81	49,55	5,717		

* $p<.05$

In the Table 3 when exam anxiety and loneliness scales of the 8th grade students were examined according to existenceof study rooms: in the exam anxiety; arithmetic average of the participants who said "yes" was ($X=27,30$), participants' who said "no"

was found as (X=29,69). Between averages there was no meaningful difference found (t=0,663 p>.05). In the loneliness dimension; arithmetic average of the participants who said “yes” was (X=51,66), participants’ who said “no” was found as (X=49,55). Between averages there was no meaningful difference found (t= 0,443 p>.05). In the Table 4 findings were given according to students’ families income level related that if there is a difference or not in exam anxiety and loneliness levels.

Table 4 F test results related that if there is a difference or not in the exam anxiety and loneliness levels of the students according to their families’ income level

Dimensions	Income Level	N	X	Ss	F	P
Exam anxiety	0-1404 TL	70	29,37	9,699	1,562	,212
	1405-3000 TL	97	28,18	8,645		
	3001 and over TL	35	26,20	6,296		
Loneliness	0-1404 TL	70	50,17	6,567	1,471	,232
	1405-3000 TL	97	50,81	5,390		
	3001 and over TL	35	52,17	4,018		

*p<.01

When the Table 4 was examined there was no meaningful difference found in the exam anxiety and loneliness levels of the students according to family income. In the Table 5 correlation analysis results were given related to exam anxiety and loneliness levels.

Table 5. Correlation analysis results related to exam anxiety and loneliness levels of the students

Loneliness	Exam anxiety	
	Pearson Correlation	-,022
	Sig.(2-tailed)	,752
	N	202

In the Table 5 relationship between exam anxiety and loneliness scales of the students were examined. There was no meaningful relationship found between exam anxiety and loneliness(r -.022 p<.000).

Discussion

When the findings of the study were examined, it was determined that the genders of the 8th grade students formed a meaningful difference in the formation of exam anxiety. It seems that different gendered individuals behave differently in terms of ways to dealing with the anxiety. In other words, depending on many reasons, girls and

boys tend to have different reactions in similar situations; Female students are more defenceless than males in anxiety and discomfort (Berger and Shechter, 1996). These findings support the research. There are no meaningful differences found between the exam anxiety and family pressure variances. There are also findings between the family anxiety variable and the exam anxiety. Family expectations, negative attitudes of the family and failures in the school will lead to exam anxiety at an early age (Öner, 1990). There was a meaningful difference found when examining the effect of study rooms that students have their own in the formation of anxiety for exam. Kayapınar (2006), who reached the findings in this aspect, did not find any significant difference between his study anxiety points according to the study environment (his own room for studying). When the level of family income was examined, it was seen that it did not make a meaningful difference related to examination anxiety. Bozkurt (2004) found the anxiety level of the students, whose socio-economic level is at a high level, at a higher level in his research. The researcher interpreted this situation as the family offers all kinds of material and spiritual opportunities for the child and therefore the high expectation of the child may cause the child's depression level to increase. It is seen that this study is in the same direction with the findings of family income level and exam anxiety.

When the findings of the research were examined in the dimension of loneliness; there was no meaningful difference found between students' gender and loneliness. The results of research findings between loneliness and gender were statistically meaningful; In some researches it was seen that this variation was not meaningful. (Berg & Peplau, 1982, Cramer & Neyedley, 1998). As another variance when loneliness and the family pressure were examined, a meaningful difference was found in the findings. According to the researches made by Kılıç (2014), it was determined that there was a negative relation between the student loneliness and satisfaction level in the family environment. In other words, children who felt pressure in the family environment increased their loneliness scores. When the findings between loneliness and the student's own study room were examined, it was seen that there was no meaningful difference. Some of the researches were found to have the opposite findings. It is seen that young people who do not have their own room feel more alone (Duyan, Duyan, Çifti, Sevin, Erbay, & İkizoglu, 2010). When another variances were examined; family income and loneliness were found to be insignificant, but there were also findings in different aspects. Kılıç (2005) reported that there was a relationship between socioeconomic status and loneliness in the literature and it was determined that students who study at low socioeconomic schools feel more alone. In the other research, it is expressed that again the loneliness decreases when the income increases (Duyan, Duyan, Çifti, Sevin, Erbay, & İkizoglu, 2010)

The relationship between exam anxiety and loneliness scales were examined. There was no significant relationship between exam anxiety and loneliness. There are also findings in different aspects. Boyacıoğlu and Küçük (2011) also determined that students who

experience difficulties in the life and from time to time they experience a threatening perception of this situation, and people who have a tendency to protect themselves, to be happy, to think, to love and to realize themselves can develop irrational beliefs and isolate themselves at this time. Buluç (1997) also found that students who failed in the academic aspect experienced more loneliness than those who succeeded in the academic direction. Exam anxiety constitutes lack of self-confidence and lack of self-confidence brings loneliness. There are research findings that show that individuals are typically individuals with low self-esteem (Duy, 2003, Haines, Scalise and Ginter, 1993; Halamandaris and Power, 1997). Although it is thought that the exam anxiety will lead to loneliness situations, the developing technology and socio-economic conditions also provide children with the opportunity to not to live in a closed life and not to be disappointed.

In The result of this research and the findings suggestions developed in the following:

- 1- It is suggested that there should be studies to determine the factors that affect loneliness level of the students and decreasing of the loneliness level.
- 2- There should be experimental studies done to positively develop the behaviours of the students who experience exam anxiety.

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Summary

EXAMINATION OF EXAM ANXIETY AND LONELINESS LEVELS OF THE 8TH GRADE STUDENTS IN TERMS OF SOME VARIANCES

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This study aims to examine 8th grade students', who will take TEOG test, exam anxiety and loneliness levels in terms of gender, family pressure, income level and if there is a study place belong to them or not. Processing with relational survey model 8th grade students from Kayseri province participated to this research. In the research the coincidental sampling method was used. Research datum acquired from UCLA Loneliness Scale, Westside Exam Anxiety Scale and personal information form which was developed by the researcher. In the analysis of the datum the t test, F test and Pearson Product-Moment Correlation Coefficient techniques were used. In the analysis of the acquired datum there was a meaningful difference found between exam anxiety and gender. When loneliness and family pressure variance was examined there was a meaningful difference found between them. There was no meaningful difference seen with other variances in the results of findings.

Key Words: Exam anxiety, Loneliness, Student

EXAMINATION OF WORK STRESS AND LIFE QUALITIES OF THE HIGH SCHOOL EDUCATION TEACHERS IN TERMS OF SOME VARIANCES

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Introduction

We live in an age that the education is at the forefront and people put the education at the first line in their every duty. According to previous years parents' and students' being more conscious tires the teachers physically and psychologically and burdens additional stress to them. For these teachers who has been exposed to this stress their working places stop being happiness areas. Since the coinciding area of the stress is very widespread there are many definitions existed.

Stress derived from the Latin word "Estrece". It means tension, pressure and uneasiness. In the 17th century, it was used in the meanings of trouble, disaster, trouble, sorrow, grief, and in the 18th and 19th centuries it was used to express oppression against persons, objects, spiritual structure or organizations. Stress word has been used not only in terms of effect but also in terms of "saving the integration" and "effort to return to the main state" (Aydm, 2004). Stress is the human's experiencing of body and spiritual negative changes in terms of internal and external factors; A negative emotion that occurs when a person's inner balance or harmony with the environment is disturbed (Baçaran, 2000). Stress, which is defined in another way, is considered to be a condition that develops depending on the internal and environmental causes of the organism and helps to develop as long as it is at an appropriate level, and, in extreme cases, it is considered as disrupts all psychological and biological balances of the individual (Balaban, 2000)

Stress has an important place in our working life as it is in every field of our life. Stress in the private life of the person concerns a narrow environment, and in business life it is related to the wider and more problematic environment. Work stress is "the whole of harmful body, sensation and mental reactions that can occur when there is a mismatch between work requirements and the employee's capabilities, abilities or needs, or when the workplace's atmosphere is negative"(Seyyar & Öz 2007). Work

stress can be defined as an environmental relationship of the individual, influenced by individual differences and psychological processes, and which results in situations that load more psychological or physical demands more than the person can burden. In another definition, work stress is also defined as a situation that arises from the workplace relations of the people and brings them out of their normal life and makes changes (Baron & Greenberg, 2006).

We can summarize the factors affecting job stress formation under the following topics (Çahin and Batıgün, 1997) Physical Environment Conditions; Noise and Vibration, Lighting, Heating and Ventilation. Organizational Factors; Excessive Workload, Job Quality. Individual Factors; Personality. These factors can vary according to the business sector. Education is at the forefront of these sectors. The biggest burden of the education sector is on the school administration and the teacher. “The task the school undertakes is to ensure that students reach the specific goals of each course, which are determined in accordance with the national goals of the country and in accordance with the general objectives of the school. The most important work share is given to teachers in this situation (Çilenti, 1994).

Kyriacou (1995) gathered teacher stress under seven topics; “Bad behaviors of students in their jobs, students who misbehave and general class discipline, rapid changes in the curriculum and organizational demands, Bad working conditions, career opportunities and resources, Time pressure, Conflict with business colleagues, Contradiction. Ataklı 1997 determined that the income level of the stress sources experienced by the teachers is low, the required value is not given to the teaching profession, material inadequacy and lack of help from student parents.

The amount of stress that occurs in the working environment and since its continuity is at an undesirable level it brings some effects to the person. These effects are examined under two topics; Individual and Organizational. The individual effects of stress are summarized as in the following (Sabuncuoglu & Tuz, 2001).

Individual Effects of the Stress

Behavioral Effects: Cigarette, Alcohol, Having an Accident, Violence, Unwillingness.

Psychological Effects: Sleep Disorder, Family Problems, Depression, Psychological Disorders and Exhaustion Symptom.

Physical Effects: Head and Backache, Heart Disorders, Cancer, Diabetes, Cirrhosis, Siroz, Lung and Skin Disorders.

Organizational Effects of the Stress

Performance Decrease, Wage Earner Turnover Rates, Absenteeism, Alienation.

Occurrence of work stress and the amount felt vary from person to person and some

factors. When we examine gender from these factors; Job responsibilities for men, depending on the perceived gender roles in society, family priority for women (Özen & Uzun, 2005). From this point it can be concluded that men and women can exhibit different sensitivities to stress in the work environment. There are also studies that have reached findings in the inverse direction. It has been found that there is no meaningful difference between women and men and stressors in the workplace Erdogan (2009). When we consider the age variance; Older people are more affected by stress than young people, and anxieties like retirement, death, etc. they wear down themselves much more (Gümüçtekin & Gültekin, 2009). According to marital status, work stress variances have also been the part of studies. It was found that single employees had lower job satisfaction and therefore they experience more work stress (Yılmaz & Muzaffer, 2004). The work stress experienced by the teachers and especially being permanent of the stress it can affect the quality of life negatively. The World Health Organization defines the quality of life as follows; In the frame of culture and value systems of the person experiences, perception of life's position in relation to its aims, expectations, standards and interests.

The notion of quality of life was dealt in the centuries of philosophy by the words of peace and happiness (Erdem, 1999). The medical science had used this concept in the years 1970-1980 and kept it on its agenda. After this date, the concept of quality of life became increasingly important and the quality of life began to be studied and investigated on an international scale. In 1985, the World Health Organization started its studies to identify and define this notion (Duran, 2009). Recently, attempts have been made to clarify the quality of life with the traditional indicators used in the measurement of health (illness, death, hopes of life expectancy etc) due to the inadequate definition of the level of health of the individual. In another definition, the quality of life is "the perceptions of individuals in the system of culture and values they live in". Quality of life is a wider notion that also shows personal well-being beyond personal health (Eser, Fidaner, Fidaner, Elbi, & Goker, 1999). The quality of life is divided into various kinds within itself. These are; Economical quality of life, social quality of life, spiritual quality of life, ecological quality of life and quality of life in aspect of health. The quality of life may vary according to the individual characteristics of the persons and persons. When the quality of life was examined according to gender, marital status and age variables: Yıldırım and Hacıhasanoglu (2011) found that gender and marital status are factors affecting important areas of quality of life. Tan, Tambyah, Kau, (2005) assessed the relationship between demographic characteristics and gender and quality of life, and found that there was no meaningful relationship between gender and quality of life in the result of study. It was found that as other variance age and the quality of life is inversely related.

In this research work stress and life qualities of the secondary school teachers were examined if there is a change or not according to genders, ages and marital status. In accordance with this situation below, answers of the questions were sought.

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1. Is there a meaningful difference between genders, work stress and life qualities of the high school education teachers?
 2. Is there a meaningful difference between ages, work stress and life qualities of the high school education teachers?
 3. Is there a meaningful difference between marital status, work stress and life qualities of the high school education teachers?
 4. Is there a meaningful difference between work stress and life qualities of the high school education teachers?

METHOD

Research Model

In this research work stress and life qualities of the high school education teachers were examined. Relational survey model was used in the research. The relational survey models are the ones that aim to determine the together changing existence and/or degree of two and more than two variances (Karasar, 2007).

Population and Sampling

Population of the sample consists of high school education teacher who work in Kayseri province. Scales of the research were applied to 217 teachers that were chosen with coincidental sampling method.

Data Collecting Tool

1- Personal Information Form

Information about genders, ages and marital status of the teachers were given in the research.

2- Work Stress Scale

In this research; Work Stress Scale, developed by Kyriacou and J. Sutcliffe (1978) for the determination of the work stress of the teachers work in England with 51 articles, was used. This scale was applied as 36 articles on high school education teachers work in West India in the study of Furnham and Payne'in (1987). Work stress scale was translated to Turkish by Özdayı (1990) and adapted to the Turkish society with 41 articles. The scale is in five Likert type, points taken from the articles evaluated as; 1 point: There is no stress; 2 points: There is rarely stress; 3 points: A bit stressed; 4 points: Often stressed; 5 points: Always stressed. When the work stress scale was being applied, after reading the questions teachers were asked to choose only one of the five options that is suitable for them.

Özdayı (1990) found the internal consistency coefficient as Cronbach Alpha $\alpha = 0,92$

by doing the reliability analysis of the work stress scale on 1134 teachers that work at Official and Private High Schools. After then, Çivilidag (2003) conducted the reliability analysis of the work stress scale on 225 teachers, work at Anatolian High Schools and Private High Schools, and found the internal consistency coefficient as Cronbach Alpha $\alpha = 0,96$. In this research on the 320 teachers the work stress scale’s internal consistency coefficient found as Cronbac Alpha, $\alpha = 0,97$.

3- Whoqol-Bref Scale

The Quality of life Scale includes the four fields by providing possibility to make intercultural comparison with 26 quesitons from WHOQOL-Bref (World Helath Organization Quality of Life Short Module) and WHOQOL-100 (World Helath Organization Quality of Life Module).

Related to WHOQOL-100’s field points’ correlation with WHOQOL-BREF’s field points were calculated as, for Physical field .82, for Spiritual field .88, for Social relations field .84, for Environment field 92. Questions in the scale are answered considering the last 15 days. Scale includes five point likert type answers. During the Turkish validity studies by adin of one national quesiton the WHOQOL-BREF-TR consisted of 27 questions. Validity and reliability studies of the scale in Turkey were conducted by Fidaner, Elbi, Fidaner, Eser, Eser and Göker (1995). For the internal consistency calculation of the scale the “Cronbach Alpha” value in physical field was.83, in spiritual field.66, in social relations field was .53, in environment field was .73 and in the national environment field it was found as .73. With Test-repetition test reliability calculation method for each question the calculated Pearson coefficiencies were changing between .57 and.81.

National Field: for the measuring of the individual’s perception towards social pressure it consists of 27 numbered questions.

FINDINGS

Table 1. *t* Test results related that if there is a difference or not in the work stress and quality of life of the teachers according to their genders

Dimension	Gener	N	X	Ss	t	p
Work Stress	Male	120	113,92	12,578	-1,846	,066
	Female	97	117,22	13,495		
Quality of Life	Male	120	81,83	10,995	,704	,482
	Female	97	80,84	9,802		
In Physical Field	Male	120	21,11	5,426	,130	,897
	Female	97	21,01	5,702		
In Spiritual feld	Male	120	22,14	3,878	-,256	,798
	Female	97	22,28	3,859		

In Social relations field	Male	120	11,20	1,797	-,440	,661
	Female	97	11,31	1,782		
In Environmental field	Male	120	27,79	6,022	1,969	,050
	Female	97	26,24	5,545		

* $p < .05$

In the Table 1 when the genders and work stress scale of the high school teachers were examined: arithmetic average of male participants was ($X=113,92$), female participants' was found as ($X=117,22$). Between averages there was no meaningful difference found ($t=-1,846$ $p > .05$). When quality of life scale was examined according to teachers' genders; arithmetic average of the male participants' was ($X=81,83$), female participants' was found as ($X=80,84$). Between averages there was no meaningful difference found ($t= ,704$ $p > .05$).

When the quality of life sub dimensions were examined according to teachers' genders in the **Physical Field** sub dimension arithmetic average of male participants was (21,11), female participants' was found as (21,01). Between averages there was no meaningful difference found ($t= ,130$ $p > .05$). In the **Spiritual Field** sub dimension arithmetic average of male participants was ($X =22,14$), female participants' was found as ($X =22,28$). Between averages there was no meaningful difference found ($t= -,256$ $p > .05$). In the **Social Relations Field** sub dimension arithmetic average of the male participants was ($X=11,20$), female participants' was found as ($X=11,31$). Between averages there was no meaningful difference found ($t= -,440$ $p > .05$). In the **Environmental Field** sub dimension arithmetic average of the male participants was ($X =27,79$), female participants' was found as ($X =26,24$). Between averages there was meaningful difference found ($t= 1,969$ $p < .05$). In the Table 2 findings were given that if there is a meaningfulness or not according to teachers' marital status.

Table 2. *t* Test results related that if there is a difference or not in the work stress and quality of life of the teachers according to their marital status

Dimensions	Marital Status	N	X	Ss	T	P
Work Stress	Married	181	116,12	13,221	1,892	,064
	Single	36	111,89	11,903		
Quality of Life	Married	181	81,76	10,220	1,109	,273
	Single	36	79,43	11,607		
In Physical Field	Married	181	21,21	5,632	,945	,349
	Single	36	20,31	5,034		

In Spiritual Field	Married	181	22,24	3,848	,333	,741
	Single	36	22,00	3,978		
In Social Relation Field	Married	181	11,26	1,762	,169	,866
	Single	36	11,20	1,937		
In Envi-ronmental Field	Married	181	27,19	5,835	,533	,596
	Single	36	26,60	5,996		

*p<.05

In Table 2 when the marital status and work stress scale of the high school teachers were examined: arithmetic average of the married participants was (X=116,12), single participants' was found as (X=111,89). Between averages there was no meaningful difference found (t=1,892p>.05). When the quality of life of the teachers were examined according to marital status married participants' arithmetic average was (X=81,76), single participants' was found as (X=79,43). Between averages there was no meaningful difference found (t=1,109p>.05).

When the quality of life sub dimensions were examined according to teachers' marital status in the **Physical Field** sub dimension arithmetic average of the married participants was (21,21), single participants' was found as (20,31). Between averages there was no meaningful difference found (t= ,945p>.05). In the **Spiritual Field** sub dimension arithmetic average of the married teachers was (X =22,24), single teachers' was found as (X =22,00). Between averages there was no meaningful difference found (t= ,333p>.05). In the **Social Relations** sub dimension arithmetic average of the married teachers was (X=11,26), single teachers' was found as (X=11,20). Between averages there was no meaningful difference found (t= ,169 p>.05). In the **Environmental Field** sub dimension arithmetic average of married teachers was (X =27,19), single teachers' was found as (X =26,60). Between averages there was no meaningful difference found (t= ,533 p>.05).In the Table 3 findings related that if there is a meaningfulness or not according to age levels of the high school teachers.

Table 3. F Test results related that if there is difference or not between ages and work stress of the teachers

Dimension	Age	N	X	Ss	F	P
Work Stress	24-35	79	114,47	11,970	4,884	,008
	36-45	75	118,95	13,271		
	46 and over	63	112,32	13,364		

There was a meaningful difference found in the work stress levels according to teachers' ages. For the determination of the difference that from which group it was derived according to ages the meaningfulness analysis was conducted. For the determination

of the difference that from which group it was derived according to ages of the teachers the Tukey Test findings were given in the Table 4.

Table 4 .Multiple comparison test results related that from which group the difference derived depend on ages and work stress of teachers

Dimension	(I) yaç	(J) yaç	Difference between averages (I-J) ⁿ	SH	p
Work Stress	36-45	24-35	4,478	2,070	,080
		46 and over	6,629*	2,194	,008

When the **Work Stress** Scale points were examined according to ages of the high school teachers it was found that teachers', who are between 36-45, stress levels are higher than teachers that are between 24-35, 46 and over. According to teachers' ages findings related that if there is a meaningfulness or not in the quality of life and its sub dimensions the findings given in the Table 5.

Table 5. F Test results related that if there is a difference or not between ages and quality of life of the teachers.

Dimensions	AGE	N	X	Ss	F	P
Quality of Life	24-35	79	81,90	10,653	,477	,621
	36-45	74	81,76	9,400		
	46 and over	64	80,30	11,455		
In Physical Field	24-35	79	21,18	5,622	,514	,599
	36-45	74	21,43	5,134		
	46 and over	64	20,49	5,921		
In Spiritual Field	24-35	79	22,33	3,865	,250	,779
	36-45	74	21,95	3,580		
	46 and over	64	22,35	4,205		
In Social Relations Field	24-35	79	11,35	1,732	,216	,806
	36-45	74	11,18	1,904		
	46 and over	64	11,21	1,734		
In Environmental Field	24-35	79	27,34	6,042	,263	,769
	36-45	74	27,20	5,574		
	46 and over	64	26,65	5,992		

When the **Quality of Life** scale and its sub dimension were examined according to ages of the high school teachers there was no meaningful difference found in the sub dimensions of **Physical Field, Spiritual Field, Social Relations Field and Environmental Field**. In the Table 6 findings related to the correlation between work stress and quality of life of the high school teachers.

Table 6. Correlation analysis results related to teachers' work stress and quality of life scale sub dimension

		Work Stress	Physical Field	Spiritual Field	Social Relations Field	Quality of Life	
In Physical Field	R	,087					
	P	,202					
	N	217					
In Spiritual Field	R	-,065	,066				
	P	,340	,335				
	N	217	217				
In Social Relation Field	R	-,050	-,030	,007			
	P	,461	,658	,922			
	N	217	217	217			
Quality Of Life	R	,006	,600**	,534**	,202**		
	P	,928	,000	,000	,003		
	N	217	217	217	217		
In Environmental Field	R	-,004	,067	,162*	,058	,692**	
	P	,955	,330	,017	,394	,000	
	N	217	217	217	217	217	

In the Table 6 relationship between **work stress and quality of life sub dimensions** of the teachers were examined. There was no meaningful difference found between; Work stress and physical field ($r = .087, p < .202$), work stress and spiritual field ($r = -.065, p < .340$), work stress and social relations ($r = -.050, p < .461$) work stress and quality of life ($r = .006, p < .928$), work stress and environmental field ($r = -.004, p < .955$), Physical field and spiritual field ($r = .066, p < .335$), Physical field and social relations ($r = -.030, p < .658$), Physical field and environmental field ($r = .067, p < .330$), Spiritual field and social relations ($r = .007, p < .922$), Social relations and environmental relations ($r = .058, p < .394$). There was a positive and meaningful relationship between; physical field ($r = .600, p < .000$), Quality of life and spiritual field ($r = .534, p < .000$), Quality of life and social relationships ($r = .202, p < .003$), Spiritual field and environmental field ($r = .162, p < .017$), Quality of life and environmental field ($r = .692, p < .000$).

Discussion

When the findings of the study were examined, it was found that there was no meaningful difference in the work stresses according to the gender of the high school teachers. In another conducted study, there was no meaningful difference between the stress levels of teachers according to their gender ratings. (Argon & Ateç 2007). Findings are in the aspect of supporting the research. Findings are also available on the reverse side. Gender is among the most important stress sources. The fact that women

working in organizations where men are sovereigns enter the working rivalry with men puts more stress on women (Cam, 2004).

As another variance when the findings related to marital status were examined, there was no meaningful difference found between the marital status of the teachers and the work stress they experienced. If there is no support from a family member who is experiencing stress in the workplace, the stress increases and this shows that the marital status can be affected in two aspects (Güler, 2013). It was also found that the findings were in the opposite direction. Eren (2014) also emphasized that demographic characteristics such as marital status, besides personality, affected the stress.

There were meaningful differences found among the work stress according to age level, which is another variance of the research. The meaningful difference found to be formed by middle age group. In the developmental process, the middle age crisis that occurs in the late middle ages causes the stress (Aytaç, 2009). Findings are in the same direction as the research. Erdal (2009) found that the most intense period of stress is the middle age. There are also findings in the reverse aspect. There was no meaningful difference found between teachers' age and stress levels (Argon & Ates 2007).

Tan, Tambyah, Kau, (2005) assessed the relationship between demographic characteristics and quality of life in their study and there was a meaningful difference found in the environmental sub dimension of quality of life but there was no meaningful difference found in physical, spiritual and social works fields. Prause, Saletu, Tribl, Rieder, Rosenberger, Bolitschek, ... & Popovic, (2005) reached to higher quality of life findings on men. This shows that there is a meaningful difference between quality of life and gender.

When the quality of life and marital status variances are examined, the findings show that there is no meaningful difference found between the quality of life and marital status. The conducted scientific studies mainly lead to a meaningful difference in quality of life and marital status. Demiral (2001) compared the level of quality of life and the factors affecting the quality of life of employees and found a meaningful difference between marital status and quality of life. Karabilgin (2001) found that there was a meaningful difference in the quality of life and marital status in the conducted survey.

In the research when the quality of life and age levels were examined, there was no meaningful difference found. There were reverse findings have been reached in the research. Age, which comes to the forefront of the factors affecting quality of life and is personal characteristics, is one of the factors affecting quality of life (Patrick & Chiang, 2000). Jonler, Moon, Brannan, Stone, Heisey, Bruskewitz, (1995) reached to findings that there is a meaningful relationship between quality of life and age.

In the research, there was no correlation between teachers' work stress and quality of life. There was a correlation between the quality of life and sub-dimensions of the

physical, mental, social, and environmental fields. Findings are in the reverse aspect of the research. Yang, Ge, Hu, Chi, & Wang (2009) reported that there were meaningful differences in the relationship between quality of life and work stress on teachers. It has been found that work stress is formed but it does not make a meaningful difference for the quality of life, which is thought to reduce (psychological and stressful) psychological and physical effects of work stress. Work stress and quality of life have been found to be close to the limit values of some meaningful values. According to the results of the research, the following suggestions have been developed.

- 1 - There should be methods developed for the blocking of stress occurrence and seminars should be given to teachers.
- 2 - For Quality of Life's not to be affected from personal and environmental factors teachers should be encouraged for the social and cultural activities.
- 3 - Creating organizational realization on teachers in the work place

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Summary

EXAMINATION OF WORK STRESS AND LIFE QUALITIES OF THE HIGH SCHOOL EDUCATION TEACHERS IN TERMS OF SOME VARIANCES

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This study aims to examine the work stress and life qualities of the teachers in terms of gender, marital status and age levels. Progressed in the relational survey model teachers from Kayseri city center participated to the research. In the research coincidental sampling method was used. For the people to determine the variances the personal information form, to determine the work stress Work Stress Scale and to measure the quality of life Whoqol-Bref Scale were used. In the analysis of the datum the t test, F test and Tukey test were used. In the analysis of acquired datum there was a meaningful difference found between work stress and age. In the results of the findings it was seen that there was no meaningful difference with other variances. In the analysis of quality of life datum only the environmental sub dimension created a meaningful difference with gender there was no meaningful difference created with other variances. There was no correlation relationship found between work stress and quality of life.

Key Words:work stress, quality of life, teacher, personal information form, life quality

FACTORS AFFECTING PATIENT SATISFACTION IN PRIVATE HOSPITAL

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Introduction

In the health sector, which can be considered within the scope of the service sector, competition environment not only in private hospitals but also in public hospitals is manifested in various forms. Therefore, customers (patients) prefer the ones that best meet their demands among these institutions. This situation affects the service delivery of all the hospitals operating in the health sector and as a result, it improves the quality of health services. Nowadays, companies have to work in a customer-focused manner in order to be able to maintain superiority against their competitors in an intense competitive environment and to sustain their continuity. Customer satisfaction and loyalty are therefore one of the most important issues to be addressed at this point.

In the course of time, globalization has reached its peak and its impact has increased, especially in the business world, and the use of technology has reached the highest level ever in the world. With the increase of competition and the infiltration of technology into many areas of human life, the diversity of human needs has also increased, and these requirements have become a central issue for businesses. The customer relationship management (CRM) issue has come to the fore after the customer needs have been centralized.

In order for businesses to protect their assets, it is imperative to establish an effective customer relationship system in the financial sector as well as in all sectors with the importance of customer relationship management. It is very important how customer relationship management, which is effectively implemented, is evaluated in terms of customers. For this reason, in the context of customer relationship management, institutions focus on customer satisfaction, customer value, customer loyalty, customer protection, new customer acquisition and CRM systems, as well as customer satisfaction measurement. As a result, how customer relationship management strategies taken into practice are perceived by customers is the most important issue.

It is known that the quality of the products and services of the operator has increased thanks to the satisfaction measurements. Achieving a high score in customer satisfaction measurements in today's world is one of the main objectives for many businesses. This situation is also valid for the institutions in the banking sector and the banks are aiming to increase the service quality standards by turning to customer relationship management applications, providing services through alternative distribution channels, creating diversity in products and services, and keeping the staff in a certain standard such as clothing, customer satisfaction and problem solving and many other applications.

Patient Satisfaction

Nowadays, customers are now more conscious about consumption of goods and services. It deals with issues such as protection of human health, non-contributory foodstuffs, production and storage of foods in healthy conditions, and looks for features that facilitate life in the goods and services purchased. They want their transportation systems to be efficient and safe when they travel to their jobs, their homes and their schools, to be economically warm, ready for communication, and ready for the use of cheap, reliable sources at affordable prices. In some areas, such as restaurants and health care facilities, more emphasis is placed on service quality criteria such as cleanliness, reliability, and interest. In addition, today the customer is aware that the price paid is only a part of the cost of the product itself. The costs incurred during use are an important evaluation criterion, especially in the preference of high priced products. The attitude that a customer develops as a result of evaluating the consumption experience with a particular product is conceptualized as customer satisfaction or dissatisfaction. For this reason, the needs and expectations of the customers must be determined correctly and fully met. Thus, customer satisfaction is predicted to be achieved (Taçdemir, 2005: 141).

Customer satisfaction can be defined as “the response of the customer to assessing the differences between the expectations before the purchase action and the performance of the product after the purchasing action has taken place” (Burucuoglu,2004: 4).

Customer satisfaction is not a part of the product or service but a value that the customer personally loads into the product and service. For this reason, the level of satisfaction may vary when customers with different habits go with the same experience or service (Banar, Ekerkil, 2010: 42-43).

A customer's perception of a product or service is influenced by his previous experience, his pioneering attitudes from the socio-economic and cultural landscape he lived, his values, his education, his beliefs, his psychology, and his various communication channels (Burucuoglu,2004: 15).

Customer satisfaction principle, which is a factor of modern marketing approach in terms of businesses, is also an indication of the sense of responsibility presented to customers. In other words, customer satisfaction is the transfer of the knowledge that

drives the purchasing behavior towards the goods or services offered to the customers by the customers again. The diversity of customers' needs and needs means that they must be in contact with other customers, that the competitors are facing many customers with many options, and so on. for reasons such as companies to assess each customer according to the characteristics and conditions of the customer and thus to ensure the best customer satisfaction (Bıçkin, 2011: 55).

MATERIALS AND METHODS

Purpose of the research

The aim of this research is to evaluate the customer satisfaction of public hospitals in the Nilüfer region of Bursa (patients) and to measure the satisfaction level of these customers.

Data Collection Method in Research

Survey was used as data collection technique in the research. The questionnaire included questions about the demographic characteristics of the participants, as well as questions about measuring customer satisfaction with the hospitals they serve.

Sample of Research

The sample of the research is the patients who are served from the private hospitals in the Nilüfer region of Bursa. In this direction, a total of 312 questionnaires were found to be in the region.

Analysis of Data

Data obtained from the questionnaire were interpreted by applying frequency, mean, standard deviation, independent sample t-test and ANOVA statistical analysis within the SPSS 23.0 package program.

FINDINGS

Table 1. Age-patient Satisfaction Relation (Anova Test result)

Patient Satisfaction	Participant	Average	S.S	P
18-24	17	2,1134	,63465	0,43
25-34	106	2,1348	,73788	
35-44	99	2,2449	,62014	
45-54	39	2,3407	,60475	
55-64	42	2,4872	,60212	
65 and over	9	2,5159	,61214	
Total	312	2,2527	,66639	

It shows the average patient satisfaction level of age at the left of the table. Patient satisfaction levels (2,5159) of the participants in the age group of 65 years and over are at the highest level while patient satisfaction level of the participants in the 18-24 age group is the lowest (2,1134). According to F test result made at 95% confidence level, significance value for patient satisfaction was found as $p = 0,43 > 0,05$. The level of patient satisfaction of participants did not show any significant difference according to their age.

Table 2. Educational Status-Patient Satisfaction Relation (Anova Test result)

Patient Satisfaction	Participant	Average	S.S	P
Primary school	43	2,5133	,50867	0,43
Middle School	40	2,2616	,62534	
High school	74	2,1708	,69114	
Associate	55	2,1383	,71419	
License	65	2,3500	,70765	
Master and above	35	2,0949	,59162	
Total	312	2,2527	,66639	

It shows the average level of patient satisfaction of educational conditions on the left of the table. Patient satisfaction levels (2.5133) of the participants in the primary school graduate education group are at the highest level while patient satisfaction level of the participants in the master and above education group is the lowest (2,0949). According to F test result made at 95% confidence level, significance value for patient satisfaction was found as $p = 0,111 > 0,05$. Patient satisfaction did not show any significant difference according to the education level of patient satisfaction.

Table 3. Income Status-Patient Satisfaction Relationship (Anova Test result)

Patient Satisfaction	Participant	Average	S.S	P
500 TL less than	1	3,1786		,149
500-1000 TL between	7	2,5714	,60539	
1001-1500 TL between	52	2,1985	,66026	
1501-2000 TL between	125	2,1797	,65982	
2001 TL and above	127	2,3220	,67078	
Total	312	2,2527	,66639	

The average level of patient satisfaction is the level of income at the left of the table. Patient satisfaction level of the participants in the income group less than 500 TL is the highest level (3,1786) while patient satisfaction level of the income group between 1501-2000 TL is the lowest level (2,1797). According to the F test result made at 95% confidence level, significance value for patient satisfaction was found as $p = 0,149 > 0,05$. The level of patient satisfaction of the participants did not show any significant difference according to the income status.

Table 4. Service Reception-Patient Satisfaction Relationship (Anova Test result)

Patient Satisfaction	Participant	Average	S.S	P
Outpatient treatment	282	2,2430	,67937	,431
Inpatient Treatment	30	2,3440	,52969	
Total	312	2,2527	,66639	

According to F test result made at 95% confidence level, significance value for patient satisfaction was found as $p = 0,431 > 0,05$. The level of patient satisfaction of the participants did not show any significant difference according to their service status.

Table 5. Gender - Patient Satisfaction Relation (Anova Test result)

Gender		N	Average	S.S	P
Patient Satisfaction	Woman	176	2,2254	,62658	0,411
	Male	136	2,2881	,71544	
	Total	312	2,2527	,66639	

According to the Independent Samples Test conducted at 95% confidence level, significance value for patient satisfaction was found as $p = 0,411 > 0,05$. Patient satisfaction levels of participants did not show any significant difference according to gender status.

Table 9. Marital Status --Patient Satisfaction Relation (Anova Test result)

Marital Status		N	Average	S.S	P
Patient Satisfaction	Married	200	2,3121	,66203	0,35
	Single	112	2,1467	,66390	
	Total	312	2,2527	,66639	

According to the result of Independent Samples Test made at 95% confidence level, significance value for patient satisfaction was found as $p = 0,35 > 0,05$. Participants' level of patient satisfaction did not show any significant difference according to their marital status.

Results

Health Personnel (doctor, nurse, health technicians, secretary, etc.) and patient interaction and communication are the most important factors affecting customer (patient) satisfaction. The communication that the physician, nurse and other health workers empathize, gentle, eager, informed, informed and eye contact with the patients will strengthen the hospital patient connection and will tend to be preferred again. Accessibility of public transportation by public transportation, availability of parking lot by finding adequate parking capacity when accessing by car, accessibility of emergency clinics in emergency entrances, accessibility arrangements for disabled, elderly and children are the reasons why hospital center is not preferred before hospital

patient communication is started. A patient entering the hospital will have a minimum level of bureaucratic loss during the period until reaches the treatment, and returning to his / her home by performing transactions in confidence without any question mark about the treatment to be implemented by the health facility and staff will further raise the patient satisfaction threshold.

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Summary

FACTORS AFFECTING PATIENT SATISFACTION IN PRIVATE HOSPITAL

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Nowadays, companies have to work in a customer-focused manner in order to be able to maintain superiority against their competitors in an intense competitive environment and to sustain their continuity. Customer satisfaction and loyalty are therefore one of the most important issues to be addressed at this point.

The aim of this research is to evaluate the customer satisfaction, which is a very important concept in terms of businesses, in terms of the public hospitals in the Nilüfer region (patients) and to measure the satisfaction level of these customers.

Survey was used as data collection technique in the research. The questionnaire included questions about the demographic characteristics of the participants, as well as questions about measuring customer satisfaction with the hospitals they served. The sample of the study is the patients who are served from the private hospitals in the Nilüfer region of Bursa. A total of 312 questionnaires in this area were found to be appropriate for evaluation and the data obtained from the questionnaire were interpreted by applying frequency, mean, standard deviation, independent sample t-test and ANOVA statistical analysis within the SPSS 23.0 package program.

According to the results of the t test on the analysis, according to the satisfaction of participants according to gender ($p = 0,411 > 0,05$), significance value for patient satisfaction according to Independent Samples Test made at 95% confidence level was ($p = 0,35 > 0,05$), 95% confidence level According to the F test result, significance value for patient satisfaction was found as ($p = 0,111 > 0,05$). So; Participants' level of patient satisfaction did not show any significant difference according to their demographic status. In this sense, public and private hospitals offering health services should focus on this issue and develop new applications to increase customer satisfaction.

Keywords: Patient, Patient Satisfaction, Health, Private Health Services.

A MASTER'S DEGREE AT THE INSTITUTE OF EDUCATION SCIENCES APPLICATIONS IN TURKEY

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Introduction

Today, the level of developed countries around the world is explained by the positive and comprehensive structural changes in economic, political, social and educational life and the indicators in scientific productivity. For this reason, the increase in national income does not indicate the development in a country that does not show the necessary development in the social, cultural, political and educational aspects. Accordingly, economic development and social development, scientific productivity or scientific development should be considered as a whole. In order to reach the level of development aimed at by the countries or to realize the social development that they have foreseen, it has to raise the human resources needed. The training of human resources is the task of the education system. Schools can be defined as courses and universities helping people to take their places in social life or all the courses help people to gain the necessary knowledge, skills and insights and to develop their personalities. Education can be defined as the process of the behavior change of the individual through his or her own experience or changing the behavior deliberately (Erturk, 1974). The purpose of the education is to: transfer or acquire knowledge and experience of the past on a regular basis; helping new generations to acquire the necessary knowledge, skills, and understanding while they are preparing to take their place in community life, and to develop their personalities; cultivating and developing in a specific field, knowledge or science; and to train teachers, managers and education specialists.

An effective and efficient education system is the first and most important step for development. Countries that do not have an education system that can adequately educate qualified workers, who are necessary for effective and efficient operation

of social systems, in terms of quantity and quality cannot achieve their development goals which are other indicators of development. In the constantly changing world of science and knowledge, living conditions are changing rapidly as well. It can be seen in the studies that every stage of educational activities is like a brick that has been put into the future of that society. The way of promoting the quality of current life and a sustainable development can only be achieved in the light of scientific data. This scientific process takes place in the universities.

University is an educational institution which has scientific autonomy and public legal personality and it consists of faculties, institutes and colleges which give high level education, teaching, scientific research and publishing. The university was inspired by the environment in which Plato and Aristotle created philosophical debates with their students without any political and religious pressure, and they took the name of university in Latin “universitas” as institutions with independent and legal personality on a universal scale. The university can be defined as an autonomous teaching and research institution that produces knowledge for the public good. Although it seems to be the forerunner with the function of providing a profession and status to the students graduated in the historical development process, the most basic functions of the universities can be considered as scientific research activities (Karadag, 2009). In a philosophical discussion environment, the university takes the intellectual process in front of the emotional process and allows people to see and discuss the events and make them aware of it. The universities that constitute the last and the top step of the teaching give diplomas at three levels with the Law No. 2547; Associate degree, undergraduate and graduate degree. The graduate program is divided into two graduate programs: master and doctorate.

Educational Sciences Institutes in terms of developments in education and training process; Educational Sciences and the educational process have been opened considering the need for educated and inquiring human power. The Institute of Educational Sciences increases the number of original and interdisciplinary publications and programs of the Educational Science within its own identity. It facilitates the monitoring of developments and changes in the field of Educational Sciences.

The master’s program consists of thesis and non-thesis master’s programs. Students enrolled in thesis graduate programs are required to complete all credits and courses successfully required for graduation. Candidates who continue to thesis graduate programs prepare graduation thesis. Students are entitled to receive a “Science Specialist” diploma in case their thesis prepared in their own branches is considered successful in defense examination. Students enrolled in non-thesis graduate programs must successfully complete all credits and courses in order to graduate and have the required academic average. Students without thesis must write a term project and be successful in the term project they prepare.

In this study, it was aimed to evaluate the graduate applications in Turkey in terms of content in the Educational Sciences Institute in Turkey and to examine the graduate education in Turkey in terms of various variables and to develop suggestions for increasing the effectiveness in graduate education in Educational Sciences Institute. Identification of the similarities and differences of graduate programs in Turkey is important for the development of graduate programs. It can be said that it will benefit the field in terms of the development of methods and techniques in practice to examine the scope and content of the graduate program applications in the Institute of Educational Sciences. The research on proposals to increase the effectiveness of graduate programs in Turkey will provide data on the development of new methods in practice. Accordingly, it is aimed to increase the quality of education. Towards this aim, the following questions were sought:

In the Institute of Educational Sciences;

- At what concentration are the master's applications done?
- How are graduate applications?
- What is the stage in which researchers are working in the sample during the master's program?
- What is the definition of graduate applications?
- What is the data collection tool for master applications?
- What is the distribution of the data collection tool according to whether or not the reliability studies are carried out during the master's application?
- What is the statistical method used in master's application?

Theses made at the Institute of Educational Sciences reflect the views of universities and researchers. In this research, general information about the perspective of the researchers and the institutions is tried to be revealed. It is aimed to reflect this point of view through theses studied. Obtained findings are not cited directly to institutions and researchers since the expressions are limited only in theses. However, it is thought that it can give an idea about the direction and development of education researches in Turkey.

Method

Research Pattern

Graduate education, which is a graduate level of graduate education, has a descriptive qualification in terms of evaluating the data related to the application by analyzing the

function of the Institute of Educational Sciences. Survey model and content analysis, one of the qualitative data collection methods, were used in the research.

Through content analysis, it was tried to be identified the data and reveal the truths that may be hidden within the data. In content analysis, the process is basically a process of bringing together similar data, specific concepts and themes, and interpreting them in a way that the reader can understand (Yildirim and Simsek, 2008).

This research is included in the scope of the screening research because it aims to classify the existing situation and to investigate its trends. It is also included in the content analysis research because it covers the systematic examination and quantification of its contents in terms of specific categories in order to determine the tendencies in the content of the theses.

Universe-Sample

The universe of this research is composed of 12 state universities and 3 foundation universities with graduate education in the field of Educational Sciences Institute in the country. The sample is composed of 120 theses for each of the 8 universities that are accessible to universities, since some of the theses are restricted by the authors or their reproduction is restricted by the authors and only the abstracts are shared - without selecting the sample in the research. The sample is consisted a total of 120 dissertations in total of 8 universities accessible to each university because some of the theses are restricted by the authors of their use until a certain date, or the reproduction is blocked by the author, and only the summary sections are opened for sharing. In order to reach the theses to be examined in the research, the database of the National Higher Education Council (YÖK) National Thesis Center was utilized.

Universities in the universe of research are;

- Gazi University
- Ankara University
- Marmara University
- Hacettepe University
- Muğla Sıtkı Kocaman University
- Anadolu University
- Pamukkale University
- Mersin University
- Çanakkale Onsekiz Mart University

- Bartın University
- İnönü University
- Mehmet Akif Ersoy University
- Yeditepe University
- Baçkent University
- Bilkent University

Data Collection Tools

In obtaining the data, the source scanning method was used. For this purpose, the thesis information of the universities that constitute the sample was reached and necessary theses were collected.

Analysis of Data

In the analysis of the data; the collected data were classified in the computer environment, transformed into tables and graphics, and a statistical study was conducted by extracting the frequencies and percentages. In the theses examined, the student selection in the undergraduate education practices, the works revealed are emphasized. In addition, the theses that emerged; shape, subject, method, outcome and recommendation are compared.

Findings

Table 1. Field of theses

F %
Psychological Counseling and Guidance 8 6,7
Educational Technology 20 16,7
Training Programs and Teaching 25 20,8
Measurement and Evaluation in Education 21 17,5
Educational administration, supervision, planning and economy 46 38,3
Total 120 100,0

When the distribution given in Table 1 is examined, it is determined that the field of master theses done at Educational Sciences Institute is mostly on “Education management, supervision, planning and economy (38.3%)”. This program consists of theses written in the fields of Educational Programs and Teaching (20,8%),

Measurement and Evaluation in Education (17,5%), Education Technology (16,7%) and Guidance and Psychological Counseling (6,7%) respectively.

Table 2. Graduate application

F %

Thesis 94 78,3

Without thesis 26 21,7

Total 120 100,0

When Table 2 is examined, it is determined that the research with thesis studies (78.3%) are significantly higher than the research without thesis (21.7%) according to the results obtained from the theses examined according to the ‘How are the graduate applications?’

Table 3. Level of research studies

F %

Primary 3 2,5

Secondary Education 105 87,5

Undergraduate 9 7,5

Graduate 3 2,5

Total 120 100,0

When Table 3 is examined, it is determined that graduation level selected as a sample in the Graduate School of Educational Sciences is 87.5% graduated from secondary school. This is followed by Bachelor (7.5%), Primary (2.5%) and Graduate (2.5%) respectively.

Table 4. Research Design

F %

Quantity 74 61,7

Nitel 46 38,3

Total 120 100,0

When Table 4 is examined, it was determined that the quantitative studies (61.7%) and the qualitative studies (38.3%) were made as the research design as a result of the theses analyzed according to the scale of ‘graduate applications’.

Table 5. Data Collection Tools Used in Research

F %
Surveys 47 39.2
Test 30 25.0
Survey + test 12 10.0
Document Analysis 1 0.8
Interview 1 0.8
Survey + Interview 29 24.2
Total 120 100.0

When Table 5 is examined, it is determined that 39.2% of the theses examined according to the 'data collection tool of the graduate applications' are survey studies. This is followed by test (25%), survey + interview (24,2%), survey + test (10%), document analysis (0,8%) and interview (0,8%) respectively.

Table 6. Distribution of Data Collection Vehicle by Reliability Studies

F %
Yes 48 40,0
No 72 60,0
Total 120 100,0

When Table 6 is examined, the theses examined according to the question of 'what is the distribution of the data collection tool according to whether or not the reliability studies are carried out in the master program?' shows that the data collection tool was used in 60% without a reliability test.

Table 7. Statistics Used in Research Method

F %
T test 25 20.8
ANCOVA 18 15,0
Correlation 20 16,7
ANOVA 24 20,0
Descriptive Statistics (Frequency, percent) 33 27.5
Total 120 100,0

When Table 7 is examined, it is determined that 27,5% Descriptive Statistics (Frequency, percent) method is used as a result of the theses analyzed according to the ‘What is the statistical method used in the master’s application? This is followed by t test (20.8%), ANOVA (20%), correlation (16.7%) and ANCOVA (15%) respectively.

When the student selection conditions of the universities selected for the research are examined, it is seen that the student selection conditions of state universities and foundation universities are similar. In both types of universities, it is understood that graduate applications are applied as graduate and non-thesis graduate, and in non-thesis programs are short-term programs and this ratio is high in foundation universities. Besides, it is understood that graduate applications of distance learning master degree program without thesis are included in both state universities and foundation universities.

Discussion

In this study, an attempt was made to evaluate how the graduate thesis studies and the graduate applications which are carried out under the affiliation of the Education Sciences Institute of our country are done. It has been determined that the number of quantitative researches is higher than the qualitative researches in the research.

In a similar research study examining the research designs, according to Karadag (2010) qualitative research models were used in the studies. According to Özenç and Özenç (2013), which is a similar study with this study, it is the quantitative research method of the research method mostly used in the postgraduate education thesis related to the gifted students in Turkey.

When these studies are compared, it can be a sign that the research pattern shows differences. It was determined that the survey method was used extensively for data collection studies in the survey. According to a similar study Özenç and Özenç (2013), the most commonly used data collection tools in the theses are scale-test / information form and questionnaire of quantitative methods. When it is compared to this study, it can be said that the data collection tool in the research has similar results.

It has been determined that the reliability study of the data collection tools was conducted in the survey. Evrekli et al. (2011) identified a lack of validity and reliability processes in the development phase of data collection tools in a similar research. The results obtained overlap with the research. The fact that the reliability of the data collection vehicle has not been studied during the studies has led to the discussion of how valid and reliable the results are.

It has been determined that graduate programs conducted at the Institute of Educational Sciences are based on “Educational management, supervision, planning and economics”. It can be said that there is a tendency to graduate in the program “Educational management, supervision, planning and economy” for the purpose of

promotion in the Ministry of Education. This tendency can be related to the integrity of the education economy and management, supervision and planning, as it is predicted that managers who are on-the-field practitioners will be referred to planned and informed management processes through master's education and will benefit their expertise in their positions.

Conclusion

It was found out that the number of quantitative researches in the research was high and the questionnaire method was used extensively in the studies the graduate theses made in the state universities and foundation universities. Moreover, thesis studies are similar in shape to the master thesis done in state universities and foundation universities. It was revealed that the group that graduated from the secondary school level was selected in the selection of the sample. In addition, it has been determined that the survey method is used extensively for the data collection studies, the reliability of the data collection tools used is not performed and the descriptive statistical method is used for research findings.

When the student selection conditions of the universities are examined, it is seen that the student selection conditions of state universities and foundation universities are similar. In both types of universities, it is understood that graduate applications are applied as graduate and non-thesis graduate, and in non-thesis programs are short-term programs and this ratio is high in foundation universities. Besides, it is understood that graduate applications of distance learning master degree program without thesis are included in both state universities and foundation universities.

Recommendations

The suggestions for the research are given below. These proposals are considered in two dimensions in the form of "proposals for practitioners" and "proposals for researchers" in future researches related to the results obtained in the research.

Research suggestions

In this study, which aims at analyzing the contents of the theses conducted in relation to the graduate thesis studies and the graduate applications which are carried out in accordance with the Institute of Educational Sciences, it is tried to analyze the contents of the theses but only the obtained findings are interpreted because there is no data to be compared.

The study will provide data on the development of new methods when the classification used for evaluation is expanded to further enhance its effectiveness in post-graduate education. Accordingly, it will contribute to the upgrading of qualifications in education. Furthermore, further research in this area is expected to provide more information in the field of studying and comparing different studies

Recommendation for researchers

- The research can be compared by studying and working with different universities.
- A similar research can be made between foundation universities and state universities separately and a comparison can be made between them.
- A research similar to this research can be repeated after a while and positive or negative changes can be made by comparing the data obtained from the two studies.

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Summary

A MASTER'S DEGREE AT THE INSTITUTE OF EDUCATION SCIENCES APPLICATIONS IN TURKEY

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In this study, the graduate thesis studies and graduate applications which are carried out under the educational science institute of our country are evaluated. For this purpose, , 120 theses belonging to 10 states and 5 foundation universities Educational Sciences Institute were included in the study. These theses were classified according to various variables and tried to obtain statistical values. Survey model and content analysis, one of the qualitative data collection methods, were used in the research. According to the findings, it was determined that the graduate programs at the Institute of Educational Sciences are mostly on „Educational management, supervision, planning and economics“, and the number of thesis studies and quantitative researches is high. It has been determined that survey method for collecting data in studies is more, reliability of used data collection tools is not performed and descriptive statistical method is used much for research findings.

Key Words: Education, masters, thesis, Educational Sciences Institute, data collection

INTERNATIONAL MIGRATION AND THE INTERCULTURAL OPENING OF HEALTH SERVICES: THE EXAMPLE OF ANTALYA

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Status assessment of the accessibility of the most basic right to health by foreigners as well as the definition of intercultural opening of health services and the legal accessibility of these services are of importance. Investigation of the current accessibility of health services to foreigners residing in Antalya with regard to the intercultural opening of health services.

Consideration of the research question: Is the intercultural opening of health services necessary?

1. Intercultural opening of public services

In today's world, a global citizen criterion has shown itself. This has emerged from a nonnegligible rise in migration and thoughts of retiring in a foreign country as a result to education or working life. The government is obliged to make public services available to citizens of different cultures, notwithstanding the reason of their preference for this country. Actually, considered as a whole, it is indispensable that both, governmental and non-governmental organizations should assume this duty. But this research will concentrate rather on the intercultural accessibility of public services. In response and contrary to private services with the aim to gain profits from their services, public services can be considered to be commissioned to provide and support these services in accordance with basic rights and freedoms of public services from the point of view of international treaties as well as under constitutional securities. States consist of multiculturalism. Societies can not be dealt with considering only one single identity. (Modood, 2012, 69) Just as the Western European societies must not see themselves

as exclusively white societies. The fraction of society that needs to be included must accept diversity and must not ignore identities that consist of a combination of different characteristics, such as different roots, colours, cultures, ethnicities or religions. In order to benefit from the diversity of multiculturalism, a “rainbow coalition” must be created. (Modood, 2012, 69) Groupings created out of national or ethnic identities and public services made available to these cultures, ignoring multiculturalism, cannot be considered the right approach to multiculturalism in public services. Therefore, needs of individuals with different cultures must be considered and their possibility to access public services may not be neglected.

Intercultural organizations must be created that render public services available to different cultures with sensitivity and that can create political structures which respond to needs first.

Durkheim’s mentioning of social integration and the division of labor explains this necessity. (Durkheim, 1964)

As Iris Young (1990) underlines: “If all requirements and sensitivities of all groups are considered, each of these groups will accept the rules in question. As these rules have common sense and address and represent each group, a series of rules, norms and natural equality that do not present any (dis)advantage to any of the groups” will be a very correct approach.

These facts that have been considered have revealed the need to serious regulations in the area of intercultural services. The Association of Charitable Organizations has defined the targets of the opening of intercultural opening as follows: “The people in a country must trust in this. Access to locations offering or supporting different areas of social and working life, social organizations (groups, clubs, enterprises, etc.) is possible for everyone, regardless of their cultural characteristics due to their roots, religious belief or world view or their individual life style.” (Schröer, 2007, 3) Everyone has the right to public services addressing cultural characteristics. It is not right to deny this vital right to anybody. The incomplete perception in society must be corrected consciously.

2. Intercultural services in health care

The right to health means the right to life. Standardization of health services provided for different cultures has become key.

In accordance with the principles of a welfare state as specified in our Constitution, the large number of foreign citizens living in our country and the fact that most of these individuals prefer public hospitals to private ones has made these regulations necessary. Turkey is a strong candidate to become an attraction point in the field of health care. There are strong arguments for health services to hold their earned status in the intercultural presentation of the Ministry of Health’s health tourism

policies. However, while providing these services, third step Educational Research and University Hospitals may not be targeted, while medical institutions that offer outpatient health services in polyclinics must be included. According to statistics dating to 2010 (Aydın and others, 2011; 9) 8% of patients of medical institutions in the public sector, were people belonging to different cultural groups. From 2008 to 2010, there has been a 2% rise. This percentage, influenced by the fluctuations in tourism, has generally created the need to increase the service quality in order to respond to this demand. It is important that the government fills gaps in the health sector created by purposes of profit, competitiveness and growth of the private sector.

However, when the government presents health services to people belonging to different cultures, differences in the wage policy applied to their own citizens and foreigners can be observed. It is inevitable to apply a wage policy considering medical requirements, equipments, maintenance and considering the profitability ratio in expenses when offering rates that are comparatively cheap in the home countries of these other nationals. Thus, it would be possible for the government to form a fund when offering this service, which would be regarded as a stepping stone to provide higher service levels while providing health care in the public sector. (Aydın and others, 2011; 12)

2.1. The necessity of organization-based structuring in the presentation of intercultural health care

Within a society, facts such as religion, ethnicity, gender or disability can be categorized as differences. As a result, it has become a requirement to unite and integrate individuals that are disliked by a fraction of the society or treated differently due to these characteristics. (Modood, 2014; 215). This need is so comprehensive that it presents itself as a connection between numerous areas, such as education, health services, housing or employment. The equality of opportunity that should be offered to individuals suggests that access to services can be achieved through social integration without any ethnic or racial breakdown in the equitable distribution of public services. Equal access to services needs to be supported by legislation in the political arena (Helvacı, 2010; 53).

Changes in organizational structure are also necessary. Increasing human needs make change essential. Changes in these areas also influence other areas. (Helvacı, 2010: 53). In the presentation of public services, it is essential that this process shall be supported in bringing about these changes and the services needed. Serving different cultures has made need-oriented organizational structuring essential.

2.2. Structuring of Health Services in Turkey in the Intercultural Presentation and the Status Quo

The Ministry of Health has gone through a number of structural changes that will make intercultural service more effective thanks to a structuring that will respect diversities.

International Patient Coordination Centers and International Patient Coordination Units, as well as International Patient Units within health facilities and International Health Support lines for foreigners without knowledge of the Turkish language who therefore cannot benefit from the “112” emergency line have been set up in provinces with a high density of foreign citizens, regarding the development level, geographical position and all kinds of transportation possibilities in these provinces. The capacities of these units will be determined by the General Directorate of Health Services, which is affiliated to the Ministry of Health, taking into account the physical characteristics of the currently operating health facilities and the nature of the health services. The units structured as a result of this work are responsible for the coordination of health tourism, the health of tourists, cooperation agreements in international health care and in the context of Turkey’s international social security agreements all works and procedures in affiliated health facilities to which foreigners apply in order to receive health services. The basic legal arrangement on this subject is the “Directive on Health Tourism and Tourist Health Services to be Provided by the Ministry of Health” mentioned in the first part of this study. According to Article 4, Paragraph 1: “Procedures and principles regarding personnel, infrastructure, technical promotion, interpreter or interpreter services required to provide international health services to foreigners in hospitals within or affiliated to the union are determined by the institution.” With this regulation, the General Directorate of Health Services within the Ministry of Health will create the organizational structure of these units. Istanbul, Ankara, Izmir, Antalya, Mugla and Aydin were selected as the first level provinces for the application of the services as defined in this Directive. In these provinces, all kinds of organizations related to health tourism, promotion coordination, supervision guidance and follow-up as well as centers where the treatment of patients are coordinated are provided.

The organizational structure of the Ministry of Health’s Turkish Public Hospitals Institution for this structuring is operated affiliated to one of the presidencies chosen by the Secretary-General of the International Patient Coordination Center. In this structure, at least one specialist (contracted) and one health care personnel are employed. The number of staff can be increased if required. The interpreting service can be purchased as an international patient guide service through service recruitment. The number of staff to be recruited is determined by the Secretary-General. In this structure, the tasks of the health tourism coordinator can be listed as follows: To follow developments related to health tourism in Turkey and abroad, to carry out related legislative works and plans, to set standards, to coordinate within relevant ministry and with other public and private institutions. Planning and coordinating the health tourism offer in hospitals of the Ministry of Health and tourist health services, includes health tourism, thermal tourism and elderly-handicapped tourism units and separate studies are carried out in these areas. These organizations, which were established in seven different provinces in 2011, were established in Istanbul, Ankara, Izmir and Mugla within the body of

the Provincial Health Directorate, while being organized in Antalya in the Antalya Training and Research Hospital.

In this structure, a unit manager and a minimum of two international patient guides are employed at the General Secretariat health institution. This number can be increased if needed and with the approve of the hospital management.

For the asylum seekers who have been forced to leave their country due to the civil war in Syria in recent years, the Ministry of Health has shown that it is in the process of restructuring to provide more qualified health services.

3. Structuring in the Mediterranean University Hospital and Foreign Patient Unit

In order to keep health tourism alive and to create a center of attraction in Turkey for foreigners by signing agreements with intermediary institutions for tourist services, and according to the Directive issued by the Ministry of Health regarding health tourism, the Akdeniz University Hospital established a new unit to serve foreign patients in June 2014, with the name "Foreign Patient Unit". The Foreign Patient Unit is still operating and continues to provide health services. With this unit it is aimed to provide intercultural services to foreign citizens temporarily living in Turkey for various reasons, retired foreign citizens who chose to settle down in Turkey or members of different cultures who reside in Turkey to work in the private sector or at consulates. This unit serves in the organization of the hospital, in the responsibility of the chief physician and the related chief physician. There are four interpreters for English, German, Russian and Arabic, one secretary and one responsible employed in this unit. The common features of the patients of this unit are persons insured by the Social Security Institution, those with private insurances and patients who receive these services against payment (with no social security). In our country, it is seen that foreign patients who reside more than 3-5 years in general are transferred to the Social Security Institution within the scope of social security with the exemption certificate of abroad insurance. The number of patients who are covered by the Social Security Institution in the scope of general insurance is a majority.

In 2014, a total of 2676 foreign patients applied to the Akdeniz University Hospital and obtained health services. Apart from the Social Security Institution itself, this service was paid. In 2016, these services were provided to a total of 1708 Syrian refugees, with 1295 outpatient treatments, 277 inpatient treatments and 136 ambulant treatments, while in the same year, the total number of foreign nationals reached 3051, with 1175 outpatient treatments, 75 inpatient treatments and 93 ambulant surgery totaled to 1343. Establishment and operation of the Foreign Patient Unit, which is a very new unit yet, has been a very correct decision for the Akdeniz University Hospital. It is clear that this structure was needed much earlier in this city, especially taking into account that it is visited by nine million tourists in the summer months.

4. Problems Encountered in the Intercultural Presentation of Health Services

Approximately 2 million refugees are provided health care services in our country. It is inevitable to provide these services to the target group and to consider public health as a whole. However, transcending legal processes to revise the legislation against emerging problems and to provide more effective and efficient services leads to complicated situations for those who are displaced. Among others it is argued that an update of the legislation and a parallel problem of understanding combined with communication problems in the process will lead to problems resulting from language issues. It is a complex issue that confuses patients' heads, especially in third step Education Research and University Hospitals, to which they are transferred from second step health care institutions. The fact that the relevant staff members are not always sufficient in terms of language can be a lack in the continuity of services. When trying to register patients for health services outside of their registered residence area, systemic problems to reach the required information in time and waiting times for patients, who are not yet registered in the system can cause problems. In addition, problems are encountered with payment programs that are not included in the treatment package rates of the so-called Health Practice Statement.

5. Conclusion and Evaluation

It is a fundamental human right for all people to openly articulate their cultural assets and to benefit from equitable health care services without any discrimination. It is necessary that the health services offered to individuals are in the same way culturally appropriate as they have to be in accordance with modern medical understanding. Qualified health care requires effective presentation of health care, taking into account cultural differences and characteristics. Policies for the intercultural presentation of health services are based on actions with respect, awareness, acceptance of differences in worldview, tolerance, and devoid of prejudice.

For many reasons, the convergence of different cultures, the transformation into a multicultural society, has made the intercultural presentation of health services a professional and moral responsibility and necessity for all health personnel in all health care institutions. Additionally, programs for intercultural health care are being considered all over the world, new theories are being developed, and healthcare institutions that adapt to this dynamic and developing process must also ensure that the intercultural presentation of health services is at the same time institutional philosophy and policy and provide adequate cultural services in the context of intercultural service as well as to enhance intercultural communication skills and increase the capacity of the institution's cultural competence.

For our country, it should be said that the intercultural health service is a new concept in terms of implementation, awareness and sensitivity are slowly starting to emerge on this issue, but the studies, regulations and programs on this area are not yet

fully adequate. Health Services provided by the Faculty of Medicine of the Akdeniz University, which has integrated some applications for the intercultural presentation of health services and in this sense created awareness and sensitivity, are exemplary in this regard. In this context, in order to provide intercultural health services in our country in a way that all the people deserve, strategies, policies, training programs and training methods should be reviewed in terms of intercultural services at health care institutions and training institutions for health care personnel and an accreditation system for “Quality Standards in Health Care” should be introduced. The necessary infrastructure and trainings should be established and necessary arrangements for innovations should be made.

Lastly, in the intercultural presentation of health services, the patient needs to be treated as an individual. Patient-centered care, focused on the needs and preferences, comfort and development of health, continuously, holistic, easily accessible, with shared power and responsibilities and effective communication should be effected. It will be possible to live on more humane conditions within the universality of the concept of the welfare state, where health services are combined in a cultural sense and intercultural presentation of health services is aimed at.

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Summary

INTERNATIONAL MIGRATION AND THE INTERCULTURAL OPENING OF HEALTH SERVICES: THE EXAMPLE OF ANTALYA

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Diversity management, multiculturalism and intercultural communication are among the important topics of the 21st century. Economic and social problems, war, unemployment and the efforts to get better life opportunities, are forcing today approximately 60 million people to migration. Increased mobility due to developments in transportation and communication technologies has not only intensified the problems resulting from international migration, but also brought new opportunities. The internationalization of business and the increasing representation of immigrants in their new countries are causing new debates in the administration and, in particular, the public administration. Making public services available to all needy people, irrespective of native tongue, religion and cultural roots, has become a necessity rather than just a quality criterion. The public administration's mission of ensuring social justice and offering it equally to all the people in the country, despite lingual, religious and cultural differences, has become the subject of numerous studies.

Problems that are faced especially by migrants trying to access these services, result in their receiving these services either wrong, incomplete or not at all. The problems caused by language issues, religious or cultural differences are also extended to the health sector. The new understanding, which has emerged in this context, has also brought about the intercultural opening of services. Health services, particularly, are now being designed and offered in order to embrace, rather than exclude fractions of society with different cultural features approaching them with sensitivity and allowing to respond to the respective requirements. Thus, the most natural right of a person, the right to health, despite lingual, religious or cultural differences, is intended to be ensured in the most effective way.

In this study, new organizational structures for the intercultural opening of health services will be discussed. The legal basis of Turkey's temporary protection policies, particularly those applied to Syrian refugees in recent years, and the health services that are being offered to more than 3 million refugees will be the subject of this work. The difficulties endured by migrants trying to get access to health services in Turkey will be evaluated on the example of the Foreign Patient Unit of the Akdeniz University Hospital.

Key words: Migration, Health Services, Intercultural Health Services, protection policy, migrants.

**THE CUSTOMER PROFILE AND
HEALTH EXPECTATIONS IN THE THERMAL
HEALTH ENTERPRISES:
A FIELD STUDY**

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Introduction

Aging of the world population and therefore the search for solutions to the increasing chronic diseases, rapid change and development in technology have made health tourism an important market. People nowadays are solving health problems not only by treating their physicians or prices in their own countries but by evaluating the best solution and the best price options (1). With the influence of the media, the internet and other mass media, people have access to more details about alternative medical possibilities, quality and economic health services in other countries. Conscious society forces insurance institutions and government officials to renew day by day in health tourism (2). As a result, the health market expands and attracts investors. In parallel with the high level of education and welfare in the developed countries, the provision of health services is also costly. "In developed countries, the share of health needs and health expenditures of the aging population is increasing day by day, and increasing costs of social security costs are pushing social security institutions. For these reasons, it is seen that social security institutions and private insurance institutions in developed countries are trying to get health care services at low cost by providing quality medical services and making package agreements in countries that are nearby" (1). Thus, both health services are utilized and health services are provided at a cheaper cost. At the same time, cost advantage, international travel becomes easier and more economical,

and many countries in health services provide health services with high-level technology and standards, enabling health tourism to spread to a very wide area of the world. Nowadays, thermal tourism or spa tourism considered as the first which is one of the major sub branches of health tourism. “Thermal tourism is a tourism movement that is made for the application of cures together with supportive treatments such as physiotherapy, rehabilitation and exercise in the supervision and program of specialist physicians in order to contribute positively to human health together with environment and climate factors in the region of mineral waters and mud. It can be done in order to benefit from health tourism in order to benefit from medicinal waters, mud and sand, as well as to enter various cures and health regimes. One of the important features of health tourism is the duration of stay for health. There is a great deal of work in the treatment cures. For treatment, related person has to stay in thermal centres for 15-20 days” (3). In thermal tourism, thermal enterprises established in places where geothermal resources are located apply health protective, restorative and therapeutic cures under supervision of health personnel. Turkey is a country with rich resources in terms of alternative tourism possibilities and it is a country that is very rich in terms of thermal resources due to its geographical structure. (4). In addition, Turkey’s thermal waters have superior qualities than both thermal waters in Europe, as well as their flow and temperature as well as their various physical and chemical properties. The presence of sea-side, forest and mountainous areas on all sides of these resources brings thermal tourism into a position to be integrated with other tourism varieties. Thermal tourism; sea, hunting, yacht, mountain, winter, congress tourism can be evaluated together. Moreover, although the cure time in many European countries is 120 days per year, this period is 300 days in Turkey. The significant length of the curing period is an important advantage in terms of thermal tourism (1). Despite the high potential, the number of beds planned and planned in thermal tourism enterprises in Turkey has not been reached, so the integration of the hotel, cure centre, modern health services in European standards should be provided and more work should be done.

METHODOLOGY

Purpose and Importance

This study aims to determine customer profile and health expectations at Gönen Thermal Company, a health tourism business. Turkey has an important thermal potential with its natural riches and physical capacity. Undoubtedly, it is important to determine the expectations and satisfaction of people to use this potential in a better way, thus contributing to both health facilities and thermal tourism capacity.

Population and Sample

The study was carried out with 360 customers benefiting from the health services of Gönen Thermal Facility between 01.05.2016 and 30.06.2016. Volunteering was taken as basis in the study by not going to sample selection.

Data Collection Means

A questionnaire consisting of 23 multiple choice questionnaires developed by the researcher was used in the literature related to the subject. “What are the socio-demographic characteristics of customers?”, “What are the expectations of customers for health services of thermal operators?” And “What are the opinions of customers about the quality of health services of thermal enterprises?”.

Data Analysis Techniques

The obtained data were analysed with SPSS16.0 package. Chi-square test was applied to determine whether there is a relation between the obtained frequency, percent distributions and variables.

Limitations

Since the research is carried out only in a thermal operation, it is generally impossible and the obtained data is based on self-reports of the participants.

FINDINGS

Socio-demographic Characteristics of Customers

The vast majority of the survey participants are over the age of 50, 59.4% are women, 41.7% are primary school graduates, 74.2% are married, 38.1% are retired and 60% have total income below 1500 TRY.

Information on the Arrivals and Treatment of Customers at Gönen Thermal Company

When the breakdown of customer arrivals to business is examined, it is determined that 35.3% of the first arrivals, 45% are staying between 7-9 days, 75.3% came with family members. In addition, 76.9% of the customers stated that they were in the company for treatment, 55.6% for joint and rheumatic diseases, 35.8% for friends and 30.7% for relatives. 87.8% of the respondents who have encountered a problem with the service offerings gave answer “no” and 56.8% of the respondents gave the complaints ‘received with courtesy’. When the distribution of the opinions of the customers on the health personnel is examined; % 50,6% think that the number of health personnel is enough,% 77,5% think that the health personnel are sufficient information,% 76,4% think that the health personnel experience is enough. 95.3% of the customers stated that they would recommend Gönen Thermal Company. When the distributions of the customers’ opinions on the treatment in the thermal waters were analysed, 75.5% stated that medical treatment was an alternative treatment. When the opinions on the level of importance of the curing services applied in the thermal company of the customers are examined; 72.8% of the patients were in the thermal pool, 69.7% in the bath thermal bath room, 32.2% in the underwater massage-Jacuzzi, 58.6% in the physiotherapy

unit, 32.5% 49.4% of the massage unit, 34.4% of the paraffin unit, 80% of the medical examination room, 56.4% of the ECG, 82.2% of the emergency room, 71% of the gym room, , 9% in ambulance, 84% in personnel experience, 85,3% in adequate number of health personnel and 93,1% in units were found to be very important in cleaning and hygiene.

Consequences of the Relationship between the Treatment of Customers in the Thermal Operation and their Socio-Demographic Characteristics

When the research data is examined; It was determined that there was a statistically significant relationship between only the marital status of the customers and the opinions about the importance level of the thermal pool services applied in the thermal operation of the customers who benefited from Gönen Thermal Operations ($p=0,00<0,05$). It has been determined that thermal pool services are much more important for married participants. There is a statistically significant relationship between the views on the level of importance of the bathtub thermal pool services applied in the customers' thermal company and only the total monthly incomes of the customers ($p=0,01<0,05$). It has been determined that the services of the thermal bath room with bathtub are very important for participants with a fee of 1500 TRY or less. It was determined that there was a statistically significant relationship between the opinions of the importance level of the underwater massage-hot tub services provided in the customers' thermal company and only the total monthly incomes of the customers ($p=0,05=0,05$). For participants with revenue of 1000 TRY or less, underwater massage- hot tub services are very important. The perceptions of the importance level of the drinking cure services applied in the thermal company of the customers were found to be significantly higher in the marital status of the customers ($p = 0,03 <0,05$), education levels ($p = 0,00 <0,05$) and total monthly incomes ($p = <0,05$) was found to be statistically significant. According to these results; it has been determined that drinking curing services for married customers are unimportant, as education levels increase and total monthly income increases, drinking curing services are considered to be insignificant. A statistically significant relationship was found between the opinions of the importance of the physical treatment unit services implemented in the customers' thermal company and only the total monthly incomes of the customers ($p = 0,01 <0,05$). It has been determined that the services of the physical therapy unit are very important for the attendees with revenue of 1000 TRY or less. There is a statistically significant relationship between gender ($p = 0,02 <0,05$) and occupation ($p = 0,02 <0,05$) of the opinions of the importance level of the gymnastic services applied in the thermal operation of the customers. Participants who are female participants and self-employed are determined that gymnasium services are very important. A statistically significant relationship was found between the views on the importance level of the massage unit services applied in the customers' thermal company and only the total monthly incomes of the customers ($p=0,01<0,05$). It has been determined that the services of the massage unit are very important for the attendees who pay 1000

TRY or less and 2500 TRY or more. A statistically significant relationship was found between the opinions about the importance level of the skin care unit services applied in the thermal operation of the customers and the education levels of the customers ($p = 0,01 < 0,05$) and total monthly incomes ($p = 0,00 < 0,05$). It has been determined that the services of the skin care unit are insignificant for participants who have primary education and associate degree, undergraduate and graduate degree and who earn more than 2000 TRY. The marital status of customers ($p = 0,00 < 0,05$), education levels ($p = 0,02 < 0,05$) and total monthly incomes ($p = 0,00 < 0,05$) was found to be statistically significant. Customers who are single-minded at paraffin unit services are very important, while married customers are unimportant. It has been determined that paraffin unit services are insignificant for participants with a degree of undergraduate, undergraduate and graduate degree and with an income of more than 1500 TRY. In terms of the importance level of the doctor services performed in the thermal company of the customers, the age groups of the customers ($p = 0,02 < 0,05$), marital status ($p = 0,00 < 0,05$), occupations ($p = 0,04 < 0,05$) and total monthly incomes ($p = 0,04 < 0,05$) were found to be statistically significant. Participants who are 71 years of age or older, single, retired and earning 2000 TRY or more are very important to the doctor's examination room services. It was found that there was a statistically significant relationship between the marital status of the customers ($p = 0,00 < 0,05$) and occupations ($p = 0,03 < 0,05$) with the opinions about the importance level of the laboratory services applied in the thermal operation of the customers. Participants who are married and retired from laboratory services think they are important. It was determined that there was a statistically significant relationship between the opinions of the importance of the services of the X-ray unit services applied in the thermal company of the customers and the marital status of the customers ($p = 0,00 < 0,05$) and occupations ($p = 0,01 < 0,05$). The services of the X-ray unit are uncommon and participants who retire consider it very important. The patients' age groups ($p = 0,02 < 0,05$), marital status ($p = 0,00 < 0,05$) and occupations ($p = 0,01 < 0,05$) was found to be statistically significant. Participants who are 71 years of age or older, single and retired think that ECG services are very important. It was found that there was a statistically significant relationship between only the age groups of the customers and the opinions about the importance level of the emergency intervention services applied in the thermal company of the customers ($p = 0,00 < 0,05$). Participants who are 71 years of age or older are considered to be very important in the emergency room. The gender ($p = 0,05 = 0,05$), age groups ($p = 0,00 < 0,05$), occupations ($p = 0,01 < 0,05$) were found to be statistically significant in terms of the importance level of the ambulance services applied in the thermal operation of the customers.) and total monthly incomes ($p = 0,00 < 0,05$) were found to be statistically significant. They think that the ambulance services are very important for women, aged 71 and over, married, retired and total monthly income 2500 TRY and more. It was found that there was a statistically significant relationship between the customer's perceptions of the importance level of the staff experience in the thermal operation of the customers

and the age groups of the customers ($p = 0,02 < 0,05$) and total monthly incomes ($p = 0,00 < 0,05$). Participants who are 71 years of age or older and total monthly income of 1500 TRY or less are very important. Gender ($0,04 < 0,05$) age groups ($p = 0,01 < 0,05$), marital status ($p = 0,04 < 0,05$) were found to be statistically significant with respect to the level of importance of having sufficient number of personnel in thermal operation of customers. , professions ($p = 0,02 < 0,05$) and total monthly incomes ($p = 0,00 < 0,05$) were found to be statistically significant. Participants with a sufficient number of staff think that women, aged 71 and over, single, self-employed and total monthly income of 1000 TRY or less are very important. It was determined that there was no statistically significant relationship between the opinions of the customers regarding the level of importance of cleaning and hygiene and the socio demographic characteristics of the customers in the thermal company of the customers.

When the Satisfaction levels of the health services in Gönen Thermal Company of the surveyed customers are examined; 60%, and 6 (218 people) were satisfied. When the relationship between customer satisfaction levels of health services and socio-demographic characteristics is examined, it was found that there was a significant relationship between the marital status of the customers ($p = 0,03 < 0,05$) and total monthly incomes ($p = 0,00 < 0,05$). Participants who were married were found to be more satisfied with the health services than those in the thermal sector, compared to those who were single and those with a total monthly income of 1000 TRY or less. A statistically significant relationship was found between the opinions of the customers regarding the quality of health care services and their socio-demographic characteristics only between total monthly incomes ($p = 0,02 < 0,05$). Customers with a total monthly income of 1500 TRY or more think that the quality of health services in thermal operation is good.

Discussion and Conclusion

80% of those surveyed are over 50 years old. The majority of the participants were 55 years old in the thesis study of Yıldırım "Customer loyalty and research in thermal tourism enterprises" in 2005 (5). More than half of the participants (59.4%) were females. This result is among the majority of those who prefer to operate in the study of Sandıkçı health expectations and customer satisfaction level in the thermal tourism enterprises operating in the Aegean Region in 2008 (6). The majority of the customers (41.7%) are primary school graduates. Almost half of the customers have been identified as primary and junior high school graduates in thesis study of Yıldırım titled "Customer loyalty and research in thermal tourism enterprises" in 2005 and Kırkbir's (2007) study in order to determine the importance of customer loyalty in Turkey (5, 7). In the study of Kılıç and Eleren in thermal enterprises in Afyonkarahisar in 2010, the majority of the students were high school graduates (8). The majority of the respondents (38.1%) were retired. This result is similar to the study results of Yıldırım (2005) (5). In the study of Kırkbir (2007), the majority of the customers are housewives (7).

According to the survey results, the majority of the customers were found to have a total monthly income of less than or equal to 1500 TRY. Parallel to this result, the same findings were obtained in the study of Çontu (2006) (3). Again in the studies of Kırkbir (2007) and Yıldırım (2005), the majority of the income is determined at 1000 TRY and below (5, 7). Despite the fact that one third of the customers were the second to arrive in this study, the majority of the customers in Kırkbir (2007) In Yıldırım (2005) study, half of the students were found to be 5th grade and more (5, 7). The duration of the customers' stay in the thermal operation of close to half is between 10-13 days. This result is similar to the results of Yıldırım (2005) (5). In the study of Kırkbir (2007) and Kılıç and Eleren (2010); the majority of stay days are 3 days (7, 8). Three quarters of the customers have come to the thermal operation with family members. This result is similar to the results of Yıldırım (2005) (5). Three quarters of the customers came to the thermal management for treatment. Similar to these objectives, they have come to the thermal operation of majority of the customers in the study of Yıldırım (2005), Çontu (2006), Kırkbir (2007) and Kılıç and Eleren (2010) (3, 5, 7, 8). In the study of Sandıkçı (2008), most of them were resting, and the later arrivals were for treatment purposes (6). They stated that they came with the recommendation of their friends for the thermal company of the majority of the customers coming for treatment purposes. Yıldırım (2005), Kırkbir (2007) and Sandıkçı (2008) also found that the majority of the customers recommended their neighbours and friends (6,5,7). When we list the diseases causing the customers who come to the thermal company for treatment, we have determined that there are joints and rheumatism first, followed by walking difficulty, waist, neck problem, calcification, muscle hardening etc., skin diseases, gynaecological diseases, gastric disturbance and kidney disease. Kırkbir (2007) is also one of the primary diseases that cause customers to prefer thermal company to joint and rheumatic disease (7). Very few of the customers have faced the problem while the majority of those who have encountered the problem have been responded graciously. Similar to this result, very few people have encountered the problem in the study of Çelik (2009), but found that the majority of the problem is not solved satisfactorily (9). The majority of customers think that there are sufficient numbers of health personnel in the thermal establishment and that the staff has sufficient knowledge. Findings obtained in the study of Kırkbir (2007) are similar (7). Most of the customers stated that they would prefer to use the thermal operation again and that they would recommend it to someone close to it. These results are parallel to the results of Yıldırım (2005) and Çelik (2009) (9,5). The cure services available at the customer's thermal company include the thermal pool, the thermal bath room with bathtub, the underwater massage room, the physiotherapy unit, the gymnasium, the massage unit, the paraffin unit, the emergency room of the doctor's examination room, the laboratory, the X- it has been determined that the number and experience of the health personnel and cleaning and hygiene are very important in the units. According to the study results of the Sandıkçı (2008); the vast majority of customers have stated that the services offered at the cure centres are considered very important (6). The vast majority of customers are satisfied

with the health services in the thermal operation and are very pleased that half of the customers think that the quality of the health services in the thermal operation is good and the fourth is very good. The number of people who think quality is bad is very small. The results are similar to those of Kırbir (2007) and Çelik (2009). While the customers' perception of the quality of health services in terms of their thermal company is not statistically significant between their genders, age groups, marital status, education, professions, customers who are over 1500 TRY think that the quality of health services in thermal company is good (9,7).

Suggestions

As friends of people coming to thermal companies for treatment purposes recommend the thermal company for the majority of the customers, it is necessary to perform special studies in order to introduce the thermal companies to public, to further develop the services relating to physical treatment and rheumatologic complaints since the expectations relating to health services are high, to take measures before experiencing problems by determining the problems encountered for smooth service although number of customers experiencing problems is so low, to provide in-house trainings relating to update of information to personnel occupied in thermal companies, to increase the field studies in order to increase the customer satisfaction, to increase the promotion studies in order to improve the demand since the demand in winter months is so low, to perform this study materialized in Gönen Thermal Company also in other thermal companies and therefore to determine the profile and expectations of all customers benefiting from the thermal companies.

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Summary

THE CUSTOMER PROFILE AND HEALTH EXPECTATIONS IN THE THERMAL HEALTH ENTERPRISES: A FIELD STUDY

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Turkey possesses significant thermal tourism potential with current natural wealth and physical capacity. It is very important to determine the expectations and satisfactions of persons in order to make inferences to contribute the health furnishing and thermal tourism and to use this potential efficiently and effectively. Research is conducted in a definitive type for the purpose of determining the customer profile and health expectations of persons applying to Thermal Gönen Company. No population selection is made and the study was conducted with 360 voluntary participants applying to Gönen Thermal Company between the dates of 01.05.2016 and 30.06.2016. Data were collected with questionnaire form comprised of 23 questions to determine opinions of customers relating to health service at thermal facilities and the socio-demographical characteristics that are developed by researcher by using the literature. Frequency, percentage, chi-square statistic test techniques were used for the analysis of research. As a result of the research; it is determined that the majority of customers attending to research is between 61-70 years old, women, primary school graduates, retired, married and having total monthly income of 1500 TRY and below. One third of the customers have applied to thermal company for the first time and their remaining time in the company varies between 10-13 days. Three fourth of the customers arrive to the facility for treatment purposes. Health problems causing customers to make applications are rheumatism, neck-waist problem, calcification and walking difficulty. Research has set forth that customers consider the cure service provided at thermal facility is important and their expectations relating to provision of their treatment together with medical treatment.

Keywords: Thermal health facility, health tourism, Gönen Thermal Company, tourism potential, physical capacity

HASTANE YAPILARINDA TRANSPARAN CEPHE SİSTEMİ VE AKILLI CAM UYGULAMA

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1.GİRİÇ

Günümüzde dikkat etmemiz gereken en önemli konulardan birisi, insanların canının ve malının güven içinde kalmasını sağlayan yapıların yapılmasıdır. Bu binalar statik yüklerin yanında dinamik yükleri de emniyetli bir şekilde taşımak zorundadır. Bu noktadan hareketle baktığımız zaman, yapı tasarımlarının önemi ortaya çıkmaktadır.

Bununla birlikte yapı tasarımı yapılırken, yapının fonksiyonlarına uygun olarak verimli ve sağlıklı ortamlar yaratması da zorunlu olmaktadır. Mimari tasarımda modern düşüncenin ve teknolojinin gelişmesi neticesinde birçok materyalin yapı malzemesi olarak kullanılmasına olanak doğmuştur. Son yıllarda mimarlar özellikle gün ışığından yararlanmak, çeffaf yüzeyler elde etmek, yapı estetiği sağlamak için cephelerde ve tavanlarda cam strüktürler kullanmaya başlamışlardır. Ayrıca, cam üretimindeki teknolojinin gelişimine bağlı olarak akıllı cam uygulamaları yapılarda kullanılmaya başlamıştır. Bu bağlamda hastane yapılarında bu tarz sistemlerin kullanılmasının sağlayacağı yararlar anlatılmıştır.

2 HASTANE YAPILARI

Hastaneler, sağlık hizmetlerinde en verimli koşulların yaratıldığı, hizmet alanlara ve çalışanlara en iyi konforu sağlayacak şekilde dizayn edilmiş, çevre dostu, enerji tasarrufu sağlayan, en yeni teknolojileri kullanıldığı yeçli bina konseptine uygun yapılar şeklinde tasarlanmalıdır. Doğal afetlerin yaşandığı durumlarda bile eksiksiz hizmet vermeleri gerekmektedir. Deprem, yangın, sel gibi durumlarda hizmet kalitesinin aynı şekilde sürdürülebilmesi son derece önemlidir. Sağlık hizmetleri kapsamında, sürekli bir döngü içerisinde dinamik bir yapıya sahip olan hastanelerde, yapı cephe sistemleri ve hastane içerisinde kullanılan yapı malzemeleri, bu amaçlara uygun olarak seçilmelidir.

21. Hastane Yapılarında Yeçil Bina Kavramı

Literatürde yapılan çalıřmalara bakıldıđı zaman, yeni teknolojinin olanaklarından yararlanılarak, çevrelerine dost olan ve sürdürülebilirliđi destekleyen yapılar, Yeçil Binalar olarak adlandırılmaktadır.

Amerikan Yeçil Binalar Derneđi (USGBC), LEED yeçil bina sertifika programı ile ‘yeçil bina’ kavramına herkes tarafından kabul edilen bir tanım getirmiç ve böylece binaların sürdürülebilirlik seviyelerini derecelendirmeye baçlamıřtır. Yeçil bina “daha iyi yerleçim, tasarım, inçaat, içletme ve bakım yöntemleri yoluyla, insan sađlıđı ve çevre üzerindeki olumsuz etkileri en aza indirilmiç binalardır. Sađlıkta yeçil inovasyon uygulamalarının Türkiye’de İstanbul Florance Nightingale Hastanesi, Medistate Kavacık Hastanesi, VKV Amerikan Hastanesi örnek olarak gösterilebilir [1].

LEED sertifikalı yeçil hastanelerde sađlanan enerji tasarrufu, özellikle hastaneleri gereksiz maliyetlerden korumakta ve çevreye verilecek zararı minimize etmektedir.

Tablo 1. Yeçil Binalarla Yeçil Olmayan Binaların Karçılaçtırılması[1]

Bina Tipi	Yeçil Binalar	Yeçil Olmayan Binalar
Enerji tüketimi	Düçük	Yüksek
Bina içi çevre kalitesi	Çok iyi	İyi
Emisyonlar	Düçük	Yüksek
Atık yönetimi	Yüksek düzeyde verimli	Verimli
Bina materyalleri	Çevreye dost	Çevreye dost deđil
Proje uygulamaları	Karmaçık	Normal
Uygulanabilirlik	Eçik deđerden % 5 fazla	Eçik deđerde

22. Hastane Yapılarında Transparan Cephe Sistemleri

Transparan cephe, dıç kabuđun tamamen saydam bir cephe olmasını sađlamaktadır. Transparan cephe sistemi uygulanması kısaca, Taçyıcısı öngerilmeli kablo sistemlerden oluçan asma cam sistemleri(SGSPCT - suspended glass systems with prestressed cable truss)olarak tanımlanmaktadır [2]. Transparan cephe kavramı dilimize İngilizce “Transparent Wall” tanımlamasından geçmiřtir. Bu tip cephe sistemleri, noktasal bađlantı elemanlarıyla birleçmiç cam yüzeylerin belirli bir taçyıcı sisteme bađlanması ve oluçan sistemin yüklerini yapının strüktür sistemine aktarması vasıtasıyla çalıřırlar [3].

Hastane yapıları için, yangına, kırılmaya, patlamaya, darbelere karçı dayanıklı lamine camlar kullanılmaktadır.

2.2.1. SGSPCT Sistemi

Taçyıcısı kablo sistemlerden oluçan saydam giydirme cepheler;

- Yatay kablo sistemleri
- Düçey kablo sistemleri

Kablo kiriş sistemde giydirmeye cephe,yatay veya düşey yönde kurgulanan kablo payandalarla desteklenebilmektedir. Kablo payanda sistemi parabol çeklinde iki ana kablodan oluşur. Bu kablolar çeşitli çaplarda olabilirler. Bunlar germe ve bağlama için germe donanımı ve çatal uçlarla iki yanda yer alan taşıyıcı kolonlara desteklenir veya yan duvarlara ankre edilebilir. Kablo kirişler ana çerçevenin içine yatay yerleştirilirler. Kablo payanda içindeki destekler camı, kablo payandaya göre olması gereken yerde tutarlar [3].

2.2.2. SGSPCT Sisteminde Kullanılan Malzemeler

- Cam
- Lamine cam
- Tension Cables
- Spider
- Strut

2.2.3. Cephe kullanılan Lamine Camın Özellikleri

Literatürde yapılan tanımlamalara bakıldığında,güvenlik amacıyla üretilen bu camlar, iki veya daha fazla katmanın aralarında polivinil bütiral (PVB) veya benzeri bir plastik malzeme ile bir araya getirilmesiyle üretilmektedir. Amacına göre, farklı kalınlıklardaki camların, bağlama malzemeleriyle bir araya getirilmesi ile çeşitli lamine camlar üretilebilmektedir. Kırılmaya, patlamaya, darbelere karşı dayanıklı, çeşitli düzeylerde performans gösteren lamine camlar üretilebilmektedir. İç katmanda bir dizi farklı malzeme kullanılabilir; bunlar saydam, renkli, dokulu film tabakaları olabileceği gibi ısı yalıtımlı, UV filtreli veya yansıtıcı film tabakaları da olabilmektedir. Özellikle yangına karşı tedbirlerin alınması yönünde büyük önem taşıyan hastane yapılarında, yangına karşı dayanım gösteren Lamine camların kullanılması gerekmektedir. Yangına dayanıklı Lamine Camlar, tabakaları arasında ızgara biçiminde metal alaçımli tellerin yerleştirilip, ısıyla birleştirilmesi sonucu elde edilmektedir [4]. Bu tip camların kullanılması, olası bir yangın durumunda, yangının bölümler arasında yayılma hızını yavaşlatmakta ve yangın yayılmadan müdahale etme çansı yaratmaktadır.

3. AKILLI CAM UYGULAMASI

Akıllı cam olarak adlandırılan cam, güneğin farklı dalga boylarındaki ışınlarını geçirmektedir. Hastane yapısında bulunan pencerelerde kullanılan akıllı camlar, dış ortamdan gelen ışık, elektrik akımı, sıcaklık, elektrik alanı gibi uyarılar karşısında, geri dönüşümü olacak şekilde renk ve saydamlıklarını değiştirir. Bunun sonucu olarak

da ıçık geirgenlikleri deęiřir. Akıllı camlar, camlı yzeylerin mevsim artlarına uyum saęlama yetenegine sahip, dinamik filtreler olarak grev yapar [5].

Ayrıca hastane yapısı ierisinde yoğun bakım kısmı ve radyasyon yayma riski olan blmlerde akıllı cam uygulaması yapıldığı zaman, ierisi ile dıřarısı arasındaki iletiřim ve mahremiyet iliřkisinde riski minimuma inmekte ve maksimum hijyen saęlanmaktadır.

İki gruba ayrılmaktadırlar;

- Pasif kontroll camlar: Fotokromik ve termokromik camlar
- Aktif kontroll camlar: Elektrokromik camlar

Elektrokromik camlar zellikle yksek performanslı bina uygulamalarında kullanıcı konforu ve enerji etkinlik aısından dięer akıllı cam teknolojilerine gre daha yksek potansiyele sahiptir.

Bu alanda yapılan alıřmlara gre Elektrokromik camlar (EC) voltaj 0 olduęunda kapalı yani tmyle berrak durumdadırlar. Uygulanan voltajın ykselmesi ile EC cam sisteminin geirgenliği azalmakta ve renkli konuma gemektedir. Bu camlara ‘ayarlanabilir camlar’ (switchable glazing) da denilmektedir [6].

4. SONU

Transparan cephe kaplama sistemi ve akıllı cam uygulaması, yeil bina konseptine uygun yapılar yapılmasına katkı saęlamaktadır. Gne ve evre artlarından en faydalı biimde yararlanma olanagı yaratmakta ve enerji tasarrufu saęlamaktadır. Saydam cepheler daha ferah ve konforlu alıřma ortamları oluřturmaktadır. Bina cephelerinde, pencerelerde ve i blmelerde yangına dayanıklı camların kullanılması, yangın gvenliğini artırmaktadır. Akıllı cam uygulaması, zellięi itibarı ile hastane ierisinde girilmesi sakıncalı olan blmlerde riski minimuma indirmekte ve maximum hijyeni saęlamaktadır.

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ФАКТОРЫ ВЛИЯНИЯ НА МОТИВАЦИЮ МЕДИЦИНСКИХ РАБОТНИКОВ

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1. Введение

Мотивация, побуждающая человека на действие, формируется под влиянием различных внутренних и внешних факторов. На мотивацию влияют, с одной стороны, внутренняя структура и потребности человека, и, с другой стороны, запросы и давление его окружения, равно как и вознаграждение. Постепенное осложнение рабочей и общественной жизни затрудняет концентрацию внимания работников на работе и демонстрацию ожидаемой от них производительности. Медицинские услуги являются видом услуг, где качество обслуживания, требующее предельную внимательность и аккуратность, напрямую влияет на жизнь человека. Следовательно, высокая мотивация работников здравоохранения имеет большое значение, как для безопасности человеческой жизни, так и для высокой производительности.

Внутренняя мотивация означает настрой человека на достижение определённой цели. Внешняя мотивация означает обеспечение действия человека на основе различных влияний. Внутренняя и внешняя мотивации действительны для всех людей, в том числе и для работников разных сфер. Для действия в согласии с целями и задачами предприятия работники нуждаются в мотивации. Это положение, действительное для всех предприятий, действительно и для медицинских предприятий. Можно сказать, что специфика работы в системе здравоохранения, выраженная в тревожности, сложности и риске, требует большей мотивации работников. Обеспечение такой мотивации возможно через удовлетворение запросов и ожиданий работников (Джабар и Серинкан, 2010: 58).

Человеческая жизнь является вопросом, требующим предельного внимания и не признающим ошибки. Следовательно, для того чтобы работники здравоохранения, которые заняты в сфере медицинских услуг, делали свою работу с удовольствием, они должны быть должным образом мотивированы (Кылыч и Кеклик, 2012: 148).

Успех организаций здравоохранения, осуществляющих одну из самых необходимых и важных услуг для общества, зависит от желания и эффективности работников. Желание работников работать и показывать нужную эффективность представляется возможным наличием у них мотивации. Существует множество факторов, которые влияют на мотивацию работников здравоохранения (Доганлы и Демирджи, 2014: 48).

Многие факторы, такие как физические условия, экономические и социальные возможности работы, вопросы, связанные с руководством, отношения в рабочей среде, распределение задач и обязанностей, влияют на мотивацию работников здравоохранения. (Сойкенар, 2008: 116). На мотивацию работников здравоохранения так же влияют финансовые возможности, предоставляемые работой, чувство помощи и безопасности, потребность в развитии и привязанность к предприятию (Джабар и Серинкан, 2010: 63). Удовлетворение, полученное от исполнения ожиданий, так же мотивирует медицинских работников. В особенности, оправдание ожиданий даёт работникам чувство свободы и сильно влияет на их мотивацию (Кылыч и Кеклик, 2012: 157). Были проведены исследования, которые показали влияние управленческих факторов, коллективной работы и соответствия работе на мотивацию работников. Кроме того, имидж профессии и физические возможности влияют на мотивацию работников (Доганлы и Демирджи, 2014: 55-58). На примере медицинских секретарей показано, как социальные и психологические факторы имеют большое влияние на мотивацию (Кючюклер и Мерген, 2015: 310). Кроме того, исследования показывают (Сойкенар, 2008: 117; Доганлы и Демирджи, 2014: 59), что такие демографические факторы как возраст, пол, семейное положение, уровень образования, уровень дохода и профессиональный стаж так же влияют на мотивации работников здравоохранения.

2. ПОНЯТИЕ МОТИВАЦИИ

2.1. Мотивация и её значение

Понятие мотивации, которое означает «побуждение людей в соответствии с их ожиданиями, желаниями и целями и поощрение к действию» (Каракёсе и Карабаш, 2006: 4), является производным от корня «мот» (побуждать к действию) в западных языках. Оно так же означает «обладать необходимой энергией для выполнения желаемого или ожидаемого поведения» (Аргон и Эрпорк, 2013: 161; Гёмлексиз и Серхалпыоглу, 2013: 101). Онлайн словарь турецкого языка на официальной веб-странице Общества турецкого языка даёт следующее значение слова «мотивация»: слово «мотивация» является заимствованным французским словом, означающим «побуждение к действию, мотивированность, мотивирование» (ТДК онлайн словарь). Мотивы представляют основную движущую силу, побуждающую людей как к запланированному, так и незапланированному действию. В литературе по данному вопросу некоторые такие мотивы как голод и жажда рассматриваются как мотивы, вызванные физиологическими потребностями, а другие, как мотивы, сформированные желаниями человека. Основной функцией мотивов является порождение в человеке желания действовать для удовлетворения потребностей, определяемых как нужда. Мотивация является приведением в действие этого фактора, лежащего в основе человеческого поведения и деятельности (Унлю, 2013: 3-4).

Мотивация, будучи важной концепцией во всех сферах жизни, так же считается важным понятием в трудовой жизни и повышении производительности работников. Потому что исследования показывают, что мотивация является одним из основных факторов, влияющих на производительность персонала. У мотивированных работников наблюдается более высокая производительность и эффективность (Орюджу и Канбур, 2008: 89). Следовательно, для предприятий крайне важно мотивировать работников в соответствии с организационными целями (Озген, 2003: 107; Тунчер, 2013: 91).

Связь срока действия и характера поведения и действий человека с силой внутренних мотивов (Марсден и другие, 2014: 276) показывает потребность работников в мотивации для стабильности их производительности и эффективности. Вместе с процессом глобализации претерпели изменения и рабочие взаимоотношения, и организационный климат. Вместе с этими изменениями изменилось и понимание предприятиями понятия человеческих ресурсов. Привлечение мотивированных работников с современными знаниями и техническими навыками стало важным инструментом в конкуренции предприятий (Демиркая, 2007: 16).

Вместе с изменениями в обществе меняются общественная и деловая сферы жизнедеятельности, технологии, социально-культурная структура и многое другое в жизни людей. В процессе этих изменений неизменно меняются потребности, желания и ожидания людей. Следовательно, обеспечение мотивации через удовлетворение постепенно усложняющихся человеческих потребностей и ожиданий становится все более сложным и трудным процессом. Наиболее приемлемым способом эффективного использования потенциала работников в новом обществе и трудовой среде, где знания занимают ключевое место, является их мотивация (Озер, Озмен и Саатчиоглу, 2004: 254-255).

2.2. Факторы, влияющие на мотивацию

Можно привести множество факторов и инструментов мотивации людей. Факторы, которые мотивируют работников, можно рассматривать в четырёх категориях: экономические инструменты, психосоциальные инструменты, социальные инструменты и организационные инструменты. Такие элементы как заработная плата или оклад образуют экономические инструменты, а такие абстрактные элементы как независимость и авторитет образуют психосоциальные инструменты. Такие инструменты мотивации как принадлежность к определённому кругу и взаимодействие с другими образуют социальные инструменты, а такие элементы как участие в процессе принятия организационных решений и дружба с коллегами образуют организационные инструменты (Кылыч и Кеклик, 2012: 149; Доганлы и Демирджи, 2014: 49).

Инструменты мотивации, с точки зрения персонала, рассматриваются как индивидуальные и организационные факторы. Такие факторы как рабочая среда, связанная с организационным климатом, подход организации к работнику, отношение руководства образуют организационные факторы, а такие факторы как ожидания работника от работы, личные качества, возраст, пол, культурные ценности образуют индивидуальные факторы мотивации (Каракая и Ай, 2007: 57).

Среди факторов мотивации работников факторы психосоциальной мотивации, связанной с внутренним миром человека, во многих отношениях отличаются от других факторов. Потому что внутренний мир личности одновременно формирует его суждение о ценностях и руководит восприятием человеком внешнего мира (Оруджу и Канбур, 2008: 87). С другой стороны, невозможно увидеть снаружи факторы психологической мотивации, которые формируются индивидуально для человека. Значительная часть из них является врождённой, но часть формируется через обучение (Каплан, 2007: 7).

2.3. Типы мотивации

Обычно мотивация людей делится на внутреннюю мотивацию и внешнюю мотивацию и рассматривается по этому различию. Согласно делению на внутреннюю и внешнюю мотивации, инструменты внутренней мотивации образуют инструменты мотивации, вытекающие из его собственного внутреннего мира, а инструменты внешней мотивации образуются из окружающих условий, которые влияют на его мотивацию. Джабар и Серинкан (2010: 58), объясняя теоретические подходы к мотивации, мотивацию, созданную такими внутренними мотивами как любопытство и потребности, называют внутренней мотивацией, а мотивацию, созданную такими внешними факторами как вознаграждение и давление, определяют как внешнюю мотивацию. Так же у человека бывают ситуации, когда у него не наблюдается какой-либо мотивации, и такая ситуация называется отсутствием мотивации (Райан и Деси, 2000: 62; Эргюн, 2006: 139).

2.3.1. Внутренняя мотивация

Мотивация людей внутренними, а не внешними факторами, определяется как внутренняя мотивация. Такие факторы, как радость, веселье и волнение, идущие из внутреннего мира и сформированные врождёнными свойствами человека, выступают как основные источники внутренней мотивации (Кара, 2008: 64-65). Помимо этого такие факторы, присущие каждому человеку и меняющиеся от человека к человеку, как стремление к учёбе, любопытство, желание самосовершенствования и становления самостоятельным, считаются одними из основных источников внутренней мотивации (Акбаба, 2006: 354). Элементы в основе внутренней мотивации не относятся к внешней среде как во внешней мотивации, а связаны с внутренним миром человека. Поэтому в центре внутренней мотивации находятся особенности личности и характер человека. Ввиду того, что внутренняя мотивация человека определяется его внутренним миром, мотивация управляется самим человеком, а не внешней средой (Языджи, 2009: 37). Из-за того, что внутренняя мотивация человека формируется его внутренним миром и потенциалом, она способна так же влиять на уровень его навыков и изобретательности (Йылмаз и Чаваш, 2007: 431).

2.3.2. Внешняя мотивация

Внутренняя мотивация определяется как мотивация, образованная внутренним миром человека, а внешняя мотивация – как мотивация, образованная факторами окружающей среды, вне человека. Из-за того, что внешняя мотивация образована давлением окружающей среды без учёта положения и потребностей внутреннего мира человека, она обычно создаёт конфликт и дискомфорт во внутреннем мире человека. Брофи (2004: 184) разъясняет это как действие в соответствии с внешним давлением, ибо у человека нет возможности сопротивляться этому и то, что сделано под внешним давлением, не имеет для него большого значения. Эргюн (2006: 138-139) отмечает потребность во внешнем стимуле для побуждения человека к действию. Такие внешние стимуляторы как награда и наказание являются наиболее заметными источниками внешней мотивации.

Признание человеком внешних стимуляторов, которые создают конфликт между внешним и внутренним мирами человека, и извлечение из этой ситуации мотивации в литературе рассматривается в рамках сохранения человеком самоуважения. В этой связи подход Райана и Деси (2000: 62) можно выразить как изменение внешнего давления внутренней реорганизацией с целью сохранения самоуважения человека. Человек таким образом проводит реорганизацию, приводит внешнее давление в приемлемое для него состояние и действует соответствующим образом.

3. ФАКТОРЫ ВЛИЯНИЯ НА МОТИВАЦИЮ МЕДИЦИНСКИХ РАБОТНИКОВ

3.1. Мотивация работников здравоохранения и её значение

Здравоохранение является одним из самых основных услуг, в которых нуждаются все общества, и которое должно предлагаться в соответствии с новыми технологиями и научными разработками. С другой стороны, из-за того, что услуги здравоохранения являются трудоёмкими услугами и для удовлетворения ожиданий от здравоохранения производительность и эффективность работников становится очень важным вопросом (Джабар и Серинкан, 2010: 57). С точки зрения трудовой жизни, мотивация является побуждением работников к действию согласно организационным целям, и показу соответствующего поведения в согласии с задачами организации. В последние годы, когда технология меняется очень быстро, профессиональная сфера и общественная жизнь тоже стремительно меняются и в рыночной конкуренции возрастает значение работников. По этой причине растёт важность мотивации работников особенно в трудоёмких секторах. Ввиду того, что предлагаемые медицинские услуги в большой степени напрямую связаны с медицинскими работниками, мотивация работников в области здравоохранения становится более важным вопросом, чем в других секторах (Сойкенар, 2008: 111).

3.2. Факторы, влияющие на мотивацию работников здравоохранения

Услуги здравоохранения являются услугами, направленными непосредственно на жизнь человека и содержат в себе свои уникальные проблемы и риски (Кылыч и Кеклик, 2012: 157). Такие отрицательные факторы как профессиональные риски и монотонность в работе негативно влияют на мотивацию работников здравоохранения. Так же такие факторы как предоставляемые учреждением здравоохранения

возможности для саморазвития, профессионального развития, физические условия рабочей среды и рабочий транспорт (особенно служебный автобус для развоза работников по домам), социальные услуги, трудовые и личные отношения, плата, награды и благодарности, отношение руководителей и другие управленческие факторы, включение работников в процесс принятия решений, связанных с работой, справедливое распределение полномочий и ответственности сказываются на мотивации работников (Сойкенар, 2008: 111-116).

В обеспечении медицинских услуг профессия медицинской сестры и сами медсестры занимают особое место. Потому что медсестры являются медицинским персоналом, который дольше всех проводит время с больными и принимает непосредственное участие в удовлетворении многих их потребностей. Следовательно, для предложения и осуществления услуг в области здравоохранения на ожидаемом уровне мотивация медсестёр имеет огромное значение. Согласно одному исследованию по этой теме, основными мотивирующими факторами для медсестёр являются, в порядке следования, деньги, знания, сила и оказание помощи, успех и сила, и самоуважение. Кроме того, хоть на низком уровне, но на мотивацию медсестёр влияют и такие факторы как чувство ответственности, изобретательность, потребность в безопасности, желание развития и прогресса, чувство преданности организации (Джабар и Серинкан, 2010: 62-63). Другая работа на тему профессиональной мотивации медсестёр так же указывает на важность чувства удовлетворённости работой и выполнения работы с любовью. Статистический анализ результатов исследования показал семь факторов, обеспечивающих работу с любовью и мотивацию работников. Семь факторов, которые влияют на мотивацию работников, приводятся в порядке убывания важности: ожидание от руководства, гармония на рабочем месте и коллективная работа, профессиональные эмоциональные ожидания, профессиональные ожидания, имидж профессии, физические условия и вознаграждение (Доғанлы и Демрджі, 2014: 55-58).

Кроме врачей и медсестёр, в области здравоохранения работают и такие представители разных профессий как медицинский секретарь, лаборант и техник. Следовательно, для осуществления медицинских услуг вместе с врачами и медсестрами должны быть мотивированы и другие работники. Согласно результатам исследования, которое изучает факторы мотивации медицинского секретаря, социально-психологические факторы имеют большее влияние на мотивацию, чем физические условия (Кючюклер и Мерген, 2015: 309-310). Мотивация работников здравоохранения показывает изменение в зависимости от возраста, пола, работы, профессионального опыта и стажа работы (Сойкенар, 2008: 116-117). Доғанлы и Демірджі, (2014: 59) в своём исследовании показали, что демографические факторы влияют на мотивацию. Отмечается, что в особенности у семейных работников с послевузовским образованием, большим профессиональным опытом, работающих в дневное время, высоким уровнем дохода мотивация намного выше и выполняют они свою работу с большей любовью, чем другие работники.

4. Выводы

Мотивация означает «побуждение человека к действию в зависимости от внутренних и внешних факторов человека». Изменения на разных рынках разных сфер за последние годы изменили отношение предприятий к работникам, и получение большей эффективности от них стало важным вопросом для организаций. Мотивация, будучи фактором, увеличивающим производительность и эффективность работников, исследовалась во многих исследованиях с целью определения её источников. Как факторы, имеющие наибольшее влияние на мотивацию, которые обычно рассматриваются в двух категориях (внутренние и внешние факторы), известны потребности и ожидания, экономические и социальные инструменты, психосоциальные инструменты, обращённые к внутреннему миру человека. Кроме того, с точки зрения рабочей среды, на мотивацию работников влияют и такие другие факторы как трудовые отношения, отношения с руководителями, предоставление экономических возможностей для сотрудников, награды и поощрения, физические условия рабочего места и их влияние на мотивацию работников.

Работники системы здравоохранения, которое по своей природе несёт жизненную важность для всех людей, должны обладать высокой мотивацией для работы с высокой производительностью и неубывающим желанием работать. По данным исследований, которые были проведены в этой области, многие такие факторы как экономические инструменты в виде оплаты труда, награды и поощрение, психосоциальные инструменты в виде благодарности и участие в принятии решений, и другие факторы, связанные с физическими условиями труда, рабочими отношениями и отношениями с руководителями влияют на мотивацию работников здравоохранения. С другой стороны, отмечается, что на мотивацию работников здравоохранения влияют и такие разные демографические переменные как возраст, пол, образование, стаж и семейное положение.

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Summary

THE FACTORS INFLUENCING MOTIVATION OF MEDICAL WORKERS

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Motivation is one of the main sources of power that is essential for individuals and institutions in general to reach their goals and be able to sustain their successes. Especially high motivation of the staff working in the service sector is very important for the institution.

Occupations and working environments cause reduces in motivation for hospital personnel, which affects quality and therefore the health institution in the negative direction. The aim of this study is to determine the motivation of the staff who are working in hospitals in terms of health institutions. Within this scope, the sample is determined as the XXX people in the city of XXX, and the data is acquired via the survey method. The collected data is interpreted by analyzing the SPSS 22 statistical program.

Keywords: motivation, healthcare personnel, health institution

FACTORS THAT AFFECT THE PREFERENCES AND PURCHASE BEHAVIORS OF CONSUMERS IN HEALTH TOURISM

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Literature review

According to the definition of World Health Organization, health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” According to another definition, it is the condition of “the balance between physical, biological and social environment of individuals and accord of state, movement and behaviors”. (<http://temel-saglik-hizmetleri-kavrami.nedir.org/>, Access Date: 02/03/2017)

Health Tourism can be defined in short as travels made with treatment purposes. In other words, health tourism is the type of tourism that provides contribution to the growth of health institutions and organizations according to international patient and disease potential together with people who require physical treatment and rehabilitation. (Health Tourism Guide, 2009; 22).

Health services are the services offered in order to improve the welfare and happiness level of the society by protecting, improving and ensuring the continuity of the physical, spiritual and social health of people (Kitapçı, 1999). The quality in health services shows the resources reserved for these services and to what extent offered services have accord to certain standards should be considered. In other words, the purpose sought with quality in health services is to increase the benefits and cost efficiency of health system. Thus, there is a process going from quality assurance system in health services to total quality management.

In addition to the qualities given by the condition that health services is a service, it has its own features. The dominance rate of these qualities is so high that it is difficult to mention the success of a marketing action plan that will be prepared and applied without considering the unique features of health service. These features may be explained as follows (www.saglikpazarlamasi.com.tr/saglikhizmetlerininozellikleri, Access Date: 03/03/2017)

-The meaning carried by the health service for the beneficiary is very different compared to others. As health services are services related to subjects that carry vital importance, there may be uncertainty and risk in the sense of consumers. Person or people who purchase service don't have sufficient information to comprehend and evaluate the technical quality of the service.

-Unconscious behaviors of the person getting the service may step in health service. For example, emergency patients, non-sane patients and children are example for this feature. Such groups don't make the decision to get service by themselves.

-Instead of marketing practice in health services, the validity and dominance of the own rules of the profession are present. These rules have been usually established with laws and studies of profession associations. Two preferences may be discussed in health services. One is hospital, other is doctor preference. The inability to evaluate the obtained service is in question in doctor preference. Thus, recommendations coming from the people like friends, relatives, close people establishing the social environment of a person purchasing the service can act as guide at this point.

-There are lots of external factors that cannot be kept under control while offering the service in health services. These external factors have direct impact on the service quality and the perception of the people who get the service. For example, many contagious diseases, complications etc. (Kurtuluç, 2005).

The discussion of medical tourism, being health tourism in general terms, in terms of academical purposes dates back to late-1980's and beginning of 1990's. In the studies conducted by Goodrich & Goodrich (1987), health tourism is examined as an event of tourism and its definition is made accordingly. It is stated that travels made between countries with health purposes developed especially in spa and thermal tourism form centered in Switzerland and Germany.

Other important studies on health tourism subject are the studies on *medical tourism* of Bishop and Litch (2000) and *health tourism* study of Ross (2001). Ross dealt *health tourism* with general terms on the study published on *HSMIAI Marketing Review*.

Another author is Chanda (2001). In this notice, a general outlook to the quality of international trade in health services and in this regard to classes that may be learned from national, regional and multilateral experiences. The study summarizes the different approaches to health services commerce, global actors in this commerce and

the positive and negative impacts of this commerce to equality, efficiency, quality and health services access along with main obstacles limiting the commerce in health services. Some of these obstacles are imposed due to public policy and consumer interests, while other are extremely protective in an open way. The analysis shows that there is very little advancement in the opening of this sector to commerce and direct foreign investment until today. In case of liberalizing health services commerce in a multilateral way, it is emphasized that standards should be harmonized, known along with the importance of insurance mobility. The study brings out well-rounded results about the primary problems and worries that characterize the commerce in health services and reduces the potential negative results and recommends required policy measures in order to realize the profits obtained from this commerce. In the study of Schofield (2004), modern health tourism market is being examined with salt mines, unique micro climates and ‘subterranotherapy’ practice. In this regard, ‘Salt World’, which is an unusual health center in Chon Tuz in Naryn region of Kyrgyzstan, the experience of the place where visitors are present, traditional health tourism product of the country and the expectations towards the future are discussed. Other studies were made by Smyth (2005), Jones (2005), Altes (2005), Wilder-Smith (2006), Connell (2006), Bies and Zacharia (2007) and Kuo et al. (2008). Among these, Connell (2006), defined health tourism as the effort of people for being healthy like resting, exercising, going to thermal places, along with a new and different area called “medical tourism” in tourism industry, meanwhile Garcia – Altes (2005) defined as treatment and therapy activities. Teh and Chu (2005), Reed (2006) stated about the requirement of technical improvement of health tools, machinery and equipment, while claiming the obligation of constant, serious health studies of sufficient and experienced health personnel. By this way, it is stated that health tourism may become marketable. Mugomba and Danell (2007) talk about the “tourist” priority in medical tourism, while expressing that tourists have the purpose of getting treatment and engaging in traditional tourism activities like resting, passing the free time, seeing around at the same time. Laing (2008) expressed that Asian countries are more developed compared to European countries in health tourism and the reasons for this condition are high costs, long awaiting durations. Smith and Pucsko (2009) defined health tourism as: getting first quality service with third world prices, while Kumar (2009) defined as travelling to other countries in order to benefit from surgical and protective services with treatment purposes and Mainil (2012) defined as the accommodation of people outside of the cities and countries they reside in order to get health service.

Health tourism appears as a new concept and area of study for Turkey, just like the rest of the world. Academic studies were made in health tourism subject in our country as well (Koyuncu, 2003; Gümüç and Büyük, 2008; Seyyar and Orhan, 2008; Selvi, 2008; Ilban et al., 2011; Aktepe, 2013). Aside from these, many postgraduate doctorate and postgraduate thesis studies were made as well. The study conducted by Gümüç and Büyük is directly on medical tourism. Other studies are generally on health tourism.

In the studies conducted Ilban et al. (2011), the aim was to determine the factors that affect the purchase behavior of consumers towards thermal tourism, to determine the factors that are perceived as priority in different tourism markets outside of traditional tourism market. It is stated that demographic qualities are important variables that affect perceptions. In the study conducted by Aktepe (2013), it is expressed that Turkey should evaluate the health tourism potential it has. In accordance with the target of making Turkey a health tourism center in the long term, it is emphasized that a health tourism model should be developed along with the points that need to be considered by the government and relevant public institutions / organizations towards the path to make Turkey a worldwide health tourism center and quality standards that need to be provided.

The beginning of registering the health services offered to foreign patients in Turkey, giving place to health tourism on 10th development of Turkey and being placed as one of the important targets on 2013 – 2017 strategic action plan of the Ministry of Health have paved the way for academic studies in health tourism subject. On “Turkey Medical Tourism Evaluation Report,” which was published by the Ministry of Health in 2013, health tourism was discussed in four groups being medical tourism, thermal tourism, old age and disabled tourism.

In the study called “Content Evaluation of Postgraduate Theses Realized in Health Tourism Field in Turkey” prepared by Bayın (2015), postgraduate theses realized in Turkey in health tourism field were examined. With this purpose, all studies made in certain field were derived, the method of evaluating the content that aim to reach to a general result was applied. Regarding the findings of the study, when the distribution of examined theses was examined according to years, it is seen that those theses started to be written in 1988, there is an increase in the number of theses per year starting from 2008 and around 50% of theses were written between 2010 and 2014. It is found that there is an increase of 56% in the number of theses written from 2013 to 2014. When it comes to the distribution of theses according to subjects within the scope of the research, 68% of them were written in thermal tourism field, 18% were written in medical tourism field and 9% of them were written in health tourism field that covers all tourism types, as the least rate goes to old age tourism and disabled tourism subjects.

I. RESEARCH METHODOLOGY

A. Purpose of the Study

The purpose of the study is to determine the factors that affect hospital preferences and purchasing preferences of individuals who get service from private hospitals in the domestic health tourism in Turkey. In this study, demographical elements of consumers participating the questionnaire were considered and it is examined whether they were efficient in their preference factors and purchasing behaviors.

B. Sampling Process

The main mass of the research consists of individuals who purchased health service from private hospitals operating in Turkey. The sampling method is convenience sampling method, which is one of the non-random samples. Primary data required for the research were collected with face-to-face and online questionnaire method. Questionnaires were made between 01.01.2017 and 09.02.2017.

C. Data Collection Method and Tool

The questionnaire form consists of three parts. In the first part, the scale of 31 articles developed by Akın (2016) in order to determine the factors that affect hospital preferences is present. In the second part, the scale developed by Ilban, Akkılıç & Yılmaz (2011) for the purchasing behaviors is present. In the third part, 6 demographic questions related with gender, age, education, marital status, job status and health insurance condition of participants were given place. 5 Point Liker scale was used in the scales used in the questionnaire.

D. Research Model and Hypotheses

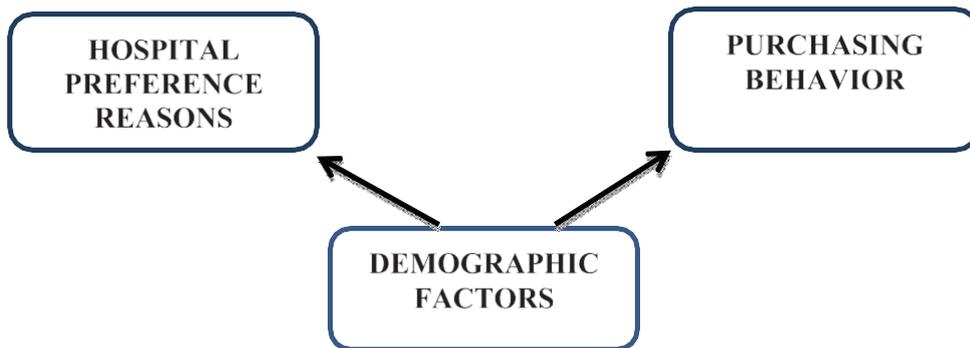


FIGURE 1. Research Model

Hypotheses developed in accordance with research model and purpose are as follows:

H_1 : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of demographic factor groups.

H_{1a} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of gender factor.

H_{1b} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of marital status factor.

H_{1c} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of age factor

H_{1d} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of educational background factor

H_{1e} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of job status factor.

H_{1f} : Hospital preferences of individuals in domestic health tourism in Turkey show difference in statistical terms within the context of health insurance condition factor.

H_2 : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of demographic factor groups.

H_{2a} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of gender factor.

H_{2b} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of age factor.

H_{2c} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of marital status factor.

H_{2d} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of educational background factor.

H_{2e} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of job status factor.

H_{2f} : Health service purchasing behavior of individuals in domestic health tourism in Turkey shows difference in statistical terms within the context of health insurance condition factor.

E. Analysis of Data

As a result of the evaluation made at the end of questionnaire study made within the scope of the research, the number of questionnaire suitable for analysis after the removal of questionnaires that are filled insufficient or faulty has been determined as 658. The data obtained at the end of questionnaire were analyzed with SPSS package program. Cronbach Alpha Test was benefited in order to determine its reliability (0,895). T-test was realized in order to determine whether there is a difference between gender, marital status and health insurance groups in terms of factors and purchasing behavior that affect hospital preferences. Anova Test was applied in order to determine whether there is a meaningful difference between age groups, educational background and job status in terms of factors and purchasing behavior that affect hospital preferences.

F. Findings of the Research

Table 1: Demographic Qualities of the Individuals Participating the Research

	Frequency	Percentage		Fre- quency	Percentage
Gender			Education		
Women	182	27,7	Elementary	49	7,4
Men	476	72,3	High School	193	29,3
Total	658	100	University	250	38
			Postgraduate	107	16,3
			Doctorate	59	9
			Total	658	100
Age			Job Status		
18-29	179	27,2	Doesn't work	161	24,5
30-44	299	45,4	Public Official	222	33,7
45 and above	180	27,4	Private Sector	275	41,8
Total	658	100	Total	658	100
Marital Status			Health Insurance Condition		
Married	443	67,3	Public	419	63,7
Single	215	32,7	Private	239	36,3
Total	658	100	Total	658	100

When we examine the demographic qualities of the individuals participating the research, 182 of participants (27,7%) are women, 476 (72,3%) are men. It is seen that the educational background of consumers participating the research are low. The highest group consists of consumers with high school background (29,3%). The age distribution of people participating the research are; 179 of them (27,2%) are between 18 – 29, 299 of them (45,4%) are between 30 – 44 and 180 of them (27,4%) are 45 years and above. When the active job condition of participants is examined, it is seen that 161 of them (24,5%) don't work, 222 of them (33,7%) are public officials and 275 of them (41,8%) are private sector employees. When the marital status of participants is examined, 443 of them (67,3%) are married and 215 (32,7%) are single. When we take a look at the health insurance condition of participants, it is seen that 419 of them (63,7%) have public health insurance and 239 of them (36,3%) have private health insurance.

G. Reliability of the Research and Factor Analysis

As the KMO values that test the accordance of the data set related with hospital preferences and the data test related with health service purchasing behavior to factor analysis are 0,861 and 0,895 respectively, it is seen that they are suitable and perfect

values to make factor analysis. Again, Bartlett test that serves the same purpose is significance ($= 0,00$) for both data tests and fulfills the condition of being $p < 0,05$, it is determined that data are suitable for factor analysis. As a result of the factor analysis applied to measure the factors that affect hospital preferences and individuals, it is seen that the statements in used scale are collected under single dimension. As a result of the factor analysis applied to measure the factors that affect health service purchasing behavior of individuals, it is seen that the statements in used scale are collected under single dimension.

H. Testing of Hypotheses

Table 2: t-Test Results Towards Factors Affecting Hospital Preferences According to Gender

	N	Mean	T	Sig.
Female	182	3,5025	5,017	,037
Male	476	3,2480		

Table 3: t-Test Results Towards Factors Affecting Hospital Preferences According to Marital Status

	N	Mean	T	Sig.
Married	443	3,2263		
Single	215	3,5081	5,864	,010

T-test was applied to independent groups in order to measure whether there is a difference between factors that affect the hospital preferences of participants according to their gender and marital status. As the value reached as a result of t-tests made according to gender is $p = ,037 < 0,05$, there is a difference between factors that affect hospital preference of participants in terms of gender. As the value reached as a result of t-tests made according to marital status is $p = ,010 < 0,05$, there is a difference between factors that affect hospital preference of participants in terms of marital status. H_{1a} ve H_{1b} were supported.

Table 4: Anova Test Results Towards Factors Affecting Hospital Preferences According to Age

Age	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	16,597	2	8,298	25,385	,000
Intra-groups	214,116	655	,327		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect hospital preferences of participants according to their age. As a result of the anova tests, it is seen that there is a difference between factors that affect hospital preferences of individuals according to their age. H_{1c} hypothesis was supported.

Table 5: Anova Test Results Towards Factors Affecting Hospital Preferences According to Educational Background

Education	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	12,157	4	3,039	9,081	,000
Intra-groups	218,556	653	,335		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect hospital preferences of participants according to their educational background. As a result of the anova tests, it is seen that there is a difference between factors that affect hospital preferences of individuals according to their educational background. H_{1d} hypothesis was supported.

Table 6: Anova Test Results Towards Factors Affecting Hospital Preferences According to Job Status

Job Status	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	10,937	2	5,469	16,299	,000
Intra-groups	219,776	655	,336		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect hospital preferences of participants according to their job status. As a result of the anova tests, it is seen that there is a difference between factors that affect hospital preferences of individuals according to their job status. H_{1e} hypothesis was supported.

Table 7: Anova Test Results Towards Factors Affecting Hospital Preferences According to Health Insurance Condition

	N	Mean	T	Sig.
Public	419	3,2243	5,511	,110
Private	239	3,4833		

Anova test was applied in order to measure whether there is a difference between factors that affect hospital preferences of participants according to their health insurance conditions. As a result of the anova tests, it is seen that there isn't a difference between factors that affect hospital preferences of individuals according to their health insurance condition. H_{1f} hypothesis was rejected.

Table 8: t-Test Results Towards Purchasing Behavior According to Gender

	N	Mean	T	Sig.
Women	182	3,6145	3,025	,000
Men	476	3,4179		

Table 9: t-Test Results Towards Purchasing Behavior According to Marital Status

	N	Mean	T	Sig.
Married	443	3,4216	2,498	,049
Single	215	3,5767		

T-test was applied to independent groups in order to measure whether there is a difference between factors that affect purchasing behavior of participants according to their gender and marital status. As the value reached as a result of t-tests made according to gender is $p=,000 < 0,05$, there is a difference between factors that affect purchasing behavior of participants in terms of gender. As the value reached as a result of t-tests made according to marital status is $p=,049 < 0,05$, there is a difference between factors that affect purchasing behavior of participants in terms of marital status. H_{2a} ve H_{2b} were supported.

Table 10: Anova Test Results Towards Purchasing Behavior According to Age

Age	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	16,597	2	8,298	25,385	,000
Intra-groups	214,116	655	,327		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect purchasing behavior of participants according to their age. As a result of the anova tests, it is seen that there is a difference between factors that affect purchasing behavior of participants according to their age. H_{2c} was supported.

Table 11: Anova Test Results Towards Purchasing Behavior According to Educational Background

Education	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	12,157	4	3,039	9,081	,000
Intra-groups	218,556	653	,335		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect purchasing behavior of participants according to their educational background. As a result of the anova tests, it is seen that there is a difference between factors that affect purchasing behavior of participants according to their educational background. H_{2d} was supported.

Table 12: Anova Test Results Towards Purchasing Behavior According to Job Status

Job Status	Sum of Squares	df	Square Average	F	Sig.
Inter-groups	10,937	2	5,469	16,299	,000
Intra-groups	219,776	655	,336		
Total	230,713	657			

Anova test was applied in order to measure whether there is a difference between factors that affect purchasing behavior of participants according to their job status. As a result of the annova tests, it is seen that there is a difference between factors that affect purchasing behavior of participants according to their job status. H_{2c} was supported.

Table 13: Anova Test Results Towards Purchasing Behavior According to Health Insurance Condition

	N	Mean	T	Sig.
Public	419	3,4326	1,800	,011
Private	239	3,5418		

Anova test was applied in order to measure whether there is a difference between factors that affect purchasing behavior of participants according to their health insurance condition. As a result of the anova tests, it is seen that there is a difference between factors that affect purchasing behavior of participants according to their health insurance condition. H_{2f} was supported.

Result and Recommendations

The investment made to health economy and expectations created in this regard gain pace in a fast manner in many developing countries in addition to developed countries. In this direction, there are lots of health institutions in Turkey as well. This density brings an intensive competition along with it. Undoubtedly the biggest power directing the competition is health service purchasers. The factors that affect the reasons for service purchasers in health tourism to prefer hospitals and their purchasing behavior gain importance with each passing day.

This research is conducted in order to determine the factors that affect hospital preferences and purchasing behaviors of individuals who get service from private hospitals in domestic health tourism in Turkey. Considering the demographic elements of consumers who participated the questionnaire, it is examined in this research whether they are efficient in hospital preference factors and purchasing behaviors.

According to the results of t-test and anova test that are made in accordance with H_1 hypothesis, according to the results of the analysis that is made in order to determine whether there is a difference between factors that affect hospital preferences of individuals participating the questionnaire according to their demographic features, it is seen that there is a meaningful difference in terms of the factors that affect their hospital preferences according to their gender, age, educational background, marital status and job status. According to the results of t-test and anova test made in accordance with H_2 hypothesis, according to the results of the analysis made in order to determine whether there is a difference between demographic factors that affect health service / product purchasing behavior of individuals participating the questionnaire, it is seen

that there is a meaningful difference in terms of the factors that affect their purchasing behavior according to their gender, marital status, age, educational background, job status and health insurance condition.

This study shall act as a guide for health institutions in determining their policies towards patients while determining individual factors that cause difference in the hospital preferences and purchasing behaviors of health service purchasers (patients) in health tourism. Also, this study shall provide contribution to the literature with the obtained results and it is thought that this study shall act as a guide to health institution owners and academicians.

This study, which is made towards determining the hospital preferences and purchasing behaviors of health service purchasers, meaning patients, can be made on health sector employees within the scope of internal customers, not only being only on health service purchasers as external customers in the future to get an extensive evaluation. Also, the research is applied to health service areas operating in Turkey only. This study may be extended to all cities of Turkey to apply separately in each region to generalize the results. Only questionnaire technique was applied in this study. However, in addition to questionnaire method, interview technique may be applied in future studies to make healthier measurements and obtain better results.

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Summary

FACTORS THAT AFFECT THE PREFERENCES AND PURCHASE BEHAVIORS OF CONSUMERS IN HEALTH TOURISM

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The health sector is a concept that is used to specify the entire body of people, institutions, and establishments that produce / implement goods and services that are directly or indirectly impacting human health on demand. With the acceleration of globalization, the demand for health tourism has increased and thus, this sector has become important. During the marketing of health services, the products / services needed by the patients are determined, produced and presented to the target group. With the understanding of modern marketing, consumers are highlighted and marketing activities started to be carried out in line with the wishes and needs of consumers. For this reason, in the health sector, it is important to determine the needs and requirements of the customers and to determine the factors that are effective in their preferences and product / service purchases. The purpose of this study is to determine the factors affecting the hospital preferences and purchasing preferences of the individuals receiving services from private hospitals in domestic health tourism in Turkey. The questionnaire, which was prepared for the study, was applied to 658 people who purchased health services from the hospitals in Turkey. Factor Analysis, Reliability Analysis, t-Test Analysis and Anova Test were performed. According to the results of the analysis conducted to determine whether there is a difference in demographic factors in terms of the factors affecting the hospital preferences of the individuals participating in the questionnaire, it was found that there was a significant difference in terms of factors affecting the hospital preferences according to sex, age, education, marital and occupational status. According to the results of the analysis conducted to determine whether there is a difference in demographic factors in terms of the health service/product purchase behaviors of the individuals participating in the questionnaire, it was found that there was a significant difference in terms of purchase behaviors according to sex, marital status, age, education, occupational and insurance status.

Key Words: Health tourism, purchasing, consumer`s preference, consumer`s behaviors, health service.

THE ANALYSIS OF SAFETY TOPICS IN MANUFACTURING INDUSTRY

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1. Introduction

Health and safety is one of the most important feature of human concern in manufacturing industry. An adaptation of working environment to workers for the promotion and maintenance of the highest degree are aimed. Health and safety are due to the rapid industrial development, that are taking place in the developing countries. Many of these countries are moving from manual labour to mechanization in the main productive sectors, such as manufacturing, mining and agriculture. The insatiable desire of these countries for technical advancement has brought about the importation of very developed machinery and pieces of equipment not only into the industrial production sector and also assembly line. This has been associated with a change in the structure of the labour force as a whole including a rise in the employment of women [1]. The consequences of industrial safety were understood so many years ago due to millions of industrial or other accidents take place which resulted in either death or in temporary and permanent disablement of the workers. This causes loss or damage of property and wasted man-hours. So, workers must be aware of dangers existing in industry. Safety measures, rules and regulations in industry will never replace intelligent precautions taken by a worker in doing his work [1, 2].

Health and safety risks have been an expanding area of study for the last two decades, largely as a result of increasing public concern with environmental effects of industrial activities. In brief, the theoretical methods of decision-making and detailed analysis that are widely accepted for financial risks are not applied to health and safety risk decision-making [2]. Research in health and safety is a new and rapidly developing field. Important knowledge can be extracted from the literature but it is necessary to improve the quality of the research by exchange of experience between researchers with a higher priority to interdisciplinary studies. Most countries have basic requirements that employers must meet as regards the organization of health and safety. Some enterprises generally have difficulties in fulfilling these requirements [3].

2. PLANNING FOR INDUSTRIAL SAFETY

A large number of industrial accidents can be reduced to the minimum ones through careful safety planning within an industrial production line. All these unwanted events can be prevented by effective planning for safety. Safety consideration includes proper layout of workshops and equipment, such as providing sufficient ventilation, adequate working area to the operator, clear pathways for movement of materials and parts, provision for personnel facilities [4]. Careful planning in advance for optimized and safe layout of design and manufacturing activities for ensuring the safety of industry in the manufacturing and inventory areas. Several codes and standards for industrial safety, health and hygiene, fire prevention, etc. have been prescribed by governments and other safety agencies and they should be fully taken care of at the planning and implementation stages of a production line. A number of important features should be considered and suitably incorporated planning the layout of a new plants for safety [5].

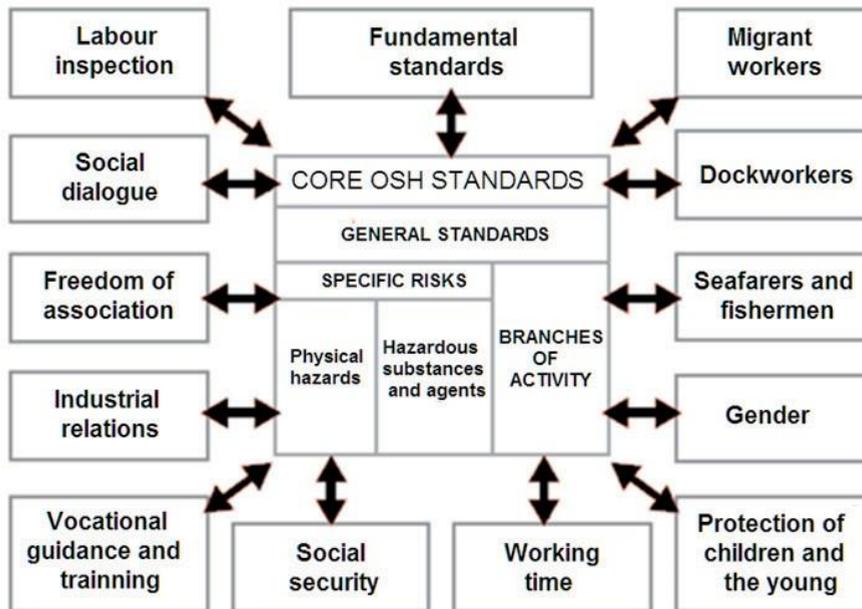


Figure 1 Relations of OSH standards to ILO standards on other issues [10]

International labour standards covering general conditions of employment, social security, and the employment of women, children and other categories of workers also have a bearing on safety, health and the working environment. Moreover, a series of conventions and recommendations specifically covers the health and safety. Figure 1 shows how the ILO's core OSH standards relate to these other issues [10]. The aim of industrial safety is to avoid all kinds of casualty in the plant by decreasing the endanger to minimum value in order to eliminate accident caused blockage and lost

production by lowering workmen’s compensation and limit all other direct and indirect costs of accidents. The objectives of industrial safety can be outlined as:

- Industrial safety is needed to check all the possible chances of accidents for preventing loss of life and permanent disability of any industrial employee.
- It is needed to prevent accidents in industry by reducing any hazard to minimum.
- It is needed to reduce workman’s compensation and all the cost of accidents.
- It is required to educate safety principles to avoid accidents in industry.
- It is required to have better human relations within the industry.

3. ACCIDENTS and CAUSES

The accidents are the mishaps leading injury to workers, machines or tools and equipment may cause injury and result either death or temporary and permanent disablement of the industrial employees. An industrial accident may be defined as an event, detrimental to the health of worker, suddenly occurring and originating from external sources, and which is associated with the performance of a paid job, accompanied by an injury, followed by disability or even death. Few industries determine the accidents by the extent to which it leads to the disablement of the victim and number of hours or days in order to remain absent from duty on account of the problem [5].

The direct costs involve payment of compensation and overheads uncompensated wage losses of the injured employees, cost of medical care and hospitalization. Proper diagnosis of causes of mishappening and corrective measures of the same always help in preventing future accidents. Every care and prevention therefore should be evolved adopted to prevent accidents to the maximum possible extents. If someone is honest with himself, he cannot think of a single accident that could not have been prevented by care [6].

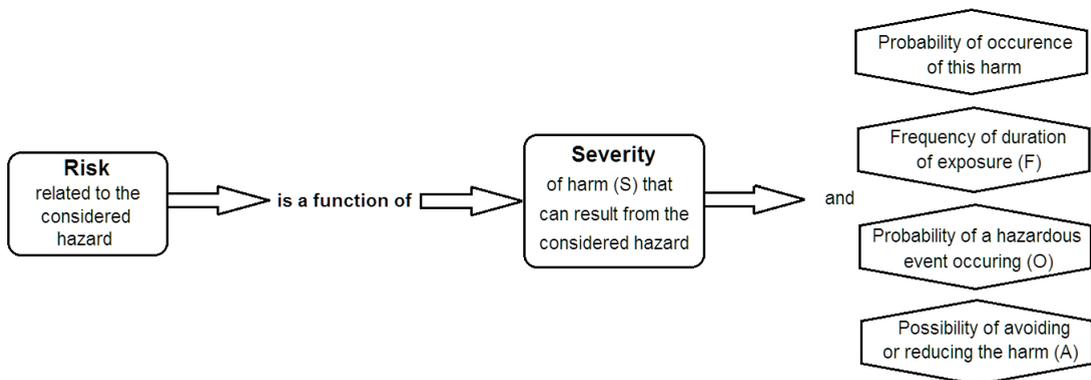


Figure 2. Elements of risk [7]

Risk is defined as in Figure 2 with the combination of the severity of the harm (S) and the probability of occurrence of this harm. The probability of the harm occurring can be divided into three parts such as the frequency and duration of exposure to the hazard (F), the probability of a hazardous event occurring (O) and the possibility of avoiding or reducing the harm (A).

3.1. Human Causes

The frequency of occurrences on human causes can be outlined with the help of major factors.

Accidents may take place while working on unsafe, dangerous equipments or machineries possessing rotating, reciprocating and moving parts occur while operating machines without knowledge, safety precautions, authority, and safety devices. They generally happen while operating or working at unsafe speed and for long duration of work, shift duty etc. Use of improper tools, working with mental worries, ignorance, carelessness, nervousness, dreaming will also be the reason of accidents. The main reasons for unexpected accidents may be standing apart from the personal protective devices [7].

3.2. Environmental Causes

Accidents may occur during working at improper temperature and humidity which causes fatigue to the workers so chances of accidents increases with workers having fatigue. The presence of dust fumes and smoke in the working area and also poor workshop congestion, blocked exits, bad plant layout may cause accidents. On the other hand, accidents occur due to inadequate illumination and also improper ventilation in the plant [8].

3.3. Mechanical Causes

Accidents caused by mechanical factors that are entirely chargeable to unit or equipment breakdown. Normally, mechanical factors are inhibitable for causes. They are totally less than 10% of the number of industrial accidents. The use of poor maintained or unsafe equipment may terminate accidents and they may come about unguarded and improper guarded equipments. Insecure processes, design and construction of any structure may escort to accidents in the factory. They may also happen due to conveying system and faulty layout [9].

3.4. Common Sources of Accidents

A large number of revolving, rotating, reciprocating and moving parts of machinery can be said as the sources of danger and require guarding for protection against accidents. Extensive studies reveal that some characteristic groups of dangerous parts are acting as common sources of accidents in workshops [9]. Many major sources are outlined as rotating parts, shielding all kinds of fasteners of rotary parts, random

feed mechanisms, shafts and spindles, rotary worms and spirals, reciprocating tools and dies of presses, spring hammer, drop hammers, and presses, rotary drums and cylinders without casing, such as all kinds of mixers, rotating weights, nips between meshing racks and pinions of machine parts, nips between crank handles for machine controls and fixed parts [10] .

4. PREVENTIVE MEASURES

Few safety measures commonly used in industries comprise of the proper safety guards for reciprocating machine components such as hammers, presses, shaper, slotter, power hacksaw, paper cutters, fencing of dangerous and rotating parts like revolving shafts, incorporating safety devices such as safety valves, rigid construction of heavy items like hoists, cranes, proper insulation of electric wire and earthing of electric appliances, wearing appropriate safety shoe and other necessary items for body protection, maintenance cleanliness of shop floor, removal of metal chips with proper protection, avoiding fire hazard. Safety is the safety of human being and the safety of workshop machinery. Hence there is a great need for the study of the domain of industrial safety for accidents prevention and good workshop keeping is the utmost.

Safe working conditions in industries may help to minimize the number of accidents taking place, prevent premature death of talented employee and needless pain and suffering to industrial employees, reduce damages to equipment and machinery, increase production and reduce the cost [11]. Careless handling of heavy materials and components is a major source of back and foot injuries. Full use should be made in order to avoid premature fatigue of transport workers mechanized materials handling equipment by using mechanical means of conveyance to ensure the safety of workers engaged in material handling. Personal protective devices such as safe hard hats, rubberized hats for protection against liquids, chemicals, ear protectors, face mask and face shields are used for prevention [12, 13].

5. COMMON SAFETY METHODS

The common methods of safety are by construction or accurate design and by position with fixed guards, interlock guards, automatic guards, trip guards and distance guards. Workplace layout, proper operating conditions and proper material conveying with personal protective devices are also usual techniques. Turning, pressing, grinding, sawing, bending, boring, combination metalworking machines, manual handling and welding are production examples which can have guidance for preventing and dealing with the risks.

5.1. Pressing

By pressing the either foot pedal or hand switch on presses, the guard will be fully closed slowly while the extractor remains locked. After unlocking the extractor, the pedal pressure will actuate the extractor into the clutch engaged position where the

guard control switch be clear in controlling the discup with the pedal kept depressed check in order to ensure the close position.

5.2. Sawing

The main hazards for operators of this type of machine originate from adjoin with the unsafe rotating toothed saw blade. The rotating blade presents a risk and can draw a person into the machine during feeding, adjusting or retrieval of workpieces. Operators may be also be exposed to additional risk of injury during swarf removal or cleaning, particularly where the machine is left running while such tasks are being undertaken. Many of the accidents that result in very serious injury to the operator's hands and arms including amputations. The majority of sawing accidents are associated with inadequate standards of guarding where a view is required, transparent or mesh materials may be used in fixed guards. All pertinent health and safety information and instructions on the safe use of pivoting-head metal-cutting circular saws must be made nearby operators [14].

5.3. Bending

The most important risk at these machines is the operator's hands being caught and drawn into the in-running nip which is created by rotating rollers. Injury is most likely to occur during the initial feeding of the work piece into the rolls. There may be additional risks, such as trapping of hands between the moving workpiece and other fixed parts of the machine. A high proportion of the accidents are associated with the operator wearing gloves. The likelihood of entanglement in the in-running nip created between the counter rotating rollers is increased if gloves are worn [15].

5.4. Boring

The hazards associated with boring machines include entanglement at the rotating chuck and cutting tools. Crushing or trapping may also arise from the other moving parts. The automated nature of CNC machines means that additional risks to safety may be present as machine movement is not always secure or liable. Injuries may occur during machining observation, setting and adjustment or swarf removal. Accident history shows that serious injuries, including severe lacerations, crushing or amputation, occur on these machines.

Other injuries include skull fracture and broken limbs. For health and safety executive in risk assessment, one will need to consider all operations where access to the work zone is required. This will include routine machining operations, observation and adjustments and maintenance tasks [16].

5.5. Metalworking Machines

Mechanical risks, including trapping, crushing and exposure to cutting tools, exist at the different work stations on combination metalworking machines. Trapping or crushing

hazards may also arise from unintended or uncontrolled movement of the workpiece and although uncommon injuries from the ejection of broken tooling have occurred. A significant number of injuries are associated with tasks that involve small workpieces [17, 18]. It is important that the limitations of these machines are recognised by both employers and operators. The manufacturer's recommendations must be followed in relation to limits for metalworking machines.

6. Conclusion

Researches in health and safety is a new and rapidly developing field. An important knowledge can be extracted from the literature but it is necessary to improve the quality of the study with emphasis on the use of exiting knowledge in new research. Occupational health and safety system is necessary to ensure the long-term deployment and productivity of the workforce. Health and safety system should prevent an injury or illness and are forced to call in sick due to their work or working conditions. The investment in industrial accidents was greater when health and safety issues were recognized as important. In particular, the study analyzed the safety and health issue awareness and facility investment experiences as well as the industrial accident occurrence in the past to estimate the causal relationships between them.

Health and safety creates the physical work environment which embraces the promotion and maintenance of physical, mental and social well-being of employees or workers in the organization. It includes reducing work related injury, illness and disability by addressing the harmful hazards and risks of the physical environment. Planning is essential for the implementation of safety and health policies. Adequate control of risks can be achieved only through coordinated action by all members of the organisation. An effective planning system requires a safety and health management system that controls risks and as a minimum complies with related laws, reacts to changing circumstances and demands, promotes and sustains a positive safety and health culture and supports continual improvement in safety and health performance.

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Summary

THE ANALYSIS OF SAFETY TOPICS IN MANUFACTURING INDUSTRY

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There are so many accidents and cases of health every year in all kinds of production lines at manufacturing industry. Accidents about the mechanical equipment, particularly workshop and manufacturing used in machining the metals, plastics and etc. may have consequences which range from a minor cut to the loss of a finger, hand or eye. The frequency of such accidents varies between 10 and 15 percent. Therefore, great care is required on the part of all machine operators to prevent either personal injury or injury to colleagues nearby. Every person has a duty to ensure that work is carried out in a safe manner and without foreseeable risk to the health and safety of either operators and the others. Occupational health and safety is a vital importance for businesses and the welfare and also the safety of staff. Machine-generated hazards can not be eliminated through inherently safe design, then they must be reduced to an acceptable level, or the hazards to be isolated from the workers by allowing the minimum safety distances to be respected. All the man-machine interfaces that can affect the health and safety must be carefully established, whether they are moving elements, machine components, noise, vibration, visible or invisible radiation hazardous materials or ergonomic hazard. The aim of this study is to introduce a guidance on how to prevent or manage many of the health and safety planning on engineering in industries of all kinds.

Key words: Industrial safety, health, specific risks, safety precautions, mechanical causes.

EFFECTS OF HOSPITAL HOTEL SERVICES ADMINISTRATORS ON LEVEL OF LEADERSHIP STAFF

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Introduction

Hospitals also provide accommodation and catering services for diagnosis and treatment, in addition to these, in order to restore the health of the people who come with different health complaints. When the medical services provided in hospitals are neglected, it can be said that the accommodation and food services offered to the patients are not different from those provided by a hotel operation. The concept of hospitality services in hospitals has become increasingly important in recent years with being a very new concept and aims to realize the presentation of health services in the comfort of the hotel. Apart from the medical aspects of hospitals, services such as accommodation, catering, etc., which are included in hotel services, are left in the shadow of medical services and are not considered. Total quality and patient satisfaction studies have been required together with the necessity of hotel management services.

The aim of the study is to show the place and importance of hospitality services, which are not medical services in hospitals, in the quality of medical services. Development of hospitality services in hospitals is also important in terms of patient satisfaction and improvement of quality of care, as well as in the establishment of motive service atmosphere, the necessity of hospitality and nutrition needs of health personnel to work in appropriate physical conditions. In this study, it was aimed to bring a new perspective to the organization, execution and development of hospitality services in hospitals by accepting patients and patient needs as reference points.

Accommodation and nutrition are at the first step of the hierarchy of needs, and patients in hospital are evaluating the quality of hospitals by expressing hospitality services because they do not have the knowledge and experience to evaluate the medical services offered to them. The adequacy and quality of hospitality services in hospitals is an important factor in the satisfaction and motivation of the staff as well as having a

very important place in the patient's treatment process and patient satisfaction. When accommodation services in hospitals are well organized, medical personnel will have the opportunity to work more effectively and efficiently in their area of expertise.

Hospitals are extremely important in terms of the success of the health care provided during the diagnosis and after treatment, ensuring proper physical conditions, sanitation, hygiene and sanitation. Due to hygiene and sanitation deficiencies and inappropriate room conditions, many complications and even deaths of patients are experienced. This can only be prevented by professional accommodation management.

Food and beverage services, which are included in hospitality services, are also important as medical treatment support nutrition therapy. In hospitals, catering services are important from the point of view of the patient as well as from the viewpoint of ensuring adequate and balanced feeding of the hospital personnel.

The ability of hospitals to function effectively and efficiently is only possible through the fulfillment of medical functions as well as the fulfillment of hotel functions. Establishing a safe, functional, beautiful environment and appropriate working environment to increase patient and employee satisfaction in hospitals depends on the successful execution of hotel services.

Competition conditions, technological developments and the changes in the systems of the organizations that are present in today's organizations make it difficult for institutions and institutions producing goods and services to survive in these difficult conditions. Organizations have to adapt to change in these conditions in order to stay behind the times and to sustain their existence. The human factor, which has a bigger prescription than the technological and other factors that are required to make this change, is of great importance. Because the capacity of the person can be increased and improved, it has become an investment item rather than a cost element.

Because human being is not a machine or robot which is the basic element in production and service sector, morale and motivation are affected by physical and psychological factors. The emotions experienced in parallel to this influence affect both the commitment to the organization and the performance it produces while working.

Leadership is one of the most important factors affecting human emotions, ensuring its pursuit and reaching its goals by providing a unity of purpose. Leadership is a concept that is increasing day by day. Organizations need leaders to innovate and change. The task-oriented and human-focused behavior of the leaders has a different impact on the attitudes of employees in the organization. In this study, leadership styles will be influenced by the level of commitment and performance of employees in Fethiye State Hospital hospitality services, and it will be tried to show whether the employees have an influence on the performance of their level of commitment to their institutions.

Leadership styles

Leaders can act as authoritarian, repressive, cooperative, democratic and liberal. It can not be said that these leadership typologies are neither right nor wrong. They have a tendency to choose the appropriate style according to the situation and time in which they are based. The structure of the group will determine which style will be used in motivational style and environment (Eren, 2010: 443)

Organizational commitment concept

Efforts in organizations to improve efficiency and consequently productivity have been extensively discussed in the literature recently (Özdevecioglu, 2003: 113).

Organizational commitment, which is described as a psychological state that shows the commitment of employees to their networks, is increasingly being explored in the fields of organizational psychology and organizational behavior. Many studies have been conducted in order to measure the level of commitment of employees to the organization in relation to this increasingly important concept over time, and many studies are still in progress (Güçlü, 2006: 5).

The concept of organizational commitment has recently been very valuable in terms of organizations. The most important reason for this is the positively influenced assessment of positive attitudes of employees. At the same time, employees with high levels of organizational commitment have a different reason for leaving these jobs than those who have lower levels of job absenteeism and absenteeism than workers with low job level (Özler, 2012: 1).

In researches on organizational commitment in Turkey, the term “Organizational Commitment” is used in organizational commitment. According to this, in Tuncer (1995) and Varoglu (1993) studies, this concept is defined as organizational commitment; Balcı (2000) and Celep (1996) named this concept as organizational commitment. In this study, the expression “Organizational Commitment” was used in response to this concept (Balay, 2000: 14).

MATERIALS AND METHODS

Objectives and scope of research

In today’s competitive and dynamic business environment, the human factor has a very important place in carrying out the activities of the organizations, obtaining the maximum income and maintaining their assets. Behaviors exhibited by leaders in organizations are significantly affecting employees’ organizational commitment and performance.

In this article study, it was aimed to determine the role of leader in hotel services in Fethiye State Hospital and the effect of individual style of leadership on organizational commitment dimensions of employees.

Within the scope of this research, there are human and task oriented leadership styles in the context of leadership styles, emotional commitment in the context of organizational commitment, continuance commitment and normative commitment. By the performance of employees is meant; employees reach their business goals according to the determined standard, absenteeism, satisfaction with their work, morale.

The university of the research and sample

The universe of this research is health workers who work at Fethiye State Hospital. Sample of the research The Fethiye State Hospital consists of 163 people working in hotel services.

Statistics analysis used in research

A questionnaire constructed using the Likert type scale was applied to 163 employees. The results of the survey were analyzed by SPSS 19.0 package program. Correlations and regression analyzes were applied to the applied questionnaires when the level of commitment of employees in task and person-focused leadership styles was analyzed. The results of the analysis were tabulated and the results were tried to be interpreted. As a result of the research, it has been found that task-oriented leadership styles moderately affect emotional commitment at a high level of continuity and normative commitment, while human-focused leadership styles moderately influence normative commitment at a high level of emotional commitment.

FINDINGS

Table 1. Correlation Analysis Table

		Correlation					
		Task-Focused Leadership Styles	People-Focused Leadership Styles	Employee Performance	Emotional Commitment	Normative Commitment	Continued Commitment
Task-Focused Leadership Styles	Pearson Correlation	1	,451**	,503**	,532**	,503**	,345**
	Sig. (2-tailed)		,000	,000	,000	,000	,000
	N	163	163	163	163	163	163
People-Focused Leadership Styles	Pearson Correlation	,451**	1	,625**	,699**	,462**	,132**
	Sig. (2-tailed)	,000		,000	,000	,000	,000
	N	163	163	163	163	163	163

Employee Performance	Pearson Correlation	,503**	,625**	1	,686**	,436**	,112
	Sig. (2-tailed)	,000	,000		,000	,000	,000
	N	163	163	163	163	163	163
Emotional Commitment	Pearson Correlation	,532**	,699**	,686**	1	,631**	,224**
	Sig. (2-tailed)	,000	,000	,000		,000	,000
	N	163	163	163	163	163	163
Normative Commitment	Pearson Correlation	,503**	,462**	,436**	,631**	1	,428**
	Sig. (2-tailed)	,000	,000	,000	,000		,000
	N	163	163	163	163	163	163
Continued Commitment	Pearson Correlation	,345**	,132	,112	,224**	,428**	1
	Sig. (2-tailed)	,000	,092	,153	,004	,000	
	N	163	163	163	163	163	163

The findings of the correlation analysis are given in Table 1. In the table, the relationship between emotional, continuance, normative commitment and employee performance, and performance of emotional, continuing, and normative commitment were investigated.

There is a significant relationship between task-oriented leadership styles and emotional attachment ($p < 0.001$), and this relationship seems to be at the level of (0.532). There is a meaningful relationship between task-oriented leadership styles and continuing commitment, which is another dimension of organizational commitment ($p < 0.001$), and this relationship is at (0,345) level. There is a significant relationship between duty-oriented leadership style and another organizational commitment dimension Normative Commitment ($p < 0.001$) and this relationship level is at (0,503) level.

When findings related to employee performance of task-oriented leadership styles are examined, it is seen that this relationship is meaningful ($p < 0.001$) and level is at (0,503) level. When findings related to employee performance of human oriented leadership styles are examined, it is seen that this relationship is meaningful ($p < 0.001$) and level is at level (0,625).

There is a significant relationship between human oriented leadership styles and emotional attachment ($p < 0.001$), and this relationship seems to be at the level of

(0.699). It was found that there was no meaningful relationship between human oriented leadership style and organizational commitment continuity dimension ($p > 0,487$) and this level of relationship was (0,071). There is a significant relationship between human oriented leadership styles and normative commitment ($p < 0.001$) and this relationship level is at (0.462) level.

When the level of relationship between emotional commitment and performance is examined, there is a significant ($p < 0.001$) relationship between these two variables and this relationship is as high as (0.686). There is no significant relationship between continuity commitment and employee performance, and this relationship is seen as level (0.112). When the relationship between normative commitment and performance is examined, it is seen that there is a significant relationship between these two variables ($p < 0,001$) and this level of relationship (0,436).

Table 2 Regression Analysis Items Model 1

Model 1		
Factors (Independent Variables)	B(beta)	Sig. (Significance)
Human Focused Leader Styles	0,576	0,000
Task-Focused Leader Styles	0,273	0,000
Dependent Variable: Emotional Commitment		
R2: 0,548		
F: 96,848		
Model's Significance: 0,000.		

Looking at Model 1, it has been seen that Human-focused leadership styles have a positive effect on emotional attachment and a meaningful effect. Although it should be interpreted statistically, it is seen that 1 unit increase in the human oriented leadership styles provides an increase in emotional commitment (0,576) units ($p < 0.001$). In this context, human-focused leadership styles more positively affect employees' emotional commitment than task-oriented leadership styles, as the effect of human-focused leadership styles is higher than the influence of task-oriented leadership styles. In Model 1, it is also seen that task-oriented leadership styles have positive and significant effects on emotional commitment ($p < 0.001$). Statistically speaking, a 1-unit increase in task-oriented leadership styles leads to an increase in emotional commitment (0,273) units ($p < 0.001$). In the second part of the research model, continuing dependency was constructed as a dependent variable. The findings are presented in Table 3.

Table 3 Regression Analysis Findings Model 2

Model 2		
Factors (Independent Variables)	B(beta)	Sig. (Significance)
Human Focused Leader Styles	0,358	0,000
Task-Focused Leader Styles	-0,029	0,728
Dependent Variable: Emotional Commitment		
R2: 0,120		
F: 10,889		
Model's Significance: 0,000.		

Looking at Model 2, it appears that there is a positive ($p < 0.001$) effect on the continuing commitment of task-oriented leadership styles. Statistically speaking, a 1-unit increase in task-oriented leadership styles leads to an increase in unit commitment (0.358) ($p < 0.001$). With this conclusion, task-oriented leadership styles have a statistically significant positive impact on employees' continuing commitment. Human-oriented leadership styles were found to have a negative effect on continuing commitment, and this effect was not statistically significant ($p = 0.728$).

Results

One of the most important conclusions reached in the research is that the continuing and normative commitment of employees is highly influenced by task-oriented leadership styles. There is no significant impact of the human-focused leadership style on attendance. Because in this dimension of attachment, people have the feeling of staying in the institution due to compulsory reasons. Therefore, the level of interpersonal relations is not so effective in this sense. Human-oriented leadership has a positive impact on normative commitment, but not as high as task-oriented leadership. Employees on continuing commitment see it as a necessity to stay in the institution because they think they spend a lot of time and effort on their institutions and they think they are investing. Employees will remain in the organization with the thought that they will not find another job when they leave the organization or institution. In normative loyalty, the employees see it as a task to stay in the organization. Employees with this commitment think that working here for a job they associate with in their own difficult times is a debt to their knitting. Leaders with task-oriented leadership style are predisposed to having employees with continuing and normative commitment because of their job and job priorities, resulting in a higher level of task-oriented leadership style and normative commitment. Leadership, authority, discipline can also be effective at this level of commitment.

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Summary

EFFECTS OF HOSPITAL HOTEL SERVICES ADMINISTRATORS ON LEVEL OF LEADERSHIP STAFF

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In this article study, it was aimed to determine the role of leader in Fethiye State Hospital hotel services and the effect of individual style of leadership on organizational commitment dimensions of employees.

The universe of this research is health workers who work at Fethiye State Hospital. Sample of the research The Fethiye State Hospital consists of 163 people working in hotel services. A questionnaire constructed using the Likert type scale was applied to 163 employees. The results of the survey were analyzed by SPSS 19.0 package program. Correlations and regression analyzes were applied to the applied questionnaires when the level of commitment of employees in task and person-focused leadership styles was analyzed. The results of the analysis were tabulated and the results were tried to be interpreted. As a result of the research, it has been found that task-oriented leadership styles moderately affect emotional commitment at a high level of continuity and normative commitment, while human-focused leadership styles moderately influence normative commitment at a high level of emotional commitment.

Keywords: Hospital Hospitality Services, Leadership Styles, Organizational Commitment

**EXAMINATION OF THE PREDICTOR
VARIANCES OF THE MOBILE PHONE
ADDICTION ON ADOLESCENTS**

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Introduction

Adolescence, the transitional period from childhood to adulthood, means to grow up and grow up to maturity. There are various physiologic, psychologic and social changes occur. This changing and growing shapes the life of the adolescent. At this term, which adolescent recognize himself and his roles in the society, identity development gains importance (Yazıcı & Ertem, 2006). In the adolescence term, to be enough for the social development; adolescent's communication and interaction with others at an enough level, expressing himself when communicate with others, feeling safe, developing different communication skills in social environments are important (Abalı, 2004). While the adolescence term is among the most dynamic objectives of the society at the same time it represents the future and energy of the society.

Technology age's bringing smart phones to an important place has provided a big social and emotional development effect on adolescents. At the same time, being popular among the adolescents, these technological devices lead to changing of their life styles, differentiation on social relationship making styles and limiting their life with this technological world. Smart phones, especially at this era, are important social accessories and now they are not just devices that are used in a travelling moment anymore they are now a social phenomenon (Peters & Allouch, 2005).

Adolescents, with a quick adaptation, include their mobile phones in their daily life (Ling, 2004). Smartphones address to functional and emotional needs of the users with their properties. Sometimes interaction between product and user affects users' intention and behavior (Jin, Yoon & Ji, 2013). Although smartphone usage make most of the people's life easy it also led to some psychological problems. For this situation the most important problem is smartphone addiction. Since the smart phone addiction is a relativistic phenomenon studies that describe this addiction type's symptoms are very few (Kim, Lee, Lee, Nam & Chung, 2014). Today, smartphones are one of the most vital parts of the life because they provide many application for wide usage situations (Alfawareh & Jusoh, 2014). Recently, "smartphone addiction" has been an important issue in most of the society and internet based activities like; game, chatting and porn it was reported that it has shown same addictions levels like in the addiction of pills and drugs. Addiction in the developed communication technologies sector internet and smartphones, which are developing quickly and newly included this addiction, are also one of the reasons for addiction (Kwon, Kim, Cho, & Yang, 2013).

Addiction is defined as the inability to stop using an substance or the inability to control an action. Alcohol, cigarette, gambling, drugs and other substances may create addiction. Addiction is not only perceived as substance addiction, it is also experienced in behavioral addiction. There are many types of addictions that have not got any connection with physical substances. Behavioral-based addictions are eating, sex, shopping, internet, computer, tablet, phone, television and game addiction (Soydan, 2015). Behavioral addictions, like in the substance addiction, also show signs of physical and psychological addictions, which are the main components of addiction. (Arisoy, 2009)

Smartphone usage can be effective on social anxiety. Because adolescents, especially when they feel weak and inadequate because of the periodical feelings that they experience, are on the way of self-isolation from society. People who experience such concerns are more likely to prefer telephone-based communication because they aim to show themselves as they wish (Yoon & Kwon, 2011).

Individuals are lonely if they do not have a social group to be sincere and confident in their surroundings, or if they do not have the opportunity to socialize with others. Loneliness is a sign that the individual is a significant deficit in social relations (Batıgün,

2008). Loneliness is an experience that occurs when the individual feels that he can not have a real relationship with the other people, feels rejected, misunderstood, losing of the connection with society or feels the absence of the dependency figure (Imamoglu, 2008; Jung, 2012) The feeling of loneliness is a feeling that can be seen in almost every period of life of the individual. Individuals who feel themselves alone; Self-centered attitudes can be seen when they do not feel in harmony with the environment around them, decreasing of social life events, escaping from responsibility, not wanting to be close to other people, experiencing superficial relations, considering issues from a negative aspect.

Individuals, who are lonely in terms of social perceptions, tend to show themselves different and talk less often (Tsai & Reis 2009). Alone people have low levels of interest and participation (Jin & Park, 2012). It was found that alone people with poor social skills tend to use the internet more often (Engelberg & Sjöberg 2004). It is determined that there is a positive relationship between mobile phone addiction and loneliness among college students in the conducted studies, lonely people are reluctant to talk to others in face-to-face communication, they tend to other network applications on smartphones and prefer communicating with people via messages (Bian & Leung, 2014). It was determined that individuals who feel loneliness they experience; Despair, low self-respect, anxiety, self-rejection, and depression (Asher, Parkhurst & Williams, 1998).

It has been determined that alone students have lower social skills and self-perceptions in interacting with others. Alone individuals are known to have a more self-centered and negative self-conception (Jones, Freeman & Goswick, 1981). The self-respect is a factor that affects personality and behavior and directs the person to life (Aydın, 2010). The self-respect is the representation of the individual's perceptions of his / her perceptions, past experiences, future plans, social roles, and the interaction with parents and other people. Individuals have their own characteristics, by exploring their attitudes, and by their own individual feedback. When the individual is in a positive attitude while evaluating himself self-esteem rises; but if he/she is in a negative attitude then self-respect decreases (Avçaroglu, 2007; Karahan, Sardogan, Çar, Ersanlı, Kaya, & Kumcagız, 2004). Individuals with high self respect are expressed as individuals who express themselves easily in society and can find practical solutions for problems. Other individuals also comment positively on these people (Baumeister, Campbell, Krueger, & Vohs, 2003).

Smartphone ownership, displaying and symbolic usage is considered an necessary part of being able to be adult in many cultures. Smartphones that appear as a showing of identity, carry many symbolic meanings for adolescents (Ling, 2004). Thanks to digital technologies, they share their pleasures, likes, desires, who they want or want to be through these environments (Özata, 2009). Young people benefit from these tools to express themselves and putting their self-respect forward.

Berber Çelik & Odacı (2011) determined that there is a meaningful and negative relationship between problematic internet usage and self-perception and also while the level of problematic internet usage of the students increases then their self respect perceptions are negatively affected. The low self-respect creates a sense of emptiness in the inner world of the person, causes various adaptation problems in social life, and the psychological health of the individual is deteriorating.

Besides, individuals with low self-respect are at a low level of self-confidence and have difficulty explaining their feelings. From this point of view, individuals with low self-respect can prefer for virtual environments where they feel more comfortable and they make the internet as an addiction (Berber, Çelik & Odacı, 2011).

As a result, when we look at applications, it is seen that smart phones are an important communication technology that is included in everyday life and affect our social relations and interactions indirectly or directly. In many studies, adolescents seem to be related to the way they see themselves and perceive others through smartphones (Demir, 2013).

In the light of these studies, it is thought that smartphone addiction is considerable in terms of psychological origins such as loneliness and self-respect in adolescence period. Thus, it is thought that determining the factors affecting smart phone addiction in this phase is important for the psychological development of adolescents.

METHOD

Model of the Research

In this research adolescents' mobile phone addiction examined under loneliness and self respect factors as a predictor variabile. In the research relational survey model was used. Relational survey models are the research models that aim to determine the level or the changing existence of two and many variances (Karasar, 2007).

Population and Sampling

Population of the research consisted of high school students that study in Kayseri province in 2016-2017 academic year. The research scales were applied to 300 coincidentally chosen students.

Data Collectin Tools

1. Problematic Mobile Phone Usage Scale

Problematic Mobile Phone Usage scale, developed by Bianchi & Phillips (2005), adapted into Turkish by Çar & Içıklar (2012). Scale used in the research consisted of 27 questions and it is used as 5 point likert type. In the study of validity and reliability of the research it was applied on 300 students. Turkish form of the scale in the calculation of the internal reliability was calculated as Cronbach's Alpha 0.93. The Cronbach Alpha

reliability coefficient was 0.88, total material test correlations changes from 0.27 to 0.58 and test-repetition reliability of the scale was found as 0.98. With the acquired datum for Turkish form of the scale it was accepted as reliable and valid.

2. Self Respect Scale

Self Respect Scale (SRS) was developed by Bogenç (1994) and its aim was to find out if it is sensitive for the needs of person, showing importance to eliminate that things, knowing him/herself and knowing his/her limitations, while meeting up his/her needs avoiding his/her or others' honor, being in the effort of developing him/herself and evaluating himself positive, being in the realization of his/her negative aspects and despite these characteristics finding himself valuable in the situation of how it is seen on others also. SRS was prepared as degree Likert type and consisted of 20 articles. 15 of the articles were prepared as positive, 5 (3, 4, 6, 7 and 12 articles) of them was prepared as negative. Reactions that were made towards articles answered through these five categories; 1 (Always), 2 (Often), 3 (Sometimes), 4 (Rarely), 5 (Never). Low point that was taken from the scale indicates the low self respect, high point indicates the high self respect. The lowest point that is going to be taken from the scale is 20 and the high point is 100. Cronbach Alpha of the scale was found as .81. Distinguishing study of the SRS was done through the comparison of individuals with depressive symptoms and non depressive symptoms. According to this, SRS points of the group with depressive symptoms and non depressive group's points become different. Besides, the conducted test repetition analyses show that SRS carries consistency (.84).

3. UCLA Loneliness Scale

UCLA Loneliness Scale, in the aim of scaling the loneliness perceptions, developed by Russell et al. In 1978. Turkish adaptation studies were done by Yaparel (1984). Cronbach's coefficient was found as 0.82. Scale is a 4 Likert type and its grading system was prepared like this; 1- Never Experience, 2- Rarely Experience, 3- Sometimes Experience, 4- Usually Experience. In the questions of 1, 4, 5, 6, 8, 10, 15, 16, 20 individual takes the diverse of the points. 1-4 points, 2-3 points, 3-2 points and 4 takes 1 point. Other questions are normally scored. The highest point is 80 and the lowest point is 20. Between 20-80 while points increase then loneliness emotion increase. While the point decreases the loneliness emotion also decreases (Yaparel, 1984).

Analysis of the Datum

Datum acquired from research to see the relationships of the variances the Pearson Product-Moment Correlation Coefficient and for the determination of smart phone addiction variances the Multiple Regression Analysis techniques were used.

FINDINGS

Table 1. Correlation Analysis results related to smart phone addiction, loneliness and self respect on the Adolescents

		Smart Phone Addiction	Loneliness
Loneliness	Pearson Correlation	,081*	
	Sig.(2-tailed)	,000	
	N	300	
Self Respect	Pearson Correlation	,103*	,121*
	Sig.(2-tailed)	,001	,035
	N	300	300

In Table 1 relationship between smart phone addiction, loneliness and self respect were examined. While there was a positive and meaningful relationship found between smart phone addiction and loneliness ($r = ,081$ $p < .001$) and self respect ($r = ,103$ $p < .001$), there was a positive and meaningful relationship found between loneliness and self respect ($r = ,121$ $p < .001$).

Table 2. Multiple regression analysis related to prediction of smart phone addiction on adolescents

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	124,056	20,517		6,046	,000			
Loneliness	-,387	,323	-,069	-1,197	,002	-,081	-,069	-,049
Self Respect	-,216	,133	-,094	-1,625	,005	-,103	-,094	-,054

$R = ,124$ $R^2 = 0,15$ $p = ,000$

In Table 2 smart phone addiction, loneliness and self respect scales multiple regression analysis results were given. When dual and partial correlation values were examined for independent and dependent variances while there was a meaningful and negative correlation found between smart phone addiction and loneliness ($t = -1,197$ $p < ,001$), when the other variances were taken under control the correlation was found as $r = -,069$ between smart phone addiction and loneliness. It is seen that there was a negative and meaningful correlation between phone addiction and self respect ($t = -1,625$ $p < ,001$). When the other variances were taken under control the correlation between smart phone addiction and loneliness was guessed as $r = -,094$.

Shortly, when the multiple regression analysis results were examined related to smart phone addiction prediction there was a meaningful relationship found between

loneliness and self respect scales ($R=,124$, $R^2= 0,15$, $p<.001$). With the variances mentioned, smart phone addiction on adolescents Express almost 15% of the total variance.

According to standardized regression coefficient (β), the importance order of the predictor variances in the smart phone addiction on adolescents is seen as; Loneliness ($\beta=-,387$) self respect ($\beta=-,216$).

Discussion and result

In the result of the research, it was determined that loneliness predicted the smartphone addiction in adolescents. Bian & Leung (2014) and Jelenchick, Eickhoff & Moreno (2012) have determined a positive relationship between mobile phone addiction and loneliness. Engelberg & Sjöberg (2004) found that alone people with poor social skills tend to use the internet more frequently. Alone people are reluctant to talk to others in face-to-face communication and tend to other networking applications on smartphones and also tend to prefer communicating with people through messages (Bian & Leung, 2014). When the related literature is examined, there are studies supporting the usage of the internet and social networks more frequently, especially because the adolescents with high social anxiety have missed the face to face communication (Young & Lo, 2012; Ko & others, 2014; Lee & Stapinski, 2012).

Those who prefer the internet for social interaction have insufficient social skills, and people who are lonely and depressed use the internet in a compulsive way (Caplan, 2003). There are studies that young people with social adaptation problems prefer to communicate through social media (Mikami, Szvedo, Allen, Evans & Hare, 2010).

It is also suggested that excessive usage of the internet has consequences such as reduced educational performance, less time spent on social activities outside the home, and weaker relationships of individuals with parents and friends (Sanders, Field, Diego & Kaplan, 2000). Kraut and colleagues found that ninety-three families met all their needs for internet connectivity watched for two years and at the end of two years there was a decrease in domestic communication and mutual social support (Kraut, Patterson, Landmark, Kiesler & Mukophadhyay, 1998). The chances of controlling social media more frequently with mobile phone means that the limited interaction in the social environment is increasingly focussed on the phone. It is thought that this causes the depression and loneliness of the person as a result of the gradual avoiding from social circles and weakening of relations (Özdemir, 2014).

According to research findings self-respect predicts smartphone addiction. Other studies have shown that there is a relationship between low self-respect and social discomfort and social media addiction (Thadani & Cheung 2011; Landers & Lounsbury, 2006). It was found that there was a positive relationship between loneliness and mobile phone usage duration thus, while loneliness increased, the usage of problematic mobile phones increased (Shar 2013).

According to Wang, Wang, Gaskin & Wang's (2015) study; Individuals who are concerned about face-to-face relationships use smartphones for avoidance behaviors. With this type of smartphone usage behavior, individuals feel more comfortable (Zhang, Chen & Lee, 2014). As one of the reasons for this behavior, low self-respect comes to the forefront (Bianchi & Phillips, 2005; Hong, Chiu & Huang, 2012). When the usage of social networks is examined, it is seen that individuals with low self-respect use social networks to do things they can not do in everyday life. In the same way, individuals with low self-respect consider social networks as a safe and secure place to open themselves (Forest & Wood, 2012). In addition, it is seen that people with interpersonal stress and people with low level of social competence mostly use problematic smart phones (Chiu, 2014).

It has been suggested that while there are studies that show there is no relationship between self-respect, loneliness, social anxiety, depression and life satisfaction and the usage of internet-based communication tools on adolescents (Gross, 2004; Law, 2004). However there are also studies existed to determine that individuals with high social anxiety or in need of social support tend to use internet for compensate these problems (Desjarlais & Willoughby, 2010; Stepanikova, Nie & He, 2010). Wang (2011) reported that adolescents in China have higher levels of self-respect, loneliness and life satisfaction than those who are not addicted to the internet, and there is a meaningful difference between these two groups in studying the levels of internet addiction according to various variables. Genç et al. (2003) stated that people who use mobile phones more frequently have more passive, aggressive, self-insecure, socially incompatible, obsessive, addictive or antisocial characteristics and are associated with social anxiety.

The usage of smartphones now appears to be a condition that can be defined as addiction, which affects community's mental health (Martinotti, Vilella, Thiene, Nicola, Bria, Conte, Cassano, Petruccelli, Corvasce, Janiri & Torre, 2011). Cheever, Rosen, Carrier and Chavez's (2014) work carries importance in order to emphasize the point where smart phone usage came. In the study it turned out that university students who were separated from their smartphones were not showing anxiety symptoms, and those who use high-level smartphones are more specific than those who use low-level smartphones. According to the researchers, the concerns about separation from their phones are at the same level as the separation anxiety. The usage of smartphones has become widespread as today's smartphones offer a variety of possibilities for users to search, write messages, send and receive email, surf the internet, interact with social networks, view and share videos and photos, play video games. Unlike desktop computers, smartphones are one of the most important reasons for this increase in the ability to provide access to these offered opportunities at the desired time and place.

Smart phones in the social relations of young people in Germany affect the face-to-face communication and relationship patterns of adolescents; Reveal different forms of mobilizing and affect individual planning and scheduling. In this conducted research, it is revealed that the usage of smartphones offers a more flexible life flow to young

people while contributing to the adaptation process to the social environment. It is observed that there is a decrease in communication structures related to time, place and content with mobile life. In addition to this, due to the uninterrupted reach provided by smartphones, the addiction of the rescued person from time and place also increases (Thulin & Vilhelmson (2007).

According to the result of the research, a positive relationship was found between self-respect and loneliness. It has been determined that lonely students perceive negative self-perception and inadequate social skills (Koçak, 2008). In another conducted study, it was determined that at a low level there is not a statistically meaningful relationship between self-respect and social avoidance (Hamarta, Arslan, Saygın, & Özyeçil, 2009). Erim (2001) found a positive relationship between self-respect and loneliness in his work. Related studies support research findings.

In his research of Odacı (1994) he found that loneliness, self-respect, and the level of close relationship formation, there is a negative relationship between loneliness level and self respect . Koçak (2008) found that adolescents with high loneliness scores had low self-respect scores when they tried to examine the loneliness seen in the adolescent individuals and examined the self-respect and permanent anger and anger expression styles. Pancar (2009) observed that the level of loneliness of high school students decreased according to their academic success, number of friends, and satisfaction with their relationships.

Turan (2010) conducted a study, it is examining the effects of loneliness, self-respect, age, gender, and romantic involvement in predicting correlative cognitive distortions. In the result of this research; A relationship found between self-respect and cognitive detortions related to the level of loneliness. There was a negative relationship found between self-respect and cognitive detortion related to relationships with loneliness level related to relations there was a negative relationship found.

Students with high self-respect, interpersonal relationships have become less problematic, less alcohol consumed, and academic success. Taysi (2000) examined the social support perceived by university students' self respect. Findings of the study; Has a meaningful and high relationship between perceived social support and self-image. The related literature supports research findings.

In the result of the findings form this research the following suggestion were made.

- 1- There should be studies conducted to increase the self respet of the adolescents
- 2- To increase the healthy usage of the smart phone on adolescents there should be experimental studies conducted
- 3- To avoid adolescents from loneliness emotion there should be information given to the adolescents for making their social and cultural life qualified.

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Summary

EXAMINATION OF THE PREDICTOR VARIANCES OF THE MOBILE PHONE ADDICTION ON ADOLESCENTS

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This study aims to examine whether loneliness and self respect are the predictor of smart phone addiction or not. In the progressing relational survey model there were 300 high school students, chosen with coincidental sampling method, from Kayseri province participated to the research. Datum of the research acquired through Problematic Mobile Phone Usage Scale, Self Respect Scale and UCLA Loneliness Scale. In the analysis of the datum Pearson Product-Moment Correlation Coefficient and Multiple Regression Analysis techniques were used. In the result of the analysis of the datum it was determined that loneliness and self respect expressed the %15 of the total variance related to smart phone addiction on adolescents and also the powerful predictor variance was determined as loneliness. In the result of the research it was determined that there was a positive and meaningful relationship between loneliness and self respect. It is thought that acquired findings will show way to studies which are going to be done for adolescents

Key Words: Smart phone addiction, loneliness, self respect, adolescent

PERSONALITY CHARACTERISTIC AS A PREDICTOR OF MOBILE PHONE ADDICTION ON ADOLESCENTS

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Introduction

New information and communications technologies like computer, internet and mobile phone has started to affect individuals' daily life deeply. Except their talking properties mobile phones provide people to connect virtual networks with their computer and internet connection properties. Today, mobile phones are one of the most important part of individuals' life and connecting with other people (Leena, Tomi & Arja, 2005). Calling family members and friends, sending messages, being connected in every possible place and time, connecting to the internet, playing games and listening to music spending leisure time (Coogan & Kangas, 2001). It was seen that people who use mobile phone at a high level they have low self respect and since they have social skill problems they use mobile phone frequently (Kring, Davison, Neale & Johnson, 2007; Phillips, Ogeil & Blaszczyński, 2011).

It is observed that mobile phone ownership is 99% among students in a study. In the same study, 55% of students prefer to use SMS as the first choice, 30% to talk, 11% to chat and 4% prefer to use e-mail (Caroll, 2005). In another study in 2001 it was found that mobile phones in America have the necessary in modern times, addictive, negative effects and functionalities. 36.6% of the students use mobile phone in the street, 34.1% at home, 16.7% in the school, 9.22% in the car, 2.3% are using mobile phones in shopping (Aoki & Downes, 2003). In a conducted study during the first adolescence period in America it was found that 71% of girls and 60% of boys had mobile phones. (Davie, Panting & Charlton, 2004).

It is known that there are various motivations that lead individuals to use mobile phones. Establishing social relations is one of them. A mobile phone can mean love, friend, even family for a person. The messages sent from the phone can be perceived as a “gift” (Taylor & Harper, 2003). On the other hand, many feelings such as touching, hearing and seeing are felt together while using a mobile phone gives the possibility to communicate more strongly with other people over the phone. The fact that these feelings are intertwined also allows for different emotional processes to be experienced and creates possibility to symbolically express oneself better (Vincent, 2005). Similarly, Campbell & Park (2008) states that mobile phones are differentiated from other communication technologies to allow portability in the body. Besides, mobile phones can be used during the physical activity of a person also makes the phone more adopted as an individual device.

As an other important motivation in terms of security; The use of mobile telephony is almost coded as “safety awareness” in the mind of the person and makes the person safe (Ling, 2004; Ling & Yttri, 2002; Wilska, 2003). In this situation the actual meaning of communicating with other people for the individual is the mobile phone (Davie, Panting & Charlton, 2004). As a pathological consequence of this motivation, “nomophobia” (fear of losing the phone connection) appears below the panic disorder table. In order to feel safe with the possibility of panic attack and fear of not being able to receive help in that case, the individual always in need to call emergency service. In this case the patient is assisted with cognitive behavioral therapy and medication support (Krajewska-Kułak, Kułak & Stryzhak, 2012). In terms of image and identity, the mobile phone is out of the expression of identity belonging to a private community and the identity statement. Sometimes, the person uses a mobile phone (Leung & Wei, 2000), which he sees as a way of “escape” to feel free. In the addiction phase, the phone is an essential part of life for the person. If not, he will feel emptiness in his life. He can go everywhere with his phone when he considers it is necessary (Aoki & Downes, 2003).

With many features among adolescents, mobile phones have become a presentation object of emotions and lifestyles (Ling, 2004). As a matter of fact, social networking sites, online games, video sharing sites, tablets and mobile applications with mobile

phones have become the main importance of the new era. Adolescents use these tools to express themselves and reveal their self. Thanks to digital technologies, they share their pleasures, likes, desires, who they want or want to be through these environments (Özata, 2009).

O'Brien (2010) emphasizes that mobile devices are seen as a means of liberilization device for adolescents, primarily in discussing the use of mobile phones over youth culture. The usage of mobile phones by adolescents is no longer a technical process; it is a process that needs to be thought in social and cultural contexts. Moreover, the means of mobile communication contribute to the formation of group and individual identities of adolescents in the social group. Mobile phones, which are accepted as an important means of socializing in creating a common language in adolescence culture, also lead the production of specific cultural meanings and practices among adolescents. The mobile phones that are come up as an identity presentation for the adolescents have an irreplaceable meaning in the universe of symbols (Ling, 2004). In this context, the mobile phone functions as if a symbol of a desirable but unacquired social status (Çelik, 2010). Therefore, mobile phone ownership, showing off and symbolic use is considered a necessary part of being able to be an adult in many cultures.

Mobile phones are important communication technologies in our daily lives and affect human relationships and interactions directly and indirectly in many aspects(Chen & Katz, 2009). Mobile phones have positive effects on the social life of adolescents but also have some negative effects. Campbell (2005) puts these negative effects forward through escaping from society (ostracism) and virtual bullying. In some cases mobile phones require you to write a message instead of a conversation to explain emotional expressions. This situation negatively affects the social integration capacities of adolescents, causing the adolescents to become more reserved and introverted. Again, excessive dependence on mobile phones also causes a negative process to be conceptualized in the name of cyber bullying in adolescents. This process includes situations such as harassment of other people by using technological devices such as mobile phones. Harassment or attack by mobile phones has more powerful effects than face-to-face harassment. Because it is not possible to hear a word repeated in face-to-face communication, but it is possible to re-read a written text sent by mobile phone. This kind of a situation is also the lead to suffering of the person that has been exposed to the attack many times.

Another negativity is; these devices, which are negatively affecting the lesson concentration of the students, also make the day-to-day work of the educators difficult (Campbell, 2005).

Many personality characteristics are thought to significantly affect the use of mobile phones. The personality structure significantly affects the use of mobile phones. From these findings; it can be said that there positive relationships among personality structure and mobile phone usage (Arns, Van Luijtelaar & Sumich, 2009).

Personality is defined as structures that are fixed over time and indicate who the individuals are by pointing out the psychological qualities that come together in determining emotional, behavioral and cognitive forms (Mount, Barrick, Scullen & Rounds, 2005). McCrae & Costa (1989) defined personality as an interactive, emotional, motivational, experiential interaction style that explains the behaviors of an individual in different situations.

Individuals with high extroversion levels are considered as sympathetic individuals who are easy to relate to people, who like to be with people, close to collaboration. In other words, the introverted individuals are regarded as shy individuals who are isolated, do not like to socialize, who are distant to humans and tend to stay silent (Benet-Martinez & John, 1998, Bono, Boles, Judge, Loveland, 2004, Somer, Korkmaz & Tatar, 2002; McCrae, Costa, 2000). It was found that extroverted individuals who are highly social and need to stay in touch with people are increasing their mobile phone usage rates (Wei & Lo, 2006). Extroverted individuals use mobile phones much more because they see these devices as a socialization tool (Devaraj, Easley & Crant, 2008; Ehrenberg, 2008).

Individuals with neurotic personality characteristics are indicated as anxious, insecure, angry, and sensitive (Bacanli, Ilhan & Aslan, 2009; Christensen & Kessing, 2006; Hankin, Lakdawalla, Carter, Abela & Adams, 2007; Jylhä & Isometsä, 2006). Individuals with low neuroticism are said to be comfortable, emotionally balanced, able to remain calm in stressful situations, easily irritable, self-confident, and positive towards life (Costa & McCrae, 1995; Korkmaz & Tatar, 2002). When technological developments are taken into consideration, it is stated that mobile phone addictions are high because neurotic individuals perceive themselves as threats and stresses to be unable to follow developments because they feel more safe (Ehrenberg, 2008; Devaraj, 2008). Individuals with low levels of responsibility are defined as disorganized, undisciplined, lazy, and out-of-task (Bacanli, Ilhan and Aslan, 2009; Costa & McCrae, 1995; Jensen-Campbell & Malcolm, 2007; Perry, 2003). In the conducted studies it is stated that people with high level of responsibility use the technology only for being more successful and productive in their work (Barrick & Mount, 1991; Devaraj, 2008). Openness to experience personality characteristic is regarded as individuals who like to produce new ideas, adventurous, interested in arts and productive. Individuals with low levels of openness to experience are described as conservative, traditional, fixed-minded, and closed to the innovator (Benet-Martinez & John, 1998; Ehrler, 2005; Costa & McCrae, 1995; These people, who are sensitive to new ideas, education and development, use the technology much more that is related to their business and if they use less they perceive it as a threat (Barrick & Mount, 2001; Costa & McCrae, 1992). Individuals with adaptive personality characteristic are considered as loving people, generous and compassionate individuals (Bono, Boles, Judge & Lauer, 2002; Graziano, Jensen-Campbell & Hair, 1996; Friday, 2004; Martinez & Thomas, 2005). Individuals with low levels of adaptation are reported to be grudging, arrogant, stubborn,

competitive, incompetent, difficult to reconcile (Bacanlı, Ilhan & Aslan, 2009; Costa & McCrae, 1995). Phillips, Butt & Blaszczynski, (2008) found that adolescents with low adaptation level have a high level of gaming on the phone, but Ehrenberg (2008) found that adolescents with high adaptation level they have high level of gaming on the phone.

In recent years with gradual increase of features by developing technology the usage of mobile phones, a symbol of the digital world, has become widespread especially among adolescents (Ameli, 2006; Karaaslan & Budak, 2012). Innovations brought by technology are thought to adversely affect their daily lives in some ways, even though adolescents can adapt to these technologies. In the future, it is thought that the changes and innovations in communication technologies will affect the lifestyles of adolescents in a great way. Thus, determining the factors affecting mobile phone addiction at this stage is important for the psychological development of adolescents.

METHOD

Model of the Research

In this research, as a predictor variance of mobile phone addiction of adolescents the personality characteristics were examined. In the research the relational survey model was used. Relational survey models are the ones that aim to determine two and more than two variances' changing existence and/or degree (Karasar, 2007).

Population and Sampling

Population of the research consisted of secondary and high school students from Bursa province in 2016/2017 academic year. In the research to the 315 students, chosen with coincidental sampling method, scales of the research were applied.

Data Collecting Tools

1. Problematic Mobile Phone Usage Scale

		Extro- version	Respon- sibility	Adap- tability	Openness to Exp.	Neurotic
Respon- sibility	Pearson Correla- tion	-,566**				
	Sig. (2-tailed)	,000				
	N	315				
Adaptability	Pearson Correla- tion	-,579**	,572**			
	Sig. (2-tailed)	,000	,000			
	N	315	315			

Openness to Experience	Pearson Correlation	,581**	-,570**	-,589**		
	Sig. (2-tailed)	,000	,000	,000		
	N	315	315	315		
Neurotic	Pearson Correlation	,575**	-,570**	-,592**	,584**	
	Sig. (2-tailed)	,000	,000	,000	,000	
	N	315	315	315	315	
Mobile phone Addiction	Pearson Correlation	,586**	-,576**	-,593**	,592**	,589**
	Sig. (2-tailed)	,000	,000	,000	,000	,000
	N	315	315	315	315	315

The Problematic Mobile Phone Usage Scale developed by Bianchi and Phillips (2005) adapted into Turkish by Çar & İçıklar (2012). The scale used in the research consists of 27 questions and is used as 5 likert type. In the validity and reliability study of the scale, 300 students participated to the research. Cronbach's Alpha score was considered as 0.93 for the internal reliability calculation of the Turkish form of the scale. Cronbach's alpha reliability coefficient was 0.88, item total test correlations ranged from 0.27 to 0.58, and test-retest reliability was 0.98. With acquired datum of the scale for Turkish form it was accepted valid and reliable.

2. Five Factor Personality Scale

Developed by Benet-Martinez & John (1998), translated into Turkish by Sümer, Lajunen & Ozkan (2005), used in a cross-cultural study, effectively measures the five personality factors. The scale used in the research consists of 44 questions and is used as 5 likert type. The dimensions of the scale are; Extraversion and Neuroticism 8 items, Conscientiousness and Agreeableness 9 items and Openness to Experience consisted of 10 items.

High scores taken from each subscale show that the person exhibits that personality at a high level. In the conducted study for the Turkish sample, the Cronbach alpha values for subscales ranged between .64 and .77 (Sümer, Lajunen & Özkan, 2005). In this study, the subscale for the sampling group ranged from 62 to 74, with Cronbach's alpha values ranged from; Extroversion (74), Responsibility (, 73), Adaptation (62), Openness to Experience (73), and Emotional Imbalance (,67) changes 62- to ,74.

Analysis of the Datum

Datum acquired from research, for determination of relationships with variances the Pearson Product-Moment Correlation Coefficient was used and for the determination of variances that predict the mobile phone addiction Multiple Regression Analysis techniques were used.

FINDINGS

Table 1. Correlation analysis results related to five factor personality scale sub dimensions and mobile phone addiction on adolescents

In Table 1, relationship between mobile phone addiction on adolescents and five factor personality scale subscales was examined. There was a positive and meaningful relationship found between mobile phone addiction and extroversion ($r = .586$ $p < .000$), openness to experience ($r = .592$ $p < .000$) and neurotic ($r = .589$ $p < .000$) There was a negative and meaningful relationship found between mobile phone addiction and responsibility ($r = -.576$ $p < .000$) and adaptability ($r = -.593$ $p < .000$).

Table 2. Multiple regression analysis related to prediction of mobile phone addiction on adolescents

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	61,647	8,265		7,459	,000			
Extroversion	,738	,095	,206	7,758	,000	,586	,404	,037
Responsibility	-,301	,069	-,094	-4,339	,000	-,576	-,240	-,021
Adaptability	-,931	,144	-,297	-6,444	,000	-,593	-,344	-,031
Openness to Experience	,772	,100	,275	7,687	,000	,592	,401	,037
Neurotic	,461	,136	,132	3,395	,001	,589	,190	,016

$R = .596$ $R^2 = 0,355$, $p = .000$

Results of multiple regression analysis of mobile phone addiction and five factor personality scale subscales on adolescents given in Table 2. When the dual and partial correlation values between independent variables and dependent variable were examined, it was found that there was a meaningful positive correlation found between mobile phone addiction and extroversion ($r = .586$), which is a five factor personality scale subscale, while other variables were taken under control, correlation between mobile phone addiction and extroversion were found as $r = .404$. Mobile phone addiction is negatively correlated with the sub dimension five-factor personality scale ($r = -.576$). When the other variables are taken under control, the correlation between the mobile phone addiction and the responsibilities of the sub-dimension of the personality scale is estimated as $r = -.240$. It is seen that there is a negative correlation between mobile phone addiction and adaptability which is the sub dimension of the five factor personality scale ($r = -.593$). When other variables are taken under control, the correlation between mobile phone addiction and adaptability in the sub dimension of five-factor personality scale was estimated as $r = -.344$. It was also found that mobile phone addiction had a high positive correlation in the sub dimension of five-factor

personality scale ($r = ,592$). When the other variables are taken under control, the correlation between mobile phone dependency and the experimental openness, which is the five-factor personality scale's sub-dimension, was determined as $r = ,401$. Mobile phone addiction was found to be positively correlated with neurotic ($r = ,589$), a five-factor personality scale's sub dimension. However, when the other variables were taken under control, the correlation between mobile phone addiction and neurotic, the five-factor personality scale's sub-dimension, was determined as $r = ,190$.

When the results of multiple regression analysis on the predictions of mobile phone addiction on adolescents are examined, there is a meaningful relationship found between extroversion, responsibility, adaptability, empathy and neuroticism ($R = 596$, $R^2 = 0,355$, $p < .000$). The five variables mentioned together explain about 36% of the total variance of mobile phone addiction on adolescents.

According to the standardized regression coefficient (β), the relative importance of the predictive variables on the mobile phone addiction; Openness to experience ($\beta = ,772$), Extroversion ($\beta = ,738$), neurotic ($\beta = ,461$), responsibility ($\beta = -,301$) and compatibility seen as ($\beta = -,931$).

Discussion

According to research findings, extrinsic, responsibility, compatibility, experiential openness and neurotic sub-dimensions of personality traits predicted mobile phone addiction in adolescents.

When the related literature is examined, there are studies supporting research findings. Mobile phone usage is seen as a part of the personality as much as it is interpersonal communication. How the personality influences the use of mobile phones has been dealt by researchers. When these researches are examined, extroversion and neuroticism are mentioned as the most important personality characteristics in the usage of mobile phone (Merlo, Stone & Bibbey, 2013; Satoko, Masahiro & Kimio, 2009).

It is observed that the adolescents continue to socialize and communicate with the opportunities provided by the technology, and it is notable that they carry the possibilities of mobile phones and internet to all dimensions of their living spaces. Especially mobile phones offer communication and sharing facilities with very different technological possibilities even when they are in motion, and adolescents can continue their socialization processes for 24 hours without depending on the place they are in. With the possibilities provided by technological developments, mobile phones offer all the possibilities provided by computer and internet technology, these devices are followed by interest especially by adolescents, and in summary the primary generation is consisted of adolescents for spreading of technology.

The increase in the usage of mobile phones in the survey conducted by Sevi, Odabaçioğlu, Genç, Soykal & Öztürk (2014) was mostly related to passive aggressive,

self-insecure, socially incompatible, obsessive, addictive or antisocial traits, frequent sadness, anxiety. In Thulin & Vilhelmson's (2007) research conducted in Göteborg shows that mobile phone usage offers a more flexible lifestyle for young people while contributing to the adaptation process on social environment.

While there are researches that indicate that young people use mobile phones due to their motivation for socialization (Economides & Grousopoulou, 2008), at the same time there are studies that there is a tendency that mobile phones, which are considered as a useful tool for the social life adaptation of young people (Haddon, 2008).

Green & Singleton (2009) have observed that men are more likely to use mobile phones to adapt to changing functional and social conditions in their work lives. It is stated that adolescents with high mobile phone addiction regarded the mobile phone as an image, a tool with social acceptance, a trust element in social life, and those with low dependency regarded mobile phone usage as only a functional tool in that they had little effect on luxury and socialization in general. At the same time it was reported that, those with high addiction play games on their phones much more (Akın & Divanoglu, 2009).

In Wei & Lo's (2006) study they focused on to analyze the relationship between students' mobile phone usage and their social connections with this usage, and the results of the analysis show that the mobile phone is not a luxury for students and is a necessity for social relations, it is a tool for participating in public environment.

A study conducted in the USA showed that 78% of 12-17 year olds adapt to mobile phones. The survey, in which intelligence spreads from day to day with a preference of 56 percent, is also quoted as saying that classic telephones are no longer in demand. It is also indicated that the mobile phone is the technology that enables the fastest adaptation by consumers in world history (Rainie, 2013).

Jenaro, Flores, Gomez-Vela, and Gonzalez-Gil & Caballo (2007) have reported that mobile phone usage is associated with high levels of anxiety and insomnia in their research investigating problematic mobile phone usage in relation to psychological, behavioral and health issues.

In the Nasar, Hecht & Wener's (2007) research if students' mobile phone usage is for safety aimed or not they reported that there are both positive and negative influences on them, and that students with mobile phones feel safe.

Ross, Orr, Sisic, Arseneault, Simmering & Orr, 2009, Amichai-Hamburger & Vinitzky (2010), Skues, Williams & Wise, 2012, Correa, Hinsley & Zúñiga, 2010, Moore & McElroy), Wolfradt & Doll, (2001), Butt & Phillips (2008) found that the relationship between personality characteristics and usage of social media and communication tools has determined favorable consequences for those responsible people. The findings of the studies in the related literature cover the findings of the research.

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Summary

PERSONALITY CHARACTERISTIC AS A PREDICTOR OF MOBILE PHONE ADDICTION ON ADOLESCENTS

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This research aims to examine whether personality characteristics is a predictor of mobile phone addiction on adolescents or not. Sampling of the research consisted of coincidentally chosen 315 students that study at 9 secondary schools and highschools in Bursa province. In the research Problematic Mobile Phone Usage Scale and Five Factor Personality Scale were used. In the calculation of the datum Pearson Product-Moment Correlation Coefficient and Multiple Regression Analysis techniques were applied. Research results showed that from the sub dimensions of Five Factor Personality Scale; Extroversion, Emotional imbalance, Responsibility, Compatibility and Openness to Experience related to mobile phone addiction on adolescents it expressed %36 of the total variance and the most powerful predictor variance was determined as Openness to Experience. It is thought that acquired findings will show way studies which are going to be done for adolescents.

Key Words: Mobile phone, addiction, personality ,predictor, character

COMPARABLE EXAMINATION OF PSYCHOLOGICAL CAPITAL LEVELS AND LOCUS OF CONTROLS OF THE PRIMARY SCHOOL TEACHERS

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Introduction

Today, human capital that consists of knowledge, skill and savings of the workers, importance of the social capital notions which qualify organizational network structuring and interpersonal relationships gradually increase. Parallel to these developments importance given to human resource and “organizational psychological capital” in terms of using the human resource effectively has been started to be a part of researches’ subject (Wright, 2003; Luthans, 2002b; Nelson - Cooper, 2007; Luthans, Vogelgesang & Lester, 2006).

Psychological capital expresses “who we are” and “what we can be thanks to positive development” (Luthans, Vogelgesang & Lester, 2006; Luthans, Youssef & Avolio, 2007). In this aspect, psychological capital separated from the economic capital that is interested in what we have, the human capital that focuses on what we know, and the

social capital of our acquaintances (Luthans, Luthans & Luthans, 2004). As a result, it is possible to say that the psychological capital is “the ability of the individual that he successfully transfer economical, humanistic and social capital to the organization for achieving efficiency” (Envick, 2005). Some conducted studies show that the organizational psychological capital can be developed through a variety of short applications during a group training (Luthans, Vogelgesang & Lester, 2006). The organizational psychological capital, in this direction, does not have a fixed structure such as personality or centralized evaluations; After all, it is expressed as a whole of characteristics which can be changed by experience or education (Luthans, 2002a; 2002b; Luthans - Youssef, 2007).

While psychological capital is a psychological source that increases growth and performance at the individual level; (Luthans, Avolio, Walumbwa & Li, 2005; Turner, Barling & Zaharatos, 2002), it is a powerful management tool at the organizational level, contributing to competitive advantage by increasing occupational performance, similar to other types of capital. Therefore, organizational psychological capital, public sector, private sector or non-governmental organizations, which create investment attraction and competitive advantage are more important in terms of organizations and occupations than other types of capital; shortly, in terms of every organizational structuring it comes up as a power that is to be acquired and managed (Luthans, Youssef & Avolio, 2007; Wright, 2003).

In this context, the psychological resources of the employees are expressed as hope, optimism, self-sufficiency, resisting (Luthans, 2002a; Luthans & Youssef, 2004; Luthans, Youssef & Avolio, 2007; Gooty, Gavin, Johnson & Frazier, 2009) and this situation is explained as positive psychological capital (Avey, Wernsing & Luthans, 2008).

The concept of self-sufficiency, which is crucial for positive organizational behavior, especially has a very strong relationship with business performance (Stajkovic & Luthans, 1998) and can be developed with various techniques such as social persuasion, positive feedback, psychological and physiological stimulation, indirect learning and modeling learning (Bandura, 1997). In this context, self-sufficiency has a critical appeal because it is a developable property within the structure of psychological capital. Based on its application to business life; Motivation, cognitive resources, confidence, or belief in his/her ability to realize behavior in order for employees to perform a particular task successfully. Those who doubt about their self-sufficiency are worried by avoiding the struggle when they meet with obstacles. Individuals with a high self-sufficiency level are observed to be able to develop superior ways of dealing with difficult and complex tasks (Caprara & Cervone, 2003).

Hope is the determination of the individuals’ effort and stability to achieve the goals, and to determine alternative ways to use them when reaching these goals (Jensen & Luthans, 2002). There are two dimensions of hope: one is willingness power and the

other is the way to reach it (Luthans, Youssef & Avolio, 2007). Snyder (2000) found that individuals with high hope developed a stable plan and trust with a high probability of success. In addition to the previous plan, it has been determined that the highly hopeful people develop alternative plans against the main plan in a proactive manner (Snyder, 2002). Employees with a high level of hope can sometimes try to translate a situation that seems to be negative, and they try to deal with all aspects of the events.

Optimism is defined on the basis of qualitative and explanatory manners of the individual (Carver & Scheier, 2001; Seligman & Csikszentmihalyi, 2000). When optimism explains the positive events that individuals experience it refers to internal, permanent and generalizable reasons; While it explains negative events, it refers to external, temporary, and situation-specific reasons. While optimists see bad events as external (not my mistake), changeable (it has just happened) and specific (only this event); Pessimists, on the contrary, see it as internal (my mistake), stable (it always happens) and general (every event) (Peterson, 2000; Seligman, 1998; Luthans, Youssef & Avolio, 2007). Optimistic individuals also show positive attitudes towards negative events and think that they can actually be beneficial to the lesson, indicating that one's optimism on the members of the organization will be effective on the way to success. It has also been determined that optimists are working harder at work and school and athletically they make more effort (Carver & Scheier, 2001; Peterson, 2000). From this point of view, optimism comes out as a factor that contributes to the psychological capital of the organization.

Psychological endurance is seen as the ability of a person to deal and succeed in many negative situations (obstacle, uncertainty) (Luthans, Avey, Avolio, Norman & Coms, 2006). In the context of positive organizational behavior, it is defined as the personal positive psychological capacity to regain oneself from misfortune, uncertainty, conflict, mistake, improvement and increased responsibility (Luthans, 2002a). Factors of the psychological endurance is ordered as; "acceptance of the reality in bare fact, a deep belief, supporting with strongly adopted values, making life meaningful, an extraordinary improvisation" (Masten, Reed & Gabrielle, 2002; Coutu, 2002).

The organizational psychological capital structure, which is tried to be described above and can provide significant contributions to the public, private sector or other organizations, can promote development and performance at the individual level; at the organizational level it can provide investment and rivalry advantage with performance increase. In this context, psychological capital can be viewed as a central structure in which organizations can develop and invest in business so that they can gain a new perspective and improve their performances and rivalry advantage.

Another important factor that has an effect in explaining the psychological situations that employees have are the control thoughts related to what they are attributing to the events they coincided. Rotter's "Theory of Social Learning" is the theoretical framework of the concept of control.

According to studies in the body of literature, locus of control is in positive or negative expectation about the outcome of the person's behavior. Therefore, these expectations are an important determinant of the way people behave (Rossier, Dahourou & McCrae, 2005). It has been found that those who have an internal locus of control feel that they are controlling their events and their consequences especially affect their lives and psychologically feel better (Cenksever, 2004).

The characteristics of internal locus of control are generally effective, aggressive, entrepreneurial, secure and independent (Silvester, Gough, Anderson & Mohamed, 2002; Loosemore & Lam, 2004). People with internal locus of control have more active roles in the social environment tend to have a higher self-perception (Silvester, Gough, Anderson & Mohamed, 2002; Loosemore & Lam, 2004) and have a tendency to have personal grief (Yagiçan, Sünbül & Yücalan, 2007) (Elise, Bryan & Kathleen, 1998) and their internal motivations are higher (Fazey & Fazey, 2001), as they feel healthy (Ozolins & Stenstrom, 2003). The characteristics of outer locus of control-oriented people are expressed as passive, ineffective, low self-confident and environmentally dependent (Loosemore & Lam, 2004; Silvester, Gough, Anderson & Mohamed, 2002). In general, those who feel themselves inadequate and unsuccessful become passive, skeptical and dogmatic, resulting in higher levels of anxiety and stress (Ashby, Kottman & Draper, 2002). In this context, it can be considered that those with inner locus of control are more dependent on their psychological endurance than those who are confident in their own competence and abilities, decide to solve the problems, optimistic and approach their environment more positively.

The psychological capital dimension is very important for schools which take their input from the society, give its output, affect the society and are influenced by the society open social system in this respect. Schools are in relationship with all persons who will contribute to the school, to the parents, to the school, to the people who contribute to the school, to the graduates, to the community, to the education authorities at the official, local and national levels, to the inspection boards, universities (Kelly, 2004).

The teaching profession is made up of activities that are tedious and long-lasting, exhausting and emotional. Teachers can be seen as a key to the success, such as strong and durable, trust, self-sufficiency, optimism, extroversion, hope and psychological endurance (Eryılmaz, 2013). The high level of these characteristics, which constitute positive psychological capital, seems important for teachers' self-fulfillment and happiness (Seligman & Csikszentmihalyi, 2000). Teachers with high positive psychological capital are thought to have an important impact on the success of schools. The individuals have already raised are returning to them as wealth or poverty of the nations. Therefore importance of education and teacher is so big that cannot be ignored and requires researches to be made on them.

METHOD

Research Model

In this research, locus of controls and psychological locus of controls of primary school teachers were examined. Relational survey model was used in the research. Relational survey models are the ones that aim to determine the existence and/or degree of two and more variances (Karasar, 2007).

Population and Sampling

Population of the research consisted of 305 primary school teacher, chosen with coincidental sampling method, from Bursa province in 2016/2017 academic year and scales of the researches applied to them.

Data Collecting Tools

1-Personal Information Form: The form consisted of independent questions related to research subject and with the resource survey done, experts thoughts included then conducted in the aim of gathering information about personal characteristics of. The Personal Information Form was developed by researcher in accordance with the aim and independent variances.

Psychological Capital Scale

This scale was developed by Luthans, Avolio, Avey & Norman (2007b) and translated into Turkish by Çetin & Basım (2012). The scale defining the sub dimensions of 'optimism', 'psychological endurance', 'hope' and 'self-sufficiency' explaining the psychological capital is composed of 24 articles in total. The scale was prepared in 6-point Likert type; There are various judicial expressions such as "I can find many ways to get rid of it if I find myself in a blocking while working", "I feel that I can handle many things by name" and "I always see good things about the name." The high average of the points taken from the sub dimensions of the scale indicates that each dimension is related to optimism, psychological durability, hope and self-sufficiency, and thus psychological capital is high. In the studies the internal validity of the scale was determined by factor analysis and it was revealed that the Cronbach Alpha values of the subs dimensions of the scale varied between 0,71 and 0,82 for reliability (Çetin, 2011). In this research, original scale corrective factor analysis was performed to ensure the validity of the scale. As a result of the conducted analysis , the adaptation values of the 24-item measure ($\chi^2 / df = 2.80$, RMSEA = 0.078, CFI = 0.86) remained below the acceptable limits. Three questions (1, 8, 11) were extracted from the scale and factor analysis was performed on the basis of factorial total statistics and factor loadings of scale items since a measurement model with a known factor structure was tested. Confirmatory factor analysis using a 21-item scale similar to the Turkish translation study has achieved acceptable adaptation values (χ^2

/ $df = 2.74$, $RMSEA = 0.057$, $CFI = 0.91$). The reliability of the scale was provided by the Cronbach Alpha values calculated for the sub-dimensions and the whole of the scale. At this stage, values for 'optimism' 0.73 , for 'psychological endurance' 0.70, for 'hope' 0.77 , for 'self-sufficiency' 0.79 and for the whole measure was acquired as 0.74. Thus, the validity and reliability of the scale was provided for the chosen sampling.

Rotter Inner-Outer Locus of Control Scale

The Locus of Control Scale is a 29-article arbitrary-choice survey developed by Rotter (1966) with the aim of measuring the general expectations about the differences of perceptions determined by talent, luck and fate. Of these, 6 were filled, and 23 were composed of preferential expressions of internal and external beliefs. The highest score on this scale is 23 and the lowest score is 0. Each item includes forced choice answer type. For example (2.a), most of the unhappiness in people's lives depends a little bit on their luck. (2.b) is the result of the mistakes people make in their chances (Dag, 1991). When 23 items were taken into consideration in the scale, 6 items were not counted because they were used as a filling material to hide the purpose of the scale (fillers: 1,8,14,19,24,27). In addition, (a) while options of articles (2,6,7,9,16,17 ,18,20,21,23,25,29) take 1 points (3,4,5,10,11,12,13 , 15,22,26,28) options of articles (b) take 1 point. Acquired points' being high indicate to louter locus of control, being low indicates to inner locus of control belief (Savaşır and Çahin, 1997). In Tukey the reliability and validity study of the LCS was conducted by Ihsan Dag (1991). Validity reliability studies on university students had a test-retest reliability coefficient of .83, a Cronbach Alpha internal consistency coefficient of .70, and a reliability coefficient of .68 calculated by the Kuder-Richardson 20 formula (Dag, 1991). It is an appropriate scale for group practice as well as individual can answer on his own. There is no time limit for the application.

Analysis of Datum

Datum acquired from research, for analyzing in the aim of seeing the variances' relationships with each other descriptive statistics, t test, F test and Pearson Product-Moment Correlation Coefficient techniques were used.

FINDINGS

Table 1 Locus of control and psychological capital level sub dimensions of the primary school teachers the t test results related to gender

Dimensions	Gender	N	X	Ss	t	p
Locus of Control	Female	138	10,41	6,47	-6,459	,000
	Male	167	15,07	6,09		
Optimism	Female	138	17,40	5,22	6,107	,000
	Male	167	13,56	5,66		

Psycho-logical Endurance	Female	138	17,37	5,08	6,487	,000
	Male	167	13,43	5,45		
Hope	Female	138	17,84	5,37	6,629	,000
	Male	167	13,62	5,65		
Self Sufficiency	Female	138	17,70	5,02	6,079	,000
	Male	167	14,08	5,29		

When the **locus of controls of primary school teachers** were examined according to gender, the arithmetic average of female teachers ($X = 10,41$) and the arithmetic average of male teachers found as ($X = 15,07$). There was a significant difference between the averages ($t = -6,459 p > .05$). When the **psychological capital scale** sub dimension of optimism was examined, the arithmetic average of female teachers ($X = 10,41$) and the arithmetic average of male teachers found as ($X = 15,07$). There was a meaningful difference found between the averages ($t = -6,459 p > .05$). The arithmetic average of the female teachers ($X = 17,37$) and the arithmetic average of the male teachers ($X = 13,43$) were found in the **Psychological Endurance** sub dimension. A significant difference was found between the averages ($t = 6,487 p > .05$). **In the hope sub dimension**, the female teachers ‘average ($X = 17,84$) and the male teachers’ average found as ($X = 13,62$). A significant difference was found between the averages ($t = 6,629 p > .05$). **In the self-sufficiency sub-dimension**, the arithmetic mean of female teachers ($X = 17,70$) and the male teachers’ average found as ($X = 14,08$). There was a meaningful difference found between the averages ($t = 6.079 p > .05$).

Table 2. Locus of control and psychological capital level sub dimensions of the primary school teachers the t test results related to marital status

Dimensions	Gender	N	X	Ss	t	p
Locus of Control	Married	144	11,06	6,85	-4,858	,000
	Single	161	14,65	6,04		
Optimism	Married	144	16,74	5,74	4,226	,000
	Single	161	14,01	5,52		
Psycho-logical Endurance	Married	144	16,54	5,58	4,001	,000
	Single	161	14,02	5,42		
Hope	Married	144	17,02	5,95	4,281	,000
	Single	161	14,19	5,55		
Self Sufficiency	Married	144	17,09	5,41	4,269	,000
	Single	161	14,49	5,24		

When the **locus of controls primary school teachers** were examined according to their marital status, the arithmetic average of married teachers ($X = 11.06$) and the arithmetic average of single teachers found as ($X = 14.65$). A meaningful difference was found

between the averages were found as ($t = -4,458$ $p > .05$). **When psychological capital scale sub dimension of optimism** was examined, married teachers' arithmetic average ($X = 16,74$) and single teachers' arithmetic average found as ($X = 14,01$). A meaningful difference was found between the averages ($t = 4,226$ $p > .05$). The arithmetic average of the married teachers ($X = 16.54$) and the single teachers' arithmetic average found as ($X = 14.02$) in the **Psychological Endurance** sub dimension. A significant difference was found between the averages ($t = 4,001$ $p > .05$). **In the hope sub-dimension**, the arithmetic average of married teachers ($X = 17,02$) and the single teachers' arithmetic average found as ($X = 14,19$). A significant difference was found between the averages ($t = 4,281$ $p > .05$). In the **self-sufficiency sub-dimension**, the arithmetic mean of married teachers ($X = 17,09$) and the arithmetic average of single teachers found as ($X = 14,49$). There was a meaningful difference found between the averages ($t = 4,269$ $p > .05$)

Table3. The F test results related that if there is a difference or not according to ages of the primary school teachers' locus of control and psychological capital level

DIMENSIONS	AGE	N	X	Ss	F	P
Locus of Control	25-30	139	13,09	6,68	,014	,986
	31-35	93	13,00	6,70		
	36 and over	73	12,84	6,72		
Optimism	25-30	139	15,46	5,82	,127	,881
	31-35	93	15,24	5,67		
	36 and over	73	15,05	5,91		
Psychological	25-30	139	15,22	5,54	,144	,866
	31-35	93	15,41	5,59		
	36 and over	73	14,94	5,90		
Hope	25-30	139	15,65	5,88	,057	,944
	31-35	93	15,45	5,69		
	36 and over	73	15,39	6,27		
	25-30	139	15,87	5,30	,105	,900
Self Sufficiency	31-35	93	15,61	5,39		
	36 and over	73	15,5616	5,92		

When locus of control and psychological capital scale's sub dimensions were examined according to their ages there was no meaningful difference found in the sub dimensions of optimism, psychological endurance, hope and self sufficiency.

Table4. The correlation analysis results related to locus of control and psychological capital sub dimensions of the primary school teachers

		Locus of Control	Optimism	Psychological Endurance	Hope
Optimism	Pearson Correlation	-,945**			
	Sig.(2-tailed)	,000			
	N	305			
Psychological Endurance	Pearson Correlation	-,930**	,949**		
	Sig.(2-tailed)	,000	,000		
	N	305	305		
Hope	Pearson Correlation	-,949**	,950**	,955**	
	Sig.(2-tailed)	,000	,000	,000	
	N	305	305	305	
Self Sufficiency	Pearson Correlation	-,901**	,933**	,934**	,953**
	Sig.(2-tailed)	,000	,000	,000	,000
	N	305	305	305	305

In the Table 4 the relationship between sub dimensions of **locus of control and psychological capital** of the primary school teachers were examined. There was a neagative and meaningful relationship found between locus of control and optimism ($r = -.945, p < .000$), psychological endurance ($r = -.930, p < .000$) hope ($r = -.949, p < .000$) self sufficiency ($r = -.901, p < .000$).

Discussion

In the result of the research, meaningful differences were found between the genders of primary school teachers and the levels of locus of control and psychological capital. When the related literature is examined, there are results that are not covering the locus of control and gender studies. Yağıçan, Sünbül & Yücalan (2007) and Yaçar (2006) reported that there were no meaningful differences found between the locus of control orientation and gender, while Tümkaya (2000) found that men with inner locus of control are more oriented than women (Jensen & Luthans (2002). As a result of the research, psychological capital levels of male teachers were found lower than female teachers. Luthans, Avolio, Walumbwa & Li (2005) reported that there were meaningful differences found in psychological capital adjustments according to gender, Caza et al. (2010) and Berberoglu (2013) determined that there was no meaningful difference found.

According to the findings of the research, single class teachers were found to be inner locus of controlled according to the married class teachers where as in psychological capital dimension, married class teachers found the results. Polatçı (2011) stated that

the level of psychological capital of married employees is higher than that of single employees. It covers the findings of the research.

As a result of the research, it was determined that there was no meaningful difference between classroom teachers' psychological capital levels and locus of control according age variance. Berberoglu (2013) and Çınar (2011) reported that there was no relationship found between age and psychological capital level. It is parallel to the findings of our research. On the other hand, Polatçı (2011) and Luthans, Avolio, Walumbwa & Li (2005) found that there was a positive relationship found between the level of psychological capital and age variation in the workers. Jensen, Hughes, & Olsen (1990) determined that individuals' outer locus of control increase when age is progressed but said that when age is progressed individuals' inner locus of control increase (Buluç, 1996). It covers the findings of the research.

In the result of the research, a meaningful relationship was found between locus of control and psychological capital. On classroom teachers the level of psychological capital is found to increase when the level of inner locus of control increases. There was also a positive relationship found between psychological capital dimensions.

It has been reported that there is a meaningful relationship between locus of control and psychological capital in the conducted researches and it is reported that the level of psychological capital will increase with the increase of employees' inner locus of control oriented thoughts (Çetin, Hazır & Basım 2013). The findings of the research support the previous research findings. (Sacker & Schoon, 2007) confirming that individuals with a high level of inner locus of control have a higher level of psychological stability. Similar to other research findings (Martin-Krumm, Sarrazin, Peterson & Famose, 2003; Tusaie & Patterson, 2006), positive emotions were found to be related with psychological strength in this study.

Outer locus of control-oriented individuals were found to be more anxious, stressed, and depressed than inner locus of control-oriented individuals by thinking that they could not prevent negative events from realizing (Ashby, Kottman & Draper, 2002). In the literature, there is a finding that there is a meaningful relationship between outer locus of control and problem behaviors such as depression, alcohol and substance use (Mariano, Donovan, Walker, Mariano, & Walker, 1989; Control focus is a concept related to what they are attributing to the results obtained by people. Some people appear to be more proactive, effective, entrepreneurial, and independent, thinking that there is a relationship between their attitudes and their behavior. It has been determined that these individuals, who are defined as internal control oriented, have higher job satisfaction, organizational commitment and task performances especially in the work performed in the organizational environment (Solmi, 2004). In addition, it is reported that those who are more confident in themselves have a lower stress level and are more positive towards themselves and their environment (Elise, Bryan & Kathleen, 1998; Ozolins & Stenstrom, 2003). In this aspect, it is thought that inner locus of control-

oriented people can contribute to the development of self-sufficiency and optimism with their confidence and positive view. At the same time, the lower stress levels of these people are more hopeful and optimistic about the future and the environment, as well as supporting processes for being more psychologically durable. All of the characteristics that emerged during the studies supported the findings of the current study that the psychological capital of the individuals with inner locus of control is higher.

Psychological capital is a core structure at the top level that brings together and integrates many positive organizational behavioral criteria. For this reason, it is stated that all the factors of the psychological capital are related to each other. Betz (2006) and Multon, Heppner & Lapan (1985) found that there was a positive correlation between self-sufficiency and hope. For example, hopeful people are more motivated to come over the difficulties and therefore they are resistant. High self-sufficiency characterized people easily transfer and apply their hopes, optimism and psychological endurance to their lives (Luthans, Youssef & Avolio, 2006).

The studies revealed that the hopeful people are more motivated and have more confidence in themselves when they are on duty and also have alternate ways and higher performance than others (Jensen & Luthans 2002; Peterson & Luthans, 2003). In addition, Shorey & colleagues (2003) suggested that people have created a climate of hope in the environment of influential leaders who hope for the future and that these leaders are stronger in terms of thinking alternatives, finding solutions, and setting goals. In another study, it was found that managers who are hopeful in the higher level had more demanding retention, satisfactory employees and business performance (Peterson & Luthans, 2003). In this aspect, hope is seen as a factor that contributes positively to the psychological capital in the organization and increases the performance of employees.

In some studies on psychological endurance in the organizational setting, the relationship between psychological endurance and performance is being investigated (Coutu, 2002; Sutcliffe & Vogus, 2003; Youssef & Luthans, 2005). It comes out that psychological endurance is in the same direction with performance in this direction. In this quickly changing world, it has become clear that those who are at higher levels of psychological well-being are more creative and adaptable, and that their performances may increase as they are more aggressive against the obstacles.

Some research results show that teacher self-efficacy and student achievement are related (Caprara & Cervone, 2003; Ross, 1992). Similarly, it has been shown that teachers are more likely to spend more time teaching (Czerniak & Lumpe, 1996), avoiding unwanted student behaviors in class, having classroom management skills (Enochs, Charmann & Riggs, 1995; And commitment (Colodarci, 1992). For example, Sacker & Schoon (2007) found that personal variables (eg, belief in success in the lesson subjects) were effective in determining psychological well-being in the study

of 11,419 returning students who left the school. In a conducted study with university students, it was found that psychological stability was an important variable that predicted adaptation to university life (Yalın, 2007).

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Summary

COMPARABLE EXAMINATION OF PSYCHOLOGICAL CAPITAL LEVELS AND LOCUS OF CONTROLS OF THE PRIMARY SCHOOL TEACHERS

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This research aims to examine the locus of controls and psychological capital levels of the classroom teachers. Sampling of the research consisted of coincidentally chosen 305 primary school teachers working in Bursa province from 15 primary schools in 2016-2017 academic year. In the research Locus of Control Scale and Psychological Capital Scale were used. In the analysis of the datum the t test, F test (One-Way Analysis of Variance) and Pearson Product-Moment Correlation Coefficient techniques were applied. In the result of analysis of the datum according to gender variance it was found that male teachers were more inner control focussed than female teachers. When it comes to psychological capital levels in all sub dimensions it was resulted for the good of female teachers. While single teachers were more inner control focussed than married teachers according to their marital status, in the sub dimension of psychological capital it was found for the good of married teachers. There was no meaningful difference found according to teachers' age variances. Besides, in the result of the research it was determined that as the inner controlling increased then the psychological capital level increased. It is thought that the acquired findings will show way to studies which are going to be done for teachers.

Key Words : Primary school teacher, locus of control, psychological capital, marital status, gender variance

PERSONALITY CHARACTERISTICS AND LOCUS OF CONTROLS AS A PREDICTOR OF LEISURE TIME SATISFACTIONS OF ADOLESCENTS

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Introduction

With the technological developments and rapid urbanization, the notion of leisure time is becoming important for the societies. The productive evaluation of the leisure time (Roberts, 2006), which is defined as the time frame of the person's work, sleeping, eating and other time, can provide important acquirings for the individual. While leisure time has an important place in the daily happiness of the individual, the freely selected activities of this time period also provide a more satisfying opportunity for a satisfying lifestyle (Broughton and Beggs, 2006). Leisure time activities that have different structures and contents but meet the important needs of the individual such as self-expression, physical and mental development, feeling of belonging to a group, sensitivity; At the same time, socialization has important roles in social environment formation, monotony and stress relief brought about by life and psychologically being well (Karlı, Polat, Yılmaz & Koçak, 2008; Torkildsen 2005).

As a result of participation in leisure time activities, individuals gain various benefits. These are; Physiological, psychological, aesthetic, social, educational and relaxation benefits (Harden, 2008). Different leisure time activities provide different levels of utility and satisfaction. For example, it has been found that individuals participating in these activities gain more satisfaction and benefit because serious leisure activities require more stressful, challenging, and gripping control effort (Lu & Hu, 2005).

Free time satisfaction is about the qualities that individuals perceive from the way they fill their leisure time; In general, it points out that how they are satisfied with their free time (Kovacs, 2007). Satisfaction with leisure time is the fulfillment of interests, desires and needs as a result of individuals participating in leisure activities (Mannell & Kleiber, 1997; Rodriguez, 2006).

It is known that multiple personality characteristics are more determinative than other structures and factors in the selection of individuals for leisure time activities and interests (Harden, 2008). Therefore, individuals prefer leisure time activities that are suitable with their personality characteristics (Barnett, 2006; Kovacs, 2007).

Those who have extroverted personality characteristic are people who love to be together with people, full of energy and always thinking well. They are eager and motivated people who say 'yes' to opportunities for excitement. They like to talk in the group, express themselves and attract attention. They are warm and kind to others. They love crowded environments and meetings. On the other hand, the introverted people are lack of enthusiasm, energy and mobility. They prefer to be quiet and cautious, not interested in the social world. Compatible people show importance to be with others. It is they are respectful, friendly, helpful and generous, they get along well with others (Loveland, 2004). Non-concurred people keep their personal interests above getting along with others. Sometimes these people become suspicious of others, who do not like their skeptical, hostile and collaborative (Martinez & Thomas, 2005). Responsible persons avoid from trouble, plan for the purpose and reach success by patience. These people are also described by others as intelligent and reliable. People with low responsibility can be criticized for being unreliable, reluctance to succeed, and not being able to stay on a single line (Perry, 2003). Emotionally balanced people are not easily upset and emotionally less responsive. The rulers are stable and stay away from lasting negative emotions (Cook, 2005). Neuroticism, on the other hand, has a tendency to experience negative emotions (Hankin, Lakdawalla, Carter, Abela & Adams, 2007). First of all, neurotic people live with one of the feelings of anxiety, anger or depression. Those who are open to innovation are those who are intellectually curious, who understand sanate and who are sensitive to beauty (Turner, 2003). These people are more aware of their emotions than those who are not open to innovation. People with a low level of openness to innovation have more limited and general interest areas (Ehrler, 2005).

The concept of locus of control, suggested by Rotter, is one of the most researched structures in personality (Leone & Burns, 2000). Having observed that individuals are different in their ability to control their own lives, Rotter has defined the concept of locus of control, which he has defined in social learning theory, as a place of concentration that determines the positive and negative events (rewards and punishments) in a person's life. According to Hellriegel and Slocum (2008), locus of control is typically a component of responsibility, conscientiousness, and honesty factor.

Individual who has high level of internal locus of control believes that his / her environment is under his/her control and that he can redirect his / her life into the desired aspect (Cüceloglu, 2010). People with inner locus of control are more likely to be able to control and use the time wisely, spend more effort to learn more, less satisfied with the information they receive and able to handle complex information and solving the problems in a better way, tend to be more successful, self- and emotionally controlled, they trust in their own thoughts and judgments, thus it is more difficult to redirect them (Özkalp & Kirel, 2010). Since they spend more time in intellectual and academic activities, have higher school achievement, are more effective in social events, have a higher self-respect and a positive self-concept, are more healthy and balanced in emotional direction and they are more social (Hiriyappa, 2009). It is much easier to be motivated for inner controlled people because they believe that the awards are the result of their own behavior (Daft, 2000).

Individuals with an outer locus of control believe that the events that occur in their lives are caused by factors except for their luck or control (Hiriyappa, 2009).

Individuals with an outer locus of control believe that it is incapable of influencing what is happening and that the direction of life is determined by fate, and that it is not something that can be handled by itself (Cüceloglu, 2010). Individuals with an outer locus of control prefer a structured and guiding controlling style (Hellriegel & Slocum, 2008).

According to the results of different researches, externally supervised people have low level of competence and expectation, have subjective feelings about helplessness, and are more lonely than others. Since they are more passive and peaceful than ones with internal locus of control they see themselves as victims of the outside world (Yeçilyaprak, 2004).

Leisure time activities provide opportunities for adolescents to experience different social roles and activities and to do all of these within the mental and physical health balance. Bammel & Bammel (1992) found that while establishing healthy free time models during the growing period, they should be kept away from the careless free-time preferences that lead to the unconscious consumption of their life-time activities by discovering or choosing free-time activities. Leisure time activities provide adolescents; Social identities, roles and anatomies. In another study, adolescents have socio-cultural

achievements such as learning roles in family and society (Beard & Ragheb 1980), in terms of their physical and intellectual development, their participation in leisure time activities, and their practice of social and team communication skills. This is the measured degree of conscious or unconscious realizing of individual needs. Leisure time has an important role in our lives. It is because it meets a lot of needs, reduces stress, increases effective learning and helps to acquire physical and mental health balance. Leisure time satisfaction assists in the development of satisfaction (Wang, Chen, Lyin & Wang 2008).

In the light of these studies it was thought to be remarkable in terms of characteristics such as personality and locus of control during the first adolescence period of free time satisfaction. Therefore, determining the factors affecting leisure time satisfaction at this stage is important for the psychological development of adolescents.

METHOD

Model of the Research

In this research as a predictor variances of leisure time satisfactions of the adolescents the personality characteristics and locus of controls were examined. In the research relational survey model was used. Relational survey models are the ones that aim to determine the changing existence and/or degree of the two or more than two variances (Karasar, 2007).

Population and Sampling

Population of the research consisted of high school students from Kayseri province in 2016/2017 academic year. In the research scales were applied to 386 students that were chosen with coincidental sampling method.

Data Collecting Tools

1- Personal Information Form:

The form is in the aim of acquiring personal characteristics of the research students by resource surveying was done and expert comments were taken and consisted of questions that are related to independent variances which are the examination subject in the research. The Personal Information Form was developed by researcher according to aim of this research and suitably for independent variances.

2. Five Factor Personality Scale

Developed by Benet-Martinez & John (1998), translated into Turkish by Sümer, Lajunen & Özkan (2005), and used in a cross-cultural study, effectively measures the five-person factor. The scale used in the research consists of 44 questions and it is used as 5 likert type. The dimensions of the scale are; Extroversion and Neuroticism 8 items, Responsibility and Adaptability 9 items and Openness to Experience 10 items.

High scores from each subscale show that the person exhibits that personality at a high level. In the conducted study for the Turkish sample, the Cronbach alpha values for subscales ranged between .64 and .77 (Sümer, Lajunen and Özkan, 2005). In this study, the subscale for the sample group ranged from 62 to 74, with Cronbach's alpha values ranged; Extroversion (74), Responsibility (, 73), Adaptability(62), Openness Experience (73), and Emotional Imbalance (,67) and it changes from 62- ,74

3- Leisure Time Satisfaction Scale

The "Leisure Time Satisfaction Scale" developed by Beard and Ragheb in 1980 and translated into Turkish by Karlı and others in 2008 with validity reliability study is a 5 Likert Type Scale style. This scale determines the level of perception of the needs of the intended individual in their leisure time (Tu, Chen, Wang, and Lin, 2007). The definition of each subscale is as follows; 1-Psychological dimension; The sense of freedom, entertainment, participation and intellectual challenge. 2-Educational Dimension; Intellectual stimulation; Participants include the dimension of helping themselves and those around them to learn 3-Social dimension; Expresses the dimension of communicating with other people, 4- Relaxation Dimension; The extent of relief from the stress and tension of life, 5-Physiological Dimension; To develop physical form, to stay healthy, to promote the dimension of goodness, 6-Aesthetic Dimension; They have a nice, interesting, and beautifully designed dimension of the areas they encounter with leisure time activities.18 The Cronbach Alpha coefficient of the general scale is .92. The Cronbach Alpha coefficient, which indicates the internal consistency of the scale, was found as .97. Internal consistency coefficients of psychological, educational, social, relaxation, physiological and aesthetic sub dimensions were found like these; .92, .93, .89, .90, .83 and .90.

4- Rotter Inner- Outer Locus of Control Scale

The Locus of Control Scale is a 29-item mandatory-choice survey developed by Rotter (1966) with the aim of measuring the general expectations about the differences of perceptions determined by talent, luck and fate. From these, 6 were filled, and 23 were composed of preferential expressions of internal and external beliefs. The highest score on this scale is 23 and the lowest score is 0. Each article includes mandatory choice answer type. For example (2.a), most of the unhappiness in people's lives depends a little bit on their luck. (2.b) is the result of the mistakes people make in their chances (Dag, 1991). When 23 items were taken into consideration in the scale, 6 items were not counted because they were used as a filling material to hide the purpose of the scale (filling articles: 1,8,14,19,24,27). In addition, (a) options of items (2,6,7,9,16,17,18,20,21,23,25,29) were 1 points (3,4,5,10,11,12,13,15,22,26,28) items (b) have a score of 1. The high scores obtained show that there is an outer locus of control, and a low score indicates that it has inner locus of control belief (Savaşır and Çahin, 1997). The reliability and validity study of the LCS was conducted by Ihsan Dag (1991). Validity reliability studies on university students had a test-retest reliability coefficient of .83, a

	Psychology Dimension			Education Dimension			Social Dimension			Relaxation Dimension		
	Pearson Correlation	Sig. (2-tailed)	N	Pearson Correlation	Sig. (2-tailed)	N	Pearson Correlation	Sig. (2-tailed)	N	Pearson Correlation	Sig. (2-tailed)	N
		.783*	.000	386	.907*	.005	386	.350*	.002	386	.562*	.001
	.641*	.001	386	-.152	.065	386	.457*	.002	386	-.212	.092	386
	.636*	.000	386	-.052	.106	386	.622*	.004	386	.148*	.004	386
	.605*	.000	386	-.169*	.011	386	-.736*	.000	386	-.197*	.001	386
	.285*	.000	386	.515*	.000	386	.427*	.005	386	-.069	.055	386
	.738*	.000	386	.149*	.009	386	.167*	.002	386	.702	.239	386
	.612	.145	386	-.061	.294	386	.931*	.000	386	.154	.382	386
				.090*	.001	386	336*	.000	386	.197*	.001	386
							.132*	.006	386	.466	.064	386
										.591*	.031	386

Physiologic Dimension	Pearson Correlation	.380*	-.081	.037	-.098	.246	.279	-.270	.098*	.751	-.607	.192*	
	Sig. (2-tailed)	.002	.388	.425	.089	.076	.854	.129	.009	.068	.070	.001	
	N	386	386	386	386	386	386	386	386	386	386	386	
Aesthetic Dimension	Pearson Correlation	.514*	.093	-.045	-.027	-.017	.267*	.141*	.317*	.491	.119*	.084	.180*
	Sig. (2-tailed)	.004	.247	.136	.447	.767	.003	.025	.007	.086	.039	.148	.002
	N	386	386	386	386	386	386	386	386	386	386	386	386

In the table 1 the relationship between leisure time satisfaction and personality traits and leisure time satisfaction scale sub dimensions and personality traits subscales on adolescents were examined. There was no relationship found between; Emotional imbalance and locus of control ($r .079 p<.281$), locus of control and education dimension ($r -.152 p<.065$), locus of control and relaxation dimension ($r -.212 p<.092$), locus of control and physiologic dimension ($r -.081 p<.388$), locus of control and aesthetic dimension ($r .093 p<.247$), extroversion and education dimension ($r -.052 p<.106$), extroversion and physiologic dimension ($r .037 p<.425$), extroversion and aesthetic dimension ($r -.045 p<.136$), emotional imbalance and physiologic dimension ($r -.098 p<.089$), emotional imbalance and aesthetic dimension ($r -.027 p<.447$), responsibility and relaxation dimension ($r -.069 p<.055$), responsibility dimension and physiologic dimension ($r .246 p<.076$), responsibility and aesthetic dimension ($r -.017 p<.767$), adaptability and relaxation dimension ($r .702 p<.239$), adaptability and physiologic dimension ($r .279 p<.854$), openness to experience and psychology dimension ($r .612 p<.145$), openness to experience and education dimension ($r -.061 p<.294$), openness to experience and relaxation dimension ($r .154 p<.382$), openness to experience and physiologic dimension ($r -.270 p<.129$), relaxation dimension and education dimension ($r .466 p<.064$), physiologic dimension and education dimension ($r .751 p<.068$), aesthetic dimension and education dimension ($r .491 p<.086$), social dimension and physiologic dimension ($r -.607 p<.070$), physiologic dimension and aesthetic dimension ($r .084 p<.148$).

There was a negative and meaningful relationship found between; Extroversion and emotional imbalance (r $-.811$ $p<.001$), emotional imbalance and responsibility (r $-.512$ $p<.000$), emotional imbalance and adaptability (r $-.510$ $p<.000$), emotional imbalance and openness to experience (r $-.820$ $p<.000$), emotional imbalance and education dimension (r $-.169$ $p<.011$), emotional imbalance and social dimension (r $-.736$ $p<.011$), emotional imbalance and relaxation dimension (r $-.197$ $p<.001$).

There was a positive and meaningful relationship found between; Leisure time satisfaction and locus of control (r $.393$ $p<.001$), leisure time satisfaction and extroversion (r $.515$ $p<.002$), leisure time satisfaction and emotional imbalance (r $.535$ $p<.001$), leisure time satisfaction and responsibility (r $.423$ $p<.003$), leisure time satisfaction and adaptability (r $.274$ $p<.000$), leisure time satisfaction and openness to experience (r $.539$ $p<.000$), leisure time satisfaction and psychology dimension (r $.783$ $p<.000$), leisure time satisfaction and education dimension (r $.907$ $p<.005$), leisure time satisfaction and social dimension (r $.350$ $p<.002$), leisure time satisfaction and relaxation dimension (r $.562$ $p<.001$), leisure time satisfaction and physiologic dimension (r $.380$ $p<.002$), leisure time satisfaction and aesthetic dimension (r $.514$ $p<.004$), locus of control and extroversion (r $.199$ $p<.001$), locus of control and responsibility (r $.171$ $p<.004$), locus of control and adaptability (r $.404$ $p<.000$), locus of control and openness to experience (r $.189$ $p<.001$), locus of control and psychology dimension (r $.641$ $p<.001$), locus of control and social dimension (r $.457$ $p<.002$), responsibility and extroversion (r $.806$ $p<.000$), adaptability and extroversion (r $.453$ $p<.000$), openness to experience and extroversion (r $.796$ $p<.003$), psychology dimension and extroversion (r $.636$ $p<.000$), social dimension and extroversion (r $.622$ $p<.004$), relaxation dimension and extroversion (r $.148$ $p<.004$), psychology dimension and emotional imbalance (r $.605$ $p<.000$), psychology dimension and emotional imbalance (r $.605$ $p<.000$), responsibility and adaptability (r $.469$ $p<.000$), responsibility and openness to experience (r $.428$ $p<.000$), responsibility and psychology dimension (r $.285$ $p<.000$), responsibility and education dimension (r $.515$ $p<.000$), responsibility and social dimension (r $.427$ $p<.005$), openness to experience and adaptability (r $.347$ $p<.000$), psychology and adaptability (r $.738$ $p<.000$), education dimension and adaptability (r $.149$ $p<.009$), social dimension and adaptability (r $.167$ $p<.002$), openness to experience and social dimension (r $.931$ $p<.000$), openness to experience and aesthetic dimension (r $.141$ $p<.025$), psychology dimension and education dimension (r $.090$ $p<.001$), psychology dimension and social dimension (r $.336$ $p<.000$), psychology dimension and relaxation dimension (r $.197$ $p<.001$), psychology dimension and physiologic dimension (r $.098$ $p<.009$), psychology dimension and aesthetic dimension (r $.317$ $p<.007$), education dimension and social dimension (r $.132$ $p<.006$), relaxation dimension and social dimension (r $.591$ $p<.031$), aesthetic dimension and relaxation dimension (r $.119$ $p<.039$), relaxation dimension and physiologic dimension (r $.192$ $p<.001$), aesthetic dimension and physiologic dimension (r $.180$ $p<.002$).

Table 2. Multiple regression analysis related to prediction of leisure time satisfacion on adolescents

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero-order	Partial	Part
(Constant)	,689	1,384		,275	,971			
Locus of control	,058	,048	,038	1,071	,002*	,050	,027	,021
Extroversion	,848	,191	4,752	3,129	,000*	,581	,277	,126
Emotional Imbalance	,646	,194	,801	3,231	,001*	,592	,170	,084
Responsibility	,643	,172	,779	3,186	,001*	,432	,369	,081
Adaptability	,711	,217	,675	3,205	,001*	,273	,164	,080
Openness to Experience	1,417	,207	4,113	4,766	,000*	,529	,142	,129
Psychology Dimension	1,242	,743	,780	21,694	,000*	,832	,439	,547
Education Dimension	,725	,075	,201	7,748	,000*	,546	,304	,031

Social Dimension	,307	,079	,086	4,329	,000*	,556	,140	,025
Relaxation Dimension	,937	,134	,290	6,414	,000*	,573	,444	,033
Physiologic Dimension	,774	,120	,271	7,647	,000*	,572	,101	,032
Aesthetic Dimension	,464	,116	,136	3,325	,001*	,549	,290	,019

$R=,583$ $R^2=0,339=$, $p=,000$

In Table 2 leisure time satisfaction and locus of control, personality characteristics, sub dimensions of personality characteristics and leisure time satisfaction sub dimensions multiple regression analysis results were given. When dual and partial correlation values were examined while there was a positive correlation between leisure time and locus of control ($r=,050$), when other variances were taken under control the correlation between leisure time satisfaction and locus of control was found as $r= ,027$. From the sub dimension of leisure time satisfaction and personality characteristic there is a positive correlation seen in extroversion ($r=,581$). When the other variances were taken under control the correlation between leisure time satisfaction and extroversion was guessed as $r= ,277$. From the sub dimension of leisure time satisfaction and personality characteristic there is a positive correlation seen in emotional imbalance ($r=,592$). ,when the other variances were taken under control the correlation between leisure time satisfaction and emotional imbalance was guessed as $r= ,170$. Besides, it was found that there was a high level of positive correlation with responsibility from the sub dimension of leisure time satisfaction and personality characteristic ($r=,432$). When the other variances were taken under control the correlation between leisure time satisfaction and responsibility was found as $r= ,369$. It was determined that from the sub dimension of leisure time satisfaction and personality characteristic there was a high level positive correlation found in the adaptability ($r=,273$) . However, when the other variances were taken under control the correlation between leisure time satisfaction and adaptability was determined as $r= ,164$. It was determined that there was a high level positive correlation found on openness to experience from the sub dimension of leisure time satisfaction and personality characteristic ($r=,529$).

However, when the other variances were taken under control the correlation between leisure time satisfaction and openness to experience was determined as $r = ,142$.

As an other variance while there was a meaningful and positive correlation found between psychology dimension and leisure time satisfaction ($r = ,832$), when the other variances were taken under control the correlation between leisure time satisfaction and psychology found as $r = ,439$. While there was a positive and meaningful relationship found in the dimension of education dimension and leisure time satisfaction ($r = ,546$), when the other variances were taken under control correlation between leisure time and education dimension was determined as $r = ,304$. While there was a positive and meaningful correlation found between social dimension and leisure time satisfaction in the sub dimension of leisure time satisfaction ($r = ,556$), when other variances were taken under control the correlation between leisure time and social dimension is seen as $r = ,140$. While there was meaningful positive correlation found between leisure time satisfaction and relaxation dimension in the sub dimension of leisure time satisfaction ($r = ,573$), when other variances were taken under control the correlation between leisure time and relaxation dimension was found as $r = ,444$.

While there was a positive and meaningful correlation found between physiologic dimension and leisure time satisfaction in the sub dimension of leisure time satisfaction ($r = ,572$), when other variances were taken under control the correlation between leisure time and physiologic dimension was determined as $r = ,101$. While there was a meaningful and positive correlation found between aesthetic dimension and leisure time satisfaction in the sub dimension of leisure time satisfaction ($r = ,549$), when other variances were taken under control the correlation between leisure time and aesthetic dimension was determined as $r = ,290$.

Shortly when the multiple regression analysis results related to prediction of leisure time satisfaction it was found as $R = ,583$, $R^2 = 0,339$, $p < .000$). With the all mentioned variances leisure time satisfaction on adolescents express approximately the 34 % of the total variance

According to standardized regression coefficient (β) predictor variances' relative importance order on the leisure time satisfaction; Openness to experience ($\beta = 1,417$), psychology dimension ($\beta = 1,242$), relaxation dimension ($\beta = ,937$) extroversion ($\beta = ,848$), physiologic dimension ($\beta = ,774$), adaptability dimension ($\beta = ,711$), emotional imbalance ($\beta = ,646$), responsibility ($\beta = ,643$), aesthetic dimension ($\beta = ,464$), social dimension ($\beta = ,307$) locus of control ($\beta = ,058$).

Discussion and result

According to research findings, it was determined that the locus of control predicted leisure time satisfaction. Kelley & Stack (2000) determined that, within the context of the study of adolescents, adolescents were the most influential variable in the prediction of overall happiness and general life satisfaction. In study of Durna &

Çentürk (2012) results show that internally supervised students spend more time on sporting activities and reading books. Innovation, risk taking and expanding individual networks are inversely related to the outer locus of control and in a diverse relationship with expanding the intrapreneurship (Çetin, 2011). In a conducted study by Sarı & Çahin (2011) on senior high school students, it was concluded that the locus of control of the students predicted the deciding the job self sufficiency.

While Erdogan & Ergün (2011) stated that there is a positive relationship between risk taking tendency and outer locus of control, Meydan (2010) concluded that locus of control has a forming effect on intrapreneurship behaviors. Besides, Deniz, Traç & Aydoğan (2009) reported that adaptability and general mood meaningfully predicted the locus of control of the students.

Gianakos (2002) suggests that internal control orientation is influential on positive thinking and helping behaviors; while outer locus of control is predictive of avoidance and peaceful behaviors. It was also emphasized that inner control in the same study was a predictor variable in the positive thinking subtest. Judge, Erez, Bono & Thoresen, (2002) suggested that measures of locus of control sense of self, neuroticism, and general sense on self predicted the general well-being of the person, and that there was a permanent relationship between these four variables at the same time. The related literature and research findings show parallelism.

According to research findings, while there was a positive relationship between extroversion and openness to experience from sub dimensions of locus of control and personality characteristics there was no relationship found between emotional imbalance and responsibility. In his study with private sector managers, Demirkan (2006) noted that there was a positive relationship between Emotional Balance, from five factor personality characteristics, locus of control of the managers, there was a negative relationship found between openness to experience, adaptability, responsibility and locus of control. While the mentioned findings meet up with research findings in the openness to experience dimension they do not meet up with in other dimensions.

In the result of the research, it was determined that personality characteristics and sub dimensions predicted leisure time satisfaction on adolescents. In another study which examines the relationship between personality characteristics and leisure time participation, it was noted that there was a meaningful relationship found between selected leisure time activities and personality characteristics of participants (Mannell & Kleiber, 1997). In his research Kovacs (2007) stated that individuals enjoy more leisure time choices than their job / occupational choices, have more leisure time activities overlapping with personality characteristics, and have more fun as a result of their participation in a leisure activity that overlaps with their personality traits. Barnett (2006) suggests that the majority of leisure time preferences are due to motivational structures and different personality characteristics. In another study, it was found that individuals who showed extroverted personality participated in more leisure time

activity, had more satisfaction and this gave more happiness, but those who showed neurotic personality characteristics participated in less leisure time activity and got less satisfaction therefore it ended with less happiness. Besides all of these, leisure time preferences are associated with personality differences (Lu & Hu, 2005).

Extroverted individuals are generally positive, warm, friendly, confident and active individuals, with high energies and seeking enthusiasm (Kovacs, 2007). Therefore, it would not be wrong to say that the individuals who often participate in leisure time activities are extroverted individuals. Participation in sportive activities with risk was related to extroversion, sportsmen are more extroverted than non-sportsmen, and those who spend time playing computer are more introverted (Mannell & Kleiber, 1997). In a study of the personality characteristics of middle-aged Japanese and frequency of participation in exercises, a positive correlation was found between participation to exercise and extroversion scores; Individuals who do not do exercise had higher neurotic scores (Kovacs, 2007). It has been reported by Furnham (2004) that extroverted personality characteristics are associated with leisure time preferences such as drinking as a social activity, meeting with friends, watching adventure and horror movies.

When the conducted researches are examined, it is possible to say that individuals who show adaptability characteristics participate in leisure time activities based on volunteerism (Mannell & Kleiber, 1997). Responsibility personality characteristic is about having a regular, reliable and high discipline. It is possible to characterize them as serious leisure time participants because of the reflection of the high level of work ethics they have in leisure time (Kovacs, 2007). Individuals with high levels of responsibility do not have features such as spontaneous decisions or drop-offs to participate in active leisure activities, while enjoying serious leisure activities (Mannell & Kleiber, 1997). Kovacs (2007) and Barnett (2006) found that neurotic individuals do not like joyful activities such as games, they ignore positive situations in their lives and therefore they have low satisfaction from the activity they participate in. It has been found that the habit of watching TV as a leisure time activity and as leisure time activity this habit was found to be related to the neurotic personality characteristic (Lu & Hu, 2005).

Openness to experience factor was found to be related to games that require research, curiosity and creativity in children; yet, on adults it is related to self-confidence (Mannell and Kleiber, 199). It can be argued that individuals with higher levels of openness to experience have more reading habits than others, and are more active in participating in free time activities such as participation in courses and high culture-required activities (Kovacs, 2007). Ross, Orr, Sisic, Arseneault, Simmering & Orr, (2009) reported that individuals with higher experiential openness scores in their research were more likely to socialize through Facebook, to experiment with new things, and to adapt to new practices.

Chen, Lee & Chang, (2007) found that individuals who went to the fitness center had lower neurotic scores, higher extroversion, greater mental ability, greater empathy and more responsibility. On the other hand, Tok (2011) found that individuals engaged in risk sports had higher scores on extroversion, openness to experience on the other hands students with lower scores have lower scores on mildness and neuroticism than those who did not participate in adventure and risk sports.

According to research findings, there was a meaningful and positive relationship between leisure time satisfaction, extroversion, adaptability and openness to experience personality characteristics and a meaningful and negative relationship found on neuroticism. Chen (2005) found that there was a meaningful relationship between the personality characteristics of college students and the level of satisfaction they had from leisure time activities they attended; Neuroticism is negative between personality characteristics and leisure time satisfaction; Experience showed a positive relationship with openness to experience, extroversion, adaptability and personality characteristics. The most important factor affecting the leisure time satisfaction of the factors included in the five factor personality the most important factor is extroversion. According to study of Harden (2008), Hou, Tu & Yang, (2007), Kovacs (2007) and Tu, Chen, Wang & Lin, (2007), it is positive between extroversion, experiential openness, responsibility and compatibility personality traits and leisure time satisfaction; there was a negative and meaningful relationship with neuroticism. When the relevant literature is examined, it supports the research findings.

In the result of the findings acquired from this research there are suggestions made in the following.

- 1- A planned and programmed leisure time education should be suggested for adolescents. Leisure time education can contribute to personality development and socializing of the adolescents.
- 2- For increasing the leisure time satisfaction levels of the adolescents there should be experimental studies done.
- 3- There should be studies done to increase the locus of controls of the adolescents.

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Summary

PERSONALITY CHARACTERISTICS AND LOCUS OF CONTROLS AS A PREDICTOR OF LEISURE TIME SATISFACTIONS OF ADOLESCENTS

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This study aims to examine whether locus of control and personality characteristics are the leisure time satisfaction predictor on adolescents or not. In the progressing relational survey model there were 386 high school students, chosen with coincidental sampling method, from Kayseri province participated to the research. Datum of the resarch acquired through Five Factor Personality Scale, Rotter Inner-Outer Locus of Control Scale and Leisure Time Satisfaction Scale. In the analysis of the datum Pearson Product-Moment Correlation Coefficient and Multiple Regression Analysis techniques were used. In the result of the datum it was determined that locus of control and personality characteristics expressed %34 of the leisure time satisfaction's total variance and the most powerful variance was determined as openness to experience. It is thought that the acquired findings can show way to the studies which are going to be done for adolescents

Key Words: Leisure time, locus of control, personality , character, research

CORPORATE MISSION AND VISION MANAGEMENT IN THE PROCESS OF STRATEGIC HUMAN RESOURCES MANAGEMENT

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Introduction

Businesses are active in environments that constantly shift and highly uncertain. Because of factors such as globalizing markets, changing technology, increasing number of legal and corporate regulations, takeovers and mergers that occur between companies, changing and differentiating demographic structures, social and corporate changes etc., it has become even more difficult for businesses to achieve success. Proactive and strategic management approaches have become prominent for achieving the difficult. Strategic management is a method that aims to have the business survive and achieve competitive advantages on the long term (Ülgen and Mirze, 2004, p.34). In this context, strategic management approach provides the business with long term vision and it requires the business to identify its environment and create strategies according to it. In this context, strategic management can be defined as a body of decisions and activities that aim to create effective strategies apply and control them by evaluating their results (Dinçer, 2006, p.35).

The process of strategic management must be thought of as a special decision making and problem solving process. The primary stages of this process are development and selection of strategies, applying strategies and evaluating strategic results. The starting point of this process is the development and selection of strategies. This process was defined as “strategic designing” by Dinçer (2006, p.39) and as “strategic inducement process” by Ülgen and Mirze (2004, p.67) Strategic inducement means taking the values of the management and organizational priorities into account when defining the future of the organization and determining its strategic goals. For an organization to do its strategic design, strategic analysis study results are necessary. This is because defining long term general and specific goals requires rational future forecasts. But this is not enough for strategic inducement. Also, the organization’s common values and priorities have an important place for the leader’s and employee’s expectations. In this

context, an organization's strategic inducement must contain these primary elements: Management philosophy, mission, vision and goals, strategies and policies that will allow reaching goals (Dinçer, 2006, p.42).

Concepts of mission and vision

1.1. The Concept of Mission

Mission is derived from Latin words "mittere" or "missus" and it means having something move, throwing and so on and it is translated from English to Turkish as "misyon". It is stated that it is derived from the word *meit*, which means throwing in Indo-European language family (Cummings and Davies, 1994: 147). In Latin, the term "missio" is derived from "mittere" which means "being sent to" or "being set free". In French, "mission" means "being sent or sending someone somewhere with a task" or just "task". Another meaning of the work is "task that is undertaken with the goal of spreading Christianity". According to Turkish Language Society, the work mission means task. Mission also means "an important task that is assigned".

Since there isn't a single definition for mission in literature, businesses use various statements that can range from a single sentence to a few paragraphs under a certain heading or under no headings at all. The following can be examples for these statements (Klemm et al., 1991: 74):

- Mission statement,
- Mission declaration,
- Objective and values,
- The goal.

1.1.1. Mission in Administrative Sciences

Mission is the reason of existence for an organization and it is a characteristic that allows organization to survive and it also distinguishes the business from other businesses (Akyüz, 2001: 42).

Mission states the reason of existence of an organization and why it exists. In other words, mission is the endeavor to provide a reason for existence for the organization and it aims to explain the basis of its existence, what must be prioritized and what is the thing that is wanted to be achieved when it is formed (Dalay et al., 2002: 20).

According to Ülgen and Mirze, mission is the reason of existence for a company and it is an important starting point for the process of forming strategy. When preparing strategies for a company, current mission will guide strategies. In addition to being a reason for the foundation and the existence of the company, this will also determine where will some certain products be produced, what the work philosophy will be,

which values will it uphold and the company's difference from others (Ülgen and Mirze, 2010: 68).

Mission must be stated with a clear and laconic statement. In other words, mission must explain why a department or an unit exists within a company and what its responsibilities are. It is desirable to generally state this in the by-laws or the corporate constitution (Demir and Yılmaz, 2010: 78).

Whether it is written or not, every organization has a mission. In organizational activities, missions that shape the actions of the employees are determined pursuant to the beliefs, opinions and values of the owners and the managers of the organization. Mission is the reason behind an organization's existence and it provides a roadmap for it to reach its goals. Mission reveals the primary characteristics that make a distinction between organizations which share the same general and strategic goals (Kılıç, 2010: 93).

Mission is included within the planning process. Hierarchy of plans and the planning process both start with the definition of the task that makes up the reason of existence. For example, the task of Renault is to serve providing of transportation.

Drucker has stated that a work cannot be defined with its name, status or with corporate writings about it, instead, the work will define the mission and only with a clearly written mission will what the organization wants to achieve and what the clear and simple goals of the work be revealed (David, 2002: 55).

Missions must be formed before organizational strategy. Mission forms the basis for strategy and it makes strategy more concrete (Özberk, 2007: 58).

If one examines the opinions of the Turkish and foreign writers who have expressed their opinions on the concept of mission, it can be seen that the statements are generally common, but in details, they are different than one other and they contradict with each other. For example, Drucker (2002) has stated that an organization's work will be defined with its mission and therefore he brought mission close to advertising but, Ülgen and Mirze (2010) stated that mission is the reason of existence for companies and it is a starting point for creating an organizational strategy. According to Miller and Dress (1996), who was approaching mission with questions, have referenced organizational vision with the question "what differences can occur in our occupations in the next three to five years?" (Klemm, Sanderson and Luffman (1991), have done a research on British businesses' mission and this research has shown that the first three articles are not related to the concept of mission. A business' long term goal, strategic goals and objectives are all related to the other concepts in administrative sciences. In this context, there isn't a single definition for mission in the literature. But generally for organizations, it can be said that mission is a roadmap that can be followed to distinguish themselves and their work, values, beliefs, reasons of existence from other organizations.

1.1.2. Evolution of the Concept of Mission in Administrative Sciences

Administrative applications are as old as society itself. The idea of management exists in the works of the kings and philosophers before and in the common era; in advices that were given to kings, princes, commanders and statesmen; in religious texts and so on, and, it can be seen that in all of these, there is a concept of administration that is somewhat close to today's principles and techniques (Baransel, 1979: 101).

To study the historical development of the concept of mission, the stages of strategic management must be examined. This is because mission is a concept that exists within the strategic management process. Strategic management topics being used in businesses is not a very old concept. Up until the last fifty years, where planning is included in the management functions of businesses, which is a process that has lasted until 1960's that have gathered it under topics such as long term planning, corporate planning and strategic planning, the concept of mission did not present (Ülgen and Mirze, 2010: 38).

The emergence of the mission concept in the strategic movement has started with the article "Marketing Myopia", published in "Business Review" at 1960. In this article, Ted Levitt has stated that many businesses have wrong work definitions (Hazır, 1998: 54). Also in 1960's, Ansoff has created analytic approach to long term planning in businesses. This has started the movement where events are examined rationally and analytically and with the results of this analytic thought structure, future was being shaped. In other words, the general and sectoral environments of businesses have started being predicted based on markets, customers and rivals. While strategic planning has been analytically analyzing the external environments (environmental analysis, rivals, markets, products, etc.), it did not include the inner dynamics of the business (inner elements of the business, management style, etc.). (Ülgen and Mirze, 2010: 38, 39).

Before 1970's, most bureaucratic and official applications (reporting, management information systems, official and unofficial rewarding systems and personal applications of the managers) were developed to meet the insufficiencies of this system developed within the organization. All of these applications were related to the external environment (customers, shareholders, etc.) of the business (Bart, 1997: 10-11). Strategic management included the elements internal to the business that are not included in the strategic management and this, along with guides provided by Peter Drucker, who is known as "the father of modern management", clarified our opinions on mission. Drucker, has concluded that "what is our job" is synonymous with "what is our mission" (David, 2002: 59). Businesses have realized that they can motivate their workers and have them feel like they are a part of the organization by employing endeavors that attempt to create mission.

1.2. The Concept of Vision

Vision is derived from the word “vide” in Latin which means to see, and it is translated as “vizyon” into the Turkish language. It is stated that in Indo-European language family, “vision” is derived from weid, woid or wid, all meaning to see or to know (Alkoç, 2010: 26).

According to Leonhard, vision is derived from the Latin word visio, which in turn derived from “videra” and it means being aware, to understand, to grasp. German words “wissen” (to know) and weise (to know) also derived from the same word. In dictionaries, there are definitions that mean “to dream” or “to hallucinate” (Yıldırım, 2003: 26).

According to Turkish Language Association, vision, as word, means outlook and it also means ideal, forethought, and, foresight, which is more relevant to administrative sciences.

According to Burnside, vision can be defined as a desirable situation or a living picture of the future. It can be said that is alive because its existence is not limited documents as it exists in people’s actions and thoughts. It is a picture, as it is not merely limited to abstractions, it includes imagery as well. Imagery is more relevant than abstract definitions and it includes more substantial thoughts and emotional values. Since vision is made up of all of these aspects, it is more unifying (Durna, 2002: 186).

According to Mirze and Ülgen, vision is a reference and turning point for the upper management of a company which aims to change and reorganize. Vision motivates people by unifying them and steering them towards future and it serves as a roadmap (Ülgen and Mirze, 2010: 70).

It determines the values of a company, its current situation, and the objectives that it wants to achieve and unifies the workers under the banner of a common goal, thus leading the organization towards the desired future (Çetin, 2009: 97).

1.2.1. Strategic Vision

Strategic vision is a type of foresight, it defines thinking about the future, discovering future opportunities, putting more importance on long term gains instead of daily gains and planning works according to these (Islamoglu, 1999: 57). Therefore, it gives the possibility to understand what the organization is, how it can change and what its activity centers are. Thus, making daily decisions and allocating time, talent and money will be easier and the process of guiding the organization will be more logical, easier to understand and easier to communicate (Dogan, 1999: 191).

According to Maznevski, the following are the elements of strategic vision: (Dogan, 1999: 192).

Defining the perceived work environment; following social developments that will lead into obtaining new opinions and sustaining these opinions,

Work definitions; defining these works according to where the creative force of the organization wants to move towards to,

Determining the distinction of organization's currently possessed resources and talents,

Ability to perceive the limitations in imitations, distinguishing resources/talents and achieving these distinguishing characteristics,

To be able to see the most proper path that leads from now to the desired future is the power to create new distinguishing characteristics by using the distinguishing characteristics that always existed.

Corporate mission and vision management in the process of strategic Human Resources Management

The word vision means sight, wide point of view, foresight, ability to see, intuition, imagery, dream and imagination in the Turkish language. In the context of business management, vision represents the point that is desired to be reached in the future. (Hatipoglu, 2009:83). Vision also defines what the organization wants to be and what point it desires to reach in the future (Efil, 2004: 306) and, it is the expression of a fantasy about the desired situation in the future. In shorter terms, it is the word-based definition about the future situation of the business (Ülgen and Mirze, 2004:179). Moving forward from these definitions, vision creates a future image for the business by bringing the current situation of the business together with the expected occurrences in the future (Koçel, 2005:130).

Vision emerges as original opinions of a leader that are not thought of or succeeded at before, and the objective is to succeed at them in the future. In other words, these are thoughts and dreams that are not based on any strategy. However, strategic management requires a vision to be determined first. Vision of a manager or a leader also reflects his/her expectations about the future, to what extent are he/she open to innovation and creativity and some other personal opinions (Eren, 2005:18).

Vision represents a starting point in the process of strategic management and some writers see it as the "only" starting point that can guide strategies. If vision is accepted as the only starting point for strategies, it can also be defined a guiding system created by creative minds that serve as the compass of strategies (Ülgen and Mirze, 2004:179).

Vision guides the future workers and it also guides investors on how must they act so that they can reach desired objectives. Determined vision of an organization guides the workers in these aforementioned organizations based on certain principles and towards

certain objectives and therefore, it saves the workers from working inefficiently. An organization without a vision is like a ship without a route. In other words, the existence of vision guides the business towards coordination, creativity and rational behavior and its inexistence carries the business and it's towards failure and chaos. (Ülgen and Mirze, 2004: 180).

It is noted that strong visions are generally the product of a leader or an upper level manager of the business. For vision to be shared and for it to be realized, the leaders or managers must make sure that vision is adopted by everyone in the organization (Ülgen and Mirze, 2004: 180). For the determined vision to become adopted by everyone within the organization, it must be simple, easy to remember and impressive. At the same time, a simple and easy to remember vision must also be “assertive, usable in inter and external shareholders, able communicate what the organization wants and how it wants to be recognized by the shareholders and it must also include assumptions on how it can raise the quality of life for those who use the services provided by the organization”(Kotter, 1998, translated by Küçüksüleymanoglu, 2008: 405).

Two primary methods can be used when forming a vision. First one involves the vision being determined by leaders or founders and sharing this vision with the organization's members. Second one is developing the vision with the workers. For first method to be successful, the upper management of the corporation must have strong leadership skills. For second method to be successful, the organization must have a healthy communications environment (Ülgen and Mirze, 2004; 183).

If first method is used, upper level management must take the points given out below into consideration when sharing the vision with the workers:

- It must be clear in statements and goals.
- The facts that make up the basis for the vision must be emphasized clearly and constantly.
- Since vision can only be realized by workers, it must be emphasized that workers are valuable.
- Opinions of the workers must be benefit from and they must be consulted when preparing the vision.

If the second method is being used, the following must be taken into consideration when preparing the vision with the workers.

Everyone's opinion must be weighed equally when determining the vision.

Rather than agreeing on common opinions, opinions that complete each other must be promoted.

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- It must be kept in mind that the objective is not just to form a written vision declaration; it is also to show that the business has a real vision.

On the other hand, Tom Peters has suggested eight principles when creating effective visions in a company. These are (Aktan, 2008):

To effectively adopt the vision, it must be at the level where it can affect human behavior,

It must be clear and it must drive the success of the organization,

It must always aim for perfection,

Its rules must not be set in stone, it must always include flexibility, and it must be consistent and open to innovation,

Authority transfer to workers must be enabled,

Past must be honored and must be prepared for the future,

Perfection must be the objective.

However, vision is not enough to guide the people of an organization on its own. Members of the business must understand and adopt basic values along with mission, objectives and goals. This is because the vision and the mission of the business are formed by merging goals and objectives of the business with its values (Ülgen and Mirze, 2006: 183).

Mission is an important concept that makes up the starting point for effective strategic management, and alongside with vision, it increases the success of a business, alongside vision. However, the word mission is quite often misused and attributing wrong meanings to it creates some disagreements. In fact, even if the word vision is used properly, it does not go beyond being a topic for applications that are just official declarations (Koçer, 2007: 13).

The word mission in Turkish language means a task undertaken by a person or a group of people, greatest desire, and primary objective and so on. From the perspective of business management, mission can be defined as “tasks and common values that are determined to guide and provide meaning for a business while also distinguishing it from similar businesses”. In this context, mission is a concept that clearly states the reason of existence of an organization or a business and it also states its primary goals and objectives (Ülgen and Mirze, 2006:175). For this reason, mission shows the fields of activity of a business while also showing which direction the workers are taking in the context of customers, shareholders and the society. (Efil, 2004: 306). In shorter terms, mission explains the reason of existence of a business.

It is possible to list the concept of mission under four headings (Ülgen and Mirze, 2006:176):

- Mission is a guidebook that provides guidance to the strategists and the workers of a business
- In the starting stage of strategic management, strategy must be determined within the limits defined by the mission.

A business' mission is a bridge between the values it represents, philosophical norms and workers.

- The mission of a business explains the works of the organization, the values kept by it and its philosophy to all social shareholders.

It is impossible to talk about one concrete form of what form should these explanations on business' mission must take. However, explanations about mission must include statements below (Eren, 2005: 20):

- What are the primary products or services procured by the business?
- Who makes up the target market of the business?
- What technologies does the business employ?
- What is the general philosophy does the business assume when carrying out activities?
- How does the business view itself?

As it can be understood by the implications of the statements above -which must be included in explanations about mission- mission must be determined before explaining strategy or in other words, allocating organizational resources.

On the other hand, organization having a mission does have several important functions (Koçer, 2007:14). For example:

It allows all managers and workers to cooperate when trying to achieve the determined objective.

It brings organizational forces together and provides motivation.

It provides a good environment for organization in the context of finding rational resources and through the development of a common strategy; it helps the allocation of these resources.

It helps everyone in the organization - especially the managers- in understanding the responsibilities of their jobs.

It allows the creation of an atmosphere which makes it easier to determine organizational goals and strategies.

Conclusion

In this globalization driven competitive environment, it is becoming harder and harder for businesses to survive. For this reason, the upper management of businesses must possess a clearly and consciously determined strategic management understanding which can adapt to the ever changing conditions. However, while the first condition for the success of an organization is to properly determine two main components of strategic management, vision and mission, it is also important to make sure that these are also adopted by the workers. On the other hand, in addition to correctly determining vision and mission and having workers adopt them, the workers who are the members of the organization must also possess values such as being hardworking, decisive, dedication and ability to move systematically and so on.

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Summary

CORPORATE MISSION AND VISION MANAGEMENT IN THE PROCESS OF STRATEGIC HUMAN RESOURCES MANAGEMENT

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Vision and mission concepts within the changes and developments in companies are of great interest for strategic management. Globalization, rapid technological changes, newly forming markets, changing customer expectations which lead to intense competition and because of all these factors, organizations started view strategic management as a tool. Strategy is a concrete concept which shows which resources will be moved to where at what amount in the context of mission. Strategic management is a management technique which determines future goals and targets of the organizations and the operations that are necessary for reaching these goals.

To summarize, whatever their goals at their foundation may be, as long as they exist, organizations must have goals that they can determine by themselves and transfer to their employees. Visions and missions are one of the most important factors for the success of organizations. In strategic management, vision includes the most extensive, the most general and the most inclusive goals. It describes the future of the business without determining the necessary tools and pulleys.

Key words:corporate, management, strategy,globalization,vision

SWOT ANALYSIS IN BUSINESSES

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1. SWOT ANALYSIS

1.1. Emergence of SWOT Analysis

Until mid-1960's, many industries took advantage of the demand/capacity relationship that favors production. This growth after the War helped a lot firms in increasing the efficiency of their production functions. As demand/ quality balance became weak and selling in new markets has become difficult, the primary activity of firms has shifted from production to marketing. Factors such as increases in worldwide competition, increases in the capacities of most of the sectors in production industry, increased scarcity of primary resources and decreases in life period of many products, has led to firms putting all their functional efforts together when making decisions. The production function has carried out its responsibilities against all of this responsibility and has put importance in developing strategies to work more efficiently. One of these strategies is the SWOT Analysis, which examines the effects that decisions such as marketing and production have on each other.

SWOT Analysis is first suggested by Prof. Heinz Weirich in his "Long Range Planning" article, published while he was working as a management professor in San Francisco University, and this article has drawn a lot of attention in those years where strategic planning was not completely replaced by strategic marketing and the article was used in publishing related to strategic planning. Nowadays, it is noted that this tool has lost its up-to-datedness (Hamdioglu, 2002).

HELPFUL

to achieve your goal HARMFUL

to achieve your goal

INTERNAL ORIGIN

(features of the organization) STRENGTH WEAKNESS

EXTERNAL ORIGIN

(features of the environment) OPPORTUNITIES THREATS

Table :Swot Analysis (Anonymous)

1.2. SWOT Analysis and Goals

For a business or a project to be successful, the work that the business is involved in, the goals that are expected to be completed and the strategic approaches to these goals must all be clearly defined. To have the correct goals and a fitting market for a business, a detailed analysis is a necessity. This analysis must not be limited to regional or national fields, it needs to include international ones as well (Tenekecioglu and Tokol, 2004). SWOT Analysis came into usage in 70's for work management purposes and over the next years, it was used as a tool for analysis and planning in various applied fields. This method is based on a scrutinized analysis of four parameters of the existing structures and it allows the analysis of both qualitative and quantitative characteristics. The examination of the SWOT matrix constructed with the results of these analyses allows the creation of a strategic view of the existing program (Uçar and Dogru, 2005). To be successful in today's competitive environment where economic, social, cultural etc. changes are happening very quickly, the businesses need to determine their strong and weak points and must create strategies that allow at least the smallest benefits from the opportunities. In today's conditions, this subject carries even more importance for businesses since they are face to face with many threats. For businesses to use their resources and capabilities to their greatest extent and for them to develop strategies using informed and systematic analyses, they first need to adopt the strategic importance of the "SWOT Analysis" method.

SWOT Analysis is a technique that is used to determine the strong and weak points of the examined establishment, technique, process or situation and it is also used to identify opportunities and threats caused by the external environment (Gürlek, 2002). SWOT is an abbreviation that is created using the following word's initial letters:

S: Strength (This means identifying the strong/superior points of the organization.)

W: Weakness (This means identifying the weaker points of the organization.)

O: Opportunities (This expresses the opportunities of the organization.)

T: Threats (This expresses the threats and dangers that the organization is facing.) (Certo, 1994; Aktan, 1999; Tek, 1999; EREC, 2005; Kocabağ et al., 1999; Oral, 2001; Uludag University Report, 2002; Tenekecioglu and Tokol, 2004; Usta and Öztayçı, 2005; Biricik et al., 2005)

Examining the current situation and experience of an establishment or a project, identifying their strong and weak points and adapting these to the environmental

conditions is the process of Interaction, otherwise known as SWOT Analysis (Dinçer, 1994). SWOT Analysis compares the competitive power of strong countries with rival countries in the global market and identifies the existing strong and weak points and future opportunities and threats that allow dominance in smaller markets in developing countries (Alpkan, 2005). Businesses can increase their success and efficiency by considering the points resulting from the SWOT analysis and taking measures. SWOT Analysis is a very beneficial analysis for a total examination of a company. It is an easy endeavor that can be done by the entirety of the company.

SWOT Analysis is a type of analysis that analyzes the situation that a non-governmental organization is in at a defined time period (Biricik et al., 2005). SWOT Analysis identifies and evaluates the strong and weak points and opportunities and threats that a business considers important for itself. Same analysis is also applicable for yearly marketing plans. For a business to complete its mission, it needs to take advantage of its stronger points and promising opportunities and reform its weaker points and avoid the threats that are critical. Strong and weak points must be considered alongside the capabilities of the organization (Tek, 1999). Due to ever changing environmental conditions, the businesses either meet opportunities (O) or threats (T). Every business has a strong (S) or weak (W) point depending on its resources and capabilities. (Dinçer, 1994; Akın, 2005; Yıldırım, 2002; Ülgen and Mirze, 2004; Filiz, 1996).

SWOT Analysis bestows two primary benefits to organizations. First, the SWOT Analysis determines the current situation of the organization. In this context, it is attempted to determine the strong and weak points of the organization and identify the opportunities and threats that it might face. Therefore, SWOT is a “Present Situation Analysis”. SWOT is also an analysis technique that attempts to determine and predict what the future situation of the organization might be. Secondly, SWOT is a “Future Situation Analysis”. Within the context of these definitions, it can be said that SWOT is a looking glass that allows us to perceive both close and afar. SWOT Analysis starts with determining strategy. Strategy managers try to find the most fitting strategy between the opportunities and threats originating from within and outside the company. SWOT Analysis allows strategic factors of opportunities, threats, strengths and weaknesses to be organized with each other. For this reason, SWOT analysis reveals the resources, capacity and other distinguishing factors that the business possesses and helps in finding how these characteristics can be optimally benefited from. Determining these factors provides great benefits to the business (Wheelen and Hunger, 1992). Businesses must be aware of the developments in their environments and they need to be constantly watching and scanning their environments. This searching and scanning activity acts as an early warning system. After the SWOT Analysis is complete, the business becomes aware of the positive and negative things in their environment. With the guidance provided by this present situation analysis, the business can set new goals to benefit from new opportunities and will be able to take advantage of them (Torlak et al., 2002).

1.3. Internal and External Environment Factors in SWOT Analysis

It is clear that businesses need to understand the internal and external environments that they are active in to be successful; for this reason, both of these environments need to be analyzed. With the gathered ready to use information, SWOT is used to analyze the upper structure (external environment) and infrastructure (internal environment) that the business is involved with (Ülgen and Mirze, 2004).

From the perspective of strategic management, the relationship between the business and its environment is focused on two points and these are the capabilities and the capacity of the business and environmental conditions. The main goal of strategic management is to correlate these two points. This is because making plans to realize the goals of the business' goals and actually realizing them is dependent on this correlation (Dinçer, 1994). SWOT Analysis also allows a wider view and helps one to see both the strong and weak points in the business' internal environment and the opportunities and threats emerging from its external environment (Akın, 2005).

1.3.1. External Environmental Factors

External environment is the environment not included in the organization and it has long term and large effects on the organization's management. Its elements are as following:

- **Economic Element:** This is how resources are distributed and used in the economy. It involves factors such as workmanship, inflation, taxes paid by workers and employers, prices of services and products.
- **Social Element:** This defines the characteristics of the society that the organization is in. It has two categories: demographic and social values. Social and cultural values, value judgments, traditions, life-styles, saving and spending tendencies, partiality to fashion, importance placed on quality by the society are all factors of this element.
- **Political Element:** This involves elements related to governmental subjects. It involves government policies, taxes, legislations and indirectly, money policies. Possible caps in the business' field of activity or tax increases can be examples for this.
- **Legal Element:** This is the rules and laws that the members of the society must obey. It includes consumer rights, environmental protection laws, social security legislations etc.
- **Technology Element:** This is the developments in the production of services and products. It includes sub topics such as elements that increase the quality of service, robotics, logistics and production and internet, satellites etc.
- **Customer Element: (Customer Profile):** This is the element that is about who is using the services and products produced by the organization. Regardless of the

size of the customer mass, this element is highly important as it is the primary focus point of marketing.

- **Competitor Element:** This defines who the rivals of the company in acquiring resources are. This basically helps the organization's management in understanding the strong and weak points of the organization, the basic capabilities of existing or possible rivals, how customer expectations can be turned into needs, prevalence of distribution channels and strategies that rely on all of these.
- **Workforce Element:** This is the elements that affect the organizations ability to procure the workforce that is necessary for meeting the goals. These include workforce procurement, correct and effective employment, the education level of the employees etc.
- **Supplier Element:** The elements that is effective in the procurement of resources that are necessary for organization's production of products or services.
- **International Element:** These are elements that effect the organizations international applications such as laws, cultures, economies and politics of foreign countries,

Analysis of the factors that exist in the business' external environment reveals opportunities and threats. Opportunities are positive environmental factors that can develop, carry forward or otherwise benefit the business. Threats are negative environmental factors that can end the business or inhibit its growth.

These positive and negative external environmental conditions can directly or indirectly affect the future of a business (Ülgen and Mirze, 2004). External factors are all of the pieces that are external to the business, they are largely an area of interest for of the business management, they greatly affect the marketing system of every business and they are not controlled by the business (Mucuk, 1989).

Threats and opportunities can be revealed by determining the missions and goals of the business and scanning the environmental factors. If the missions and goals of the business are determined, the marketer does an environmental scan to determine opportunities and threats. Opportunities for markets are only possible if there is a need that is not yet met or satisfied in the market and if the company has the interest and power to meet this need (Tek, 1999)

In this age of technology, if proper analyses of the external environmental factors are done and if future developments are predicted correctly, it can be expected that the business will have a better position in the future. If environmental factors are not analyzed and the business is not steered towards this direction, these environmental effects can destroy the business. When analyzing the external environmental factors, the manager must remember that he must be purely objective when making external environment interpretations. Otherwise, these external environment factors cannot be analyzed correctly (Filiz, 1996).

When determining external environmental factors, an examination is made to determine how these factors will create opportunities or threats for the business. General tendencies around the world, changes in the environments that the Turkish establishments are active in, development plans and programs, government programs and if applicable, stability programs, along with conditions of other establishments and sectors, and the expectations of the target mass of the business are all taken into consideration. Researches and studies on this or any other similar subjects will provide a table which will summarize the opportunities and threats for the business. When developing strategies for the future, greatest emphasis will be placed on opportunities and the threats will be watched closely and precautions will be taken against them. Environment analyses are not only useful for current situation determinations but they are also useful for future predictions and for creating future scenarios. How, to what extent and in which ways the future environmental conditions will affect the establishment is discussed. This makes possible for the establishment to create alternative plans against developments in the future that the establishment cannot control.

Fundamental points of what must be taken into consideration when making external environment determinations are as following:

- What are the global situation and development tendencies in the business' activity field?
- What are the local conditions and development tendencies in the business' activity field?
- What are the critical subjects among the global and regional tendencies and problems that interest the business and how will these subjects affect the business?
- What are the business' activities and development plans in its field and the goals, aims, principles and policies within the sectoral and regional plans and how well do these fit with each other?
- What are the primary risks and uncertainties that the business faces when carrying out its activities?
- What is the state's financial situation?

The strategist tries to conform to the "Market's General Attractiveness" criteria while trying to assess the primary external environmental factors: opportunities and threats. In this context, there are four possibilities:

- "Ideal Business": which is characterized by high amount of opportunities and small amount of threats.
- "Speculative Business": which has high amounts of both opportunities and threats.
- "Immature Business": which has small amounts of both opportunities and threats.

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- “Problematic Business”: which has small amount of opportunities and high amount of threats. (Cansızoglu, 2001).

Opportunities: By definition, opportunity is the occurrence of favorable time and other conditions for a certain activity. Within the context of strategic management, it can be defined as occurrence of any situation where the environment is favorable for the business to realize its goals (Dinçer, 1994; Akın 2005). Opportunities can also be defined as topics that have the potential to provide paths to future growth and development of competitive advantages (Yıldırım, 2002).

Opportunities are basically the favorable environmental conditions challenging the business to realize feasibly realizable goals. Production of a new product, creation of international market by way of opening operations into international markets, decreases in cost prices, insufficient substitute goods in the market etc. can all be characterized as opportunities for the business (Bell, 1996).

Opportunities are external factors that are used to develop the business. Depending on the structure of the business, this can have wide or narrow implications. Sizes of marketing opportunities are affected by the size, growth speed and the needs of the market and competition and economic, technological, social and political factors. Determining marketing opportunities is researching and assessing which target market is fitting for the company’s capabilities and resources and the conditions (Cansızoglu, 2001).

Opportunities are factors that can provide positive results for the business that result from external environment analysis. Political, legal, technological, socio-cultural, demographical and international environmental factors are in a constant state of change. These changes also occur in the mutual relationships in the close environment of the business (in its activity sectors) such as the ones between customers, suppliers, rivals, possible rivals and substitute products. Some changes can create favorable results for the business. The business can take advantage of these situations to continue its existence more comfortably and to gain competitive advantages. However, it is necessary to be superior in comparison to the rival business in some capabilities or assets in order to take advantage of these opportunities. Otherwise, these opportunities will be lost or some other will take advantage of them (Ülgen and Mirze, 2004).

Opportunities generally occur in these fields:

- Existence of methods that develop new products, services, distribution channels or marketing,
- Improving the effectiveness of management,
- Emergence of competitive privileges,
- Emergence of new market categories, markets and technologies,

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- Changes in state policies regarding the business' field of activities,
 - Changes in social positions, characteristics of the population and lifestyles,
 - Occurrence of some local events.

As it can be seen, the opportunities are not always results of some random events, quite the contrary; they are conceived after alternatives regarding the current situation are researched and after environmental examinations are done. (Yıldırım, 2002; Akın, 2005).

Translating any unusual event into opportunities for the business is reliant on the following conditions:

- The management must be researching for new alternatives to the today's situations. Capacity to perceive opportunities and innovation only develops this way.
- New situation being more attractive than the today's situation is dependent on the goals of the business. If a situation which is attractive on its own does not align with the goals of the business, it does not become an opportunity.
- The business or organization must have the capacity to take advantage of the opportunity. The company must have sufficient amounts of resources with sufficient quality to fully benefit from a certain opportunity (Kotler, 1984).

Threats: Threats are defined as problems caused by unwanted tendencies or the organization failing to give certain reactions; both of these are environmental events that cause the company to lose its market share (Göl, 1995). Threats are new situations that make it difficult or impossible for business to realize its goals. Anything that might inhibit success or cause harm to the business can be a factor of threat. (Akın, 2005).

Threats are external environment factors that endanger the success of the business or its ability to carry out projects. For example, the business' monetary resources might run out or the business might lose much needed resources in order to keep critical people. As opposed to opportunities, threats are unwanted entities caused by changes in close or far environments that can cause the business to lose its competitive superiority or inhibit its continuous survival. The business can use its superior points against this to continue its existence. It is critical to have an eye on these factors and create precautions against them in this external environment where the change is constant and rapid.

A development becoming a threat for the business is reliant on two conditions:

- The development is related to a business' or any of its sub-system's current conditions,
- Insufficient capabilities or resources to react to this development (Dinçer, 1994).

Any business can become face to face with close or far threats that it needs to overcome at any point in its existence. But, like opportunities, the threats can also be revealed by researching and scanning the environment beforehand. Managers can sense the situation with a systematic and serious endeavor before it occurs and turn this threat or danger into a hidden opportunity. In this case, the management can make preparations against the development instead of staying on the defensive. Sometimes the threats can have positive functions as facing them will force the usage of human and material resources into their finest extent and it will also reveal the weaker points of the business (Dinçer, 1994).

These questions need to be asked in order to determine existing or possible threats within the organization:

- What are the possible threats to us?
- What are the conditions of competition?
- Are there any changes in our activity fields, products or services?
- Do the technological changes favor us?
- Are there any problems with debt or cash flow?
- How much is our current goal affected by state policies or social changes?
- Which of the possible pressures that we can take chances with?
- Can we get rid of possible economic risks? (Biricik et al., 2005).

1.3.2. Internal Environmental Factors

Internal environment is the environment that is within the organization and it has specific and sudden effects on the management of the establishment or business. In broad terms, internal environment includes financing, marketing and accounting. Its components are as following:

- **Planning Aspect:** Whether organizations plan is related to the organizations goals or whether the plans are defined for both long and short terms are examined in this aspect.
- **Management Aspect:** Whether the works are assigned to the correct people, whether management efforts are realizable or is already realized are examined in this aspect.
- **Influence Aspect:** Whether organizations internal communication is effective or not and whether rewards offered to the employees motivate them enough or not are examined in this aspect.

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- **Control Aspect:** This is the aspect that examines whether information is gathered to measure current performance or not and whether current performance is compared to the previous standards or not. (Mucuk, 1989; Filiz, 1996; Karaca, 1999).

The business' ability to put forward realizable strategies and goals is dependent on the detailed analysis of the external environment. But, to reach these goals and to choose the right strategy, the business needs to determine its own resources and capacity and reveal its own strong and weak points. Clearly determining these strong and weak points makes it easier for the management to choose a strategy fitting to the business' goals (Fidan, 1994). Having better and more effective internal environment factors provides the business with superiority. Superiorities are internal factors that serve to improve and develop the business. Weaknesses are internal environment factors that weaken the business and it makes it harder for business to continue its Existence (Ülgen and Mirze, 2004).

Strong and weak points of a business can be analyzed by examining performance trends, resources and capable aspects that belong to it. Past performance is typically measured by financial terms such as sales and profits (Tek, 1999). Internal environment factors define determining the current situation, the strong and weak points of the business and ability to react to threats and opportunities. When analyzing the internal situation of the business, the strong and weak points of it are revealed while also assessing its past performance.

Fundamental points to consider when determining internal environment factors are as following:

- What are the history and the regulations of the business and what are its duties according to these regulations?
- Where does the business belong in the general bureaucracy and what is its management structure?
- How is the internal communication and decision making in the business?
- What is the number of staff that the business has and what are their qualities?
- What are the various financing resources (budget, funds, working capital, other) the business benefits from?
- What is the business' staff and wage policies and what are its flexibilities in this regard?
- What is the employee's motivation level and what are the business' assessments and expectations regarding its situation?
- How is the business' technological infrastructure and to what extent does it employ technology?

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- What is the business' tool and building inventory and other assets?
 - How is the business' reporting system?
 - How is the business' tracking and assessing system?
 - What are the important activities and projects that the business is carrying out?
 - What are the important changes are made lately on the business structure and field of activity?
 - What are the considered changes on the business structure and activity field?
 - Are there units that carry out similar goals and are there conflicts of authority?

Businesses sometimes run into difficulties while determining their own internal situation.

These difficulties are:

- Difficulty for managers to be objective on subjects such as their own methods and the growth of the business.
- The effects that the management style has on the business' success not being fully understood yet.
- Not realistically and clearly defining what the customers want and which businesses need to answer which demands (Hamdioglu, 2002).

Strong Points: Opportunities from the environment are developments that can be taken advantage of if the business has enough resources and capacity. For this reason, businesses need to know their strong points before encountering any developments (Dinçer, 1994). Strong points are the conditions where the business is more effective and efficient from their rivals at a certain subject. In other words, it is determining what can be done properly and correctly (Akin, 2005).

Strong points include assets and capabilities that the business can be superior to in comparison to its rivals and they are revealed as a result of the analysis of the business' internal environment. Being strong and having strong points is very important for a business. Otherwise, it cannot take advantage of opportunities arising from the external environment. Beyond that, the business needs to react to external environment factors that threaten the existence of the business by utilizing its strong points. All of these points show the importance of strong points for a business (Ülgen and Mirze, 2004).

A business being strong, equal or weak in comparison to a rival in its activity field is determined using five primary criteria. These are: "Relative situation in market, relative financial situation, relative production and technical capacity, relative R&D potential, relative human capability and management effectiveness".

1. The business' situation in market is compared to its strongest rival's situation and it is proportioned: This comparison must be done pursuant to the time and conditions present. Possible future situations must be ignored. Relative situation in market is made up of four factors:

a) Market Share: Business' market share in comparison to its strongest rival is the most often used measurement for determining strength. Business' share in the entirety of the market is also used to calculate this. However, relative market share is generally determined by dividing a business' market revenue to its strongest rival's revenue.

b) Profitability

c) Hazard: The measure of business' positional stability in the market.

d) Marketing Advantage: Product quality, after sales services, effective and efficient distribution channels, price advantages, effective sales force, solid brand image, effective publicity and packaging, products life period etc.

2. Relative Financial Structure: The business having a strong financial structure is a factor of strength. Having a strong ability to procure funding, good financial planning, sufficient accounting systems for costs and planning, budget and profit planning account control systems, tax advantages etc. can all provide the business with edges against their rivals.

3. Relative Production Technique and Capacity: Strength factors in this group can be divided into three categories.

a) Modern production technologies, high capacity and capability to develop them.

b) New and effective production processes: Production processes developed by the business, copyrighted patents and brands, advantageous license agreements.

c) Establishment location advantages: Ability to provide the buyer with services and delivery easily, being close to raw materials and energy sources, having low-cost procurement and other location conditions.

4. Relative R&D Potential: This potential is made up of product variety, quality, usage technique and technical assistance; innovation and the continuity of innovation are dependent on this potential, which are very important points of strength for businesses.

5. Human Capabilities and Effectiveness of Management: Capacity of the possessed human personnel, personnel's ability to make decisions, personnel's enterprising ability, personnel's material and moral value, its capacity to change and improve, the characteristics of management structure and processes, synergy between people and systems, and organizational culture can all provide important advantages to the business. By determining its strong points first, the business determines the activity fields that it will focus its efforts on. After that, which fields the business will be

contending with its rivals will be revealed and therefore, by determining the field of competition, it will keep the advantage.

Weaknesses: For a business, weaknesses are areas where the business is less efficient or effective in comparison to its rivals. In simpler terms, weakness is a situation where the business is worse than its rivals. Another measure for weakness is the business being insufficient against changes in the environment or its inability to react to these changes (Dinçer, 1994).

Weaknesses express the situations where the business is weaker or lacking in comparison to its rivals in existing assets or ability capacity. Business strategies are not based on weaknesses. Detected weaknesses must be remedied. Otherwise, it becomes impossible for business to continue its current situation. If the business is weaker than its rivals in assets and abilities, it will examine the applications of the successful businesses to get rid of its weaknesses. It is attempted to remedy these weaknesses by creating investment opportunities for material assets and by providing training to increase abilities. If the business cannot get rid of its weaknesses despite all of these precautions, outsourcing is brought into the discussion to deal with these weaknesses (Ülgen and Mirze, 2004). These questions need to be asked to determine the business' weak points:

- What do we need to improve?
- What are we doing wrong?
- What must we avoid?
- What are our biggest disadvantages? (Biricik and Ark, 2005).

For a business, knowing the weak points is as important as knowing the strong points. Because, revealing weak points is taking a step towards solving problems that would create difficulties and limitations for long term strategies and plans. It is hard to say weaknesses will be removed completely, but if the business is aware of such points, it will avoid taking harmful actions or undertaking works that it is impossible to successfully complete. Remedying weaknesses can take very long times. Therefore, efforts to improve the organization must be made in order to resolve this manner of problems (Dinçer, 1994).

Conclusion

Managers who administer the businesses need to employ up to date management techniques in order to better manage their businesses, they must employ healthy production and marketing techniques and increase their web of customers to reach their future goals. Managers also need to quickly secure new sources of income for their businesses for the purposes future competition in order to have their businesses continue their activities.

Business need to employ strategies to understand their weaker and stronger points and adapt to their environment in order to exist on the long term with the least amount of losses. These strategies must be a body of decisions among the alternatives concerning bringing the business to its highest level in adverse conditions.

Strategy is asserting certain basic goals and principles. With these goals and principles, the businesses attempt to gain advantages over their opponents, be attractive for their customers and make full use of their resources.

Planning is a determined process for businesses. Businesses use planning to predetermine who it will be working with, when, why, how and what it must be doing in the future in order to reach their goals. Planning is a bridge between the past and the future.

Strategic planning is deciding on what must be done today in order to remove future risks and uncertainties and to shape the future. To create future missions and visions for the business and to determine strategic goals and measurable goals, plans prepared by employing participatory methods must be used.

SWOT Analysis is a strategic analysis that is used to determine the opportunities and threats that the businesses face, to reveal their strong and weak points and to develop alternate strategies. With the help of SWOT Analysis, businesses can assess their own current situations and gain confidence for future. By allowing businesses to establish their current situation realistically, SWOT Analysis helps businesses in developing effective marketing and production strategies.

To conclude, in regards to characteristics and close relationship of production and marketing decisions, proper strategies must be developed to take advantage of Market opportunities, to create competitive advantages for the organization as a whole and to inhibit wasting resources related to both of these functions.

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PLATEAU TOURISM OF ALTERNATIVE TYPES OF TOURISM: ALANYA SAMPLE

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Introduction

After the seaside, there are mountains in our country, for recreational activities, at the beginning of the used areas. The mountains, which are sensitive ecosystems, account for 24% of the terrestrial part of the world and 10% of the world population is estimated to live in mountainous regions (Somuncu, 2003:65-66).

Economic and ecological potentials can be cited as the main reason for this interest, which is increasingly oriented towards the mountains. Because mountainous areas have important functions on atmospheric circulation, water and nutrient cycling, mining, agriculture, forestry, energy, tourism and biodiversity (Gönençgil, 2003:55-57).

Eco tourism, green tourism, responsible tourism, nature tourism and sustainable tourism are known to be an intense trend today. In this trend that emerged in the global tourism sector, To offer different alternatives to tourists, to provide tourism to a wider area, and even more importantly, the desire to earn more income by extending the tourism season. However, it should not be forgotten that such an approach should also include a tourism policy sensitive to cultural and natural environment. From this point of view, it should be the most important point that we should focus on in terms of our world and the common future of mankind. However, it is noteworthy that the tourism movement, which is sensitive to neighboring and ethnic groups, is particularly popular in developing and developing countries. The view that the natural environment is less disturbed here is not true. At this point, it should be remembered that tourism is the whole of activities that facilitate globalization. Depending on the touristic movements, great similarities emerge in almost every part of the world, and even some countries' economies are largely based on tourism. Undoubtedly, this approach broadens the scope of activities of global economies and brings about different problems for underdeveloped and developing countries. Besides natural and cultural deterioration, a fragile economic structure attracts attention as a major disadvantage. As it is known, tourism is a high risk sector. This sector can be easily affected by various events such as

war, earthquake, terrorism and high inflation. This feature makes tourism an unreliable sector(Doganay, transferred from Taner, 2009).

Plateau Tourism in Turkey

The development of transportation, education and infrastructure services in Turkey has been an important development in industrialization and urbanization processes especially since 1950's. The developments in this area also affected the spreading activities; Resulting in significant functional changes in the spring. Plateau activities have changed function because of the disappearance of animal husbandry in many springboards where animal husbandry activities are carried out. With this change, more rest and recreational highlands began to develop. Especially the Black Sea (Ayder, Hemçin, Uzungöl, Kümbet Plateau etc.) and the Mediterranean (Zorkun, Tekir, Gözne, Belen, Sögüt, Abanoz etc.) Temporary settlement forms of these settlements have been declared as tourism centers and have become permanent settlements (Tapur, 2009: 475-476). Even as the Hıdırnebi plateau example, even regular settlements for tourism have come into being (Zaman, 2001: 217).

Taking all of these into consideration, it is possible to achieve the result gradually achieved in stages. Therefore, according to the usage of the plateaus in our country, traditional, traditional-recreational and only for rest-tourism purposes can be examined in three groups. While traditional and recreational highland activities are similar, the purpose differs from use to use, highland residence and duration of stay. For example, the purpose of this group of populations is to get away from the overwhelming-hot atmosphere and rest rather than to deal with any economic activity. As mentioned earlier, not only rural but also urban population participation (Çetin; 2011: 129).

The Alanya regional springs are used only for rest-tourism purposes in terms of usage. In the rural life of Turkey, the activities based on the plateau and springboard have an important place both economically, culturally and socially. Going up to the plate is done for different purposes. The tradition of plateau and plateau in Turkey is not only a temporary settlement due to the production style based on the products obtained from livestock, taking into account animal husbandry and accordingly agricultural activities, but it is not a place for human health, fairs, festivals, traditions, traditions, customs, beliefs Is a versatile and multi-purpose venue that includes many practice practices based on ceremonies. It is used mainly for economic purposes, health, cultural and tourism purposes (Kızılırmak, 2006: 7).

Materials and methods

Research Problem

There are many studies on traditional plateau and plateau tourism in the national literature. However, the studies carried out were mostly limited to the Eastern Black Sea and the Mediterranean Plays. In the Mediterranean region, there are almost no

studies that deal with highland activities. This situation is seen as a deficiency in terms of our workplace.

Research Purpose

The purpose of this article, considering the conditions and potentials of the springs of the Alanya district, It was aimed to prepare suggestions that would contribute to the development of tourism in the region.

Data and Method

The basic method of our research is the questionnaire application. Our survey was conducted in the summer of 2016. 200 people responded to the questionnaire, which consists of 30 questions. These 200 questionnaires were applied randomly by sampling method and face-to-face interview technique.

In the questionnaire evaluation and analysis, survey entries were made in SPSS 23.0 statistical program and frequency tables were extracted. Likert scale table consisting of 10 questions was evaluated by chi-square test to determine whether there is a statistically significant relationship between two classified variables. Some of the results obtained from other questions in the questionnaire were evaluated and interpreted with the help of graphics and tables.

Results

Our survey was conducted in the spring of 2016 in Türbelinas, Sögüt and Dereköy. According to the results of the questionnaire, when the place of birth in the Alanya region is evaluated,

Table 1: Survey of geographical roots

Survey Place	Number/ Percent (%)	Place of birth		Total	City Origin	Country Origin	Total
		Alanya	Out of Alanya				
Türbelinas Plateau	Number	45	55	100	95	5	100
	Percent (%)	45,0	55,0	100,0	95,0	5,0	100,0
Sögüt Plateau	Number	20	30	50	49	1	50
	Percent (%)	40,0	60,0	100,0	98,0	2,0	100,0
Dereköy Plateau	Number	44	6	50	21	29	50
	Percent (%)	88,0	12,0	100	42,0	58,0	100
Number/ Percent (%)		109 (54,5)	91 (45,5)	200 (100,0)	165 (82,5)	35 (17,5)	200 (100)

55 on the Türbelinas plateau, 30 on the Sögüt plateau indicate that the place of birth is mostly outside Alanya. On the Dereköy plateau, 44 people stated Alanya as their birth place. When the visitors came from the point of view of rural and urban origin,

95 people in Türbelinas plateau and 49 people in Sögüt plateau stated that they were of city origin. On the Dereköy plateau, 29 people were reported to be of rural origin. This is due to the fact that Türbelinas and Sögüt Yaylas are located in a different area from the Dereköy plateau due to their geographical location. It is also due to the fact that Türbelinas and Sögüt Yaylas are more open to visitors coming from the Alanya center.

Table 2: Table of the age of the surveyed visitors

Survey Place	Number/ Percent (%)	Distribution of Visitors by Age Groups							Total
		18 and under	19-25	26-35	36-45	46-55	56-65	66 and above	
Türbelinas Plateau	Number	2	9	16	24	19	22	8	100
	Percent (%)	2,0	9,0	16,0	24,0	19,0	22,0	8,0	100,0
Sögüt Plateau	Number	1	10	16	8	10	5	-	50
	Percent (%)	2,0	20,0	32,0	16,0	20,0	10,0	-	100,0
Dereköy Plateau	Number	1	8	15	14	11	1	-	50
	Percent (%)	2,0	16,0	30,0	28,0	22,0	2,0	-	100
Number/ Percent (%)		4 (2,0)	27 (13,5)	47 (23,5)	46 (23,0)	40 (20,0)	28 (14,0)	8 (4,0)	200 (100)

When you look at the age groups of visitors who come in all of the springs in the region of Alanya, it seems that they visit almost every age group. While Türbelinas is the most intense age group that comes to the plateau, it forms a group of 26-35 years in Sögüt Yayla and Dereköy plateau. However, if we look at it in general, we can see that the middle-aged group weighs heavily. The rate of visits from 26 to 65 years old is 83%. These results show us that the workers and the retired are intensely visiting the plains.

Table 3: Occupational distribution of the survey applied to the survey

Survey Place	Number/ Percent (%)	Occupational Distribution of Visitors									Total
		Retired	Officer	Worker	Unemployed	Self- employment	Tradesman / Trader	Student	Housewife	Farmer	
Türbelinas Plateau	Number/ Percent (%)	23	12	14	1	9	14	9	18	-	100
		23,0	12,0	14,0	1,0	9,0	14,0	9,0	18,0	-	100,0
Sögüt Plateau	Number	11	7	7	1	3	10	1	10	-	50
	Percent (%)	22,0	14,0	14,0	2,0	6,0	20,0	2,0	20,0		100,0
Dereköy Plateau	Number	2	15	11	1	4	4	1	2	10	50
	Percent (%)	4,0	30,0	22,0	2,0	8,0	8,0	2,0	4,0	20,0	100
Number/ Percent (%)		36 (18,0)	34 (17,0)	32 (16,0)	3 (1,5)	16 (8,0)	28 (14,0)	11 (5,5)	30 (15,0)	10 (5,0)	200 (100)

Türbelinas plateau pensioners and housewives in Sögüt plateau and visitors in the occupational distribution ratio of the noteworthy. Among the visitors are those who retired from Türbelinas Plateau (23%) and Sögüt Plateau (22%). The proportion of those who are housewives is found in Türbelinas Plateau (18%) and Sögüt Plateau (20%). Especially the age group of 46 and older, we see that they prefer to have a picnic on the weekends in the Türbelinas Plateau and the Sögüt Plateau for the retired men and housewives. These visits are made to the family. In addition to this, officers (12%) and workers (14%) spend their weekly vacations with their families in order to spend time with their families. Farmers (20%) are attracted to the Dereköy Plateau. Especially in the summer, farmers visit Dereköy Plateau for rest. Nowadays, the increase of technology is more and more time for people to rest in rural areas because of the increase of wealth level. Apart from this, officers who come to Alanya Province (30%) visit with their families at the weekend for a picnic and relaxation at Dereköy Plateau. Another group in Dereköy Plateau constitutes 22% with workers. Workers from Dereköy Plateau live in Alanya. This indicates that Dereköy Plateau is an important recreation area during the summer months.

Table 4: Visitors have come to the plateau for the first time?

Survey Place	Number/ Percent (%)	Visitors have come to the plateau for the first time?		Total
		Yes	No	
Türbelinas Plateau	Number	21	79	100
	Percent (%)	21,0	79,0	100,0
Sögüt Plateau	Number	10	40	50
	Percent (%)	20,0	80,0	100,0
Dereköy Plateau	Number	2	48	50
	Percent (%)	4,0	96,0	100
Number/ Percent (%)		33 (16,5)	167 (83,5)	200 (100,0)

For the first time, the survey was applied to the Türbelinas Plateau (21%), Sögüt Plateau (10%) and Dereköy Plateau (2%).

Result

As a result, recreational plateau qualities are observed in the form of the shape and function of the Alanya districts of Türbelinas, Sögüt and Dereköy. The functions of highland traditions linked to the region are rarely seen. Plates that are the subject of our research are used for tourism purposes. However, it is seen that continuous settlement and settlement situation are rare. The plateaus located in Alanya province are totally different from the form and function qualities of the plateau varieties in the Eastern Mediterranean and Black Sea regions. Tent camps are being built in Türbelinas, Sögüt and Dereköy, where the daily use is generally widespread, and accommodation is made in bungalow type houses. The natural geography of the research area is emphasized

in the use of Alanya regional springs. The morphological structure of the Taurus gives visitors the opportunity to watch the scenery. The plots in the foothills of the Taurus are very rich in terms of fresh air and plant diversity because they are over 1000's. Atmospheric conditions play an important role in the use of tents and bungalows especially in the Türbelinas Plateau. Plateaus that have warmer atmospheric conditions than Alanya in summer provide favorable conditions especially for visitors.

When the number of people in Alanya is examined, it is observed that Yörüks and Turkmen are in the region. With the arrival of the Turks who migrated from Central Asia to Anatolia, these communities also started to settle in the region. The Yoruk and Turkmen who accepted the semi-nomadic lifestyle or the semi-nomadic lifestyle from the social and economic side benefited from the local pastures in terms of livestock. However, over time, as a result of the settlement policy of the Ottoman State, these semi-nomadic communities began to settled and set up villagers. These people who have settled down have seen a decrease in semi-nomadic livestock functions over time. Today, semi-nomadic animal husbandry in the region is very little done. Animal husbandry functions are made in the form of more pasture and barnyard livestock.

More than one study has been done in the academic manuscript in terms of plateau and plateau tourism. We can see that not enough studies have been done yet for the Alanya region highland species. In particular, there is a need for comprehensive research to be carried out for the sustainable use of the plateau species within the Antalya National Park. New studies focusing on the Alanya Plateau will contribute both to the promotion of the regional plots and to the use of the plumes as sustainable tourism areas in the twelve months of the year.

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Summary

PLATEAU TOURISM OF ALTERNATIVE TYPES OF TOURISM: ALANYA SAMPLE

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The aim of this article, considering the situation of the springs of the Alanya district, the potentials; It was aimed to prepare suggestions that would contribute to the development of tourism in the region.

The basic method of our research is the questionnaire application. Our survey was conducted in the summer of 2016. 200 people responded to the questionnaire, which consists of 30 questions. These 200 questionnaires were applied randomly by sampling method and face-to-face interview technique.

In the questionnaire evaluation and analysis, survey entries were made in SPSS 23.0 statistical program and frequency tables were extracted. Likert scale table consisting of 10 questions was evaluated by chi-square test to determine whether there is a statistically significant relationship between two classified variables. Some of the results obtained from other questions in the questionnaire were evaluated and interpreted with the help of graphics and tables.

As a result, plateau features are seen in the Alanya region in terms of shape and function. Traditional highland activities are seen in the area. The plains in the research area are not used for tourism purposes. However, it is not seen that there is a permanent settlement and no construction.

Keywords: Alanya Region, Plateau, Alternative Tourism, Plateau Tourism

SEEKING INFORMATION ON INTERNET ATTITUDES IN TYPE DIABETES PATIENTS

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1. Introduction

The Internet is an important source of patient education and there are many website can obtain information of patients. Internet access is not easily accessible to the internet anywhere, although rapidly increasing with each passing day. However, the uncontrolled use of the Internet, such as misinformation about health problems can cause major problems in terms of public health. The quality of the information contained on the website is of great importance, false information can lead to serious health problems like diabetes that complicates the management. Internet users can use their websites for the purpose of health information for various reasons. Among these objectives, their health status, disease, treatment, or they want to get information about the doctors they are given drugs research, communicate with other patients, the search result can be considered as an alternative treatment. As well as pharmaceuticals, etc. to buy health care products also benefit from the internet. The Internet health-related information searching examination of foreign publications in diabetes and in our obstetrics country rastlanırk internet research on surgery, was found to publications related to the search on the internet of oncology and alternative medicine, diabetes has found no relevant information seeking, but has access to data on the use of technology in diabetic patients and receive training over the Internet. In this study, to determine the status of internet usage in diabetic patients, most often what they are looking for information, how they can get the information they are looking for, they did not suffer or benefit from the information they get, by identifying social networks to membership status and sharing related to diabetes in these networking internet is intended to bring proposals to use more efficient. Knowing the frequency of Internet use, the patient may provide patients with the information content achieved by the development and the resources that will be used to inform patients to be checked by experts.

2. Description of diabetes

Diabetes is due to lack of insulin, the hormone secreted by the beta cells of the pancreas or damage occurring in the mechanism of action of insulin produced people

can not use enough glucose, carbohydrates, fat and protein metabolism is impaired, it is characterized by a chronic disease with elevated blood sugar (T.E.M.D, 2014: 2).

3. Education in diabetes treatment

People with diabetes and is an important step of which is responsible for or lived with someone to teach them the care and management of the disease in terms of treatment of diabetes. After following the diagnosis of diabetes patients should be referred to a diabetes center and glycemic control by a physician, a nurse and a nutritionist will be included in the training program. Training should be repeated at regular intervals (Arda 2009: 6, Özcan 2002: 17).

4. Information regarding the use of the internet

Information and communication technologies are increasingly facilitate human life. Internet, has become a medium that may contain any wanted information. Today, not only in mobile computers with fast, easy, and we are able to research in many areas where we want when we want. answer to a question can not be found on the Web site, it can be obtained utilizing the discussion in forums and social media. It calls only Internet shopping, entertainment, health problems not to follow news about the purpose of research is done easily on the internet. People, there are many studies showing that the spread of information on the Internet search trends related diseases (Ozen et al., 2013:2).

4. Materials and methods

4.1. Research Place

Research was conducted in the Diabetes Clinic department of a university hospital located in a province.

4.2. Research Type, Population and Sample

The universe of the research university as type 1 diabetes patients admitted to creating the working population of the Diabetes Clinic of the University Hospital department has created 154 type 1 diabetes. The research sample consisted of 117 people has come. In simple random sample selection method was used, and type 1 diabetes patients who agreed to participate in the study and reveal the sample of the study.

4.3. Data Collection Methods

A questionnaire containing socio of the research sample demographics and health questions on the use of the Internet was created by scanning different studies investigating the use of the Internet and to assess the internet behavior of the patients' Attitudes Toward Internet use "is used.

4.4. Data Collection

Forms moment before starting to implement the relevant departments in the hospital were necessary permission from the presidency. The survey by researchers in the form of outpatient training rooms are filled with patients via face to face. Patients on average 30 minutes of the meeting have expressed their expectations.

4.5. Analysis and Statistical Evaluation of Data

The data obtained from this study coded and classified using SPSS 23.0 (Statistical Package for the Social Sciences) were analyzed by the program. To analyze the data frequency, percentage, mean, standard deviation, has benefited from such statistics. normal distribution suitability of Data One sample Kolmogorov-Smirnov and tested, and the significance value of 0.05 from the little advanced analysis of non-parametric tests of the two arguments to the Mann-Whitney U test, Kruskal-Wallis test, and Spearman’s correlation coefficient was used.

5. Results

Table: Internet Patients’ Attitudes Toward Internet Usage Scale Score Comparison Diabetes Related Shares by Tracking Status (N = 117)

	Shares Tracking	n	\bar{x}	\pm ss	X^2_{kw}	P
F1 - Use of Internet Teaching	No	36	31,44	4,85	1,777	0,411
	Sometimes	52	30,63	4,97		
	Often	13	32,62	4,66		
F2 - Using the Internet to Research	No	36	28,11	3,62	9,563**	0,008
	Sometimes	52	28,21	3,64		
	Often	13	31,62 ^(1,2)	2,84		
F3 - Internet Usage in Social Interaction	No	36	10,14	3,83	6,067*	0,048
	Sometimes	52	12,31 ⁽¹⁾	4,13		
	Often	13	11,31	3,97		
F4 - Enjoy the use of the Internet Education	No	36	12,72	2,57	2,412	0,299
	Sometimes	52	13	2,51		
	Often	13	14,15	2,51		
F5 - Use of Internet Communication	No	36	14,58	3,28	3,023	0,221
	Sometimes	52	15,31	3,15		
	Often	13	16,15	3,99		
F6 - Use of Internet Data Sharing	No	36	14,89	3,01	8,700*	0,013
	Sometimes	52	15,46	2,59		
	Often	13	17,38 ⁽¹⁾	2,57		
Scale Total Score	No	36	111,89	2,54	4,813	0,090
	Sometimes	52	114,92	14,20		
	Often	13	123,23	13,68		

X²_{kw} : Kruskal-Wallis Test * p < 0,05 ** p < 0,01 *** p < 0,001

According to “Internet Use in Research” shares related to diabetes subscale scores of the patients who often follow, according to the follow up of patients and sometimes following points; “Use of the Internet on social interaction” shares lower on scores of patients with diabetes in size, sometimes following, according to the scores of patients to follow; “Use of the Internet Information Sharing” is often associated with diabetes shares the dimensions of patient follow-up scores were statistically significantly higher than the scores of patients to follow

6. Conclusions and Recommendations

Patients, networking sites to be members of the group about diabetes status compared with scores of significant difference was observed. At the same time the difference between the share point scale with no status on patients with diabetes on the Internet is not statistically significant. However, patients with diabetes-related shares to follow the situation on the internet was a significant difference between the scores ($p < 0.05$). information about diabetes care and management of the objectives of the patients were found to be another one of learning experiences and learning coping with diabetes. online status sharing in social media is to motivate patients.

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Summary

SEEKING INFORMATION ON INTERNET ATTITUDES IN TYPE DIABETES PATIENTS

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One of the important steps in the treatment of diabetes education. Internet information at any time, on any subject and is one of the fastest achieved educational resources. In our society, education level and age-related use of the internet as younger age groups it is expected to be higher. Working with type 1 diabetes have been made in this direction in order to assess the attitudes of the internet in search of information of patients. The study of a university hospital type 1 diabetes who were followed at the diabetes clinic was conducted in patients in Istanbul. Randomly assigned and demographic socio to collect data on patients who agreed to participate in the study information and data relating to diabetes, behaviors related to diabetes management, internet features, internet questionnaire about the search to properties associated with diabetes and Internet Attitude Scale was used. Our high level of education and a young group of participants who were significantly higher as expected utilization of the internet. Despite the high use of the Internet and social networks membership rate suggests that it would be useful diabetes-related social media sharing of types for more effective use of the Internet is one of the easiest way to share information is low 1 diabetic patients be educated in this direction and the orientation.

Keywords: Information search, Diabetes, Internet, education, questionnaire

TYPE 1 DIABETIC ADOLESCENTS DECISION - MAKING STRATEGIES

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1. Introduction

Chronic diseases, particularly common in childhood and is increasing the frequency of the incidence (Toros, Tot, Duzovali, 2002: 240). However, the progress of medical science and the new studies, survival is prolonged in patients with chronic disease in childhood (Er, 2006:155). Prolongation of life with sick children and their families in children, brought by the exposed longer to the psychosocial effects of the disease, in this case the physical, psychological, leads to the emergence of social and economic problems (Akdemir, Birol 2005: 193).

Diabetes, insulin deficiency or is a chronic disease caused by the deterioration of glycemic control as a result of absence (Toruner, Büyükgönenç, 2012: 2). The needs of an individual with a chronic disease is important to satisfy himself. An individual with a chronic disease, it is important to meet their own needs. The main objective in treating the disease is to prevent the development of diabetes complications worsen the quality of life (Norris, Wolfsdorf 2005: 436).

For chronically ill children in their response to the disease, the child's age, emotional and cognitive development, the severity of the disease, disease of the child and understand the move for the family, parent-child relationship to the quality of the family and the support from the social environment, diseases of the child's physical, bring psychological and cognitive functions that varies depending on the situation affecting the restrictions and school life (Toruner, Büyükgönenç, 2012: 3).

2. Description of type 1 diabetes

Diabetes mellitus (DM), insulin secretion in or insulin under the influence of inadequacy developing carbohydrate, fat and protein coupled metabolism disorder is a chronic endocrine-metabolic disorder characterized by hyperglycemia (Çavuçoğlu, 2008:2). In addition, with varying degrees of muscle dysfunction in the beta cells of the liver

and described as insulin resistance seen in adipose tissue (Bektaş, Atmaca 2008:6). Type I diabetes is insufficient insulin secretion, insulin must necessarily take to sustain the lives of patients (Cantez, Ömeroglu, Baysal, Oguz: 2003:4). Other specific types of diabetes, beta cell function and genetic defects associated with insulin effect, the exocrine pancreas diseases, endocrinopathies, such as drugs, situations may arise as a result (Abaci, Bober 2007:1). In most of the cases there is no need for insulin in mitochondrial syndrome. Diabetes associated with mitochondrial DNA mutations, is the result from a deficiency in insulin secretion by the beta cells of energy construction defects (Raymond, Baker 2001: 199).

3. Type 1 diabetes and adolescent decision making strategies

In which the adolescent environment, directly affect the behavior and decision-making process (Kuzgun, 1993: 2). Adolescents who created the environment, attitudes formed against the parents of adolescents affects adolescent behavior and decision-making. Especially for families to be able to make important decisions about their lives, they are supporting adolescents. In the case of given responsibility for deciding adolescent, adolescents with less support and assistance, can complete the decision-making process in a positive way (Gürçay, 2003: 29).

4. Materials and methods

4.1. Type of Research

Research Type 1 diabetic adolescents perceive their parents' attitude is a descriptive and cross-sectional study to determine the decision-making strategies and influencing factors.

4.2. Place of Research

Research, a University Health Research and Application Center of Pediatric Endocrinology Clinic and Polyclinic, the Provincial Health Directorate of the State Hospital in Endocrinology Clinic and Polyclinic is made.

4.3. Universe and Sample of Research

Research population; A University of Health Research and Application Center of Pediatric Endocrinology Clinic and Polyclinic, the Provincial Health Directorate of the State Hospital Endocrinology Clinic and followed the Polyclinic, has created all the children had been diagnosed with Type 1 diabetes. These children meet criteria in research and data collection tools have been created to fill the complete sample of 110 children study.

4.4. Data Collection Tools

Data of the study, "Questionnaire", "Family Attitudes" and "Decision Making Strategies Scale" was obtained using.

4.5. Data Analysis

SPSS 19.0 “The Statistical Package for the Social Sciences-PC version 19.0 (SPSS, Chicago, IL)” was evaluated by the program. Descriptive statistics frequency, percentage, average and standard deviation analysis was used. Kolmogorov-Smirnov test was used to determine parametric data disperses. reliability analysis applied to the scales and subscales Cronbach alpha coefficient was calculated. One-way analysis of variance to analyze the relationship between variables (ANOVA), post hoc Tukey test, t test and correlation were used. In all analyzes, $p < 0.05$ was considered significant.

5. Results

Table: Adolescents Decision Making Scale comparison of the features related to the evaluation of health subscale mean scores (n = 110)

Features	Logical / Systematic	Intrinsic	Dependent	Unstable	Total
Last Year Table of Contents Health Status Assessment					
2	26,77±1,03	23,88±0,48	22,77±0,77	25,44±1,16	98,88±1,82
3	26,37±0,32	24,22±0,30	23,25±0,32	26,30±0,39	100,15±0,61
4	26,54±0,33	24,54±0,42	23,14±0,37	27,65±0,37	101,88±0,75
5	26,19±0,39	24,84±0,36	23,46±0,33	26,76±0,39	101,26±0,70
	$z^2=0,914^{**}$	$z^2=3,028^{**}$	$F=0,273^*$	$F=3,068^*$	$F=1,851^*$
	$p=0,822$	$p=0,387$	$p=0,845$	$p=0,031$	$p=0,142$
According to the Health Assessment healthy peers					
2	26,23±0,41	23,90±0,33	22,83±0,39	26,10±0,42	99,06±0,78
3	26,62±0,28	24,58±0,33	23,31±0,32	27,31±0,35	101,83±0,60
4	26,62±0,39	24,79±0,32	23,50±0,36	26,75±0,51	101,66±0,80
5	25,25±0,39	24,62±0,84	23,37±0,46	26,12±0,74	99,37±0,94
	$z^2=2,364^{**}$	$z^2=4,130^{**}$	$F=0,544^*$	$z^2=7,090^{**}$	$F=3,518^*$
	$p=0,500$	$p=0,248$	$p=0,653$	$p=0,069$	$p=0,018$

*Oneway ANOVA

**Kruskal-Wallis Test

When in a recent Adolescents year and the health perception compared to their healthy peers evaluation with Decision Strategies Scale Table comparing the dimensions examined, Decision Strategies Scale logical decision subscale, there was no significant difference between internal reactionary decision subscale and dependent decision subscale mean scores ($p > 0.05$). Decision Strategies adolescents with health perception scale in the last year there was a statistically significant difference between mean scores

of subscales unstable decision ($p < 0.05$). Decision Strategies adolescents with health perception than their healthy peers Scale was no statistically significant difference between mean scores of subscales unstable decision ($p > 0.05$). Decision Strategies adolescents with health perception scale in the last year there was no statistically significant difference between the total score ($p > 0.05$). Decision Strategies adolescents with health perception than their healthy peers Scale was no statistically significant difference between the total score ($p < 0.05$). In further analysis, the health assessment of adolescents giving 3 points compared to their healthy peers, the total average score of 2 points decision in adolescents who were found to be significantly higher ($p < 0.05$).

6. Conclusions and recommendations

Adolescents, their health status, identify with Decision Strategies Scale is a statistically significant difference between mean scores of subscales unstable decision ($p < 0.05$). Assessing the health of adolescents 3 percentage points compared to their healthy peers, Decision Strategies in adolescents evaluated in 2 points Scale was found to be significantly higher than the average total score ($p < 0.05$).

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Summary

TYPE 1 DIABETIC ADOLESCENTS DECISION-MAKING STRATEGIES

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This article is a Type 1 diabetic adolescents perceive their parents' attitudes, in order to determine the factors that affect the decision-making strategies and was carried out by a hospital in 100 adolescents with the University Health Application and Research Center. Data of the study, questionnaires, Family Attitudes and Decision Making Strategies were obtained using the scale. The resulting frequency for data analysis, percentage, average and standard deviation analysis, Kolmogorov-Smirnov test, one-way analysis of variance (ANOVA), post hoc Tukey test, the number of groups used t-test and correlation is two. As a result, it was found that Type 1 diabetes in adolescents affect their decision strategies of family attitudes. Type 1 diabetes in children and adolescents, the count of the family's income level decision-making strategies, it was found that the father's parental attitudes affect education

Keywords: Type 1 diabetes, Adolescent, Parent attitudes, Decision-making strategies

EFFECTS OF HOME DIALYSIS PATIENTS ON THE USE OF COMPUTER USE IN THE TREATMENT OF COMPUTER LITERACY

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Introduction

In the nineteenth century, the development of the industry caused technology to affect social life, in other words, to enable technology to enter people's daily lives. Multidirectional developments have also affected the level of human education and knowledge and awareness have increased in many areas, especially in health care. On the other hand, health care system; health care, care-treatment, rehabilitation and the provision of all support services. Today, the health problems of societies, which can vary depending on political, social, economic, cultural factors, have a complex structure in general. For the solution of this complexity, each discipline that deals with health should have participated in the knowledge and skill of its own field and planned, collaborative, organized disciplines. Thus, it is possible to achieve a healthy, productive and meaningful lifestyle of the individual and the society (Sabuncu ve ark. 1996).

The roles and responsibilities of home dialysis patients are changing with the effect of technology, or the existing roles are redefined and the individual services become better quality. Today, home dialysis patients are expected to play an active role in the healthcare environment in the direction of change and development in the field of technology and to analyze complex problems (Kaya ve Açı 2008).

On the other hand, home dialysis patients' treatment system, which is a critical source of quality and timely information, is a field of knowledge experience. Computer-centric technologies are very important in health care because they provide fast access to accurate information (Eley ve ark. 2008).

Due to this understanding, the use of computers in the treatment of home dialysis patients worldwide is becoming widespread especially in the following subjects; Retention of treatment records for electronic home dialysis patients, receiving treatment requests for home dialysis patients, electronic treatment units for home dialysis patients, use

of intelligent intravenous delivery pumps, design of individual digital aids (Lopez-Devine ve Sherman 2007).

In addition, in a study on the treatment of home dialysis patients in our country, home dialysis patients' providing home dialysis patients with treatment products and materials, registering home dialysis patients' treatment applications, registering home care products and materials used in treatment services of home dialysis patients, providing home dialysis patients with treatment investigations, providing materials and other care products, performing functions related to home management of home dialysis patients, home dialysis patients education, home laboratory dialysis patients registration of laboratory requests, home dialysis patients treatment planning of treatment, home dialysis patients treatment requests registration, home dialysis patients treatment of drugs to be given to the patient, home dialysis patients treatment drugs to provide pharmacy (Kaya ve ark. 2008).

Although home dialysis patients are rapidly entering treatment daily and professional lives, it is stated in the literature that home dialysis patients and home dialysis patients are resistant to computer use in treatment care. Household dialysis patients indicate that the use of computers as a reason for this situation is complicated. However, it is stated that technology and the use of computers in this context will contribute to the authority and abilities of home dialysis patients to make treatment decisions, to increase the quality of treatment of home dialysis patients and to reduce costs (Kaya ve ark. 2008).

In addition, a study conducted on home dialysis patients suggests that home dialysis patients have positive attitudes towards health care use of computers and that computer attitudes are related to age, marital status, education, institutional use, job title, computer education, computer experience, respectively (Kaya 2011).

On the other hand, it is thought that computer literacy of home dialysis patients may affect the use of computers in the treatment of home dialysis patients. Computer literacy is shortly defined as the ability to use a computer. However, the following definitions have been made for computer literacy: The ability to control computers and programs to achieve various purposes. Ability to use different computer applications. The ability of the computer to understand the economic, psychological and social influences of the individual and society. The ability to use the computer for information, communication, and problem solving (Korkmaz ve Mahiroglu 2009).

The Organization for Economic Co-operation and Development (OECD) aims to promote computer literacy goals, to use the basic software and hardware in a computer system, to control and use application programs, to solve problems in an algorithmic structure, and to identify the most important social, economic and ethical consequences of information technology (Korkmaz ve Mahiroglu 2009, Sönmez 2005).

On the other hand, the rapid development and change in computer technology shows that computer literacy is not an educational stage that can be completed somewhere, and it has to be maintained for life (Kılınç ve Salman 2006).

Computer Literacy in Computer Use

Along with the increase in the amount of information produced today, developments in the field of science and technology have also changed the information needs that people will need, and the economy has gone to globalization. For this reason, industry has begun to lose its power and industrial society has left its place in another social scheme called “information society”. The Ministry of National Education defines the information society as “a society composed of individuals who can search for, access to, access to and obtain the information that they can classify, store and evaluate in the best way” in the Bulletin of the Communiqué No. 2492. Today, the training of individuals with these characteristics is the key to computer education in the process of adapting to the changes and developments in technology. In this process, computers are used as tools (Akfindik 2007).

Individuals who learn basic computer knowledge, who can improve the quality of life in their daily life, use it for information or entertainment purposes, monitor and discuss computer innovations, and compare computer technologies at a certain level can be described as computer literate. For this reason, the concept of computer literacy is of great importance in the efficient and efficient use of computers (Akfindik 2007).

Basic Concepts Related to Computer Literacy

Computers; is a machine that solves a part of the work that people can do more quickly and reliably than humans, provided it is defined by people to do it. By increasing the power of people to generate information, computers provide systematic organization, storage, processing, transmission, information retrieval and use of information. With computers, it is very easy and fast to get the information in a very large amount. From the simplest subject to the most complex mathematical operations, all kinds of problems can be solved, written and drawn by computers (Özçaglayan 1998).

In the 1950s and 80s, the literate and literary concepts that were frequently heard shifted to computer literacy terms with the introduction of personal computers in our lives. As daily use of computer technology increases rapidly, the need for computer literacy is also increasing. In the 21st century, computer literacy has become a much-discussed and debated concept. For this reason, many definitions have been made in the literature in the past. When these definitions are examined, it is clear that the basic level of computer literacy skills must be developed along with changing technology and maintained throughout life (Akfindik 2007).

When computer literacy definitions are examined; Leuhrmann defines computer literacy as the ability to use, read, and write a language in the same way as an underlying literacy. Moursund defines computer literacy as recognizing computers in terms of both technical and non-technical aspects and being aware of the educational, social and professional outcomes of computers. Anderson and Klassen (1981) have described

computer literacy as a way for a person to use the computer in a functionally effective way (Akfindik 2007).

Today, computer literacy covers a wide range from computer awareness to programming languages. The investigations emphasize the necessity of individuals having the ability to use computers as much as they need in daily life. Extended computer literacy; how to use the computer, how to access the information, training materials, e-mail and listing services, and website preparation. Computer literacy is the so-called information society, which involves the development and use of very different kinds of information. This also includes learning new modes of access to information sources that have changed, such as in new internet web sites and search engines, instead of collaborative building (like libraries) and print media. Computer literacy also involves learning where information is found, how it is accessed, how it is interpreted, and how the value of information is measured (Sönmez 2005).

The Organization for Economic Co-operation and Development (OECD), a student of computer literacy goals; to use the basic software and hardware in a computer system, to control and use application programs, to solve problems in an algorithmic structure, and to identify the most important social, economic and ethical consequences of information technology. (Korkmaz and Mahiroglu 2009, Sonmez 2005).

On the other hand, the rapid development and change in computer technology shows that computer literacy is not an educational stage that can be completed somewhere, and it has to be maintained for life (Kılınç ve Salman 2006).

The Importance of Computer Literacy in Home Dialysis Patients

Living developments indicate that computer literacy in the 21st century will come to an inevitable need for a contemporary human being. It is already clear that individuals who do not have this skill will not have the opportunity to find work, improve themselves, or contribute to production (Sönmez 2005).

Household dialysis patients play a key role in implementing scientific and technological developments in health care delivery, given that home dialysis patients focus on the treatment profession, health promotion, protection and prevention of illnesses. The consequence of increased use of computer and computer-based technology in health care settings is that home dialysis patients need to be prepared for the use of home dialysis patients' computer technology from the education-training process in order to adapt to these technologies. For this, research on home dialysis patients' treatments such as computer use, computer skills, computer literacy levels should be done.

Many studies abroad have evaluated computer literacy from different angles in the treatment of home dialysis patients. Lupo and Erlich (2001) have tried to improve the framework of distance education curriculum on computer literacy. McDonald (2004) examined the computer literacy levels of students in order to identify computer skills

prerequisites for university students. Bataineh and Baniabdelrahman (2006) evaluated the English computer literacy of foreign students at Yarmourk University.

In addition, various methods have been used to investigate the computer competence levels of home dialysis patients in many studies. Saranto and Leino-Kilpi (1997) used Delphi technique to investigate the level of computer literacy required for home dialysis patients' treatment. As a result of this research, basic skills such as basic computer operations, word processing skills, spreadsheet and database experiences, and internet skills such as using e-mail have been found to be essential in the treatment education of home dialysis patients. Mcneil et al. (2006) investigated the computer literacy competence of home dialysis patients using Spradley's ethnographic method and obtained the necessary results that they should have basic skills such as software applications, distance learning, using devices in the environment and database applications. Lin et al. (2007) defined the concepts that affect the computer competence of home dialysis patients as a result of their work. These concepts include hardware, software and network concepts; Principles of computer application; Computer skills; Programming design; Computer limitations, Attitudes towards personal and social issues and Computers (Lin 2009).

In the field of home dialysis patients in our country, computer literacy skills, attitudes towards using computers and the effect of the computer on the treatment of home dialysis patients have been studied. Köse (2012) conducted a study of house dialysis patients' computer usage and found that the majority of household dialysis patients were using the computer at a moderate level. Kaya et al. (2008) investigated the opinions of home dialysis patients about computer use and found that the vast majority of home dialysis patients had sufficient and positive opinions on computer and internet use and that home dialysis patients benefited from the computer in their treatment. Erdemir et al. (2005) investigated the opinions of home dialysis patients about computer and internet usage and computer use in their study and found that they have positive opinions. However, home dialysis patients have emphasized the need to be supported in the use of information systems, information management and information technology. Baçar et al. (2008) investigated the adequacy of computer use in home dialysis patients' treatment services and found that the vast majority of home dialysis patients were moderately competent in the use of computers. Koç (2006) conducted a survey of home dialysis patients' views on computer use in treatment and found that they thought that they would mostly benefit from the computer and that they would use the computer, work in a computer-based environment close to the computer, affect the future treatment of computer use, they found that computers did not have enough information about the use of home dialysis patients in treatment.

The use of computers in the light of all these studies can be said to have the power of quality conversion in the treatment of home dialysis patients. In the future, as it is today, computers will continue to influence the healthcare environment, the treatment

of individuals and home dialysis patients. Computers have a strong influence on the health care environment, strong enough to force social interaction and health systems.

As a result, the use of computers seems to be an extremely important part of home dialysis patients' treatment practices. In home dialysis patients' care, they must be aware of this issue and research computer literacy, a key element in computer use, to make sense and to make good computer literacy. Moreover, in order for the home dialysis patients to use computers effectively and efficiently in the treatment environments, it is necessary to determine the attitudes of home dialysis patients towards computer use, and the relationship between this attitude and computer literacy.

MATERIALS AND METHODS

Investigation and type of research

This research was conducted in a cross-sectional descriptive manner with the aim of determining the effects of home dialysis patients' computer literacy on their attitudes toward computer use in the treatment of diseases.

Research questions

What are home dialysis patients' attitudes toward individual, professional, computer use, computer literacy and computer use in health care? Is there a relationship between computer literacy levels of home dialysis patients and attitudes towards computer use in health care? Individual, home use characteristics of home dialysis patients; do they affect computer literacy levels and attitudes towards computer use in health care?

The research selection of the university and samples

The universe of the study came from the home dialysis patients registered to the dialysis unit of a hospital and the sample group came from 688 dialysis patients selected randomly from these patients.

DATA COLLECTION

Data Collection Tools

In gathering the data; Personal Information Form, Computer Literacy Scale, Attitude Towards Computer Usage in Disease Treatment.

Statistical Analysis of Data

In the analysis of the data; median, minimum and maximum values, arithmetic mean, standard deviation, frequency and percentage calculations, Kolmogorov-Smirnov distribution test, Pearson Correlation and Regression analysis were used.

Results

In this section, the findings and statistical analyzes obtained from the research conducted with the aim of determining the effects of home dialysis patients working in a university hospital on the attitudes of computer literacy to health care computer use were presented in tabular form.

Table 1: Distribution of individual characteristics of patients (N = 688)

		n	%
Age Groups (Year)	20-29	297	43,2
	30-39	221	32,1
	40 and over	170	24,7
Gender	Woman	662	96,2
	Male	26	3,8
Education Status	Health vocational high school	36	5,2
	Associate Degree	113	16,4
	License	436	63,4
	Graduate	103	15,0

When the distribution of the individual characteristics of the patients included in the study is examined in terms of the groups constituting the majority, It was determined that 43.2% (n = 297) of the patients were graduated from 20-29 age group, 96.2% (n = 662) were women and 63.4% (n = 436) were graduates.

Table 2: Distribution of characteristics related to computer use of the patients (N = 688)

		n	%
Computer availability	Yes	677	98,4
	No	11	1,6
Computer usage time	0-5 years	180	26,6
	6-10 years	379	56,0
	11 years and over	118	17,4
Weekly computer use time	1-5 hours	120	17,8
	6-10 hours	173	25,5
	11-15 hours	156	23,0
	16-30 hours	151	22,3
	31 hours or more	77	11,4
Participation in a computer training program	Yes	209	30,5
	No	479	69,5
Requesting computer training	Yes	519	47,5
	No	169	24,6
Requesting computer training	Yes	519	47,5
	No	169	24,6

98.4% (n = 677) of the patients included in the study stated that they could use computers. Patients who said they could use a computer (N = 677); 56,0% (n = 379) used computer for 6-10 years and 25.5% (n = 173) used computer for 6-10 hours per week. On the other hand, 69.5% (n = 479) of the sampled patients stated that they did not participate in any computer training program and 75.4% (n = 519) wanted to study computer training.

Table 3: Minimum and maximum, median, mean, standard deviation values of the patients' computer use and weekly computer use duration characteristics. (N = 677)

	Minimum	Maximum	Average	Ort.±SS
Computer usage time (years)	0,60	25	8	8,20±3,90
Weekly computer usage time (hours)	1	98	14	16,20±13,70

The mean duration of computer use was determined as 8.20 (SD = 3.90) years and the mean weekly computer use average was 16.20 (SD = 13.70) hours.

Table 4: Distribution of the scores of patients' computer literacy scale and attitude scale for computer use in health care. (N = 688)

	Potential Distribution	Minimum	Maximum	Average	Ort.±SS
Basic Skills	6-42	6	42	35	32,52±8,90
Applying to Software Skills	6-42	6	42	31	29,11±9,19
Programming	6-42	6	42	13	15,20±8,06
Computer Awareness	6-42	6	42	25	24,42±8,22
Total	24-168	24	168	104	101,26±28,78

The computer literacy scale of the participating patients was 32.52 (SD = 8.90), Baseline Skills subscale average, Software Skills Subscale subscale average 29.11 (SD = 9.19), Programming subscale average was 15.20, 06), Computer Awareness subscale averages 24.42 (SD = 8.22) and computer literacy averages 101.26 (SD = 28.78).

Table 5: Correlation Analysis of Computer Literacy Scale Attitude Scale and Computer Literacy Scale for Health Care. (N = 688)

Scales		Computer literacy scale	Basic Skills	Applying to Software Skills	Programming	Computer Awareness
Basic Skills	r	0,846	-	-	-	-
	p	0,000**	-	-	-	-
Applying to Software Skills	r	0,913	0,833	-	-	-
	p	0,000**	0,000**	-	-	-

Programming	r	0,737	0,375	0,532	-	-
	p	0,000**	0,000**	0,000**	-	-
Computer Awareness	r	0,842	0,580	0,654	0,600	-
	p	0,000**	0,000**	0,000**	0,000**	-
Attitude Scale Towards Computer Usage in Health Care	r	0,454	0,476	0,478	0,185	0,358
	p	0,000**	0,000**	0,000**	0,000**	0,000**

**p<0,01

As a result of the correlation analysis performed to determine the relationship between the total scores of the computer literacy scale of the patients participating in the research and the scores of Attitude Scale for Computing in Health Care, there was a significant positive correlation (45.4%) between the scores ($r = 0,454$; $p < 0,01$). Accordingly, as the total score of the computer literacy scale increases, the score of attitude towards computer use in health care also increases.

As a result of the correlation analysis performed to determine the relationship between the Basic Skills sub-dimension and the Attitude Scale for Computer Usage in Health Care, there was a significant positive correlation (47.6%) between the scores ($r = 0,476$, $p < 0,01$). Accordingly, as the score of Basic Skills subscale increases, the score of Attitude Scale Towards Computer Usage in Health Care is also increasing.

As a result of the correlation analysis performed to determine the relationship between the submitting to software skills subscale and Attitude Scale for Computer Usage in Health Care, there was a significant positive correlation (47.8%) between the scores ($r = 0,478$; $p < 0,01$). Accordingly, as the subscale of Applying to Software Skills increases, the score of Attitude Scale Towards Computer Usage in Health Care is also increasing.

As a result of the correlation analysis performed to determine the relation between the programming sub-dimension and the Attitude Scale for Computer Usage in Health Care, there was a significant 18.5% positive correlation between the scores ($r = 0,185$, $p < 0,01$). Accordingly, as the score of programming sub-dimension increases, the score of Attitude Scale Towards Computer Usage in Health Care is also increasing.

As a result of the correlation analysis made between the Computer Awareness sub-dimension and the attitude towards computer use in health care, there was a significant correlation between the scores and the positive 35.8% ($r = 0,358$; $p < 0,01$). According to this, as score of Computer Awareness subscale increases, score of Attitude Scale Towards Computer Usage in Health Care is also increasing.

Table 6: Regression analysis of computer literacy scale and subscales of health care attitude toward computer use scale. (N = 688)

Dependent Variable	Independent variable	β	t	p	F	Model (p)	R ²
Attitude Scale Towards Computer Usage in Health Care	Basic Skills	0,263	3,515	0,000**	59,607	0,000**	0,254
	Applying to Software Skills	0,340	4,245	0,000**			
	Programming	-0,160	-2,740	0,006**			
	Computer Awareness	0,157	2,457	0,014*			

The statistical significance of the regression model for testing the influence of computer literacy scale and size on attitudes toward computer use in health care was statistically significant ($F = 59,607$; $p < 0.001$). When basic skills increase by 1 unit, the attitude towards computer use in health care is increased by 0,263 units. ($\beta = 0.263$, $t = 3,515$, $p < 0.001$). Applying to Software Skills As the number of units increases, the attitude towards computer use in health care increases by 0.340 units ($\beta = 0,340$; $t = 4,245$; $p < 0.001$). When 1 unit of programming increases, the attitude towards computer use in health care is decreased by -0,160 units ($\beta = -0,160$; $t = -2,740$; $p < 0,01$). When Computer Awareness increases by 1 unit, the attitude towards computer use in health care increases by 0,157 units ($\beta = 0,157$; $t = 2,457$; $p \leq 0,01$). Basic Skills, Applying to Software Skills, Programming, Computer Awareness dimensions explain 25.4% of attitudes towards computer use in health care ($R^2 = 0.254$).

Results

This study determined that 43.2% of 688 household dialysis patients selected from home dialysis patients registered to a dialysis unit of a hospital were in the 20-29 age group, 96.2% of them were female and 63.4% were graduated.

98.4% of the patients included in the study stated that they could use computers. 56,0% of the patients who say they can use the computer have used the computer for 6-10 years and 25.5% have used the computer for 6-10 hours per week. 69.5% stated that they did not participate in any computer training program and 75.4% stated that they wanted to study computer.

The mean duration of computer use was determined as 8.20 (SD = 3.90) years and the mean weekly computer use average was 16.20 (SD = 13.70) hours. The computer literacy scale of the patients was 32.52 (SD = 8.90), Baseline Skills subscale average, Software Subscale subscale average 29.11 (SD = 9.19), Programming subscale average was 15.20 (SD = 8.06), Computer Awareness subscale averages 24.42 (SD = 8.22) and computer literacy averages 101.26 (SD = 28.78). As a result of the correlation analysis performed to determine the relationship between the total score of the patients' computer literacy scale and the Attitude Scale for Computer Usage in Health Care,

there was a significant positive correlation (45.4%) between the scores ($r = 0,454$; $p < 0,01$). Accordingly, as the total score of the computer literacy scale increases, the score of attitude towards computer use in health care also increases.

As a result of the correlation analysis performed to determine the relationship between the Basic Skills sub-dimension and the Attitude Scale for Computer Usage in Health Care, there was a significant positive correlation (47.6%) between the scores ($r = 0.476$, $p < 0.01$). According to this, as a result of the correlation analysis performed to determine the relationship between the subscale of Basic Software Skills subscale and the Attitude Scale for Computer Usage in Health Care, there was a significant positive correlation (47.8%) between the scores ($r = 0,478$; $p < 0,01$).

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Summary

EFFECTS OF HOME DIALYSIS PATIENTS ON THE USE OF COMPUTER USE IN THE TREATMENT OF COMPUTER LITERACY

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This research is intended to identify the effects of home dialysis patients' computer literacy on their attitudes towards computer use in the treatment of diseases.

The study population consisted of a hospital dialysis unit registered in their home dialysis patients, the sample groups with random method among these patients has occurred from the selected 688 home dialysis patients. The data were collected; Personal Identification Form, Computer Literacy Scale, Attitudes Toward Disease Treatment is used Scale Computing. Analyze the data; median, minimum and maximum values, mean, standard deviation, frequency and percentage calculations, distribution of Kolmogorov-Smirnov test, Pearson correlation and regression analysis were used.

Home dialysis patients 69.5% (n = 479) did not participate in any computer training program, 75.4% (n = 519) that want to get computer training, 98.4% (n = 677), the computer can use computer use home dialysis patients can be said 56,0's% (n = 379) was determined to be. Computer Literacy Scale was determined that no meaningful relationship in a positive direction at the level of 45.4% between the Attitudes Toward Computer Use with a total points score.

As a result, computer literate home computer use in the treatment of dialysis patients develop a positive attitude. In this context, the release of their efforts to develop computer skills of home dialysis patients, according to computer literacy levels suggested the organization of training on this subject.

Keywords: Home Dialysis Patient, Computer, Literacy, Treatment, Attitude.

THE PLACE AND IMPORTANCE OF INFORMATION - BASED DECISION MAKING FOR PREHOSPITAL EMERGENCY RESPONSE

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1. Introduction

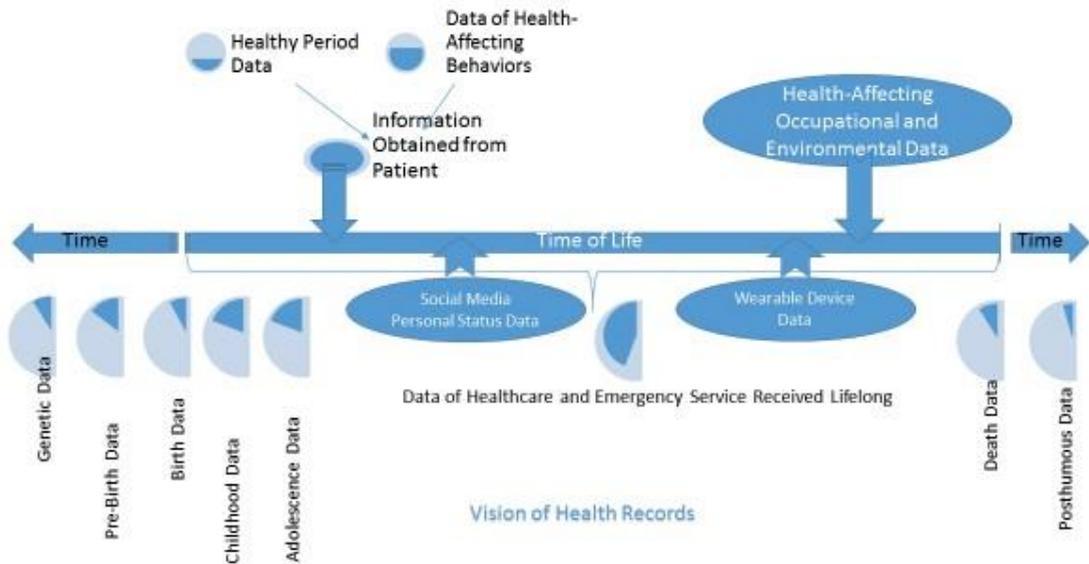
Prehospital emergency responses include the healthcare provided out of hospital until the patients reach the hospital. In many countries, prehospital emergency healthcare is provided by Emergency Healthcare units associated with the Ministry of Health for free through ambulances of short-code call centers. Paramedic professionals who are healthcare personnel with qualifications such as emergency and first aid expertise, ambulance operation, etc. fulfill their task in race against the clock.

Duration of ambulance reaching the patient and time spent when taking the patient to the emergency service are of great importance in prehospital emergency services. The body of vehicles, skills and cognition which will ensure the sharing and use of existing knowledge to offer the healthcare services in a widespread manner is a matter of Health Informatics. Health Informatics also brings health, informatics, psychology, epidemiology, and engineering together.

Health managers must make decisions on short notices to achieve a given objective. Information systems perform the procedures of producing the information to support those decisions out of the data. It can be said that health informatics systems are computer-based, integrated information systems which retrieve data from environment, track it and identify data from operations and registration processes; filter, organize and select it to present to the manager as information; which are generally for supporting the structural decisions and enable managers to produce the information in a timely and accurate manner.

This is such a system that presents the fact that warning and intervention structures are created through the presence of all health records necessary for human existence and survival and by making decisions in accordance with those records as large-mindedness.

Figure 1. Vision of Digital Health Records



Health sector is one of the fields in which information changes and improves in the fastest way in terms of content and structure. For healthcare services to be offered in the fastest, most accurate way and with the highest quality in such a manner that respond to the need, it is important for health professionals to access the most accurate and up-to-date information and use that information by utilizing the decision support systems.

2. Prehospital Emergency Response

Individuals have needed others' help in case of serious health problems throughout history. As a requirement of the social life, individuals—who form the society—have helped each other with this issue and have made several attempts to save and maintain lives of patients who are injured due to accidents, wars, and disasters and who encounter emergency health issues.

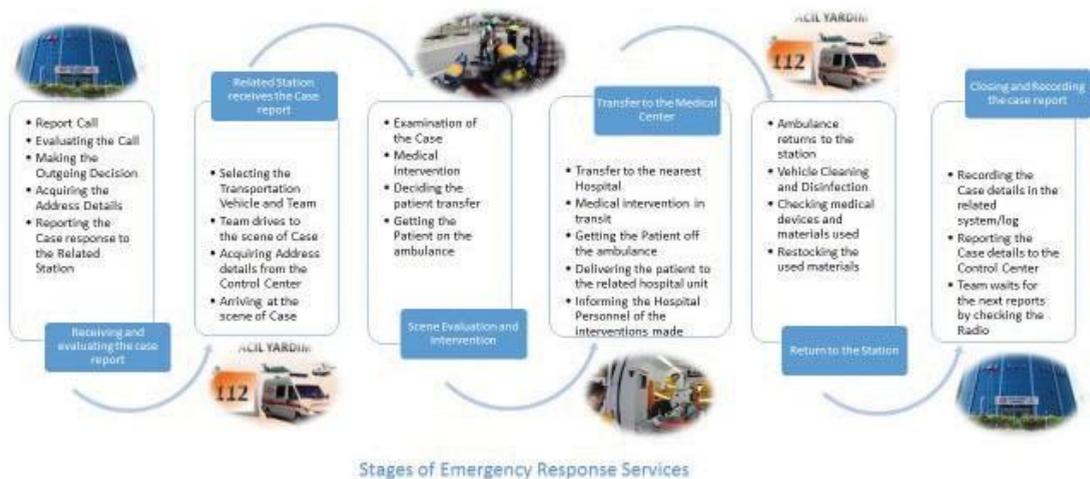
Either in urgent diseases or injury cases, all health services offered by expert teams to individuals in need through medical devices and equipment at scene or in transit are included within the scope of prehospital emergency health services. Those services are provided by paramedics who start emergency medical care for patients and injured individuals on professional level, continue the care in transit by ambulance, go on with their duty until patients and injured individual are delivered to the emergency service at the hospital and also drive the ambulance when necessary. In a general overview of

the prehospital emergency services within the scope of Emergency Medical System around the world, it is seen that two systems are applied.

Anglo-American model: Several emergency medical systems newly introduced around the world adopt the Anglo-American model. In this model, patients are carried to hospitals so they can receive high-quality healthcare. Personnel who are not physicians, for instance ambulance or emergency healthcare technicians, and emergency medical technicians, start the emergency medical service on site and carry critical patients or injured individuals to emergency service at hospitals. Emergency medical specialists work at emergency services or other physicians work under the supervision of emergency medical specialists in this model. Countries that adapted to or are trying to adapt to the Anglo-American model include USA, Australia, the Philippines, South Korea, the Netherlands, Hong Kong, Ireland, UK, Israel, Iceland, Canada, Costa Rica, Malaysia, Nicaragua, Poland, Singapore, Taiwan, New Zealand, and Turkey.

Franco-German model: In this model, hospital is brought to patient and emergency doctors and technology is carried to the field to provide high-level healthcare. Emergency doctors, generally anesthetists, assume the emergency care services in the prehospital period (reanimation of circulation and respiration and ache control in general). Patients are taken from the field directly to the acute inpatient wards. Emergency medicine is not a separate branch and the emergency service is under the control of anesthetists. It is common in Germany, Austria, Finland, France, Lithuania, Norway, Portugal, Russia, Slovenia, Sweden, and Switzerland.

Figure 2. Stages of Prehospital Emergency Response Services in Turkey.



Evaluation of the emergency calls in Turkey today: Emergency call center considers all the information collected to determine whether the emergency call requires emergency health service. The physician who received the call is authorized for the determination. The physician is also authorized to reject the emergency request if he/she decides

it does not require any Emergency Health Service. The physician utilizes his/her experiences and insights when deciding the emergency response.

Registration and notification of the emergency response offered in Turkey: Registration procedures start upon receiving the emergency call at the Command Control Center. The whole process is recorded on related sheets and computer software programs by the related Emergency Health Service station and is reported to the center. All information on the case is entirely recorded in specific record software and systems via sheets and voice recordings. Custom-designed call center is used in such systems. Callers' numbers are checked and previous duties are retrospectively listed at the same moment. When the necessary connections are made, address details of landline numbers can be automatically accessed. For general calls, thousands of phone numbers and user-specific speed call buttons can be defined. Number of calls waiting can be even seen online. Voice recordings of all the calls are kept by the time they arrive at the system and radio correspondence between patients and teams are recorded. Voice recordings work with the whole system in coherence. Besides making calls in accordance with several features like date, time, operator, phone number, thanks to the match between voice recordings and protocol numbers, voice recordings of the related duty can be accessed without any search. Unknown addressed can be searched on digital maps. Address of the case can be pinpointed when the global positioning system (GPS) coordinates of the area are given. Finding and describing address is facilitated by adding important reference points onto the map. Area of the case can be marked on the map and communicated to teams. Thanks to custom-designed vehicle tracking systems, it is possible to monitor patient transfer vehicles and ambulances on digital maps and to track their speeds, times of departure, places and durations of stopovers. With prehospital emergency response software programs for mobile computers, addresses of cases are communicated to teams in written and coordinates are sent and area of the case is shown on the map. Connection with hospitals via internet ensures the monitoring of vacant beds and personnel on call at the hospitals at the Command Control Center. The ambulance can communicate the case details to the hospital automatically in transit thanks to monitors placed at hospitals. Hence, it is made sure that the hospital is informed and make preparations while the patient is on way to there. Future status of the cases after being delivered to the hospital can be monitored online and retrospectively. In many private organizations of ambulance service, booking and working plans necessary for patient transfer procedures are monitored via software.

Several conceptual studies are also being conducted on emergency health service. For instance, a project of European Union 7th Framework Programme called «Online and Mobile Communications for Emergencies» (SOTERIA) started in September 2014 and became a prototype project to be finalized with the participation of 17 partners from 10 countries in 30 months. This project aims at including social media (Facebook, Twitter, LinkedIn, Hyves, etc.) in the process to improve emergency personnel's

(ambulance, police department, fire department, rescue personnel) capability of effectively responding to the case before, after and during. Furthermore, another purpose is to ensure the increase in other individuals' capacity to play an active role in the emergency response and enhance the management of emergency cases. The critical issue for emergency personnel is acquiring accurate and reliable information on time via social and mobile media and managing to establish communication with appropriate intervention. With a software program to be developed in this project, it is aimed at receiving emergency calls via social media, developing early warning transfers; ensuring data transfer via mobile technologies, the positioning of emergency cases by use of geographic information systems, texting back users in emergency cases and making evacuation plans.

3. Information-Based Decision Making

Decision making is a process composed of multiple stages including understanding, design, selection and implementation. In case the decision made does not work, the first stage of the decision-making process can be returned to and repeated when necessary.

Today, many decisions in prehospital emergency responses are not made by a single administrator or related person. High-level configured and automated decision classes are rapidly developed. In the model in Figure 3, data coming from stakeholders are automatically evaluated through information system tools on decision platforms and wide range of information can be shared with users under information quality criteria and within the framework of decision packages in different environments.

Figure 3. Environment of Business Intelligence to Support Decision making in Prehospital Emergency Response



Automated high-speed decision making is defined as computer algorithms that assign a decision to task- optimized software through high-speed processors on very large databases. With these algorithms, humans are excluded from the decision-making chain because they can make mistakes and are very slow.

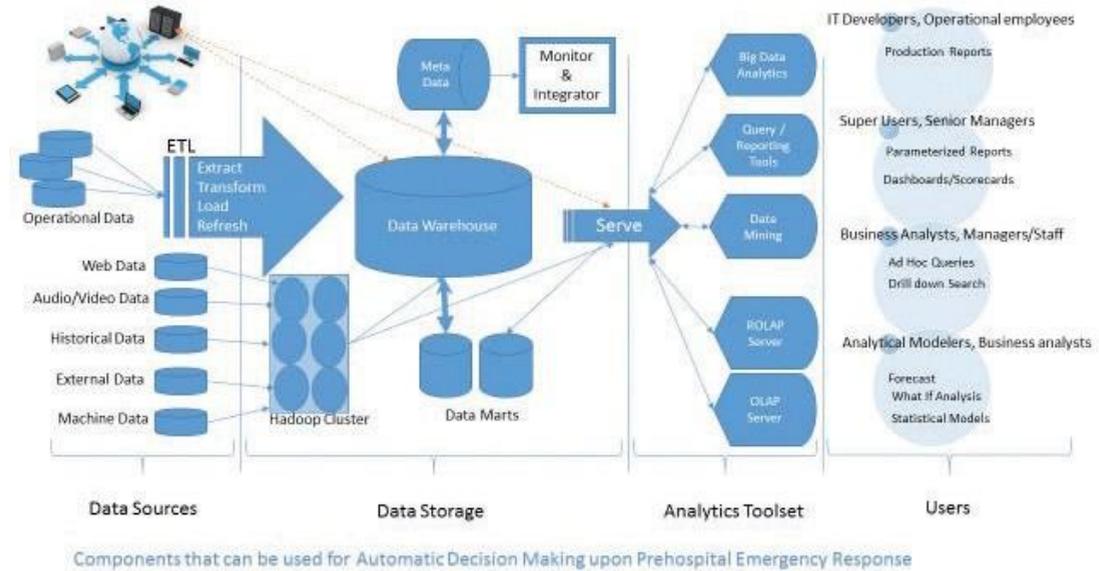
Within the framework of the vision of digital health records, data mining, which is used for revealing hidden, valuable and useable information and supporting strategic decision making, has brought a new perspective in the use of health data as well as finding solutions to huge number of data-related problems and has become a method that is increasingly used in a wide manner.

How high-speed decision environments work is basically that decision-making process is managed by software algorithms. Software programs reveals the problem to design the method of finding a solution, defines a series of acceptable solutions and ensures the implementation of the solution. In this process, although humans are distinctly out of the cycle, it may be required to create additional protection mechanisms for observing the behaviors of such systems, organizing their performance and deactivating them if necessary. Decision support systems using informatics infrastructures are mainly based on business intelligence and mathematical business analysis infrastructure which offer data and analytical tools to help decision making.

Business intelligence refers to the infrastructure that stores, combines, reports and analyzes the data coming from environment. Business intelligence hardware and software is as much intelligent as humans who use them. Skills of business intelligence help understand the information which is communicated accurately, rapidly and almost in a real-time manner and take action Those skills include reports predefined by needs, reports expressed in parameters by filtering user data, presentations of performance data defined by users, creating reports customized with instant queries and searches, linear projections that can achieve detail through summary, performing scenario analysis and data analysis using standard statistical tools.

Detection of the case, positioning of patient, type of access to patient and vehicle designation, intervention with patient (Allergy Check-Medication and Substance), patient transfer, emergency in panic and similar interventions are performed during the process. It would be a visionary approach to make several decisions by conducting automatic assessments and in accordance with the results in an integrated way. To this end, data sources, data storage, analysis tools and user types within this approach are presented in Figure 4.

Figure 4. Components that can be used for Automatic Decision Making upon Prehospital Emergency Response



From this perspective, individuals' health records are stored in a very large data warehouse. Real-time data retrieved from personal wearable and portable devices upon user consents are integrated with personal data created on social media to develop health tracking and warning systems. Hence, command control centers can be combined with computer networks to create a structure which involves central and large servers.

4. Discussion

This study presents the need for creating a different point of view in the process of setting strategies especially in Turkish Health Information System Action Plans. With this point of view, experts of Health Management and Management Information Systems can conduct studies on these topics along with other disciplines.

In some research in Turkey, a significant part of the patients brought to emergency services by ambulance have been hospitalized for serious conditions and some of them have been referred to other hospitals due to the need for intensive care. It is necessary to plan prehospital healthcare services carefully to prevent delays at emergency services and hospital means and capacity need to be known by the ambulance command center (Karakuş, İlevik, Dogan, Sam, & Kutur, 2014). Patients who are brought to emergency services urgently are significantly in the group of patients who are older, must be hospitalized and are charged (Yaylaci, Ozturk, & Yilmazer, 2013). It has been revealed that most of 112 ambulance departures result in transfer to hospital but 74.9% of patients brought by a 122 ambulance are discharged from emergency services, that it takes too long to take patients from scenes to hospitals, that 112 emergency personnel fail to decide intubating patients with respiratory insufficiency and to implement this

decision, that dispatch rules are also ignored when carrying patients who are referred to another hospital by 112 ambulances, that patients who are sent for consultation are referred unnecessarily because they are not fully evaluated, and that all these issues take a heavy toll on the 112 Emergency Health Service. (Onge, ve digerleri, 2013)

As seen in most of the academic research, paramedics must make several medical and administrative decisions in the process in an accurate and rapid manner.

International R&D studies on prehospital emergency health services examine decision process and closely monitor the topics of data collection, storage and mining and big data via related social media applications and mobile and wearable technology and conduct similar studies with the support of universities and official agencies.

It can be recommended to researchers in this field to study with the environment of creating digital health records which are requested with projects designed in parts and to include an integrated structure in future Health Information Systems Action Plans.

5. Conclusions

In several academic research studies, problems with and insufficiency of prehospital emergency services have been discussed and solutions have been offered. The point desired to be achieved in future was presented in this paper in an effort with an approach that describes it in a completely different point of view. Being an original study in this sense, this paper will contribute to studies on creating conceptual models for keeping digital health records and on establishing automated high-speed decision-making mechanisms via information systems in the literature.

At this point, also attaching importance to the use of big data, it is considered an achievable objective to contribute to a healthy life by warning individuals through decision mechanisms of related systems even before they become patients and without the need for emergency interventions by assessing the data collected in a real-time manner from wearable technologies.

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Summary

THE PLACE AND IMPORTANCE OF INFORMATION - BASED DECISION MAKING FOR PREHOSPITAL EMERGENCY RESPONSE

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Individuals have needed others' help in case of serious health problems throughout history. Hence, they encounter prehospital emergency responses as may be required until they arrive at the hospital. In a general overview of the prehospital emergency services within the scope of Emergency Medical System around the world, it is seen that two systems are applied. The main purpose of this study is to provide a conceptual framework in prehospital emergency response, health tracking methods and technologies and to bring a new perspective of this subject which is one of the primary subjects addressed in the area of problems in the health sector. It was aimed in this compilation at discussing the place and importance of digital health records that support information-based decision making and of decision-making models that combines data warehouse, data mining and business intelligence within the scope of prehospital emergency. Furthermore, individuals' data created in accordance with the vision of digital health records vision were evaluated within the system integrity and the picture of the desired future in which individuals will be warned beforehand with warning and tracking systems instead of prehospital emergency response was discussed.

Keywords: Prehospital Emergency Response, Information-Based Decision Making

INVESTIGATION OF STRESS AND JOB SATISFACTION OF EMPLOYEES IN THE PUBLIC BANKS

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Introduction

People from the moment he began his career begins to enter into certain expectations. In the first return of the fee to get a job, then as a good manager can agree and work colleagues ... all of these requirements also affect people's job satisfaction. Expectations would be happy to meet the people and that it was happy to be successful and productive. Otherwise, if an individual who would be unhappy. Individuals who are unhappy with the stress level starts to rise. Stress levels started to make mistakes in the growing business and individuals may fail. The result can not provide the wanted individuals who can not get that job satisfaction.

To work in an industry where there is intense work, such as the banking sector is important to ensure that job satisfaction. Because it must have a high motivation to work for the individual to work under heavy workload. Job satisfaction expectations of individuals to be different. The work also varies according to the individual's personal characteristics satisfy the wait. In addition, the individual's culture, gender, age, factors such as education level also influence job satisfaction. If compatible with those offered in response to the individual's expectations or if individual forecast presented to him to accept the new job satisfaction would be caught. Otherwise, scroll down to the individual job dissatisfaction. Dissatisfaction, unhappiness, unhappiness also leads to high stress levels.

In an environment where the individual is of intense work in the public sector banks such as banking not met all expectations in general business needs to capture the satisfaction that you're born a productive work environment. Job satisfaction may not provide individuals begin to come under stress. Work itself is also a source of stress in itself no job satisfaction, unhappy and individuals expected to work efficiently with stress can cause the individual to be more unhappy. It should pay attention to the managers about job satisfaction is available. Job satisfaction is a dynamic phenomenon (Akıncı, 2002, S.1-25). Just once can not be left as it was created and the level of satisfaction. Otherwise, increasing job dissatisfaction can begin to grow. Because they do not want in the bottom level of benefits derived by humans. After a certain level are always more demands.

The research topic is to examine the job satisfaction and stress levels of employees in state-owned banks. The aim of this study was to determine how to assess the impact the job satisfaction of employees and workers in state-owned banks. Research descriptive explanation of the present state is the study and consideration will be made.

Business Satisfaction

Job satisfaction is a positive feeling of getting the results that emerged expect from an employee's job. Many things affect job satisfaction to the family of an individual's genetic characteristics and education level employees. Job satisfaction is possible to divide the factors affecting individual factors and organizational factors.

The first factor is the need of the individual. If the individual's needs as a priority the issue of providing satisfaction can be happy. In this way, individuals can work efficiently stress from too much exposure. The Value cases are among the individual factors. Individuals may want to work in an environment that felt it was worthwhile. He worked with colleagues who value the same way individuals live dissatisfaction when not see the money. other individual factors affecting job satisfaction: expectations, gender, age, same environment uptime, education level, status, intelligence and ability, personality, profession and socio-cultural environment (Kesici, 2006, s.32-47).

Organizational factors that affect the job satisfaction of working individuals as well: the nature of the business, physical conditions, wages, appreciation, colleagues and relations, career opportunities, the attitude of management and administration, organizational culture is the work ethic. The most striking of which is the price of organizational factors. It has led to a job with a high income individuals satisfied with the fee hungry. adequate and complete the physical conditions of the work environment will facilitate the work of individuals in a healthy way. This will have caught the individual job satisfaction. However, all individuals to acquire the business of providing standby satisfy these conditions are hardly reflect reality. Because job satisfaction due to individual factors may vary. At the same time faced with the situation a case of job satisfaction ready at any moment to change that dynamic can be maintained. However,

you can ensure that employees generally happy with the individual fulfillment of certain conditions. Thus, individual employees can work efficiently without direct contact with the stress.

Relationship between stress and job satisfaction

Individual and organizational factors influencing the stress and job satisfaction is available. However, job satisfaction or job dissatisfaction are among the organizational factors that cause stress. This therefore leads to stress and stress factors must be examined organizational title.

Stress is a concept first described by Hans Selye. Selye stress is stated as a general response to external factors of the human body. Magnuson people's reactions to the differences between the real world and the expectations he has described in his inner world (Gümüçtekin and Oztemiz, 2004, s.63-64). By definition as Davis tension forces the ability to cope with the environment is made (Davis, 1982, s.565-566). Generally causing strain and stress of individuals against disturbs the peace of individuals can be defined as physical and psychological responses..

Stress is classified according to the situation which led to the emergence. Individual stress, organizational stress factors, and environmental stress factors. organizational stress factors of these factors are especially seen against the people business. The work itself can be a stress factor. Business properties, affecting work intensity and stress stimuli are individual cases. the resulting stress in the work environment, resulting mismatch between the employee's capabilities with features to get the job done are the physical and emotional consequences (Glass, 2004, p.3).

It is emerging as a kind of stress related to organizational work-related stress. Heavy workload, time constraints, insufficient of the work environment, situations such as job stress factors are self-born monotony. Organizational structure-related stress factors can be listed as follows: Lack of communication, evaluation issues, organizational structure, powers and errors made in responsibility, weakness in the participation of employees of the organizations decision, role conflict, wage inequality, bullying (bullying), injustice in the distribution of tasks, management style or other is the name of leadership styles. It appears from the circumstances mentioned problems due to this phenomenon is the organizational stress. A situation that occurred in the organization can also affect individuals' causing stress also increases stress levels in individuals who have.

Organizational stress factors will be seen when examined with the same elements that lead to job dissatisfaction. In this sense, it is clear that there is a direct relationship between job dissatisfaction and stress. Job dissatisfaction is a factor that leads to stress. individuals working in state-owned banks are exposed to stress due to the intensity of the work. In addition, job dissatisfaction can increase the stress level of the individual to live a little more. Increased stress can lead to the emergence of many different

situations. Starting from the fall of the employee's individual work efficiency, the results may be incorrect as jobs. For example, individuals working in a bank teller making a mistake could lead to more money from the bank. Another condition may be caused by stress is the disruption of an individual's health. Physically and mentally ill individuals may be inoperable.

Conclusion

Job satisfaction of individuals working in state-owned banks is not possible to provide completely. However, overall job satisfaction by making some arrangements can be captured. Observe the following advice may be to ensure job satisfaction:

1. Facilitating career opportunities
2. Recreation time separation
3. A satisfactory level of salary
4. Improving the physical conditions
5. To popularize the profession, conducting activities to improve the professional solidarity.

Policies should be implemented in line with expectations. Otherwise, if what do you do will fail.

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Summary

INVESTIGATION OF STRESS AND JOB SATISFACTION OF EMPLOYEES IN THE PUBLIC BANKS

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People want to earn money to continue their lives and employment. For this reason, people start to spend most of the business environment in the time it reaches a certain age. Therefore into the environments where now begins to become indispensable to him. At the same time in the environment that would have some expectations. If it would be happy to work in an environment that meets their individual expectations. also it runs a more efficient and successful because it is happy. But otherwise, the individuals begin to be unhappy. Unhappiness brings stress. Stress levels are increasing individuals begin to make mistakes. The result may be impaired health in a monotonous process as unsuccessful and unhappy employees. the subject of the research is to investigate the job satisfaction and stress levels of employees in state-owned banks.

Keywords: Bank employees, job satisfaction, public, stress, expectations

A RESEARCH OF THE RISK OF DRUG USE ON HIGH SCHOOL STUDENTS LIVING IN RIZE CITY

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Login

Adolescent Latin origin of the word “grow” or “mature” meaning used in “adolescer” is based on the actual. Adolescence is a period that occurred between childhood and adulthood. It is a transition to another universe than ever and occurs not including dashed lines. But at different times, even though all adolescents become mature adults get over this period. In this context, puberty, adolescents are fully developed and responsible adults can be defined as a bridge they have to go through to get involved in the world .(Dolgin, 2014).

Independence from the addiction adolescence is a period in which the development of cross autonomy and maturity is required. Young to be part of a group of friends to be part of a family group during this period and as a grown toggles to stop standing alone(Geldard, 2013).

Besides, Adolescence, individual identity discovery and was the period when social life adaptation process starts psychological characteristics of research and evaluation (Steinberg and Morris, 2001) and as a bridge in the transition adolescence from childhood to adulthood (Abah, 2012).

Risk, risk According to the Turkish language institution, is a word of Latin origin is defined as the probability of the occurrence of any event that could lead to damage or loss.

Risk Taking Behavior, possible negative consequences (losses) including, but detected a number of positive results (profits) are equilibrated behavior. (More and Gullo, 1966)

Negativity or life could result in termination of life and social aspects as behavior that may be dangerous t-defined Risk Taking Behavior (Gonzales and Tiffany, 1994), is seen as normal behavior patterns in the transition to adulthood from adolescence (Jack, 1986; Steinberg, 2007).

During an individual's teenage sensation-seeking and risk-taking behaviors, creating a risk factor for adolescent health and psychological well-being negatively affect the development process (Elliott and Lambourne, 1999; Gonzalez Field, Yando, Gonzalez, Lasko and Bendell, 1994; Gullo to Moore, Moss Boyd, 2000; Klein, Brown, Childers, Oliveri, Porter and Dykers, 1993; Masha and Wolfe, 2005).

The survey conducted for adolescent risk-taking behavior, the way it is seen that the most intense phase of adolescence is viewed by gender and age range of variables. They take more risk than girls of men according to research (Mr. and Numbers, 2005; Gullo et al., 2000; Yilmaz, 2000), middle adolescence by adolescence in terms of age were observed to take more risk (Kiran-Esen, 2003; Yilmaz, 2000).

Adolescents, winning identity, novelty seeking, curiosity about different experiences of trial, perhaps because of the desire to explore life and themselves, constitute an important risk group in terms of starting to use substances. usually take place in the teenage years of age of onset for various substances, this problem also requires the issue to be addressed as a teenager. smoking among young people in many countries, the use of alcohol and other substances, accidents, suicide, violence, unwanted pregnancies, increase the risk of sexually transmitted diseases (Tasci et al., 2005).

First experience of adolescent drug use and addiction, especially about forming, in the coming period, individuals may cause permanent damage to the biological and psychological.

In general, you need to be expressed, "substance" that could lead to abuse and dependence, mood can be taken in various ways, perception, cognition and other brain functions defined as any chemical substance that produces a change. These cannabis, heroin, can not be prescribed, such as cocaine, as may be illegal substances, amphetamines, benzodia zepines, other sedative hypnotic drugs such as regulatory drugs that can be prescribed in the frame or volatiles partial legal regulation in the non or sale subject to regulatory control, tobacco (nicotine), coffee (caffeine) and alcohol (ethanol) as aresubstances (Ceyhun Oguztürk and Ceyhun, 2001).

Addiction, refers to the person losing control on the uptake. The WHO substance abuse "used a psychoactive substance to deal with other people and objects significant values previously given a higher priority recognition behavior" as defined. In other words, the use of substance harmful to individuals and society becomes a behavioral level (Yorgancıoğlu and Esen, 2000).

As we have seen, biological, psychological and social changes taking place and having to cope with the challenges of these changes in the thick of this period, experiencing various psychological problems and the possibility of experiencing adverse adolescent risk behavior is high. In this study, the type of school is located in negative risky behaviors, substance use involves risk adolescents, class, were examined whether they show differences according to gender. In addition, some of the risky behaviors

of adolescents (Social Position, and Traffic Risk) age and investigated whether they show significant differences according to gender. Findings of the adolescent negatively clarify the risky behavior, especially in groups with high risk of substance use in the future,

Method

Participants

This research, conducted by the Association of Black Science, Technology and Culture “Living in Rize Province Adolescents with Substance Abuse Prevention of the Risk Taking Behavior Detection Project” is based on data. The sample of the study, high school is studying in vocational high schools with living in Rize and Anatolian High School 1 (n = 2534), high school 2 (n = 2138), high school 3 (n = 1980), high school 4 (n = 1267) constitute grade students. Research centers in 8 to Rize school districts in 12 schools, 3904 girls (49.3%), 4015 men (50.7%) for a total of 7919 students participated. Sample age range 14 to 18 (Mean = 16:46 S = .83) between.

Data Collection Tool

Adolescent Risk Taking Scale (ARTS): Kıran (2002) Adolescent Risk Taking Scale developed by consists of 26 items. First of Gullo and Friends (2000) which was developed in Adolescents Risk Taking Scale (Adolescent Risk Taking The Questionnaire) was translated into Turkish, Turkish society does not meet the scale of material were removed and developed by adding new substances.

Adolescent Risk Taking Scale; of individuals at adolescence was developed to measure the risk-taking behavior. A behavior which involve the risk of each item of the scale indicates. To understand whether an individual’s daily life, which one of them consists of improved materials. Five different response options for each item of the scale is located. Taken from the scale scores ranged from 26-130. High scores indicate that a high risk-taking behavior.

18 of Developed 34 scale items First Gullo and Friends of the (2000) Adolescents which was developed by Risk Taking Scale (The Adolescent Risk Taking Questionnaire) based on the expert opinion of the substances obtained by translated into Turkish has been selected. In the second stage; 2. ongoing high school class was asked to write four of the 73 students risky behavior or substance similar to the previous close, which are discarded. The remaining ingredients are added to the 34-item scale was reached on a list of 45 people is not open 34-item list of students applied to a new group of students were asked to mark agents and incomprehensible. changes in the content and substance did not go to a number of substances have been shown to be non-obvious and incomprehensible matter. Thus it has reached a 34-point scale.

The validity purposes varimax rotation technique distributed to substances with factor loadings on ile.30 factors was nine factors result of this transaction. These analyzes removed from the 5-item scale factor load below 30 and remained 29 items. 29 Article 5 in the factor load values determined to be over 30, they belong to the three items in the inventory in the second analysis 4. VE5. Since there is little difference between the values of the load factor load factor values of the other 10, further correlations in substance by removing the three substances also found that less than 30 It has led to a 26-point scale.

Adolescent Risk Taking Scale of similar scale validity method was used in the validation study. For this purpose Bay (1999) developed by Risk Taking Scale it was used. Similar scales fall semester of 2001-2002, in order to determine the validity of Istanbul Province in the socio-economic level of the 208 high school sophomores in three different schools in different districts and applied era ONE Risk Taking Scale. The correlation coefficient between the two scales .87 ($P < .01$) wasfound.

Personal Information Form: about the students in the study group, class, gender, grade point average, number of siblings, personal and socio-economic in formation about the family's income level, ARTS response was achieved by creating a separate section dealing with personal information in the paper.

Data Analysis

Descriptive statistics for the variables, analysis of variance using SPSS 22:00 p program $< .05$ level of significance was tested. In data analysis, sample group of T-test in order to investigate whether the difference in the average, one way Anova to say whether healthy ANOVA, Tamhane test was used for each non-uniform analysis of variance of the significant differences found to say that in which the groups.

Results and Discussion

The research group of 3904 girls, 7919 is comprised of high school students, including 4015 men. The average age of students is .83't 16:46 and standard deviation. (Range 14 to 19). The Group's 2534 person of the first class, second class of 2138 people, 1980 people, is the third grade and fourth grade students in 1267 people.

In Rize center 8 districts (Çayeli 4, Sunday 3, Ardeşen 3 Hazelnut 1 Derepaarı 1) data collection in a total of 12 to 20 school schools were conducted. Data Collection enables participation in the Annual High School and Vocational High School students were administered to 8,000 respondents in total. During data analysis of transactions made with incomplete and inaccurate controls marking operations with survey analysis found 81 of the 7919 questionnaires eliminating data entry is provided. According to the analysis results of operations of high school students in 3914 and Vocational High School students in 7919 with a total of 4005 people was conducted student surveys to evaluate the results.

Information about the project before the data collection visits were carried out, Governorship of Rize, Rize Province National Education Directorate and the project owner institution Karadeniz Science, Technology and Culture Association provides information to school administrators and guidance counselors about the Cooperation Protocol signed between.

Data Collection Centers in the dualistic visits to schools, the Materials Data Collection Surveys, school administrators, guidance counselors and project coordinator tarafınca was applied to all classes. Depending on the school and type of classes, especially for vocational schools in 11 and Grade 12 in the Anatolian High School with students with internship 12 is in the classroom and on leave or reporting of students preparing for university entrance exams, internships, not days, and university entrance exams in schools second visit deemed necessary after repeated browsing activity to be taken into each class is provided.

Descriptive statistics about students who participated in the survey table 1, Table 2, Table 3, Table 4 and Table 5 are given in Table 6 (Tan, 2016).

Table 1: Distribution of Students by Type of School

Kind	N	%
Anatolian High School	3914	50.5
Vocational high School	4005	49.5
Total	7919	100

Table 2: Breakdown of School District

District	N	%
Rize - center	4679	59.5
Çayeli	1165	14.3
Pazar	620	8.4
Ardeşen	928	11.1
Findikli	190	2.4
Derepazari	337	4.3
Total	7919	100

Table 3: Breakdown School Students

School	N	%
No: 1 SCHOOL (High School)	765	9.7
No. 2 SCHOOL (High School)	487	6.1
No. 3 SCHOOL (Vocational High School)	865	10.9
No. 4 SCHOOL (Vocational High School)	738	9.3
No. 5 SCHOOL (Vocational High School)	594	7.5
No. 6 SCHOOL (High School)	315	4.0

No. 7 SCHOOL (Vocational High School)	432	5.5
No. 8 SCHOOL (Vocational High School)	483	6.1
No. 9 SCHOOL (High School)	311	3.9
NO:10SCHOOL(Vocational High School)	226	2.9
No. 11 SCHOOL (High School)	384	4.8
No. 12 SCHOOL(Vocational High School)	244	3.1
No. 13 SCHOOL (High School)	251	3.2
No. 14 SCHOOL (High School)	243	3.1
No. 15 SCHOOL(Vocational High School)	126	1.6
No. 16 SCHOOL (High School)	267	3.4
No:17 SCHOOL(High School)	364	4.6
No:18 SCHOOL(Vocational High School)	297	3.8
No:19 SCHOOL(High School)	190	2.4
No:20 SCHOOL(High School)	337	4.3
Total	7919	100

Table 4: Breakdown by Gender Students

Gender	N	%
Girl	3904	49.3
Male	4015	50.7
Total	7919	100

As seen in Table 4, which is incorporated into schools with project data Screening Center, all female students by gender in the distribution of students studying vocational schools where equality was ensured.

Table 5: Breakdown of Class Students

Class	N	%
9th grade	2534	31.9
10th Grade	2138	26.5
11th grade	1980	25.4
12th Grade	1267	16.2
TOTA	7919	100

Table 5 when looking at the distribution of students according to the class located in Rize province is a significant increase in the number of adolescents in public high school located in educational activities.

Table 6: Risk Taking Behavior in Adolescence High School Students Descriptive Statistics by Class of Scale Score

Variable	Classes	N	\bar{X}	sd
Substance Use Risk Taking	9th grade	2534	1.1713	,49010
	10th Grade	2138	1.2526	,59771
	11th grade	1980	1.3219	,62703
	12th Grade	1267	1.3490	,66973
	TOTAL	7919	1.2556	,59976
Taking Risks in Traffic	9th grade	2534	1.5749	,65711
	10th Grade	2138	1.6230	,68956
	11th grade	1980	1.6754	,74055
	12th Grade	1267	1.6665	,77242
	TOTAL	7919	1.6215	,72034
Social Position Risk Taking	9th grade	2534	1.8049	,63175
	10th Grade	2138	1.9086	,66906
	11th grade	1980	1.9869	,69821
	12th Grade	1267	2.0549	,73218
	TOTAL	7919	1.9112	,69712

Table 7: Adolescent Risk Taking Behavior T-Test Results by School Type of Scale Score

Variable	Kind	N	\bar{X}	S	sd	t	p
Social Position	Anatolian High School	3870	4771	1.8969	7,878	-2.129	.031
	Vocational high School	3982	3029	1.9317			
Traffic	Anatolian High School	3870	4772	1.5979	17.543	-2.129	.000
	Vocational high School	3982	3029	1.6591			
Substance Abuse	Anatolian High School	3870	4772	1.2443	6.532	-1.930	,051
	Vocational high School	3982	3029	1.2715			

Schools in types depending on the analysis process that has made the Anatolian High School students that have made the Vocational High School Students with 34 polls 23 polls

Table 8: Adolescents by Class of Risk Taking Behavior Scale Score Anova Outcomes

Variable	Sources of variance	Sum of Squares	sd	Squares Mean	F	p	significant Difference
Substance Use Risk Taking	between groups	43.718	4	10.929	30.841	000	There is
	intra-group ---	2804.510	7914	354			
	Total	2848.228	7918				
<i>Homogeneity of variance test = p, 000</i>							
Taking Risks in traffic	between groups	29.044	4	7,261	14.086	000	There is
	intra-group ---	4079.511	7914	515			
	Total	4108.555	7918				
<i>Homogeneity of variance test = p, 000</i>							
social Position risk Taking	between groups	87.864	4	21,966	46.233	000	There is
	intra-group ---	3759.608	7913	475			
	Total	3847.472	7917				
<i>Homogeneity of variance test = p, 000</i>							

repeatedly option preferred density and are not included in the test for reasons such as approving missing option.

Table examined when students show no significant p-value is the difference between adolescent risk-taking behavior according to the type of school to take risks in terms of social position, 031 p-value of taking risks in traffic, 000 were found. to be a significant difference between the two samples compared to average $p < 0.05$ according to the type of school students need to be a significant difference between 0,05 social position and risk-taking behaviors take risks in traffic. The risk of substance use $p\text{-value} > 0.05$ is due to a significant difference between not available.

It is seen that in the Anatolian High School students who are studying with students who are studying at vocational schools on issues such as Social Position and Traffic Risks are taking risks at different levels. However, Substance Abuse for students in both types of schools in terms of the level of risk is not any difference in terms of risk-taking is concerned degrees.

Therefore, especially in a team of substance use both types of school activities, such as reducing the risk of Substance Abuse Prevention and Substance Use Prevention also needs the same level. It can be said that the results obtained from the analysis of variance One-way ANOVA test was healthy basic assumption of homogeneity of variance must be greater than 0.05 p-value of the test.

Adolescent risk-taking behavior scores by school participants (substance use, risk of social position risk and take risks in traffic) showing that there is a significant difference between the p-value is 0.000 ($p < 0.05$ is significant) is, risk-taking in adolescence with the class of participants in research behavior scores (substance abuse, risk-taking, risk-taking and social position to take risks in traffic) significant difference in terms is available.

Tamhane due to lack of variance test was applied uniformly and to be able to say that the results of this difference with significant group among which are included in Table 9.

Table 9: Adolescents by Class of Risk Taking Behavior Scale Score Tamhane Test Outcomes

Variables			Average Difference	SS	p	Differences Between Groups
	Grade 10 (2)	Grade 10 (2)	-, 08 126 *	, 01 646	000	1-2
		Grade 11 (3)	-, 15054 *	, 01722	000	1-3
		Grade 12 (4)	-, 17764 *	, 02 132	000	1-4
	Grade 11 (3)	Grade 9 (1)	, 08 126 *	, 01 646	000	2-1
		Grade 11 (3)	-, 06 929 *	, 01932	003	2-3
		Grade 12 (4)	-, 09 638 *	, 02306	000	2-4
	Grade 12 (4)	Grade 9 (1)	, 15054 *	, 01722	000	3-1
		Grade 10 (2)	, 06 929 *	, 01932	003	3-2
		Grade 12 (4)	-, 02 710	, 02360	, 945	
	Grade 9 (1)	Grade 9 (1)	, 17764 *	, 02 132	000	4-1
		Grade 10 (2)	, 09 638 *	, 02306	000	4-2
		Grade 11 (3)	, 02 710	, 02360	, 945	
Taking Risks in Traffc	Grade 10 (2)	Grade 9 (1)	-, 04 809	, 02015	158	
		Grade 11 (3)	-, 10046 *	, 02128	000	1-3
	Grade 11 (3)	Grade 12 (4)	-, 09 161 *	, 02 550	003	1-4
		Grade 9 (1)	, 04 809	, 02015	158	
		Grade 11 (3)	-, 05 236	, 02 258	186	
	Grade 12 (4)	Grade 12 (4)	-, 04352	, 02659	, 658	
		Grade 9 (1)	, 10046 *	, 02128	000	3-1
		Grade 10 (2)	, 05 236	, 02 258	186	
		Grade 12 (4)	, 00884	, 02746	1,000	
	Social Position Risk Taking	Grade 9 (1)	Grade 9 (1)	, 09 161 *	, 02 550	003
Grade 10 (2)			, 04352	, 02659	, 658	
Grade 10 (2)		Grade 11 (3)	-, 00884	, 02746	1,000	
		Grade 10 (2)	-, 10373 *	, 01 947	000	1-2
		Grade 11 (3)	-, 18203 *	, 02022	000	1-3
Grade 11 (3)		Grade 12 (4)	-, 25004 *	, 02 426	000	1-4
	Grade 9 (1)	, 10373 *	, 01 947	000	2-1	
	Grade 11 (3)	-, 07830 *	, 02 157	003	2-3	
	Grade 12 (4)	-, 14 632 *	, 02541	000	2-4	
Grade 12 (4)	Grade 9 (1)	, 18203 *	, 02022	000	3-1	
	Grade 10 (2)	, 07830 *	, 02 157	003	3-2	
	Grade 12 (4)	-, 06801	, 02 598	, 086		
	Grade 9 (1)	, 25004 *	, 02 426	000	4-1	
	Grade 10 (2)	, 14 632 *	, 02541	000	4-2	
	Grade 11 (3)	, 06801	, 02 598	, 086		

students in class base when the table is examined according to Risk Taking Behavior Scale of the points Tamhane Test Output, Social Position Risk Taking Sub-Factor and the Grade 9 Substance Use Risk Sub-Factor analysis 10, 11 and is in a significant difference with Grade 12 and these classes by the affected , 10th grade of 9, 11 and in that a significant difference with these classes of grade 12 and is affected, which is in the significant difference with grade 11 and grade 10 and 9 which affect these classes of grade 12 9 and 10. that there is a significant difference in the class and has has been shown to affect these classes.

Table 10: Adolescents Risk Taking Behavior Scale Score by Gender T-Test Results

Variable	Gender	N	\bar{X}	S	sd	t	p
Social Position	Girl	3870	1.6940	, 52 915	7203.746	-30.823	000
	Male	3982	2.1416	, 74 267			
Traffic	Girl	3870	1.3125	, 41 246	6004.110	-43.742	000
	Male	3982	1.9370	, 79 789			
Substance Abuse	Girl	3870	1.1438	, 41992	6540.842	-17.811	000
	Male	3982	1.3755	, 70 183			

Table difference between adolescent risk-taking behaviors of students according to gender groups examined shows that there is significant value of p, 000 were found. to be a significant difference between the average compared two samples $p < 0.05$ is according to group sex of the student needed There is significant difference in risk taking behaviors in adolescence, risk-taking male students score for girls it is higher than students accordingly.

Conclusions and Recommendations

As a result, adolescents living in Rize province and county Risk Taking Scale score of Anatolia and Vocational High School in despite differences in factors such as the Social Position and Traffic Risk Even that differ in substance use risk when Adolescent study evaluated the class base for their lives at the highest level of Grade 12 and 9 . and 10th of classes they take risks at the lowest level, female students while they take less risk than the male students.

Protection from substances such as some risk Substance Abuse and Substance Abuse Prevention user groups forming the first and urgency required to conduct activities that reduce the affected classes 11 and 12 of 9 and 10 are considered to be classes.

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Summary

A RESEARCH OF THE RISK OF DRUG USE ON HIGH SCHOOL STUDENTS LIVING IN RIZE CITY

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In this research, it was aimed to determine the level of Social Status and Road Traffic Risk, which is ranked as Drug Abuse Risk and Adolescent Risk Taking Behaviors, of high school students living in Rize province. This survey research was carried out on 7919 students whose ages vary between 14 and 19. The participants are in the 9th, 10th, 11th, and 12th grades at a total of 20 Anatolian High Schools and Vocational High Schools in Rize city center and its districts. "The Adolescent Risk Taking Behavior Questionnaire" which was developed by Kiran (2002) was used for the determination of the students' drug abuse risk, social status risk and road traffic risk levels. A significant difference was found among adolescents' risk taking levels according to the grade and gender. However, any significant differences were not determined regarding the students' drug abuse in relation to the type of schools. T-test and Anova techniques were used to analyze the data. The obtained findings show that the highest level of risk taking behavior belongs to the students in 11th and 12th grades. Additionally, the research indicates that boys engage in more risk taking behaviors than girls.

Key Words: Adolescence, Risk, Taking Risk, Drug Abuse Risk

E-KATILIMIN VE E-DEMOKRASININ ETKİNLİĞİ BAULAMINDA BİLGİ İLETİŞİM TEKNOLOJİLERİNİN KULLANILMASI: BURSA İLİ ÖRNEĞİ

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GİRİŞ

Günümüzde internetin günlük hayatta önemli bir yer edinmesine paralel bir şekilde gelişme gösteren BIT'ler; vatandaş ile yönetimi elinde bulunduranlar arasındaki iletişimi ve etkileşimi geliştirme olanakları sunmaktadır ve bununla birlikte e-demokrasi ve e-katılım araçlarının oluşmasına yardımcı olmaktadır. Demokratik yönetim anlayışında bir paradigma değişimi olarak görülen e-demokrasi ve e-katılım uygulamaları vatandaşların politik karar verme süreçleri başta olmak üzere yönetimi ilgilendiren bir çok konuda aktif rol oynayabileceği bir anlayışı ve modelini öngörmektedir.

E-demokrasi ve e-katılım uygulamalarının yeni bir demokratik model oluşturmasının sebebi de şu özelliklerden kaynaklanmaktadır: vatandaşların görüş ve düşüncelerine önem vermesi hatta vatandaşın sesine kulak veren ve onların görüşleri doğrultusunda kararlar alınmasını sağlayan mekanizmalar oluşturması, politika yapım sürecinde kararlar alınırken halka da sorulması ve bunun sonucunda alınan kararlara meçruluk kazandırması, vatandaşlara söz hakkı verilerekten onların politik süreçlere katılımını artırıcı bir rolünün bulunması, son olarak ta açık devlet anlayışı doğrultusunda, yöneticilerin kamu meselelerinde daha çeffaf ve hesapverebilir bir yönetimi benimsemelerine yardımcı olmaktadır.

Yukarıdaki tüm bu olumlu özelliklerin yanında e-demokrasi ve e-katılım uygulamalarının hayata geçirilmesinde ve yaygınlaştırılmasında bir takım sıkıntılar da yaşanmaktadır. Bunlar ise; vatandaşların siyasi süreçlere katkı da bulunmak istememeleri, katılımı anlamsız bulmaları; yaş, kültür, alıçkanlıklar ve altyapı eksikliği gibi sebeplerden dolayı insanların bir kısmının BIT'e erişiminin eşit fırsatta olmaması ve bu sebepten dolayı internete bağlanamayan bu kesimin "dijital bölünme; sayısal uçurum"

diye tabir edilen farklılaşmayı oluşturmaları; yöneticilerin, e-katılım ve e-oylama gibi artan e-demokrasi isteklerini; kurumsal kısıtlamalar, uygun siyasi destegin olmayışı ve kaynakların eksikliği gibi sebeplerden dolayı yerine getirememeleri ve kurumsal engellerdir (Avrupa Konseyi, 2008: 27-44).

Bu çalışma, vatandaşın en çok hizmet sunmak açısından yakınlığı olan belediyelerin halkın katılım göstermesinde artış sağlama yönünde yaptığı çalışmalar çeklinde kendini gösteren ve sanal ortamda çalışan e-demokrasi ve e-katılım uygulamalarında bilinir olmayı ve farkındalığı, araştırmaya katılanların bu konudaki algılarını belirlemesi yanında demografik özellikler ile e-demokrasi ve e-katılım uygulamalarındaki ilişkinin meydana çıkarılmasını amaçlamaktadır.

E-Demokrasi

BIT'in kullanımının artması ile birlikte siyasette bu teknolojiler ile yakın ilişkiler içerisine girmeye başlamıştır. Medyanın kamuoyu oluşturma gücü dijital gelişmelerin ne kadar önemli bir değişken olduğunu ortaya çıkarmaktadır. Bu gelişmeler beraberinde devletlerin vatandaşlara yönelik katılım mekanizmalarını artırmaları sonucunu da doğurmaktadır. Yani vatandaşların erişim ve katılım olanaklarının artmasıyla birlikte katılımcı demokrasi anlayışı giderek evrensel hale gelmektedir. Diğer taraftan bu katılım mekanizmalarının duraksadığı nokta da demokrasi krizi diye söz edilen bir meçruiyet sorunu meydana gelmektedir. Bu demokrasi krizinin çözümü diye sunulanda "e-demokrasi", "dijital demokrasi", "çevrimiçi demokrasi" "siber demokrasi" diye adlandırılan vatandaşların katılımının esas alındığı uygulamadır (Uçkan, 2003: 26-27). Tam bu noktada e-demokrasi, internet ile bilgi ve iletişim alanındaki gelişmelere paralel bir şekilde kamusal alanda katılımcı ve doğrudan demokratik uygulamaların çoğalmasına imkân vermektedir (Akgün, 2003: 69). Açığı da e-demokrasi tanımları, uygulama alanları ile e-demokrasi uygulamasının yaşadığı sıkıntılar, zorluklar, engeller ile bu uygulamanın faydaları ve ölçülme kriterleri açıklanmaya çalışılacaktır.

E-Katılım Kavramı ve Gelişimi

1990'ların başından bu yana internet, bilgiye hızlı erişim ve uzun mesafeli iletişimin gelişmesine katkı sağlayan ayrıca bilginin yayılmasının önünü açan değerli bir araç haline gelmiştir. İnternet; bireylerin müzakere ve uzlaşma yeteneğinin gelişmesini ve kişilerarası güvenin artmasını ayrıca tüm katılımcıların eşit ve adil bir şekilde katılımı ile erişimlerinin sağlanması gibi hususlara ilişkin büyük zorluklar içermektedir. Bu zorluklara ek olarak yüz yüze tartışılması gereken konuların sanal ortamda yüz yüze görüşülmeden yapılması durumu da bir takım sıkıntılar oluşturmaktadır. Tüm bu zorluklara rağmen özellikle ABD başta olmak üzere birçok ülke de, son on yıl içerisinde vatandaşların politika belirleme süreçlerine katılımında yeni adımlar atılmaktadır. Bu adımlardan bir tanesi de vatandaş odaklı ve elektronik ortamda gerçekleştirilen e-katılım uygulamalarıdır (Romsdahl, 2006: 2).

GEREÇ VE YÖNTEM

Araştırmanın Amaç ve Önemi

21. yy.'da BİT'lerin gündelik hayatta giderek daha fazla yer almasıyla birlikte vatandaşların bu imkânlardan yararlanması da söz konusu olmuştur. Vatandaşlara devlet eliyle online hizmet sunan e-devlet uygulamalarının yanında ayrıca gelişme gösteren bir alan olan e-demokrasi ve e-katılım uygulamaları vatandaşların online olarak siyasal katılma çansına imkan sağlamaktadır. Araştırma, halka en yakın hizmet birimi olan belediyelerin vatandaş katılımını arttırmaya yönelik uygulamalar olarak ortaya çıkan ve elektronik ortamda içerliliği olan e-demokrasi ve e-katılım uygulamalarının bilinirliğini ve farkındalığını, katılımcıların bu konu ilgili algı düzeylerini tespit etmesi ayrıca araştırmaya katılanların sosyo demografik özellikleri ile e-demokrasi ve e-katılım uygulamaları arasındaki ilişkiyi ortaya koyması açısından önem arz etmektedir. Ayrıca bu araştırmanın önemi, vatandaşların katılımcı demokratik kültüre ve özgürce kanaatlerini yansıtabilecekleri mekanizmalar oluşturmaya yardımcı olduğuna inanılan ve yakın gelecekte ülkemizde de üzerinde yoğunlaşacağı düşünülen e-demokrasi ve e-katılım uygulamaları konusunun önemine de vurgu yapmaktadır.

Araştırmanın Uygulanması ve Örneklem Seçimi

Bursa Büyükşehir Belediyesi'nde çalışanların e-demokrasi ve e-katılımın özellikleri, alanları, geliştirilmesi ve e-katılımı engelleyen sebeplerle ilgili yargılar hakkında ne derece bilgiye sahip olduklarını ve bu bilgiler ile yaş, cinsiyet ve meslek gibi sosyo demografik özelliklerle arasındaki ilişkiyi ortaya koymak amacıyla gerçekleştirilmiştir. Araştırma evrenini, Bursa Büyükşehir Belediyesi'nde çalışan 205 memur oluşturmaktadır. Örneklem seçiminde tesadüfi örneklem alma tekniği esas alınmıştır.

Araştırma Formu ve Ölçüm Araçları

E-demokrasi ve e-katılımın özellikleri, alanları, geliştirilmesi ve e-katılımı engelleyen sebeplerle ilgili anketlerin hazırlanması ile toplanması yapılmış ve anketlere verilen cevaplarda tablolar oluşturularak sınıflandırılmıştır. Veriler, kavramsal çerçevenin oluşturulmasından sonra hazırlanan soru kâğıdı aracılığıyla toplanmıştır. Soru kâğıdı 4 ana bölümden oluşmaktadır. İlk bölümde katılımcılara ait kişisel veriler ile katılımcıların bilgisayar ve internet ile tanışıklığını ölçmeye dayalı sorularla, e-demokrasi ve e-katılma ilişkin genel görüşleri keşfetmeye yönelik ölçeğe yer verilmiştir. İkinci bölümde, araştırmaya katılanların e-demokrasi ve e-katılım alanlarının bilinmesine yönelik ölçeğe yer verilmiştir. Üçüncü bölümde, araştırmaya katılanların e-demokrasi ve e-katılımın engelleri, faydaları ve özelliklerinin değerlendirilmesi ilgili yargılar hakkında bilgi ve görüşlerini ölçmeye yönelik ölçeğe yer verilmiştir. Hazırlanan bu ölçekte yer alan tüm ifadeler; araştırmaya katılanların araştırma ile ilgili yargılara ne derece katıldığını tespit etmede en sık kullanılan ve güvenilirliği yüksek bir ölçek olan 5'li "Likert ölçeği"ne (1= Kesinlikle Katılmıyorum, 2= Katılmıyorum, 3= Ne Katılmıyorum Ne Katılmıyorum/Fikrim Yok, 4= Katılıyorum, 5= Kesinlikle katılıyorum)

göre hazırlanmıştır. Anketin son bölümünde ise, araştırmaya katılanların e-demokrasi ve e-katılımın kalite kriterlerinin (koordinasyon, kontrol, bilgi paylaşımı ve çeffaflık) değerlendirilmesine yönelik bir ölçeğe yer verilmiştir.

Verilerin Analizi ve Kullanılan Testler

Araştırma evrenini, Bursa Büyükşehir Belediyesi'nde çalışan 205 birey oluşturmaktadır. Örneklem seçiminde tesadüfi örneklem alma tekniği esas alınmıştır. Araştırmada katılımcılara yüz yüze anket uygulanmış ve inceleme sonucunda yapılan 205 anket analiz için uygun görülmüştür. Veriler SPSS (Statistical Package for Social Sciences) for Windows 23.0 programı kullanılarak analiz edilmiştir. Verilerin değerlendirilmesinde sayı, yüzde, ortalama, standart sapma, Ki-Kare, Bağımsız Örneklem T-Testi, Tek Yönlü Varyans Analizi (ANOVA) istatistiksel metotları kullanılmıştır.

BULGULAR

Araştırmanın bu bölümünde, Bursa Büyükşehir Belediyesinde çalışan 205 çalışana yapılan anketin değerlendirilmesine, betimleyici istatistik tablolarına ve yorumlarına yer verilmektedir.

Tablo 1: Katılımcıların Cinsiyete Göre Dağılımı

	Sayı	%
Cinsiyet		
Erkek	145	70,7
Kadın	60	29,3
Toplam	205	100,0

Tablo 1'e göre katılımcıların %100'nün ilgili soruya cevap verdiği görülmektedir. Buna göre katılımcıların %70.7'sini erkekler, %29.3'ünü ise kadınlar oluşturmaktadır. Sonuçlara bakıldığında erkek katılımcıların daha fazla olduğu görülmektedir.

Tablo 2: Katılımcıların Yaşlarına Göre Dağılımı

	Sayı	%
Yaş		
18-25 yaş	28	13,7
26-40 yaş	135	65,9
40 ve üzeri yaş	42	20,5
Toplam	205	100,0

Tablo 2'ye göre katılımcıların % 13.7'si 18-25 yaş aralığında, % 65.9'u 26-40 yaş aralığında, % 20.5'i 40 ve üzeri yaş aralığında olduğu görülmektedir. Buna göre ankete katılanlar arasında en kalabalık grubu, % 65.9 oranla 26-40 yaş aralığındaki grup oluşturmaktadır.

Tablo 3: Katılımcıların Eğitim Durumuna Göre Dağılımı

	Sayı	%
Eğitim Düzeyi		
Lise	33	16,1
Ön Lisans	37	18,0
Lisans	110	53,7
Lisansüstü	25	12,2
Toplam	205	100,0

Tablo 3'e göre eğitim durumuna bakıldığında, % 53.7 ile en yüksek oranın lisans mezunu olduğu görülmektedir. Ayrıca, katılımcıların % 16.1'i lise, % 18.0'ı ön lisans ve % 12.2'si ise lisansüstü mezunu olduğu anlaşılmaktadır. Bu veriler ışığında ankete katılanların yarısından daha fazlasının lisans mezunu olduğu yorumu yapılabilmektedir.

Tablo 4: Katılımcıların Mesleki Ünvan Durumuna Göre Dağılımı

	Sayı	%
Mesleki Ünvan		
Memur	175	85,4
Uzman Yrd.	3	1,5
Uzman	16	7,8
Üst düzey yönetici	11	5,4
Toplam	205	100,0

Tablo 4'e göre katılımcıların % 85.4'ünün memur, % 1.5 uzman yardımcısı, % 7.8 uzman ve % 5.8'nin ise üst düzey yönetici oldukları anlaşılmaktadır. Betimleyici istatistik sonuçları incelendiğinde; katılımcıların çok yüksek oranda memur olduğu görülmektedir.

Tablo 5: E-demokrasi ve E-katılımın Bilinirliği Sorusuna Verilen Cevapların Frekans ve Yüzde Dağılımları

	Sayı	%
Evet	139	70,2
Hayır	59	29,8
Toplam	198	100,0

Tablo 5'e göre bu soruya 7 kişi cevap vermemiştir. Cevap veren katılımcıların % 67.8'i evet % 28.8'i ise hayır demiştir. Bu veriler ışığında ankete katılanların yarısından daha fazlasının e-demokrasi ve e-katılım terimini bildikleri sonucuna varılmaktadır.

Tablo 6: İnternetin, Demokrasinin Gelişimine Katkı Sağladığına İnanıyor Musunuz? Sorusuna Verilen Cevapların Frekans ve Yüzde Dağılımları

	Sayı	%
Evet	168	82,0
Hayır	37	18,0
Toplam	198	100,0

Tablo 6'ya göre % 82'si evet %18'i ise hayır demiştir. Betimleyici istatistik sonuçları incelendiğinde; katılımcıların çok yüksek oranda internetin, demokrasinin gelişimine katkı sağladığı sonucuna vardıkları görülmektedir.

Tablo 7: E-demokrasi ve E-katılımın Dört Temel Boyutuna İlişkin İstatistikler

	N	En Düşük	En Yüksek	Ort.	SD
Koordinasyon	182	5.00	80.000	25.1099	12.23567
Kontrol	179	5.00	70.000	18.9385	9.77222
Bilgi Paylaşımı	181	5.00	70.000	26.4917	11.80801
Çeffaflık	181	5.00	80.000	29.8619	14.29288

Yukarıdaki tabloda, katılımcıların verdigi cevaplara ilişkin istatistikler incelendiğinde; söz konusu sıralamada katılımcılar en fazla Çeffaflık boyutuna ($\bar{x}\bar{x} = 29.86$) önem vermektedirler. Daha sonra sırasıyla Bilgi Paylaşımı ($\bar{x}\bar{x} = 26.49$), Koordinasyon ($\bar{x}\bar{x} = 25.10$) ve Kontrol ($\bar{x}\bar{x} = 18.93$) gelmektedir.

Tablo 8: Bilgisayar ve İnternet Kullanma Sıklığına İlişkin İstatistikler

	N	En Düşük	En Yüksek	Ort.	SD
Bilgisayar	205	1.00	5.000	4.3951	.69661
İnternet	205	2.00	5.000	4.4098	.76562

Tablo 8'e göre, katılımcıların bilgisayar kullanma sıklıkları ($\bar{x}\bar{x} = 4.39$), interneti kullanma sıklıkları ise ($\bar{x}\bar{x} = 4.40$)'dır. Katılımcıların tamamı bu iki soruya cevap vermiş olmakla birlikte ayrıca bu veriler ışığında, katılımcıların bilgisayar ve interneti aktif olarak kullandıkları sonucuna ulaşılabilmektedir.

Tablo 9: Bilgisayar ve İnternet Kullanma Sıklığına İlişkin İstatistikler

	N	En Düşük	En Yüksek	Ort.	SD
E-Oylama	185	1.00	5.00	3.0811	1.19279
E-Katılım	184	1.00	5.00	2.8750	1.25912
E-Mevzuat	185	1.00	5.00	2.9568	1.26760
E-Adalet	179	1.00	5.00	2.7598	1.25122
E-Arabuluculuk	182	1.00	5.00	2.1209	1.20620
E-Çevre	177	1.00	5.00	2.2373	1.27037
E-Danışma	183	1.00	5.00	2.7486	1.33103

E-Girişim	176	1.00	5.00	2.2841	1.29128
E-Dilekçe	185	1.00	5.00	3.3676	1.23140
E-Kampanya	184	1.00	5.00	3.2391	1.26205
E-Anket	184	1.00	5.00	3.3043	1.23906
E-Meclis	182	1.00	5.00	2.2527	1.37534

Tablo 9'da yer alan veriler ışığında, katılımcıların e-demokrasi ve e-katılım alanlarının bilinirliği ağırlıklı olarak "çok az" ile "fikrim yok" düzeyleri arasında seyrettiği söylenebilmektedir. Bununla birlikte katılımcılar açısından en fazla bilinirliği olan e-demokrasi ve e-katılım alanları ile ortalamaları sırasıyla şu şekildedir; e-dilekçe (3.36), e-anket (3.30), e-kampanya (3.23), e-oylama (3.08), e-mevzuat (2.95), e-katılım (2.87), e-adalet (2.75), e-danışma (2.74), e-girişim (2.28), e-meclis (2.25), e-çevre (2.23) ve e-arabuluculuk (2.12)'dir.

SONUÇ

Dünya konjüktörü içinde internet kullanımının devamlı artış gösteren düzeylere varması hitamında internetin demokrasiye fayda getireceği inancı ortaya çıkmıştır. Halkın düşünce ve beklentiğine yanıt sağlayacak olan e-katılım ve e-demokrasi uygulamaları ayrıca siyasetçilere ve yönetime ulaşma sıkıntısını da giderici olduğundan katılımı arttırıcı bir özelliği bulunmaktadır. Bir taraftan demokratik süreçlere tüm vatandaşların dahil edilmesine imkan vermesi açısından büyük öneme sahip olarak kabul edilen e-katılım ve e-demokrasi uygulamaları diğer taraftan vatandaşların bu konuya olan bilgi eksiklikleri ve güvensizlikleri sebebiyle de yaygınlaşamama sonucunu doğurmaktadır. Vatandaşların kişisel verilerinin korunması ve mevzuateksikliğinin de giderilmesiyle e-katılım ve e-demokrasi uygulamalarına olan talepte artış gösterebilecektir. Fakat e-oylama, e-katılım, e-arabuluculuk vb. gibi e-demokrasi alanlarına engel oluşturan; yönetimin hukuki ve donanımsal altyapı eksiklikleri, kaynak eksiklikleri, karar vericilerin uygun siyasi destekte bulunmaması gibi sıkıntılarda katılımı olumsuz etkilemektedir. Bu olumsuzluklara ek olarak var olan katılmama durumu ve sayısal uçurum diye tabir edilen vatandaşların BIT'lerden eşit fırsatta yararlanamaması sonucu oluşan eşitsizlik durumu; toplumun tüm tabanının teknolojiye erişimde eşit bir mesafede olmaması sıkıntıları da e-katılım ve e-demokrasi uygulamalarına ayrı bir olumsuzluk oluşturmaktadır.

Türkiye'de e-katılım sürecine ilişkin gelişmeler genelde başlangıç düzeyinde kalmaktadır. Yani, örneğin belediyelerimizin vatandaşlarımızı karar alma süreçlerine dâhil etmek yerine daha çok otobüs, tramvay, vapur gibi araçların rengini seçme tarzında basit bir katılım örneğine yönelmektedirler. Uygulama da görüldüğü gibi ülkemizde ki belediyelerin büyük çoğunluğu vatandaşları danışılıp birlikte karar vermek yerine tek taraflı olarak bilgi veren bir kurum olarak hareket etmektedirler. Bunun sonucu olarakta BM e-katılım indeksinin de belirttiği gibi Türkiye'de ki e-katılım düzeyi dünya ortalamasının da altında seyretmektedir. Vatandaşların karar verme ve uygulama süreçlerine dâhil edilmemesi sonucu olarak da demokratik değerler zarar görmektedir.

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Summary

THE USE OF INFORMATION COMMUNICATION TECHNOLOGIES IN THE CONTEXT OF E-DEMOCRACY AND THE EFFECTIVENESS OF E-DEMOCRACY: THE PRINCIPLE OF BURSA

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With the expansion of the area covered by computing technologies in our everyday life, it has become easier for the public to benefit from these possibilities. Another area where progress has been made with the e-government applications offered by the public are e-democracy and e-participation applications. On this account, people can have more say in political life.

This study is aimed to determine the awareness and awareness of e-democracy and e-participation practices in the virtual environment and to determine the perceptions of those who participated in the research, as well as the demographics and demographic characteristics of the municipalities in order to increase the participation of the municipalities, Democracy and e-participation practices.

The research universe constitutes 205 civil servants working in Bursa Metropolitan Municipality. The sampling method is based on random sample selection. A face-to-face questionnaire was used in the survey and 205 questionnaires were found suitable for the analysis. Data were analyzed using SPSS (Statistical Package for Social Sciences) for Windows 23.0 program. Statistical methods such as number, percentage, mean, standard deviation, Chi-square, Independent Sampling T-Test, One-way ANOVA were used in the evaluation of the data.

As a result, it can be seen that the Bursa Metropolitan Municipality can not go beyond the basic level of the applications that are the tools of e-democracy and e-participation in their web sites.

Keywords: Participation, Information and Communication Technologies, E-government, E-democracy and E-participation, Bursa Metropolitan Municipality Example

STRESS RELATIONSHIP WITH EMPLOYEES IN PUBLIC SERVICE DELIVERY BANK

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1. Introduction

The banking sector is a sector which is at the forefront of customers. That's why customer satisfaction is of importance. Because our time is the most important thing it is to maintain customer assets of banks under competitive conditions. Therefore, it is the banks' provision of services is very important to win the satisfaction of customers performing. The Bank carries out the service delivery bank employees. Employee representatives are against the bank's customers. A bank employee represents the bank's customers based on personality. Therefore, the bank's employees while the provision of services to customers, they must be very careful when communicating with them. Because of customer satisfaction it means ensuring the survival of the bank. Otherwise, this is not possible.

Bank employees to represent the bank should be very careful. However, it can wear any individuals who work in an industry where there is intense work such as banking. bank employees who constantly have to deal with customers and establish healthy communication inevitably they are tired. Also it brings with it stress fatigue. Exposure to workplace stress is a normal situation for an individual employee. However, when stress levels rise in the provision of services to customers can lead to the emergence of a negative situation. Therefore, they need to pay attention to your stress level while the

service delivery of the bank's employees. In particular, the public bank employees are required to pay much more attention to this situation. There is a special case because of public banks. According to other banks it does business is more possible. Some of his works and actions on behalf of public bodies can make public.

The study is the subject of the provision of services in relation to the stress of the employees of state-owned banks. The aim of the study is to demonstrate the relationship of the stress of the employees of the service delivery of public banks. Research is a descriptive study based on the method. A study was conducted to clarify issues and evaluation.

2. Conceptual Framework

2.1. Banking Description and Features

The concept of the Italian bank "Banco" comes from the word. Turkish desks, tables, benches as meaning in the words used in that credit provision in Turkish dictionary, which processes related interest, storing valuables in the safe deposit box and safe, and commercial, are referred to as institutions or organizations operating in the industry. the public and private identity, which transactions related to money, enabling people or resources to organizations that transform savings into investment in the economy is a unit that contributes to other economic business and operations (I Çendog, 2006, s.2-3). According to the current banking approach this definition remains incomplete. Because banks are also many different jobs to do (EYÜPGILLER, 2000, s.21-22). In this respect, it is difficult to make a clear definition.

Banks are important because of the features they have. providing resources to other units in the economy is one of the most important features. the occurrence of other sectors is one of the most important things. The opening of new sectors are contributing very important. which facilitates the growth of the sector in the present. savings banks as deposits lie on the individual savings are transformed into investments. In this regard, banks gain importance in terms of their contribution to the economy.

Banks are classified according to type. Investment banks, development banks, commercial banks, rural banks, as many banks varieties are available. Banks are resorting to many methods of our age to continue their presence in the competition. When using this method, particularly seem to care customer-oriented operation. But today, it is seen that dominate literally customer-focused approach of the majority of the banking sector. Because customers want in the academic studies whether a state bank has manifestly failed to meet the expectations get private banks. However, it also appears to be ahead of the private sector than the public banks banking (Yilmaz Celik, who Depri, 2007, 234-238). It is understood that the banks behind in the provision of public services. One of the reasons for this is the dominant understanding of public administration in public banks. private banking approach to the lack of competition in public administration can not be fully understood.

2.2. Stress and Features

Stress of our age is one of the most common psychological condition. Because it is a situation that exists in every moment of human life. Stress was first described by Hans Selye. People outside Selye defines as non-specific response against a factor 'it is. Literature stress caused by the source or starting with number of definitions are classified into three groups (Falcon, 2015, s.8-13). Stress is defined as the individual stress resulting from their psychological status of individuals. especially the employees' work life individuals and organizations in the business environment faced by the related stress-induced condition is defined as organizational stress. There are two types of stress that is induced environmental stress from other environmental causes. al of the individual,

Individual sources of stress is generally related to the individual's inner world. The sadness of the individual circumstances, such as joy can lead to stress. These feelings can be effective working life of the individual. Individuals can reduce the stress levels of work-related motivation to start work at a high state. Individuals who lose their efficiency and therefore may become unable to work (Sahin et Salmanlı, 2015, 62-74)

It is made of stress-induced condition relating to the organization of organizational reasons. The most common and factors causing organizational stress: lack of communication, assessment issues, leadership style, role conflict, wage inequality, bullying (bullying) (Sahin and Salmanlı, 2015, 355-368) are organizational policies. especially employees of individual organizational reasons related stress has an impact on the individual stress levels. Organizational stress pavestheindividualstress.

Environmental stressors stems from a social network of more individuals. Relatives, friends, and is the kind of stress emerged in public life. The type of stress on the individual's social life can affect an individual's personal stress levels.

3.Level of Stress Employees and Service Delivery in Public Bank

Public banks are obliged to offer such services to their customers every bank. The difference is in the other bank of the state banks to act as public administration. They can also do some business and operations are made by the public administration. Therefore, it offers a variety of services may be greater than the other banks. Actually, to be more customer satisfaction in terms of service provision it can be seen as a positive situation. However, increasing the workload and employees in terms of extra work load being experienced exactly the opposite situation. Customer satisfaction is also transformed into customer dissatisfaction.

Stress level of the individuals working in state-owned banks is also affecting customer satisfaction or service quality in service delivery. His job is high stress levels can also adversely affect individual employees. Service offerings may be reduced. In addition, due to the stress he experienced individuals working in attitudes and behavior towards

customers in negative situations can arise. The result is a difficult state to win customer satisfaction.

Quality services to customers by maintaining normal levels of high stress levels and workload lack of individual banks during the provision of services performed in public. Otherwise it can not be said. Exhibit a positive attitude towards the need of customers to be happy and how individuals are possible. In short, it is necessary for employees to be happy customer can be satisfied.

4. Conclusion

That quality service delivery in public banks might be possible with the change of management of the understanding and management of state-owned banks. The introduction of private banking approach is required. works made by public administrations should receive from public banks. In this way, excessive workload will be taken out of the bank. It can also provide increasing the quality of service in this case. Another way of improving the service quality of public banks might be able to make the customer-centric approach to service-oriented staff. Because the case presented against employees satisfied and happy customer service quality will also increase.

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Summary

STRESS RELATIONSHIP WITH EMPLOYEES IN PUBLIC SERVICE DELIVERY BANK

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The banking sector is a sector that contributes to the service sector and other industries located within. Although the marketing of certain products in a sector that has been made to predominantly perform service delivery. Therefore, it is a sector that it is important for customer satisfaction. To ensure customer satisfaction is one of the most important tasks of bank employees. Because it carries the bank's service delivery employees. Bank employees are increasing while working in a busy work environment inevitably stress levels. Therefore, they may exhibit any negative attitudes or behavior towards customers. stress experienced during the delivery of public service employees of the bank will be examined in the study.

Keywords: Bank Employees, Service Delivery, Public Stress

FACTORS AFFECTING STRESS OF PUBLIC EMPLOYEES IN THE TAXATION PROCESS: THE CASE OF TURKEY

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Introduction

It is a state income tax received from the citizens of many states throughout history. The emergence of the tax, and all forms of taxation between the two last stages be charged. together with the realization of the first stage of taxation Taxable event is taking place. Continuing steps in the beds, notification, assessment and collection stage. Tarhan, the tax is calculated according to the legal elements. Communiqué to the party concerned or the imposition of the tax is to be delivered to the taxpayer. Accrual, and called imposition tax charges paid to come to the state. The collection phase is the phase of the tax paid. All public employees are involved in this stage dealing with very different problems. running up the steps to start with the determination of the tax charged are exposed to stress due to the different difficult situations. Taxation in the process of working individuals are engaged with the first detection of tax and accounting. Taxation account at this stage of the process errors arise. This situation creates a psychological pressure on employees. Because his business is a business risk with employees. Although figures for small taxpayers, although small is great risks for employees dealing with large taxpayers. Therefore, employees are working under stress. The same situation also applies to the assessment and collection. However, the intervening notification step is a different case. At this stage, they are found in many physical environment for employees to work outside their apartment. Because of difficulties outside weather conditions in some areas including work done, such as difficulty in removal of taxpayers notified cases are caused by the work of employees

under stress. Another important step is the subject of the notification of completion of a job that term. documents that can not be notified due to time problems may occur. Because of the responsibility they take on employees can be exposed to stress. The study subjects were studied from a theoretical point of view. The study is a qualitative research. Declarations were made. Locations are given examples of accepted opinion in the literature. practical results of research on the subject has benefited suna Un. In this respect, descriptive research method was used. The examined factors affecting the stress of working in the taxation process has been demonstrated in this study the factors affecting stress. The purpose of taxation process of the study stress affecting the employees of governmental factors put forward in terms of employees and the results revealed the factors that affect the stress level of public employees to teach literature.

1. Tax and Taxation Authority

Tax is the value received as a gratuitous and obligatory to meet spending by the state to maintain their activity (Çiçman, 2003, p.24-25). The state is expected to comply with his work laws. Therefore, according to the law it has required the collection of taxes taxation authority (Gök, 2007). two fundamental principles of the constitution, which many trace Declaration of Human Rights “baseless tax would” and “be equal to the tax” is located (Saban, 2014 s.2-3). 1789 French Revolution proclaimed the legality of the tax, the tax Declaration of Human and Citizens principles of equality and universality principle is stipulated (Öncel, Kumrulu and CAKAN 2014, s.2-3). These taxes go to the state with a large uprising has led to the acquisition of the lawfulness of the way. state governed by the constitutional system in the constitution giving the lawfulness of the tax base have created a legal structure. The Republic of Turkey has made arrangement with respect to the lawfulness of tax constitution. Republic of Turkey is the first council decisions related to taxes.

1.1. Tax Concepts and Legal Standing

There is a wide range of tax-related legislation in Turkey. However, tax legislation, adopted as the constitution of the Tax Procedure Law is generally accepted legal basis. Although separate laws for each of Tax Tax Procedure Law is the basis for all transactions related to taxes. The first concept is related to the tax payers. Taxpayers, according to the tax laws of a naturalor legal person falling tax debt itself (Turkish Tax Procedure Law (TPL) Article 8). Overall tax liability related to the tax payer starting from functional is called. Tax assignment in the tax law that defines the rights and duties and responsibilities of persons who are obliged to fulfill against the tax authorities. The form requirements related to taxation, to give declarations, duly kept books and documents, make tasks such as storage and submission of tax is the responsibility of people with functional when prompted. involved in storing information they learned about the taxation process because taxpayers gave the task is a task for public employees (TPL article 5). In addition, law described looking at close to the case

file, the tax collector judges in the court (TPL article 5) and public employees who do the works related to taxation of relatives (TPL md.6) are not to do business is a tax assignment (Öncel, Kumrulu and Cagan, 2014, p.70 -73). Those entrusted with tax obligations to the tax authorities must fulfill their responsibilities. by definition, tax administration, taxpayers who determine, tax assessment, which is the eden daire accrued and charged (TPL md.4). The competent tax office where the taxpayer of the taxation process and follow-up inspection points are authorized. It is obliged to prevent tax avoidance and evasion in tax to the tax office (<http://www.gib.gov.t is> Accessed: 01/01/2017). It uses different methods to control the tax administration of the taxpayer. Polling (TPL md.127-133), investigation (TPL md.134-141), call (TPL md.142-147) and information gathering (TPL md.148-152) methods in the field of audit trails are tax procedure law. One of the most admitted that the audit trail is also common practice of these other tax authorities and make intensive Tax Audit. In fact, it regulated under the common title of polling and Intensive Tax Audit (SOMUNCU 2014, s.148-162) has brought in a number of different applications. Tax Audit context of a widespread and intense; daily to identify the proceeds, road controls, legal books and books that constitute circumstantial evidence he was abducted outside tax documents and receive documents, use sheets with controls for assignment and registration document layout.

2. Stres and Stressors

People are experiencing many problems in daily life or are facing dangerous situations. situations encountered in everyday life, people are exposed to stress every time they met. People are defined as emotional or physical responses to certain situations or events. Stress, first given to events where people live by Hans Selye defined as non-specific response (ÖZKALP and Kirel, 2003, s.187-190). Stress sources of individual sources of stress are divided into three organizational sources of stress and environmental stressors. Individual sources of stress age, gender, character, consists of factors related to the individual's personal characteristics such as physical structures. With regard to organizational sources of stress in your life it is due to the individual's job. many events and circumstances occurring within the organization that runs the individual, organizational structure, organizational policies, mandate, role ambiguity, in charge of justice, factors such as job satisfaction is defined as sources of organizational stress. Environmental stress the social life of individuals resources located in their social relationships with friends, neighbors, are a source of stress resulting from the interaction with individuals such as relatives.

2.1. Stress in Business Life

Work-related stress is located between organizational stress sources. People everywhere are exposed to the stress they encounter in the work environment. People resume their lives and must work to earn money. Therefore business life for people is very important. Thus, where people spend most of their time, which is most exposed to work stress factors. Scientists working life by stress and sources of stress have been made the

subject of research many times. This situation has led to the literature conceptually rich. The opinions of the researchers are shown in Table 1.

Table 1: Sources of Researchers' Opinions About Stress

Researcher	Stressors
Eroglu	General causes of stress, economic conditions, social life, physical environmental conditions, working life and personality structure (Eroglu, 1998, s.310-326)
McGrath	Task-related stress, role-related stress, stress caused by the physical environment, stress arising from the behavior of environment, social environment, due to the individual nature of stress and stress (McGrath, 1976)
Luthans	Organizational policies, physical conditions, are the structural characteristics of the organization and organizational processes. (Luthans, 1992, s.403-412)
Aydin	cause of stress caused by organizational politics, organizational structure resulting stress causes the business environment in the causes of stress caused by physical conditions, causes stress on the structure of the work and stress arising from relationships between people in the organization (Aydin, 2004)

Source: Prepared by us

Stress at work, as seen from Table 1 are experiencing stress due to organizational factors. features related to the individual himself, in the opinion of some researchers have also been addressed in terms of impact stress. The majority of people in the business due to the passing of time itself, the business environment is the most important factor causing stress.

3. Stress Factors Affecting the Taxation of Public Employees Process

working in the taxation process (Keskin, 1997, s.141-164) is one of the most important causes of stress affecting the performance level of civil servants. Stress (Yilmaz, 2003, s.1-19) may not always occur as can be encountered at every stage of the taxation process. Taxation process starts with a taxable event. In fact, the determination of taxable event is very important for both phases of taxation for the detection of other taxpayers alike. This problem incident that occurred in point is the problem to correct and realistically can not detect. The real truth with the appearance of different events (TPL Article 3) the determination must be made. Otherwise the work would have made his public employee missing or incorrect. For this reason, public employees if given rise to some problems viable tax loss. The first administrations of the job requirements by the issue may be penalized because of the seriousness. their psychological state because of mistakes made by public employees adversely affected. Thus, public employees can be exposed to stress. There may even be sick. Because working to prevent the loss of tax to make such a mistake may expose to extreme stress. The resulting stress can cause ill health of employees as well. After the detection of the

event giving rise to the tax levied (vukmd.20) proceeds to the stage. The amounts and rates determined by the law on the taxation of taxpayers Tarhan stage is done. Here it is useful to provide information about the kinds of beds. Based on the Declaration beds, replenishing the imposition, imposition and administration of ex-officio are four types of beds, including beds. Declaration of taxpayers is calculated based on the imposition of tax liabilities in accordance with the declaration that they give their consent. Other actions taken by the tax authorities imposed some sort of result in the imposition takes place. The main problem is that according to the declaration of the declaration based imposition method is where the taxpayer reflect the actual situation. The presence of taxpayers voluntarily correct declaration will ensure that the correct calculation of taxes. One of the problems which may be levied on stage revealed another error is made by public employees. miscalculation of the tax to be calculated may lead to missing the imposition of the tax. The same is true for other types of beds. Many problems can lead to errors that occur at this stage. It may receive a warning from the manager because of mistakes made by public employees. In terms Taxpayers will need to be re-imposition of false or incomplete tax calculated. Taxpayers may change the attitude towards the tax office and can weaken confidence in this regard. Another problem that may arise is the error will occur if the unrecognized tax loss. stress of a public employee who caused so much trouble to reach a very high level. Psychologically, the mental health of workers exposed to intense stress may deteriorate. Some physical or mental illness may occur. And the development of computer technology becomes widely used of these errors is minimize. However, the use of computers especially those in older age is a difficult situation for public employees may be causing the problem. This time, there may be errors due to incorrect data entry. emerging issues in the same way, can lead to exposure to the stress of public employees. It must be communicated to the taxpayer of assessed tax liability. In the imposition processing based on declaration because it is not necessary to simultaneously communicated accrual notification process. Here replenishing, ex officio, which is managed by the imposition of tax and subject to notification of the fines mentioned. Communiqué stage is a bit different from the other stages. All other steps are realized in the tax office. However, the notification process is delivered to the payer with the corresponding documents is the attempted various means and outside. There are varieties of the notification procedure. notification by mail, by official notification, notification by publication, there are four different kinds of papers electronically communicated. In the communique stage public employees may be exposed to more stress due to many factors because outside work. Outside work is one of the adverse conditions brought about by physical conditions. Weather, it is hot or cold will affect the healthy way to communicate the documents notified of public employees. He also went to the address where notification of public employees may cause the respondent to a number of adverse situations. Verbal or physical attacks might occur. Some of the problems that can be experienced in the notification stage of public employees. Despite all these problems notification process does not occur then it can further increase the

problem. Particularly in the case of paper documents to be subjected to the severity of the condition prescription will increase further. morale of the public who can not work with the Task notification process is disrupted. It can also cause the warning given by the administrators of the documents can not be communicated. Notification of the case documents timeout may be misappropriated public employees. All of these are important issues separately. The level of employee morale in a situation where all unite zero. Furthermore, the stress level increases, and the ground is prepared for the emergence of a number of diseases. Naturally, the health workers become corrupted. after the notification process corresponds accrual stage. Tax is finalized at this stage and now has become payable stage. The responsibility of this phase is shifting along with tax payers. Because charged stage comes after this stage. After liable to pay the tax liability on behalf of the taxpayer or the taxpayer for the transition process to the payment of the tax goes to the people. However, the tax office still vigilant against both acting on the basis of the authorization given by the law and the taxpayer is obliged to follow the stages of collection until the end. Exchanging money in the collection phase of habitable public servants responsible for collection can live with the most important problems of public employees. a place that should be studied carefully collection unit is a place where employees deal with the many claims remain unsubstantiated. In addition, public employees also may experience problems due to counterfeit money. public employees are not brought counterfeit money be detected by malicious people to pay tax may fall into a difficult situation. Box will be missing if the missing amount from the employee's own money. Thus both live as well as material losses may be reduced in the criminal case. Such a mistake could worsen because of public employees to their psychology. Friends of the difficult situation next fall, for reasons such as stimulation by human psychology administrators may deteriorate. Stress arises and the progress of the case can cause various ailments. Tax collection stage after the legislator has authorized the taxpayer to the tax law for a variety of applications in the monitoring of tax receivables. Taxpayers are to be referenced applications due to pay the loan on time. The repossession of goods to the taxpayer, sending payment orders are made applications such as e-foreclosures. They called to the lien of the electronic system is realized in the form of confiscation taxpayers' bank accounts. Most quickly realized that method is also applied to the taxpayer and quickly learn the tax office. If the lien on the bank account of the taxpayer pays the debt is removed electronically. Otherwise credited to their accounts from debt withdrawing the tax office bank accounts. This case may be addressed to verbally attack the public employee taxpayers. Because all the money was confiscated at a time where banks expect taxpayers. This in itself justify see why taxpayers and public employees are trying to intimidate in any way. However, the task is to make the public employees. Nevertheless, it can create psychological pressure on public employees. Therefore, it can cause stress. Because all the money was confiscated at a time where banks expect taxpayers. This in itself justify see why taxpayers and public employees are trying to intimidate in any way. However, the task is to make the public employees. Nevertheless, it can create psychological pressure on

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4. Conclusion

Stress is a condition that they can always meet people. Working individuals spend most of the day time in the business environment. Therefore, they are exposed to the workplace environment is the most stress. In particular, public employees are exposed in the public service suna Un more workplace stress. In the business environment for public employees are exposed to stress in work environment may be made to various improvements including physical conditions. the implementation of organizational policies changed format. It provided the granting of educational seminars for stress struggle of public employees. The repeated periods of in-house training will be useful. Employees can increase the possibility of making social activities. Thus, individual employees would be happy and do the job better.

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Summary

FACTORS AFFECTING STRESS OF PUBLIC EMPLOYEES IN THE TAXATION PROCESS: THE CASE OF TURKEY

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Measured Turkish Taxhorse 'by the beginning of the tax and the tax to be born with is called taxation ongoing process to be charged. Each stage of taxation different problems are encountered. emerging issues task in every area of taxation process affects public employees from different angles. Individual, organizational and environmental live in difficult situations. It's hard to wear a psychological state of the individual and of the resulting stress is caused by exposure to employees. The subject of the study factors affecting the stress of public employees in the taxation process: The case of Turkey .

Keywords: Tax, Tax Assessment Process, Public Employees, Stress, Stress Resources

EFFECTS OF STRESS LEVEL OF PUBLIC EMPLOYEES A STUDY ON WELFARE

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Introduction

Also refers to the need that can be satisfied with the level of fees obtained the welfare of government employees. One of the most important aspects of working life costs; individuals living standards, status and identity formation of individuals in society is an element affecting the motivation in the workplace. Also it is the most important indicator of national income distribution and social justice in the society. Wages of employees is of vital importance in terms of job satisfaction. they are able to spend the amount of wages earned by individuals employed in the public sector. are limited in spending due to a constant amount of charge that individuals working in the Public Order. This situation is reflected in the individual's psychology. Only to meet the essential needs of the people who have to work a continuous source of stress is psychological sense. Because the individual is willing to spend on recreation and holiday needs. Failure to satisfy this request in an individual's stress level is also increasing. It also gives rise to the psychological fatigue of the individual. Psychology is emerging as a result of the deterioration of physical effects. Certain health problems may be encountered. Because individuals are exposed to psychological stress and acts in this case the physical structure of the body.

The study is a qualitative research study subject is discussed from a theoretical point of view. Definitions have been made on the subject in detail. The subject has been explained in the literature utilizing different studies. Examples are given from the views of key researchers in the literature. also suna Un practical work of research on the subject was exploited. This research method is used without identifier care. The

level of welfare of government employees in the study examined the effects of stress is the stress of impact on welfare are described in different ways.

1. Welfare Levels of Public Employee

All the domestic output of goods and services obtained within one year of production in a country called. factors needed to make production labor, capital, enterprise and nature. The main purpose is to participate in the production of the earnings of these factors of production¹. In this sense, the earnings of wage labor, capital, interest income, gain dogan Un annuity is earning the profit of the enterprise. All of the labor force participating in the labor factor of production in the economy is called². Fees are participating in the economy with the labor factor is income to be spent on the provision of physical and mental labor. Wages in the country's growth and development, has an important role in ensuring the stability and social development. Fees subject has been studied by different disciplines in different periods. Each discipline has different terms of definition. In economics, defined as the price of labor costs are expressed as the reciprocal of the mental and physical activity running in the law. Which can be defined as a form of payment made to employees as a result³. Fee is safeguarded by the state-both in terms of the collective agreement must be important.

2. Stress

In general people's daily life is also one of the most stress faced by the state. First Hans Selye⁴ Defined by the stress literature has many different definitions. Although many studies on stress that there is no specific and clear definition of stress. The health problems of our age is defined in different ways by which scientists stress. In a study of stress, the physical response of the human body against various physical and psychological demands⁵It is defined as. In another study stress, a number of individual requests as a result of events or circumstances that causes a load adaptation response⁶He has also been described. According to another definition of stress, strain the human organism both physically and emotionally, and feel the risk posed by hazards⁷It is a reaction.

Stress in a statement There are three basic models accepted in the literature. These models are models of stimulus, response model and is expressed as a model affect each other.

1 Serap BENLIGIRAY, Compensation Management, Beta Publishing Co. , Istanbul 2007 s.3-4

2 Serap BENLIGIRAY, Compensation Management, Beta Publishing Co. , Istanbul 2007 s.3-4

3 ID. Atay, Wage and Salary Satisfaction Systems, Jihad Press, Istanbul 1985 s.13-14

4 Hans Selye, Stress Without Distress. Teach Yourself Books, Yıl.3, Sayı.21. s.23,1977

5 Lester M. Sdorow, Psychology, 4. B. McGrawHill, Boston, 1998.

6 Defrank, Richard / ivancevich John M., "Stress on the Job: Executive Update", Academy of Management Executive, 1998, Vol. : 12, No. 3, pp. 55 66.

7 Acar Baltas / Zuhul Baltaç Stress and Coping Strategies, Remzi Publishing, Istanbul, 2000.

Stimulating Model: The source of the stress is expressed as a stimulant and events. According to this model stress, while enforcing compliance and property of stimulating events⁸It was expressed. Also how individuals perceive stimuli and events may vary in terms of impact stress. an event or condition which is a source of stress stress differences in terms of impact on people⁹It can show. people do not hear loud music in a concert hall for the inconvenience. In this environment comes the fun sense for them. But the high volume of people living near the concert hall leads to stress. This case shows that the diversity of people's demands are effective in the formation of stress. According to researchers of any event or situation causing the stress of the event or condition that they demonstrate that it is important that is desired.

Response Model: This model stress¹⁰, As a result of physical influence people's demand organisms are expressed in the responses of the organism. This model describes the human body to stress situations that arise starting from the physical influence.

Made about Stress In a research study conducted by Hans Selye maintain their place in literature as important. General Adaptation (Adaptation) has made observations on the syndrome in mice is working. In mice exposed to stress in a number of physical conditions that cause physical reactions of stress it has been found to give the same results in many cases. Digestive problems, stomach ulcers, enlargement of the adrenal cortex are some examples of these results. Hans has put forward the concept that gave the name of the general compliance with Selye his work. General adaptation syndrome consists of three stages. The first stage is the alarm stage. emotional reactions against the risk of a hazard arises. Increased response to these concerns, fear ... such examples can be given. Also, if a special danger to life or risk of aggravation of the individual person is concerned, responses such as anger may also occur. When the second stage is engaged organism tries to overcome the reactions occur. Therefore the name of the resistance and the durability of the second phase stage. In the third stage the second stage of the dangers of failure to occur successfully completed and is called the depletion phase. Selye according to long-term stress due to the essential cause of diseases of the human body is helpless thick. Selye has been criticized as put forward by this model. It does not include any factors causing stress in particular the model of housing is exposed to the most criticism. But despite the criticism with regard to Selye stress literature it has contributed very important. Therefore the name of the resistance and the durability of the second phase stage. In the third stage the second stage of the dangers of failure to occur successfully completed and is called the depletion phase. Selye according to long-term stress due to the essential cause of

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9 Zülal Erkan, stress and coping, Cukurova University Faculty of Education Journal, 2005, 2 (29), s.65-69

10 Matheny, NW, Canella. EYEBROW , pugh.jl, curlette.wl, Aycock, DW, Stress Coping: A Qualitative and Quantitative Synthesis Implications for Treatment with the counseling Psychologist

diseases of the human body is helpless thick. Selye has been criticized as put forward by this model. It does not include any factors causing stress in particular the model of housing is exposed to the most criticism. But despite the criticism with regard to Selye stress literature it has contributed very important. Therefore the name of the resistance and the durability of the second phase stage. In the third stage the second stage of the dangers of failure to occur successfully completed and is called the depletion phase. Selye according to long-term stress due to the essential cause of diseases of the human body is helpless thick. Selye has been criticized as put forward by this model. It does not include any factors causing stress in particular the model of housing is exposed to the most criticism. But despite the criticism with regard to Selye stress literature it has contributed very important. Selye has been criticized as put forward by this model. It does not include any factors causing stress in particular the model of housing is exposed to the most criticism. But despite the criticism with regard to Selye stress literature it has contributed very important. Selye has been criticized as put forward by this model. It does not include any factors causing stress in particular the model of housing is exposed to the most criticism. But despite the criticism with regard to Selye stress literature it has contributed very important.

Affecting Mutual Model: This model According stress arises as a result of the influence of the environment in and around the affected individuals. According to the sources of stress that causes stress factors perceived by the individual format or not. Because according to the perception of stress occurs in individuals. Therefore, a situation which for some may not cause stress for some individuals. Test anxiety creates intense psychological pressure on some individuals. Individuals may be exposed to psychological pressure due to stress. However, if for some individuals is a motivating factor test anxiety.

Sources of stress, personal stress sources, is divided into three sources of stress, including organizational and environmental stressors.

Organizational Sources of Stress: It is affected by many events and circumstances in the individual organizations to continue life in any organization. The structure of the organization, working conditions, organizational policies and because of many factors individuals are exposed to stress. The first thing to be affected is the physical conditions of individuals working within an organization a number of physical conditions must be satisfied for the work carried out in the working environment healthy. These are the beginning of lighting, such as income ranks first in importance maintenance warming. Working environment is required to be and also have the necessary tools and supplies in sufficient quantities¹¹. If you can not perform the job it does not reach the individual tools and equipment efficiently. It may adversely affect the health of the work to be walking all aspects of the business. So much so that the results can be disastrous. Individuals lowers morale results due to fail. Individuals may not want to work. The resulting situation is a factor that led to each stress or stress.

11 Salih Güney; Behavioral Sciences, Nobel Publication. , Ankara 2000, s.436-437

Many examples can be given to organizational sources of stress. However, common organizational stress factors¹²: Organizational management, the weaknesses of the relationship between intra-organizational individuals, new technologies, common objectives, corporate culture, lack of role conflict, fear of not being successful, drop in rank, excessive discipline rules, fair wages issue, lack of communication, organizational policies, organizational management, within the organization the weakness of the relations between individuals, new technologies, excessive or too little workload, experienced problems with the manager and can be listed here as disposal¹³.

Especially fair wage problem is a common problem for many employees. The most important reason for people to get a job working t income. However, in case of individuals working in different amounts of income distribution under the same workload it is adversely affected the psychological structure of the employees. Because individuals wish to be given the same workload on the same charges. This situation is more experienced, especially in the public sector.

3. Effect of Public Employees's Welfare Level to Stress

Public employees income that comes to mind when called welfare salary. It refers to the money they receive as a result of the work of public employees. Employees perform their spending according to their income. The most important reason to cause stress to an employee's income earned is worth the expenditure of revenue. Because they need the revenue to meet the needs of some individuals. If you will not take the stress factor for these individuals is not enough revenue expenditure. To raise spending by individuals will begin to feel sorry for income. This situation will lead to a deterioration of the individual's psychology. Thus, from the moment the individual income is not enough public employees who are exposed to stress.

Operate their expenditures on public employee salaries they receive.to meet the expenditure of revenue is due to begin searching for solutions, the individuals who are exposed to stress. You can apply different methods to meet the expenditure. The most referenced are borrowing. Public employees are spending resources to obtain loans. However, this is a factor that causes great stress to the employee. Because you will need to pay back the debt with revenues. If you have difficulty working person does not pay the debt. Still seeking a solution for employees who may borrow again to pay the debt. This time begins to increase debt burdens. Resulting in rising debt burden is the biggest source of stress of public employees. This is worn as psychological stress against public employees can also develop physical or mental illness.

12 Pamela L. PERREWÉ and FAVICTORY, "Combatting JobStress", Training and Development Journal (April) 1988, pp.83-85

13 Defrank, Richard / ivancevich John M., "Stress on the Job: Executive Update", Academy of Management Executive, 1998, Vol. : 12, No. 3, pp. 54-57

A set of moral dangers of being trapped in debt may also bring public employees. the way bribery of public employees as moral hazard that most applicants. People in charge of public employees who provide services to the public are able to abuse the good will of the people. Therefore, this method may also apply to public employees to pay their debts and to get more revenue. Because it does not meet the revenue expenditure is forced to produce different solutions under the stress of employees. The stress of so much psychological pressure that is affected is now unable to find another solution. It will apply as a last resort, apply to employees of a public road. this bad behavior, starting with the task of bribery can go up to abuse.

Public employees are spending their revenue is a condition affecting stress. The income is spent on necessities, There are requests outside spending on social activities of public employees. not sufficient to social activities outside the mandatory spending of public revenues may cause great stress to employees. The employees want to do a public holiday throughout the year, for example, but can not due to not having sufficient income is a source of stress. The individuals who work year-round to meet the recreational needs of the psychology deteriorate because of this dissatisfaction. Reluctance in the working environment, habitable conditions such as inefficiency. inability to relax the inadequacy of the income of the individual and ultimately causes great stress to. They also need to meet the needs of the family members of government employees. The public servant's wife and children, there are many expenses. This spending of income is needed to be done. If the individual can fall into a difficult situation does not meet revenue expenditure. Family stress levels of employees to meet public needs increase. Individuals may become corrupted and captured the psychology of the disease.

They offer their services to people who work as public employees. employees for work done as a meat supply in unity there is a certain distribution of the workload. However, employees working in a public institution is responsible for the entire business. Responsibility and respect the work done there is a difference between public employees. However, there are differences between employees in terms of the revenue obtained. There are many reasons for such differences arise. Title, salary differences due to factors such as years of employment are available. However, this situation creates problems in ensuring fairness in wages. Because of the lack of justice for the difference between the salary of civil servants working in the same team is not provided to bring the issue to the agenda. the same level of performance in the work of public employees who do the same job is not to be expected. Because each individual to be the same as the performance due to the differences in individual characteristics is not a likely possibility. However, the efficient operation of the employee is desirable. This condition prevents efficient operation of the employee according to the work done justice. the provision of justice in terms of wages received job is not done justice is not to be expected. Live injustice in income of public employees performing the same task can lead to psychological wear and tear. We also work hard physically receive

the same salary has negatively affected the psychology of the individual. Therefore, individuals are exposed to stress. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. However, the efficient operation of the employee is desirable. This condition prevents efficient operation of the employee according to the work done justice. the provision of justice in terms of wages received job is not done justice is not to be expected. Live injustice in income of public employees performing the same task can lead to psychological wear and tear. We also work hard physically receive the same salary has negatively affected the psychology of the individual. Therefore, individuals are exposed to stress. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. However, the efficient operation of the employee is desirable. This condition prevents efficient operation of the employee according to the work done justice. the provision of justice in terms of wages received job is not done justice is not to be expected. Live injustice in income of public employees performing the same task can lead to psychological wear and tear. We also work hard physically receive the same salary has negatively affected the psychology of the individual. Therefore, individuals are exposed to stress. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. the provision of justice in terms of wages received job is not done justice is not to be expected. Live injustice in income of public employees performing the same task can lead to psychological wear and tear. We also work hard physically receive the same salary has negatively affected the psychology of the individual. Therefore, individuals are exposed to stress. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. the provision of justice in terms of wages received job is not done justice is not to be expected. Live injustice in income of public employees performing the same task can lead to psychological wear and tear. We also work hard physically receive the same salary has negatively affected the psychology of the individual. Therefore, individuals are exposed to stress. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work. a decrease in productivity due to employee stress levels may occur. Even individuals can also lead to fulfilling their obligations in the work.

RESULT

While some can meet needs as their income does not meet some public employees. Therefore, the increase in the salaries of public employees can be started. It must be made to contribute to the increase of share allocations to the social activities of public employees. In this way, individuals working throughout the year should be provided to meet the recreational needs. Also also be given additional revenue for the wife and children of government employees is another solution.

In the structure of wages of public employees can go to some changes. Wages of employees in order to ensure fairness in pricing can be based on performance. In this way, justice is achieved in both revenue efficiency is achieved with the system performance.

It applied for a number of organizational policies to prevent the misuse of duties of public employees. Control mechanism is a practice that should be applied first. Control will be easier thanks to the control of public employees. Cause of public employees want to earn extra income is insufficient level of income. In this case the best solution to fix this is to increase revenue.

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Summary

EFFECTS OF STRESS LEVEL OF PUBLIC EMPLOYEES A STUDY ON WELFARE

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Research bears the title subject of the effects of stress the level of welfare of government employees. their income is measured by the welfare of government employees. Called income earned wages or salaries of public employees. Establishing a balance between income and expenditure of the employees is required. This is a difficult situation to employees in the event the employee may fall against the change in the balance, and can be exposed to stress. identifying the level of welfare and stress-related structure of public employees in the research. It has benefited from the literature on the subject. The welfare of government employees has been demonstrated how the effects of stress. As a result of the impact of the proposals have been presented to stress the welfare of government employees to minimize. It prepared according to the method of qualitative research.

Keywords: Public employees, welfare, wages, stress, stress level

MANAGEMENT OF HEALTHCARE TRANSFORMATION PROGRAMS AND RECOMMENDATION FOR APPLICATION

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What is transformation in healthcare?

Healthcare services constitute one of the most significant functions of modern life imposed on the state within the social state approach.

Healthcare services have to be attainable by the individuals that make up the society at a sufficient level and quality whenever they are required. The fees for these services have to be covered through state policies that are independent from individual income. The policies formed by states in line with this objective are called transformation programs.

How should the transformation in healthcare be implemented? What should it encompass?

- Finding the right answers to questions such as how healthcare services should be reorganized so that they are compatible with the changing demographic structure, how the healthcare related priorities of the society should be determined in consideration of the fact that monetary resources are always limited, how to combat inequalities, what should be done to fulfill the increased expectations related to healthcare within the society, how to decide which technology would be more suitable and how to balance the protection of health, development and treatment of diseases require the accurate assessment of the current situation of the healthcare system. (**Prof. Dr. HAYRAN E. Osman 2014/ sađlık ve tıp kùltùrù dergisi (Journal of Health and Medical Culture), Issue: 31 p:6-11**)

Given that such an assessment is not directly related to the subject matter discussed herein, it is excluded from the scope of this study. However, this study has tried to carry out an evaluation on the results of the current situation through the examination of a number of scientific reviews.

In our opinion, to accomplish a transformation in healthcare services, the key issues such as;

- Infrastructure applications,
- Training of medical personnel and expansion of services,
- Constant and coherent management of financing for the realization of healthcare services,
- Management of healthcare services, have to be examined and evaluated in depth so that the transformation can be carried out more successfully.

a) Infrastructure Applications;

It is a recognized fact that the healthcare infrastructure has improved significantly in Turkey as well as the rest of the world.

Information and communication technologies are the primary factors that expedited such an improvement.

However, the characteristics of the training before graduation especially in medical education has shown an inclination to decrease depending on the increase in quotas and this has surfaced as an important problem. Medical faculties opened without any background and medical training provided without sufficient technical and physical as well as academic infrastructure increase the problems encountered rather than resolving them. Another significant characteristic of medical education is that it is based on manpower.

Another related issue is the distribution in professional groups. When the medical labor force is considered in terms of the distribution of physicians, the number of practitioners has to be higher than specialist physicians however the number of specialist physicians have exceeded practitioner physicians considerably. As a result of this, not only the training costs have increased but also labor force comprised of nurses, midwives and paramedics have remained low. In our opinion, these organizations which underlie infrastructure applications have to be reevaluated and in order to establish this infrastructure, personnel who are easier and faster to train with the aforementioned qualifications have to be trained.

b) Responsibilities and Working Conditions of Medical Personnel

As medicine started to concentrate solely on diseases in the 20th century or put differently, the medical personnel focusing on these issues has caused an excessive specialization on medicine. Therefore, an understanding has been developed where the physicians are expected to render faster, more comprehensive and individual services.

Turkey has tried to catch up with this approach through a law that was adopted in 2000. The community health centers established in Turkey due to this initiative (UÇASTOK within the Russian Federation) have transformed healthcare services into a social approach rather successfully.

From our perspective, the next steps that might be taken in this regard can be listed as follows:

- Improvement and complete expansion of the family practitioner system,
- Extension of screening healthcare services and organizing them under a periodic system,
- Organization of programs that aim for protection from diseases with the extension of protective healthcare services and establishment of social dialogue,

Implementation of protective healthcare services and first line diagnosis and treatment services targeting the individual by the physicians who will be selected by the individual himself (Family Practitioners or Other Physicians Acknowledged by the family) is another important objective to be included in healthcare transformation programs. Keeping healthcare records of individuals by family practitioners during first line therapy is expected to provide significant advancements with regard to monitoring controls and conducting risk analyses. Put differently, as family practitioners form an important stage of transformation in healthcare, transforming existing practitioner physicians into family practitioners after a brief training will ensure the expansion of the system. On another note, periodic training sessions have to be organized for family practitioners on a regular basis in collaboration with the Ministry of Health, faculties of medicine and similar institutions so that they can be informed about current developments.

Family practices in Turkey, protective and therapeutical healthcare services, general health insurance, healthcare information system, diagnosis and treatment institutions and general policies to be established in this regard have come to the fore with the transformation in healthcare program that was published in 2003 by the Ministry of Health. There are still attempts to complete the transformation program as it affects several other systems in return.

In our opinion, expansion of screening healthcare services and putting these in a periodic order as well as the extension of healthcare services for protective purposes are the most striking elements of the transformation program in healthcare.

Raising public awareness while informing the society will be realized with the extension of these services, it will be easier to diagnose the diseases early and in fact some of the regional diseases may be eliminated.

All of these services are being rendered in Turkey since 2003. However, especially screening and protective healthcare services have not reached a sufficient level.

We can observe this from the applications made to the emergency care units at medical centers. As a result of patient psychology, most of the symptoms are considered as emergency cases and this results in a busy emergency service.

According to the findings of various research studies conducted on the healthcare systems with the patients in different countries, it is not possible to talk about a successful system. Naturally, it should not be forgotten that the patient's psychology depends on the disease throughout the duration of the disease.

However, another important aspect of the healthcare system is related to the financing of the system and the social state approach.

Healthcare services constitute an important cost item within national budgets. This cost item was tried to be reduced with the insurance system. However, the problem is the failure to work with an understanding that tried to transfer everything to the insurance system whereas the shares can finance the system. The reason for this is the past negative experiences in the system. Eliminating these negative experiences over time can be possible only with a financing approach that puts insurance to the core.

Again in our opinion, another critical aspect of healthcare transformation is the "Management of Healthcare Services".

Management of healthcare services can be shaped according to the following headings within the framework of the approach that highlights the transformation in healthcare;

- Determining regional diseases and raising the awareness of the regional communities,
- Increasing screening, protective physician trainings: based on regional geographical properties,
- Training healthcare executives for determining the health related behaviors of the local residents and their management,
- Extension of training services to increase the number of intermediary personnel or para medical services,

and we come across this in the aforementioned issues. Put differently, one of the important requirements of a successful healthy transformation program is the training of executive personnel. On the other hand, another issue is related to the training of medical personnel for another and very important requirement of transformation in healthcare or for "paramedical services".

Conclusion

In conclusion, in addition to those issues mentioned above, only a recommendation that can facilitate transformation services and reduce financing costs can be put forth. This suggestion can be separately studied.

The subject matter of the recommendation is the establishment of “free healthcare zones” by neighboring countries in the same region. The healthcare services in these regions should be exempt from all kinds of taxes. On the other hand, the lack of professional restrictions applied in these countries should take place inside an order where national and international insurance policies have to be valid. These regions will also invigorate that geographical region economically and increase patient satisfaction. Healthcare services will be diversified with the knowledge of various medical professionals and this way there will be an exchange of knowledge and communication at the international level.

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