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Republic of Azerbaijan
Tel: (99412) 4217927
Website: www.jhss-khazar.org

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Evaluation of the Satisfaction of Foreign States in Public Hospitals

Ahmet Girgin

IMBL University, Russian Federation

Tevfik Yazan

IMBL University, Russian Federation

Erkan Karadag

IMBL University, Russian Federation

Introduction

Quality in the health sector is composed of many components. Examples of these are: The quality of the services in the emergency services, the speed in the processes, the reduction of the differences between the clinical services and the creation of a standard, the increase of the relations between the physician-patient and the staff-patient to a certain level and finally, perhaps the most important; We may assume that technological innovations and developments are constantly monitored and adapted to the system.(Akalin & Erdal, 2000, pp. 32-33).

Technology and expertise are constantly evolving; It is becoming increasingly difficult to keep the quality at the desired level during this period, when costs are increasing due to the increase in patients' desires. For this reason, the issues that health institutions need to focus on in the name of increasing balances of workload are also increasing. The duties of these managers are to use their financial resources effectively to meet the needs of their hospitals at the highest possible level. At the same time, they must increase efficiency as much as possible by managing human resources and performance metrics. Action should be taken according to the specified objectives and efficiency should always be kept in the foreground (Fisher, 1971, p.238)

Patient satisfaction is one of the main outputs of health care institutions. In general terms, it should be aimed of serving above the needs and expectations of patients. Factors determining patient satisfaction are divided into two. These; Patient expectations and perceptions of patients towards health care.

As mentioned before, the managerial and behavioral characteristics that the patients want to see in the health institutions are composed of many influences. These characteristics are shaped by experiences and characteristics that vary from person to person. The patient's previous experiences, age, gender, education and socio-cultural structure play a major role in shaping these traits. Another factor is perception; The quality of the service received by the patient and the patient's views on this service. The perception factor is also shaped by the fact that the patient satisfaction factor is affected. It differs according to the experiences and personality traits of the people. (Kavuncubaşı & Yıldırım, 2010, p. 292-295).

The aim of this study is to determine the satisfaction of foreign nationals coming to public hospitals. In this context, firstly the basic concepts are covered by the literature study and then the collected data are analyzed and interpreted in SPSS 22 statistical program.

Quality in Health Care Concept

Health services can be defined in various forms. In general terms, it can be defined as "providing health care organizations with various preventive and therapeutic activities in line with the needs and expectations of patients given by health personnel with special needs in various fields in accordance with various health needs and creating a permanent system organized around the country" (Karabulut, 1998, p. 16).

The health system is important not only for the formation of a dialogue between the health care staff and the patient but also for the dialogue between these persons (Tarım, 2000, p.1025) Individual and community health are influenced by many factors, not just one. For this reason, health services are a multidimensional concept. They come from many dimensions and activities related to each other (Somuoğlu, 2012, p.8)

Presentation in health care services has to be high quality. For this reason, international norms and rules have been established. Examination, diagnosis and

treatment services should be presented in the direction of patients' expectations. This helps us to describe the concept of quality in presentation (Konca, Ilhan, & Bumin, 2006, p.42)

Another opinion to healthcare goals is to provide the service that is needed in the direction of society's desires and expectations with the required quality, speed and optimum cost (Zerenler & Ögüt, 2007, p.504).

Foundations, institutions and authorities paying for financing expenditures in the health sector bring high quality standards with sector regulations in order to see the value that these investments deserve. This also plays an important role in increasing the quality and efficiency of the service provided. In this way, many standards and rules that require payment are imposed, which indirectly contributes positively to the health care that the community receives. Some of the resulting proposals are; As a result, some of the proposed recommendations are to complete the necessary evaluations and measurements for a quality presentation, to provide patient-centered services and to prepare strategic plans and to institutionalize the institutions to improve themselves on education and development.(Stamatis,2000)

Medical knowledge and science also play an important role in the development of health services that need to be addressed in a very technical way. Knowledge and science play a crucial role in the diagnosis and treatment of a disease (Varinli & Cakir, 2004, p. 34-35).

Patients may not have enough knowledge on technical examination or treatment while receiving health care. For this reason, he may not be able to decide for himself. All he can do is obey the doctor's decision about himself. At this point, the technical quality of the health service and the ability of the health personnel to provide information arise at this point (Devebakan & Aksarayli, 2003, p.42)

Treatment services are also determinants of service quality. The perception of personal service quality of the patients receiving the service is also determined by the experiences and personalities of the persons. Attitudes and behaviors towards the customer at this point play an important role (Kavuncubaşı & Yıldırım, 2010, p.445).

A quality health service provides many advantages to the patient and increases the quality of life. As an example: It allows the patient to recover his / her physical, mental and mental capabilities as soon as possible and to use the technical, medical, financial and human resources of the health system in the most efficient way (Taşlıyan & Gök, 2012, p.74)

There are also various approaches to quality standards in health care institutions. Donnebedian (1990) summarizes the seventh of these standards as follows (Kavuncubaşı & Yıldırım, 2010, pp. 455):

1. Efficacy: It must be aimed that to heal patient as possible as well by using current medical and scientific knowledge in optimum levels. There should be no inactive information and technology elements, and the best medical intervention that can be implemented and applied should be applied.

2. Effectiveness: In a more different concept, effectiveness, emphasis is placed on developments that are expected to be realized or potentially realized in the health of the patient. The most important criterion for accepting the assumption that the health system is effective is the concrete and positive developments in the patient's health.

3. Efficiency: Cost is also an important factor in the health care system. To talk about the efficiency, health care should be given at the lowest possible cost. It is a concept that is highly related to human life. If two services with the same effect are offered and one costs more than the other, we can say that the service with the lower cost is of better quality than the other.

4. Optimal: It is important that the balance between service provided to the patient, benefit to the patient and cost to the institution is at an optimum level.

5. Acceptability: It means that people's expectation and desire from the health service is consistent with the service they are receiving.

6. Legality: Acceptability is a little more macroscopic. It can be defined as the acceptance of the service provided by the health institution. If this does not happen, the community will not accept or prefer this health service.

7. Equality: The concept of equality, which is one of the most important building blocks of a system, is also influential in an important sector such as health. Everyone should have the right to health care and benefit from this service on an equal basis.

The most important factors that can be accepted as a service are classified as follows:

A. People's access to the service and availability of this service must be acceptable.

B. It is necessary for the health staff to be sensitive and to match the services that people expect.

C. Health institutions or health care environments must be hygienic, peaceful and reassuring.

D. Reasonable pricing policies need to be applied in order for health care to be effective, tangible, and materially acceptable (Kavuncubaşı & Yıldırım, 2010, p.458)

As in all sectors, competition in the health sector brings quality to an important point while competitive market conditions drive down prices.

Patient and Patient Satisfaction as a Customer in Health Institutions

The concept of satisfaction has become increasingly important in recent years. This also applies to the health sector. Appropriate and correct use of resources in the health system is confirmed by to satisfy expectations of people and the higher of their satisfaction levels.(Yılmaz, 2001, p. 69-74).

Consideration of patient satisfaction as a quality measure; enables the continuity and increase of qualifications in the sector.(Gugen,2004)Assessing health care quality is also an important step.There are generally two ways in the methodology. These are:

A. To establish standards for determining and improving the quality of health care and to regularly measure and revise these standards.

B. Follow-up of patient satisfaction (Yılmaz, 2001, p. 69-74).

Patients' position and role in the healthcare industry was rather passive in the early 1960s, by the time it started to become active. Today, patient satisfaction is at the center of the system. Diagnosis and treatment have become a mass of patients who understand and question instead of just doing what they say. For this reason, not only those who evaluate the system shouldn't be suppliers but also those who benefit from the service. (Yılmaz, 2001, p. 69-74).

Initial research on patient satisfaction began in the United States in the mid-1950s. First examples are given in the field of nursing. Findings have shown that satisfaction plays an extremely important role in assessing quality of health. At the same time with the world,our country was also had been succeeded in significant studies. As time goes on, the number of studies done in this area is also increasing (Yılmaz, 2001, pp. 69-74).

Leebov and Scott have linked four aspects of patient satisfaction to healthcare institutions:

A. Humanitarian causes: Quality health care is the right of every patient.

B. Economic reasons: Patient satisfaction means more income for the health care institutions because patients want to get worth that what they have paid for.

C. Marketing: Patient satisfaction is highly valued in studies conducted to increase profits.

D. Effectiveness: Patient satisfaction is a complicated concept that connected with Life style, past experiences, future expectations, individual and social values (Carr-Hill, 1992).

Unlike the previous studies, the overlap between patient expectations and care, describes the patient satisfaction for Greeneich (1992) (Yılmaz, 2001, p. 69-74).

It is also as important as the expectation of the patients that the socio-cultural values of the service they will receive are in conformity. If the expectation is less than the service it receives, the person is more satisfied. If too, dissatisfaction and unhappiness arise because it will exceed expectations (Sezer, 1999).

For Hall and Dornan, patient satisfaction is affected by many factors. Some of these factors are; Cost, continuity, transportation, hygiene, physical conditions and service diversity (Gügen, 2004).

Risser (1975) studied the research findings of patient satisfaction between 1957 and 1974 in his literature review. In research, wages, knowledge and suitability of the staff are the most important factors determining patient satisfaction (Akın, 2004).

Jones and colleagues distinguished four groups that the variables affect patient satisfaction. These are: (Karadag, 2007):

A. Patient characteristics in health, expectation and sociocultural sense.

B. Technical and functional aspects of the services provided in the health system and personal characteristics of service providers.

C. Harmony between health personnel and a healthy patient-physician relationship.

D.Environmental factors.

The results of the researches on sociodemographic variables are as follows (Yılmaz, 2001, p. 69-74):

A. Elderly people are more satisfied with health services than young people (Carr-Hill, 1992; Jakobsson, Hallberg, Loven, & Ottosson, 1994). However, there are also studies that suggest opposite (Hart, Neiman, Chaimoff, Wolloch, & Djaldetti, 1996).

B. As regards gender, Every result was found. (Larsson, Larsson, & Starrin, 1999, Tengilimoglu, 1996, Okumuş, Akçay, Karayurt, & Demircan, 1993, Özmen, 1999). Women are more satisfied (Lookinland & Pool, 1998). Men are more satisfied (Gray, and others, 1997).

C.As the level of education increased, the expectation was increased and therefore relatively low findings were obtained regarding the satisfaction of the patients.Uneducated people are more satisfied.Satisfaction decreases as expectation rises.(Lewis, 1994; Esatoğlu, 1997; Carr-Hill, 1992; Özmen, 1999).On the other hand,(Yılmaz,2000) as the level of education decreases, satisfaction has also reached its conclusion.But Akyol (1993) concludes that the level of education has no effect on patient satisfaction at all. Weiss (1988) found that satisfaction increased as the level of education increased (Gügen, 2004).

The result from the studies examined is; There is no meaningful and consistent relationship between age, education, gender and patient satisfaction.A system centered on satisfaction and focused on the patient will always give much more positive results and accelerate the development in the health field.At the same time, the attitude of healthcare personnel towards patients also plays a major role in this system.Education, knowledge and skills are presented in a way that offers a great contribution to the health staff in terms of communication and how to communicate with the patient.

Between 1966 and 1990, according to the meta-analyzes on patient satisfaction, the factors that directly affect patient satisfaction and can be listed as follows:

A. Healthcare personnel give their patients confidence and make them feel peaceful and safe.

B. They must constantly inform the patient about their illness and enlighten them on issues they are concerned about.

C. Healthcare organizations are convinced that the patient is subject to reliable and specific standards.

D.Environmental factors include such as hygiene, accessibility, working hours and food services and their physical competence and suitability.

Materials and Methods

In this study, survey technique was used as data collection method.. XXX scale, developed by XXX (XXXX), has been applied to XXX people, in XXX.The universe of your research is xxxxx.

Results

Given the frequency analysis results, foreign nationals are generally satisfied with policlinics (mean score: $4,47 \pm 0,57$). Of the foreign nationals, 97% were from the examination , 94.6% from the appointment , 94.3% from the timely examination, 90.8% from the telephone appointment , 89% from the waiting areas and hygiene and 92.3% were satisfied with the data archiving service.

Table 1.Frequency analysis results of participants' satisfaction about the policlinic

	I was not satisfied at all	Dissatis fied	Undecid ed	I am satisfied	I'm very satisfied	Average Score
Examination speed	0	0	3.0	36,7	60,3	4.57
Appointment speed	0	0	5.4	38,8	55,9	4.51
Timely examination	0	0	5.7	41,3	53,0	4.47
Appointment speed from phone	0	1,0	8.2	36,6	54.1	4,44
Regulation of waiting areas and hygiene	0	2,3	8.7	38.5	50.5	4.37
Data archiving service	0	0.7	7.1	39.1	53,2	4.45
Overall Average: $4,47 \pm 0,57$						

Table 2.Frequency analysis results of participants' satisfaction with doctors

	I was not satisfied at all	Dissati sfied	Undecided	I am satisfied	I'm very satisfied	Average Score
Time spent with the doctor	1,0	0,3	5.7	32,4	60,5	4.51
The adequacy of the physician'spatient care and examination	0.7	0,3	5.4	36,8	56,9	4,49

Explanation of the analyzes	0,3	0.7	6.4	33,1	59.5	4.51
Attitudes and behaviors of the doctor	0	0,3	6.0	32,4	61,2	4.55
Examination satisfaction	0.7	0,3	5.7	31,8	61.5	4.53
Overall Average: 4,52 ± 0,6						

According to frequency analysis results, foreign nationals are generally satisfied with the doctors. (mean score: $4,52 \pm 0,6$). Of the foreign nationals patients; %92,9 from the time spent with the doctor, %93,7 from the adequacy of the physician's patient care and examination, %92,6 from the Explanation of the analyzes, %93,6 from the Attitudes and behaviors of the doctor, %93,3 were satisfied from the examination

Based on the frequency analysis results, it is seen that foreign patients are generally satisfied with the International Patient Unit (mean score: $4,66 \pm 0,51$). Of the foreign nationals patients %96,9 from satisfied the with the work done, %96,9 from the attitudes and behaviors, %95,7 from the translation ability, %95,9 from the ability to make statements, %96,6 from the time spent on a person, %97,6 from the the trust of the International Patient Unit, %97 were satisfied from ability to communicate with the International Patient Unit.

Table 3. Frequency Analysis Results of Participants' Satisfaction with the International Patient Unit

[illegible]

Table 4. Frequency analysis results of the participants' satisfaction with the physical conditions of the hospitals

	I was not satisfied at all	Dissatisf ied	Undecided	I am satisfied	I'm very satisfied	Average Score
The layout of the waiting rooms and hygiene	0,3	1,0	12,0	41,8	44,8	4,30
Regular and hygienic toilets	0,3	1,7	12,8	43,8	41,4	4,24
Elevators are hygienic and orderly	0	0,3	13,7	46,4	39,5	4,25
Toilet for disabled	0	1,4	16,8	40,9	40,9	4,21
Accessibility for disabled persons	0	1,0	18,3	42,6	38,1	4,18
Directions instructions	0,7	1,4	20,0	38,3	39,7	4,15
Safety and comfort during standby	0	2,0	21,8	36,2	39,9	4,14
Private life and privacy	0,3	2,7	20,7	36,6	39,7	4,13
Children's playground	0,3	3,8	30,4	33,6	31,8	3,93
Cafeteria and relaxation area	0	4,1	26,3	36,2	33,4	3,99
Easily reach the hospital building	0,7	4,4	20,5	34,7	39,7	4,08
Easily reach service	1,0	4,1	16,6	32,1	46,3	4,19
Overall Average: 4,66 ± 0,51						

According to frequency analysis results, foreign nationals are generally satisfied with the physical conditions of the hospitals (mean score: $4,14 \pm 0,7$). Of the foreign nationals 85.2% from the order and hygiene of the waiting rooms, 85.2% from the toilet and hygiene, 85.9% from the elevators and hygiene, 81.8 from the toilets for the disabled, 78.1% from the directions of getting directions, 76.1% from the security and comfort of waiting period, 76.3% from the privacy and confidentiality of information, 65.4% from the children's playground, 69.6% from the cafeteria and rest area, %74.4 satisfied from the hospital area and %78.4 satisfied from the easy access to service.

Result

In this study, the level of satisfaction of foreign nationals who came to public hospitals was investigated. Based on the results, it is seen that the foreign patients are very satisfied with the polyclinics, doctors, the International Patient Unit and the physical conditions of the hospital.

Foreign nationals have indicated that they are satisfied with the speed of examination, the speed of telephone or normal appointment, the timely examination, the arrangement and hygiene of waiting areas and the data archiving service. In addition to this, foreign nationals patients stated that they are satisfied with the attitude and behavior of the doctor, the time which have spent by the doctor with the patient, the adequacy of the doctor's care and examination, the explanation of the analysis of the doctor. When we look at the satisfaction of foreign patients with the International Patient Unit; The attitude and behavior of the International Patient Unit, the work of the International Patient Unit, the ability of the International Patient Unit to translate it, the ability of the International Patient Unit to explain it, the time that spent with the patient by the International Patient Unit, And the communication of the international patient unit are almost completely liked by the foreign nationals patients. Finally, when we examined the opinions of foreign nationals about the physical condition of the hospitals they are satisfied with the hygienic toilets, elevators and rest rooms, with toilets for disabled, with accessibility for the disabled, with navigation signs, with privacy of private life. They are also happy with children playground, cafeteria, easy transportation to the hospital and easy access to the service.

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Summary

Evaluation of the satisfaction of Foreign States in Public Hospitals

Ahmet Girgin

IMBL University, Russian Federation

Tevfik Yazan

IMBL University, Russian Federation

Erkan Karadag

IMBL University, Russian Federation

Patient satisfaction is one of the most important concepts for the medical institutions. There are several factors that provide patient satisfaction. The concepts of quality and patient satisfaction are the priorities of the study. The main aim of this study is to evaluate the satisfaction levels of foreign patients, who get service from the public hospitals. Within this scope, , the sample is determined as the 301 people living in the city of Antalya, and the data is acquired via the survey method. The collected data is interpreted by analyzing the SPSS 22 statistical program.

Keywords: Patient Satisfaction, Public Hospitals, Medical Institutions, ForeignPatients

Examination of the Opinions of University Students on the Meaning of Leisure Time and the Lesson Study Approaches

Fikret Soyer
Sakarya University, Turkey

Mehmet Demirel
Dumlupınar University, Turkey

Zülbiye Kacay
Sakarya University, Turkey

Cihan Ayhan
Sakarya University, Turkey

Duygu Harmandar Demirel
Dumlupınar University, Turkey

1. Introduction

Leisure time as part of a human life begin to gain a meaning and begin to be effective by an increasing complexity of work and social life (Venkatesh, 2006). Researchers have explored features of the leisure time to define the individuals' attitudes towards leisure time (Schulz and Watkins, 2007), and they have defined leisure time as a concept of time, primarily spent without financial expectation. Some researchers have identified leisure time as a string of social relationships and materials that have contributed positively to the increase in human capacity (Torkildsen, 2005; Caldwell, 2005). The definitions made about the leisure time shows that, it is the time period that people spent without any expectation and has a positive effect on human life.

Due to the rapid development of the digital world, the concept of leisure time differs from person to person (Auger, 2016). Individuals have the capacity to learn different meanings of leisure, the knowledge they learn about an event can shape the meaning of leisure time. With these two assumptions, Watkins (2000) studied on three questions to analyze the meaning of leisure time. "1) How do individuals have information about leisure and how does it make sense of leisure time? 2) How do individuals create different meanings of leisure time? 3) How do individuals change the meaning of leisure time?" Considering the validity of the assumptions shaped by these questions, it is seen that the meaning of free time in the literature, corresponds to different theoretical explanations about how individuals evaluate their leisure time (Watkins, 2000). In one of the first studies, the meaning of leisure time was defined by Donald and Havighurst (1959) as the pleasure that people enjoy most from their leisure time activities. The meaning of leisure according to Porter, Iwasaki and Shank (2010); are emotional and spiritual experiences that has a personal importance to the individual, occurring in the individual's leisure time and on a social scene.

Some researchers have emphasized the significance of leisure in terms of mental health of individuals. It has also been noted that participation in leisure activities leads to positive emotions affecting motivation. On the other hand, in order to obtain a healthy life and quality of life, it is necessary to take full advantage of the meaning given to the individual by the leisure time (Porter, Iwasaki and Shank, 2010). Iwasaki (2008) as a result of an international survey on the meaning of leisure time; suggests that the leisure time has an important contribution on a) positive emotions and welfare level, b) self-esteem and spirituality, c) social and cultural ties, d) human power, e) learning and development.

The beginning of the most important building blocks of social life is, of course, the universities. The origins of the known university come from the community where the knowledge gathered to share knowledge (Akyüz, 2003). The universities as an institution shaped by the society and culture. If the culture has diversity and complexity, the function of the university will also try to cover the necessities that emerged. Therefore, it is necessary to learn how to use the time in a good way by the leisure time training. The learning process can be actualized by creating free time and spending it correctly (Hacıoğlu et al., 2003).

Along with industrialization, it is known that rapid progress in science and technology leads the community to the age of information. So the students need to keep up these innovations. For this reason, the main aim in education is to enable learners to take an active role in the learning process (Khomeiran et al., 2006).

Learning is a way of interacting with the world. As we learn, the point of view towards events changes and the world seems differently (Biggs, 2012). In recent years there has been a great deal of research on the education of students studying at universities. In order to define the learning methods of the learners, learning approaches, in other words, course study approaches have been discussed (Beaten et al., 2010). The learning approach is used to describe the thinking of the student and the way he or she manipulates knowledge, and combines a motive and an appropriate strategy. Today, education and learning environments have changed shifting from traditional understanding to constructive understanding. Together with the constructive learning, the responsibility of the students have increased and it has become inevitable for the increasing number of students to transfer what they have learned into a an ability. During learning, students exhibit different learning techniques; some of them by trying to understand with all their dimensions (deep approach) and some by direct memorization (Geçer, 2012). A superficial approach is a learning approach based on the need to use knowledge after a short period of time, with compulsory and compelling implications based on the intention of completing the task based on the student's performance of the assigned task (Biggs, 1999, Trigwell and Prosser, 1991). A profound approach is a comprehension-oriented learning approach that deals with the structure of the learning task and that achieves the appropriate results (Biggs, 1999, Ramsden, 2003).

The study approaches are also related to the motivation of the students. Motivation is highly correlated with the students' approaches to learning and explains why and how learners learn (Beaten et al., 2010; Sambel, McDowell, and Brown, 1997, Zhank and Sternberg, 2000). A student with high motivation is ready for the learning process (Fidan, 1996).

The leisure time is a time period in which people do not work and direct themselves in the way they want. The leisure time provides opportunities for individuals to be good physically and spiritually, it also increase their level of satisfaction and helps to recognize themselves. University students should benefit from recreation and leisure activities in order to get rid of mental problems, to socialize, and to be healthy in sportive sense. Therefore, they will be able to benefit from the above-mentioned positive effects and it will become easier to achieve success in both their socio-cultural life and professional life (Kaba, 2009). According to Zorba et al. (2006), leisure activities have a great proposition in terms of course work and are part of school life. Every student who spends most of their time in classrooms, laboratories or libraries needs to participate in leisure activities. These activities can eliminate intense stress, hopelessness and self-doubt and at the same time they can increase their motivation in terms of course work. Therefore, it can be said that the leisure time effects the students' studying positively and helps for taking good points from the exams.

2. Methodology

2.1 Research Group

The research group comprises a total of 463 university students including 206 (44.5%) "Female" and 257 (55.5%) "Male" students who were educated at Sakarya University Faculty of Sports Sciences and other faculties and they were selected by convenient sampling method. The students participated voluntarily.

2.2 Data Collection Tool

Survey model was used in the research. As data collection tool; in addition to the personal information form prepared by the researcher, in order to determine the leisure perceptions of the participants the LEISURE MEANINGS INVENTORY which was developed by Esteve et al. (1999) and adapted into Turkish by Gürbüz et al. (2007) was used. It is 6 points Likert Type Scale (1 = do not agree Absolutely, 6 = totally agree). The Scale includes 35 items, eight subdimensions (perceived freedom, business relationship, social interaction, leisure time availability, active-passive participation, target orientation, perceived competence).

In order to determine the students' learning approaches, *APPROACHES to STUDYING* Inventory by Biggs, Kember and Leung (2001) was used in the research. The reliability and validity of the scale done by Yılmaz and Orhan (2011). The scale consists of 22 questions and 2 sub dimensions (superficial and deep approaches).

2.3 Analysis of data

In the analysis of the data, percent and frequency descriptive statistical methods were used to determine the distributions of participants' personal information also, the skewness and kurtosis values of the data were checked and Shapiro Wilks normality test was used. It has been determined that the results had anormal distribution. According to Jondeau and Rockinger (2008), when the coefficients of skewness and kurtosis of sub-dimensions change between +3 and -3, they stated that these sub-dimensions have suitable conditions for normal distribution parameters. In the statistical analysis of the data, pearson correlation analysis methods ($\alpha = 0.05$) were used to determine the relationship between t-test, anova test (E. Jondeau, M. Rockinger (2003) Conditional volatility, skewness, and kurtosis: existence, persistence, and comovements. *Journal of Economic Dynamics & Control*, 27, 1699 – 1737).

3. Findings

According to the Table 1, 55.5% of the respondents were male, 70.6% were in the age range of "21-25", 46.4% of the participants had a "Normal" welfare level, 59.0% were educated in "Other" faculties, and 53.6% did not regularly participate in sporting events.

Table 1. Distribution of Participants by Gender, Age, Monthly Income and Weekly Leisure Time

Variables		F	%
Gender	Female	206	44.5
	Male	257	55.5
	Total	463	100
Age	17-20	103	22.2
	21-25	327	70.6
	26 and over	33	7.1
	Total	463	100
Welfare Level	Very bad	18	3.9
	Bad	26	5.6
	Normal	215	46.4
	Good	163	35.2
	Very good	41	8.9
	Total	463	100
Faculty	S.B.F.	190	41.0
	Other	273	59.0
	Total	463	100
Participation in Sports Activities	Yes	215	46.4
	No	248	53.6
	Total	463	100

Table 2. Study Approaches of the Participants by Gender

Sub Dimension	Gender	N	Mean	F	t	p
Deep Approach	Female	206	31.233	.314	-.949	.343
	Male	257	31.980			
Superficial Approach	Female	206	30.237	2.701	-3.178	.002
	Male	257	32.354			

Table 2. shows the results of the T test conducted to determine the study approach of the participants according to gender. According to the T test results; there was a statistically significant difference in the "superficial approach" subscale between male and female participants' scores ($p < 0.05$).

In Table 3. T-test results shows the meaning of leisure time according to the gender of the participants. According to test results; statistically significant differences were determined in the "Job Relation" sub-dimension ($p < 0.05$).

Table 3. The Levels of Leisure Meaning by Gender

Sub dimension	Gender	N	Mean	F	t	p
Active-Passive Participation	Female	206	4.282	1.343	.426	.670
	Male	257	4.243			
Social Interaction	Female	206	4.594	.472	.608	.543
	Male	257	4.540			
Perceived Competence	Female	206	4.669	1.112	.733	.464
	Male	257	4.738			
Usability of Leisure Time	Female	206	4.595	.004	1.429	.154
	Male	257	4.476			
Perceived Freedom	Female	206	4.553	2.215	1.768	.078
	Male	257	4.390			
Intrinsic Motivation	Female	206	4.415	.279	.449	.653
	Male	257	4.460			
Goal Target	Female	206	4.203	.024	.264	.792
	Male	257	4.172			
Job Relationship	Female	206	4.548	.918	2.716	.007
	Male	257	4.298			

Table 4. Study Approach Levels by Age

Sub-Dimension	Age	N	Mean	F	p
Deep Approach	17-20	103	33.66	3.897	.021
	21-25	327	31.03		
	26 - above	33	31.42		
Superficial Approach	17-20	103	32.18	1.247	.288
	21-25	327	31.07		
	26 - above	33	32.36		

Table 4. gives the results of the Anova. According to test results; statistically significant differences were determined in the "deep approach" sub-dimension ($p < 0.05$).

Table 5. Mening of Leisure Time Levels by Age

Sub Dimension	Age	N	Mean	F	p
Active-Passive Participation	17-20	103	4.22	.296	.744
	21-25	327	4.28		
	26 -above	33	4.16		
Social Interaction	17-20	103	4.53	.355	.701
	21-25	327	4.58		
	26 -above	33	4.44		
Perceived Competence	17-20	103	4.87	2.362	.095
	21-25	327	4.67		
	26 -above	33	4.49		
Usability of Leisure Time	17-20	103	4.65	1.333	.265
	21-25	327	4.48		
	26 -above	33	4.55		
Perceived Freedom	17-20	103	4.55	-.620	.538
	21-25	327	4.43		
	26 -above	33	4.46		
Intrinsic Motivation	17-20	103	4.45	.500	.607
	21-25	327	4.45		
	26 -above	33	4.26		
Goal Target	17-20	103	4.52	4.918	.008
	21-25	327	4.08		
	26 -above	33	4.16		
Job Relation	17-20	103	4.46	.391	.677
	21-25	327	4.40		
	26 -above	33	4.30		

Anova test results were given in Table 5. According to test results; there was a statistically significant difference only in the "Goal orientation" sub-dimension between the age groups of the participants and the leisure meaning ($p < 0.05$).

Table 6. The Sub Dimensions of Study Approach Scale and Leisure Meaning Inventory

Sub Dimension	1	2	3	4	5	6	7	8	9	10
Deep Approach (1)	<u>R</u> p	1								

Superficial	R	,540	1								
Approach (2)	p	,000									
Active-Passive	R	,010	-,121	1							
Participation	p	,829	,009								
Social	R	,049	,023	,702	1						
Interaction (4)	p	,291	,616	,000							
Perceived	R	,101	,023	,604	,748	1					
Competence (5)	p	,030	,622	,000	,000						
Usability of	R	,020	-,044	,587	,633	,642	1				
Leisure Time (6)	p	,664	,346	,000	,000	,000					
Perceived	R	,013	-,099	,579	,618	,610	,663	1			
Freedom (7)	p	,785	,034	,000	,000	,000	,000				
Intrinsic	R	,120	,056	,554	,552	,551	,544	,566	1		
Motivation (8)	p	,010	,233	,000	,000	,000	,000	,000			
Goal Target (9)	R	,035	-,067	,361	,424	,441	,408	,354	,392	1	
	p	,458	,149	,000	,000	,000	,000	,000	,000		
Job Relation	R	-,087	-,224	,624	,627	,592	,618	,613	,510	,458	1
(10)	p	,060	,000	,000	,000	,000	,000	,000	,000	,000	

When the relation between the study approach and the meaning dimension scale of leisure time is examined, it is seen that there is a significant positive relationship between the deep approach from the lesson study approach subscale and the perceived competence, the inner motivation which is the meaning scale of the leisure time scale, the negative relationship in the work relationship sub-dimension which is the meaning scale of the leisure time scale. On the other hand, it is seen that there is a significant negative correlation between the superficial approach sub-dimension and active passive participation, perceived freedom, job-related sub-dimensions.

3. Discussion and Conclusion

This study aimed to examine the meaning of leisure time and the study approaches of the students studying in different departments at university in the light of various variables. According to the 'Meaning of Leisure Time Scale' points, significant difference was determined in the job relationship subscale ($p < 0.05$) according to the gender variable. In all sub-dimensions, except perceived competence and intrinsic motivation, female participants have a higher score than male participants. In the study of Gürbüz and Henderson (2013) on university students, female participants have a higher score than male participants in all sub-dimensions except perceived competence and goal orientation sub-dimensions. The reason can be explained that the girls before university are not able to attend leisure activities because of the pressure in the society and they spend their spare time by studying

and doing housework, but when they began to study at university, they participate recreational activities as they are more free than before. It can also be said that they consider leisure activities more than men. The perceived competence subscale is high in male participants, which is parallel to this study. In the related literature, no significant difference was found in the results of some studies in terms of gender in any sub-dimensions (Lakot Atasoy, Öncü, Küçük Sılıç, 2015). When the results of the surveys applied to different sample groups were examined, it was found that there was a significant difference in the study of Kara and others (2013) on adult individuals in the 'Usage of leisure time' and 'Goal orientation' subscales. This result is in contrast to this study. It can be said that the results of the studies are different because the scales are applied in different sample groups and the age averages are different.

When the relationship between the age groups of the participants and the levels of meaning of leisure time were examined, a significant difference was determined in the goal target sub-dimension.

In all sub-dimensions except active-passive participation and social interaction, university students between the ages of 17 and 20 have a higher score than other age groups. Parallel to this study, Lakot Atasoy and colleagues (2015) found that participants aged 20 years and younger had higher leisure time perception. This can be said to be due to the fact that individuals aged 20 years or younger spend more time in their leisure time activities because their expectation about their life is less than other age groups.

According to students' sport participation, it was determined that there was a significant difference in terms of "social interaction", "leisure time use", "intrinsic motivation" and "goal orientation" subscales. So, it can be stated that as the students do sports, all the dimensions increase. Based on this result, it can be said that the sport has a significant effect on all sub-dimensions of Meaning of Leisure Scale. According to the results by gender, no significant difference was determined in the students' deep study approaches but, a significant difference was determined in the superficial approach sub - dimension ($p < 0.05$). According to Çuhadar, Gündüz and Tanyeri (2013), while there was a significant difference in the superficial approach, no significant difference was determined in the deep learning subdimension. This result, which is parallel to this study, shows that the studying preferences of male and female students differ in terms of gender. According to some studies in the literature on this topic, no significant difference was determined in any subscales of the study approach (Chan, 2003, Ellez and Sezgin, 2002, Tural Dinçer and Akdeniz, 2008, Wilson, Smart and Watson, 1996, Richardson and

King, 1991) . It can be said that this result, which contrasts to this study, is due to the fact that the learning preferences of girls and boys are similar to each other. Boys preferred the superficial learning approach, where the difference was determined, more than the female students. When the findings of some studies in the related field are examined, male students prefer the deep learning approach more than female students (Miller, Finley, and McKinley, 1990; Severians and Ten Dam, 1997). On the other hand, contrary to some results of this study, in the related researches, female students preferred the superficial learning approach more than male (Smith and Miller, 2005, Gürlen, Turan and Senemoğlu, 2013). In addition, some researchers have found that female students choose deep learning approach more than males (Boyaluk and Önder, 2010; Biggs, 1987). It can be said that, in terms of gender; the city, welfare of the family and society, the possibilities provided are influential in the students' preferences of learning approaches.

When sub-dimensions of study approaches were examined according to age variable, a significant difference was found in deep learning approach and it was determined that individuals with lower age had a higher deeper learning approach. However, contrary to this study, it is seen that in some researches, as age increases, deep learning approach increases (Smith, 1996, Hattie, 1981; This can be said to be due to the difficulty of the courses in universities, education background, the place they live in and the level of responsibility.

As a result, it can be stated that the leisure time activities have a positive effect on the study approaches. The motivation of the university students participating in the activities increases and positive effects on their studies can be observed.

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Summary

Examination of the Opinions of University Students on the Meaning of Leisure Time and the Lesson Study Approaches

Fikret Soyer

Sakarya University, Turkey

Mehmet Demirel

Dumlupınar University, Turkey

Zülbiye Kaçay

Sakarya University, Turkey

Cihan Ayhan

Sakarya University, Turkey

Duygu Harmandar Demirel

Dumlupınar University, Turkey

The aim of this study, according to various variables, was to investigate the meaning of leisure time and the study approaches of the students studying in different departments at Sakarya university. The research group comprises a total of 463 university students 206(44.5%) of whom "Female" and 257 (55.5%) "Male" and they participated to the research voluntarily. Survey model was used in the research. As data collection tool; in addition to the personal information form prepared by the researcher, in order to determine the leisure perceptions of the participants the LEISURE MEANINGS INVENTORY which was developed by Esteve et al. (1999) and adapted into Turkish by Gürbüz et al. (2007) was used. In order to determine the students' studying approaches, *APPROACHES to STUDYING Inventory* by Biggs, Kember and Leung (2001) was used in the research. Thereliability and validity of the scale was conducted by Yılmaz and Orhan (2011). In the analysis of the data, percentage and frequency descriptive statistical methods were used to determine the distributions of participants' personal information also, the skewness and kurtosis values of the data were checked by using Shapiro Wilks normality test. It was determined that the variables hed a normal distribution. In the statistical analysis of the data, correlation analysis methods were used to determine the relationship between the measurement tools ($p = 0,05$). According to the gender variable, it was determined that there was a significant difference both in subscale of superficial approach and in the work related subscale of the leisure time scale. While no significant difference was determined according to the participation to sports in the sub-dimensions of the study approach scale, the significant difference was determined in the active-passive participation, social interaction,

leisure time use, intrinsic motivation and target orientation sub-dimensions of Meaning of Leisure Scale. In the Pearson Correlation Analysis which was made to determine the relation between the Meaning of Leisure Inventory and The Study Approach Scale, it was determined that there was a strong, positive and in the same direction relation between all the sub dimensions.

In conclusion, gender, participation in sports activities, age and welfare level are the factors that affect both the study approach and the meaning of leisure time.

Key words: Meaning of leisure time, study approach, university student

Risk Analysis and Determination of Risk Prevention Methods in Intensive Care Units

Kursat Yurdakosh
*Samsun Province Health Directorate,
Public Hospitals Services Authority, Turkey,*

Demet Unalan
Kayseri Erciyes University, Turkey

1. Introduction

The most important factor that distinguishes hospitals from other businesses is that service production and utilization take place at the same time. In other words, there is no such thing as stocking of health services. For this reason, because the health services offered vary according to the illness, patients participate in the production process (Kavuncubaşı and Yıldırım, 2010: 127). In this process, hospital management must take into account the hazards that health workers, patients and their relatives may encounter and the risks associated with these hazards. Today, the tendency to create a safe and healthy environment in hospitals offering services such as restaurant, hotel management etc. in addition to health personnel and health services, in which the staff members received by other service, patients and their relatives, visitors, students are included, has started to gain momentum rapidly (Nac, 2009: 111-141). In addition, as a result of factors such as the diversity of health workers and areas serving in health services, the complication of social life, the developments in health technologies, patient and employee safety has become an increasingly important process (Çakır, 2007).

Health institutions are at the forefront of the work areas with the highest risk levels when considering the types of risks and their consequences (Bayılmış and Taş 2015: 94). Risk is the preliminary dimension of any danger, the possibilities that can cause the danger to develop and take effect.

All activities of a health institution involve risk. According to Article 9 of the Law on Occupational Health and Safety No. 6331 dated 26.12.2012, "Hazard Classes for Occupational Health Hazards Classes related to Occupational Health and Safety", the hazard classes in which workplaces are involved in terms of occupational health and safety are mentioned. While the health facilities enter the "Very Dangerous" and

"Dangerous" classes in the hazard area, especially hospital services are mentioned in the "Very Hazardous" class.

The damages to be inflicted upon patients and personnel during healthcare service provision can result in injury, prolonged hospitalization, disability and even death for the patients and exposure to more diseases and injuries with respect to the healthcare workers. In addition to the risks that threaten human health, financial and environmental risks have recently reached a risk level threatening healthcare institutions (Aksay, Orhan ve Kurutkan 2012: 123).

When we compare a pricking of a nail and a pricking of a needle, a construction worker with a nail in his hand or foot may be able to take it simple, while a health care worker who has a pricking of a needle may be exposed to diseases such as Hepatitis B, Hepatitis C, HIV, AIDS, etc. which may cost his/her life in the future (Devebakan 2007).

The major risks that can be encountered in healthcare sector can be listed as follows:

- Infections/Microorganisms/Biological Risks,
- Chemical agents/Hazardous substances,
- Radiation,
- Hazardous wastes,
- Sharp Object and heavy equipment injuries,
- Physical violence
- Psychosocial Risks,
- Noise,
- Ergonomic Risks,
- Cytotoxic Risks, Allergic Reactions,
- Ventilation,
- Food poisoning etc. (Özyurt, 2013:2)

The first step to an effective risk management is to determine what risks the organization faces and to assess these risks.

Primary aim in identifying the risks is handling the risks that an institution faces on the way achieving goals in a timely, fast and complete manner (Aydeniz, 2008: 25).

Risk management is all processes that include defining and evaluating risks, determining activities to be carried out against them, assigning responsibilities, implementing and monitoring the activities, and observing the results. The aim of risk management is to help individuals and organizations develop practical and simple techniques that clearly indicate risk and uncertainty and also define, analyze and manage the risks by providing understandable information based on the decision maker judgement (Ersar 1996: 22-29). The main purpose of risk management for hospital applications is to identify the risks in the hospital environment, to carry out risk analysis, to evaluate the risks, to manage these risks with a proactive approach and to take precautions without accidents take place. (General Directorate of Health Services [SHGM], 2012). Another contribution of risk management is to ensure that incidents that occur in the health facility can be reported safely. The result reports used in the system are primarily used to identify a risky situation. (Griffin, 2006: 193).

Risk analysis is not required only for regulatory purposes. It is the only way of determining safety measures required for designing products and it is an essential part of each process development (Steven ve Krishna 1999). All the units in institutions, working systems of these units and the quality of the staff should be taken into consideration while analyzing the risks in health care sector. The units where the risks may arise and the frequency of encountering these risks must be determined after identifying the risks detected in units (Güler, Çobanoğlu, Vaizoğlu ve Tekbaş 2011). An important issue that should not be overlooked here is that risk-based decision-making, quantification with mathematical models and techniques will take risk appraisal away from subjectivity (SHGM, 2012).

Intensive care units (ICU) are hospital departments where hospital infections and resistant microorganisms are most prevalent (Sader et al., 2014). Intensive Care Unit is the unit where nosocomial infections are included among the most important causes of morbidity and mortality in which critical patients with poor general condition are followed. Although only 5-10% of patients in health facilities are monitored in Intensive Care Units, approximately 25% of health facility infections are seen in these units (Trilla, 1994:1-4; Öztürk, 2008).

Inadequate number of personnel in the Intensive Care Unit, high workload, complicated work processes, long working hours and high number of night shifts cause burnout, fatigue and stress in employees (Çınar and Karadakovan 2016).

In a study conducted by 224 nurses at the Department of Internal Medicine and Ophthalmology in five hospitals in Turkey, it was determined that 20% of intensive care nurses and 24% of surgical intensive care nurses were exposed to sharp object

injuries. In the study, 66% of the nurses had been "1-3 times" injured in the last year and 21% of the injuries were found out to be caused by contaminated tools. In the study, the use of gloves for personal protective equipment was found to be 92%, while the isolation, mask wearing, glass wearing, apron wearing, hand washing and isolation methods were observed to be complied with less (Samancıoğlu, Ünlü and Akyol 2013).

This research was conducted in the intensive care units of the hospital to identify and assess the risk foci that may occur during the delivery of services and to determine and implement measures to prevent high risks.

2.Material and method

This proactive research was conducted between February and December 2016 in the intensive care units of the Training and Research Hospital affiliated to the General Secretariat of the Union of Public Hospitals of Samsun. Surgical intensive care unit is the third step and it has 29 beds, the internal intensive care unit is the third step and it has 21 beds; Cardio Vascular Surgery (CVS) intensive care is the third step and has 5 beds, neurology intensive care is the 2nd step and has 14 beds; general intensive care is the first step and it has 16 beds; coronary (cardiology) intensive care is the first step and has 10 beds

For each unit, a "Risk Assessment Team" was created by including the chief physician responsible for the unit, the unit responsibilities and the unit staff, the quality management director, the occupational health and safety specialist, the patient and employee safety unit officer.

To identify hazards, assess risks by analyzing, and perform the necessary control measures; all undesirable events that may lead to death, illness, injury, damage or other loss at the hospital are defined by taking into account the accident reports, event notification forms, patient complaints, risk records, quality indicators and security (building) visits.

When hazard identification is made, the behavior of the system is aimed at when using the HAZOP (Hazard and Operability Analysis) technique and focusing on the normal deviation potential or the effect of a change. Contrary to potential hazards, possible deviations in element behaviors that may cause danger have been identified.

At the second step of the risk rating, it was determined which the risk or risks could be arising out of the hazards. Upon determining the risks, risk rating was completed

with the preferred qualitative or quantitative methods. In the present study, Fine-Kinney method was employed in order to rate the risks.

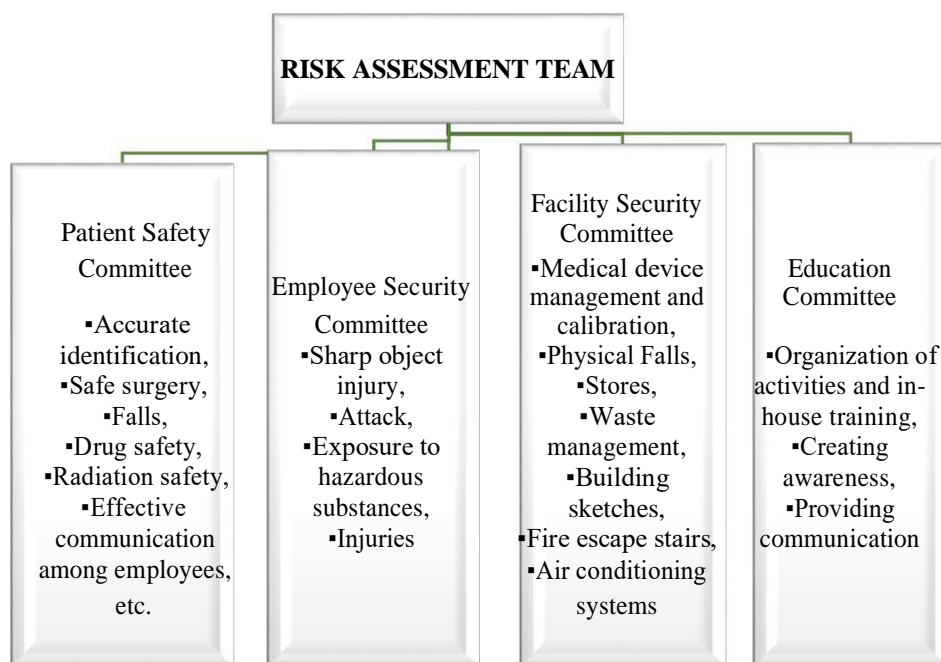


Figure 1: Risk Assessment Team

Fine-Kinney is a technique which is used in determining which works should be prioritized and where the sources should be transferred primarily according to the rating results in risk rating. Rating is done by calculating the weighted rates and it is determined whether or not taking precautions is needed. Fine-Kinney risk assessment method is composed of Probability (P), Severity (S) and Frequency (F) scales and Risk Rate is calculated as follows (RR):

$$RR = \text{Probability (P)} \times \text{Severity(S)} \times \text{Frequency (F)}.$$

Probability: The possibility of occurrence of a hazard.

Severity: Severity is the estimated damage that will be inflicted upon people and/or environment.

Frequency: Frequency is the times of exposure to the hazard.

Corrective actions do not affect frequency or severity, the only variable that is likely to affect is probability. For example, if a worker working at height without a safety

belt wears a belt, this affects only the possibility of falling makes him/her less likely to fall; however, when he/she falls, this does not affect the risk of death or the frequency of the risk of exposure to danger.

Table 1. Probability, frequency and severity values table

	occurrence PROBABILITY the probability of damage		FREQUENCY times of exposure to the hazard within time		SEVERITY the estimated damage to be inflicted on people and/or the environment
10	anticipated, certain	10	Almost all the time (a few times a in few hours)	100	More than one deathly accidents / <i>environmental disaster</i>
6	high / highly probable	6	frequent (once or a few times a day)	40	Deathly accident / <i>serious environmental damage</i>
3	probable	3	sometimes (once a week or a few times a week)	15	permanent damage/injury, labor loss / <i>formation of environmental barriers, complaints from close neighborhood</i>
1	Probable but low likelihood	2	Not often (once a month or a few times a month)	7	serious damage/injury, external first aid need / <i>environmental damage outside the field</i>
0,5	Not anticipated but possible	1	rare (a few times a year)	3	Small damage/injury, internal first aid / <i>imited environmental damage within the field</i>
0,2	Not anticipated	0,5	Very rare (once a year or rarer)	1	Having a near miss / <i>no environmental damage</i>

Table 2. Fine-Kinney Method Risk Assessment Result

$400 < R$	Intolerable Risk, the necessary precautions must be taken immediately / it should be contemplated to halt the work or shut down the facility or building or the environment).
$200 < R < 400$	Fundamental Risk, Need to be corrected in the short run (within a few months)
$70 < R < 200$	Significant Risk, Need to be corrected in the long run (within year/years)
$20 < R < 70$	Potential Risk, Precautions must be applied under control.
$R < 20$	Insignificant Risk, Precautions are not prioritized

3. Findings

In the study 15 main dangers and 37 risks related to these dangers for intensive care unit are identified and improvements for these risks are recommended. When 15 main dangers are studied; according to the risk values, 4 of the risks are considered as significant risk, 4 as basic risk and 7 as the intolerable risk.

In the Fine-Kinney risk analysis study conducted by Özgür (2013) in a different sector, 376 risks were detected in the business that the study was conducted and 120 of them were "Intolerable Risk", 196 were "Essential Risk", 51 were "Important Risk" and 9 were "Possible Risk", and "Corrective / Preventive Action" has been identified for each of these risks separately.

Following the re-analysis and grading of the same risks, assuming that Corrective / Preventive Activities have been carried out, a total of 376 risk items were identified and 125 of them were reduced to "Significant Risk", 247 to "Possible Risk" and 4 to "Significant Risk".

The priority risks, calculated risk scores, and proposed recommendations after Fine-Kinney analysis applied in this study are as follows: In the coronary intensive care unit, respiratory tract diseases, "Legionella pneumonia", which can develop due to the inadequate ventilation system, and the decrease in the sense of belonging in terms of health personnel, have the priority number 900 and have the highest risk score (Table 5). This high risk can be avoided by routinely controlling and cleaning the molds that can be produced in the ventilation system, manually operating the ventilation system, adjusting the room temperature to be between 23 and 24 degrees and relative humidity of 40 to 50 degrees, and providing appropriate training to healthcare professionals.

Table 3: Risk Assessment Table Prepared by Fine-Kinney Method Regarding the Hazards Identified Following the Application and the Risks that they Might Pose

TABLE OF RISK LEVEL IDENTIFICATION ACCORDING TO THE HAZARDS									
RATING TABLE							RATING TABLE		
Department	General hazard name	Activity	Hazard	Risk	Type of Impact	Impacted Parties	Probability	Frequency	Severity
							Risk Value	Risk Value	Risk Description
Intensive Care Unit	Accidents and Diseases	Internal intensive care	Distance between the operated counter and the place where the patient is examined	1. Delay in emergency examination of the patient 2. Poor performance of employees due to large area	Loss of workforce, decrease in sense of belonging in terms of personnel and life-threatening situation in terms of patients	Health workers, patients	1	10	15
	Accidents and Diseases	Internal intensive care	Too many patient rooms and beds, few health care workers	1. Delay in emergency examination of the patient 2. Risk of decubitation (pressure ulcer) in the patient 3. Physical and mental disturbances in health and supplier employees 4. The risk of the patient becoming unconscious when the nurse goes out of the room for any reason	Loss of workforce, decrease in sense of belonging in terms of personnel and life-threatening situation in terms of patients	Health and supplier workers, patients	3	10	15
							Inferable Risk		
							450		
							Significant Risk		
							150		
							Precautions to be Taken		
							Special rooms need to be done in such a way that the patient cannot be seen from the nurse observation desk. The unit can be divided into 2-4 bed rooms and a nurse observation center can be set up in each room.		
							An evidence-based pressure ulcer rating scale is required to be used. Measures to prevent the pressure ulcer according to the risk level should be taken and recorded in the care plan.		
							Single rooms should be made in such a way as to prevent follow-up from the observation unit.		
							As there is a system that requires more number of staff, one nurse per each patient is required. Or the unit can be divided into 2-4 bed rooms and a nurse observation center can be set up in each room.		

Table 5: Risk Assessment Table Prepared by Fine-Kinney Method Regarding the Hazards Identified Following the Application and the Risks that they Might Pose.

Table Of Risk Level Identification According To The Hazards										Corrective/Preventive Activities Table			
Department	General Hazard	Name	Activity	Hazard	Risk	Type Of Impact	Impacted Parties	Rating Table				Precautions Table	
								Probability	Frequency	Severity	Risk Value		Risk Description
INTENSIVE CARE UNIT	Physical		Cocoonary intensive care	The hole in the ceiling	1. Risk of respiratory tract diseases 2. Danger of falling materials from above	Loss of workforce, development of occupational disease, decrease in sense of belonging in terms of personnel	Health workers	10	10	7	70	Intolerable Risk	The hole in the ceiling must be restored and adapted.
	Order and Conditions		Cocoonary intensive care	Having heavy materials on the cupboard	1. Risk of falling 2. Risk of injury 3. Risk of material damage	Decrease in loss of workforce and sense of belonging in terms of personnel	Health workers	10	6	3	18	Significant Risk	All heavy materials on the cupboard must be removed and protected in enclosed cabinets.
	Ergonomics		Cocoonary intensive care	Ventilation system not working properly	1. Risk of respiratory tract diseases 2. Risk of developing "Legionella pneumonia" 3. Risks of reduced sense of belonging	Job loss, occupational disease development, life-threatening situation	Health worker, patients	6	10	15	90	Intolerable Risk	Routine control and cleaning of mold fungi that can breed in the ventilation system. Ensure that the ventilation system is operated manually, so that the room temperature is set to 23-24 degrees and the relative humidity is set to 40-50 degrees. Health workers should be educated and participate in this issue.

Table 7: Risk Assessment Table Prepared by Fine-Kinney Method Regarding the Hazards Identified Following the Application and the Risks that they Might Pose

Table of Risk Level Identification According To The Hazards									
Rating Table					Rating Table				
Department	General Hazard Name	Activity	Hazard	Risk	Type Of Impact	Impacted Parties	Probability	Frequency	Severity

In a study to evaluate the working environment in the operating room and intensive care unit, doctors, nurses and anesthesiologists found that ventilation was inadequate in these units, that the enlightenment was insufficient and not very calm, that half felt unpleasant smell and found the environment crowded. In addition, participants in the study were found to have spinal cord, varicose veins, legs, feet, back and headache, hypertension, hemorrhoids, hepatitis and tuberculosis, to have fatigue, drowsiness and chronic fatigue, stress and depression, stomach complaints, eye, skin and respiratory complaints. (Özyaral, 2005).

In our study, under the heading "Electricity", the RD score was 700, which can be the result of the plugging in the multiple electrical devices to a plugged-in jump and the risk score can be reduced by providing electricity from fixed earth sockets of electrical appliances with high energy attraction power (Table 6).

Under the heading "Biological", the risk of infection was determined depending on the danger of leaving the waste containers uncovered Hepatitis B, Hepatitis C, AIDS and other blood-borne infectious disease risks were detected depending on the risk of sharp object injury (Table 6). Under the heading of accidents and illnesses, the risk of delaying the emergency intervention to the patient was determined due to the danger that the number of patient rooms and beds were too many but the number of health worker are a few, the occurrence of pressure ulcer in the patient, the occurrence of physical and mental disturbances in the health and supply workers, and the risk of the patient being left unattended when the nurse goes out of the room for any reason are detected (Table 3), the risk of developing cervical spinal cord injury, physical falls, and damage to devices was determined in health workers, depending on the risk of inaccessible patient monitors (Table 4).

All hazards that may develop and risks related to hazards may be greatly reduced by taking into account all the precautions that can be taken in the research process.

In the FMEA study on the medical gas system in a university hospital, a 71% improvement was envisaged when the sum of the Risk Priority Numbers (RPN) and the sum of the expected RPN after the completion of the proposed activities were taken into consideration. (Aydın, 2010: 138).

In the research conducted by Atasoy et al. (2010) to include the laboratory processes and to determine the risk factors of the laboratory workers, it is determined that ergonomic factors such as noise, work stress, working speed and ambient temperature may increase risk factors for employees. In another study, as the risks faced by hospital staff, the risks associated with verbal and physical violence, waist, back, neck pain, sharp object injuries were ranked as the top three (Ergör et al., 2003).

4. Conclusions and Recommendations

Risks are seen to be most likely caused by biological, electrical, ergonomic, physical, accident and disease hazards.

Risk analysis can be carried out before the measures are taken in hospitals and the continuity of the inspections during service delivery can be ensured. In addition, the risk assessment team can be encouraged to focus on clinical process-based assessments of risk in hospitals.

The Fine-Kinney risk analysis method, which is a proactive program, can be applied to all aspects of the hospital.

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Summary

Risk analysis and determination of risk prevention methods in intensive care units

Kursat Yurdakosh

*Samsun Province Health Directorate,
Public Hospitals Services Authority, Turkey*

Demet Unalan

Kayseri Erciyes University, Turkey

This research is conducted to identify and assess the risk foci that may occur during the delivery of services in intensive care units within the scope of providing patient and employee safety and to ensure that high risks are avoided by identifying and implementing measures accordingly. The study with proactive features was implemented between February – December 2016 in the intensive care units of the Training and Research Hospital affiliated to the General Secretariat of the Union of Public Hospitals of Samsun. In risk management, HAZOP (Hazard and Operability Analysis) technique was used when hazard identification was made, and The Fine-Kinney method was used to determine the risk rating and prevention methods. In the study, 15 main dangers for intensive care unit and 37 risks related to these dangers were determined and corrective / preventive actions are recommended for these risks. When 15 main risks are studied; according to risk values, they are evaluated as, 4 Significant Risks, 4 Fundamental Risks and 7 Non-Tolerable Risks. Risks are most likely caused by biological, electrical, ergonomic, physical, accident and disease hazards. Risk analysis can be carried out before the measures are taken in hospitals and continuity of audits during service delivery can be ensured.

Key Words: Fine-Kinney Method, Intensive Care, Risk Management, Risk Analysis

Organizational Relationship and Organizational Justice Relationship in Health Workers

Emel Ozcan

South Russia University, Russian Federation

Introduction

The work is one of the most central areas of human life, extending to the existence of the past humanity as a social activity that provides the continuity of life. Working life is the center of human life, and human being is at the center of working life. The value given to human resources is of great importance in the regular and correct functioning of human-focused working life. The success of an organization in the external environment and its ability to distinguish itself from its competitors depends primarily on its ability to effectively manage the dynamics within its internal environment. At this point, the most important value in the internal environment of the organizations is the employees (Eğinli, 2009: 23).

Job outcomes are improving as workers feel that they are being treated equally by other individuals in their organizations. Thus, the importance of organizational justice is increasing. Organizational justice perception is an important concept for organizations seeking to replicate their business output. Perceptions of organizational justice provide employee happiness, motivation, performance increase and productivity as well as increase in organizational outcomes. Organizational justice expresses the respect expressed by management to employees and provides the perception of organizational legitimacy. When practices in the organization are fair to employees, their commitment to their organizations is also increasing. Organizational commitment is related to the motivation and productivity of the worker. Organizational commitment is seen as a motivating factor in organizations. Research shows that there is strong and meaningful relationship between organizational commitment and tendency to leave work. Organizational commitment also has an effect on productivity, and job productivity for those who develop commitment to organization is increasing.

Decreased organizational linkage can lead to reduced productivity and ultimately separation from work. While the likelihood of high involvement in job loyalty decreases for not coming to work, coming to work or leaving work, this probability is increasing in individuals with no or low organizational commitment. The investigations reveal the effects of perceived justice, job satisfaction, organizational commitment and intent to leave the workplace at work. Organizational culture can be positively influenced as a predictor of organizational commitment of individuals. Lack of communication within the organization, unfair practices, insecure work environments, dissatisfaction from work, alienation and conflict are among the factors that reduce organizational loyalty. Training and development activities, personnel empowerment, psychological and environmental factors, and personality traits of individuals have a positive effect on organizational commitment (Balay, 2000: 2)

Organizational Justice

Justice is a matter of social sciences that has been studied from many different perspectives. In particular, he has been interested in philosophers for many years and has worked on many philosophers, from Aristotle to Nozick and Rawls. According to John Rawls (1971), justice is "every social institution must be the primary virtue." The first studies on social justice generally explain the principles of justice in social interactions and do not specifically focus on organizational justice (Greenberg, 1990; Konowski 2000 trans. Özmen, Arbak and Özer, 2007).

An important part of social life in the adaptation of social justice along with his career, began to be accepted and ignored the presence of justice for the first time in the organization and Greenberg (1987), "organizational justice" has been called (Folger veCropanzano, 1998: 2).

Organizational justice, decisions regarding the extent to which individuals and groups are equally distributed between the costs and benefits deriving from activities carried out and to focus on behavior (İşcanveKarabey, 2007: 27).

A broad definition of organizational justice is the perception of justice in relation to practices in an individual's organization (Greenberg, 1996: 3).

Employees will compare themselves with others in the organization. The implementation of the rules equally to everyone, to equal pay for equal work, to have equal rights in the permits, he expects the team to benefit from social opportunities equally well with others. However, the focal point of justice detection is not just a comparison of these outputs and outcomes. The Organization rules, the

rules of interaction between individuals and the application forms are also the focal point of justice detection. (Barling and Michelle, 1993 transfer Özdevecioğlu, 2003: 21).

The concept of organizational justice, how to manage the resulting rewards and punishments, rules and social norms that it will be distributed. These rules and social norms of how to reward and punishment is dealt out, showing how some decisions are taken in the distribution business, and all rules and norms related to interpersonal applications (Folger and Cronpanzano, 1998 transfer Yıldırım, 2003: 3).

Organizational justice literature indicates that perceptions of fairness in the organization consisted mainly of two dimensions. These are (Pillai et al., 1999); Distribution justice (justice for the awards received) and procedure justice (justice for implementation). Procedure justice generally concerns how awards are distributed within an organization. In other words; Is a term that describes how and when awards are awarded to the performance of the employees and how fairly perceived by the employees the decision-making processes and procedures used in the distribution of the awards. Distribution justice means that employees only perceive the rewards they receive as fair, regardless of the decision-making process (Konovsky, 2006: 8).

Concept of Organizational Connectivity

Loyalty is derived from a Latin root, which is the conjunction of meaning. The Websterian dictionary defines commitment as a state of forced or emotional activation. People with affinity feel themselves of something and become motivated to maintain this bond. William Whyte, in his 1956 work entitled "People of Organization", described the danger of extreme loyalty and defined the person as a person not only working for the organization but also belonging to him at the same time. According to this; The group of employees in the organization are the source of creativity and they believe that sense of belonging is the ultimate need of the individual. After this work of Whyte, the subject of attachment has been extensively studied. Most of these reviews are based on the assumption that high level commitment is useful for organizations. Organizational commitment in the majority of studies on the relationship between employee loyalty and workplace productivity and intent to leave the workplace was first described as emotional commitment by Mowday, Steers and Porter (1979) and suggests that employees feel loyalty in adopting the values and goals of organizations. In other research, organizational commitment is defined as a concept that develops as a result of the investments that employees make in their organizations. In 1984, Meyer and Allen came up with a model covering these two types of ties. First type of commitment,

emotional attachment; And the second type of commitment is defined as continuing commitment. Later, in this model, they added a third dimension, first defined by Weiner and Vardi as normative or ethical commitment. Normative loyalty occurs when one sees work as an obligation to work in the organization and feels it is right to show commitment to the organization (Doğan, 2013: 18)

Materials and Methods

Purpose of the research

The aim of this research is to determine what level of organizational justice perception is at the level when they are committed to organizations of health workers working in private hospitals.

Sample of Research

The sample of the research came from 100 health workers of a private hospital in Samsun.

Data Collection Tools

Datarlar was obtained using the individual information form, Allen and Meyer's Organizational Commitment Scale, and Colquitt's Organizational Justice Scale.

Analysis of Data

The data obtained in this study were evaluated with the help of SPSS 23.0 package program. The frequency and percentage values for the gene were obtained. The relationship between the variables is analyzed by correlation analysis.

Findings

Mann-Whitney The results shown in Table 1 for justices subgroups by gender test. Analysis showed significant values of $p < 0.05$, there is no statistically significant difference between men and women because it is not.

Table 1: Distribution of Organizational Justice Dimensions and Organizational Commitment Values by Gender of Participants

Asymp. Sig. (2-tailed)	Z	Wilcoxon W	Mann-Whitney U	
,417	-,811	2407,500	1130,500	Procedure
,633		2456,000	,000	Distribution
,182	-1,335	2332,500	1057,500	Between People
,487	-,696	2424,500	1149,500	Informational
,403	,837	2404,500	1129,500	Emotional
,915	,107	2509,500	1234,500	Attendance
,498	,678	2427,000	1152,000	Normative

Table 2: The Dimensions of Organizational Justice By Marital Status of The Participants and Organizational Commitment Breakdown of Value

Wilcoxon W	Mann-Whitney U	
2613,000	1182,000	Procedure
2636,500	1205,500	Distribution
2659,500	1228,500	Between People
2357,500	1229,500	Informational
2308,500	1180,500	Emotional
2502,000	1071,000	Attendance
2534,500	1103,500	Normative

Asym	Z
,661	-,439
,781	-,278
,906	-,118
,912	-,111
,651	-,452
,226	-,1,209
,325	-,985

Table 2 shows the results of the analysis of the participants' commitment to marital status, justice perception and subgroups. According to the findings, there is no statistically significant difference between married and single participants since the significance values were not $p < 0.05$.

Table 3: Distribution of Organizational Justice Dimensions and Organizational Commitment Values by Age Groups of Participants

Asymp. Sig. (2-tailed)	df	Ki-Kare	Procedure	Distribution	Between People	Informational	Emotional	Attendance	Normative
,199	3	4,648							
,377	3	3,095							
,611	3	1,819							
,424	3	2,796							
,478	3	2,485							
,495	3	2,391							
,599	3	1,872							

The relationship between justice and loyalty subgroups according to age groups in Kruskal-Wallis test results given in Table 3 were examined. significant value and commitment to justice subgroups according to age groups, $p < 0.05$ between age groups in responses to questions for which there are no statistically significant differences.

Results

When considering the results obtained from the study of the distribution of the organization's employees of a private hospital in Samsun said they found unfair.

Hospital workers think that they rewarded according to their performance and their efforts show.

Health workers, the gains obtained by the process according to the ethical and moral standards, it is seen that consistently evaluated. In addition to this, the employees think that their impact on the achievements gained from this process, employees feel that they are meant to bring something of themselves to the organization. Employees who feel that it is useful to the organization, he will feel that it is worthwhile for the organization and the organization itself as it is connected to it will depend on the organization.

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Summary

Organizational relationship and organizational justice relationship in Health Workers

Emel Ozcan

South Russia University, Russian Federation

Organizational justice, one of the fundamental foundations of collective and team-based behavior in organizations, is being investigated in the fields of psychology, human resources management and organizational behavior in industries and organizations. Organizational commitment, on the other hand, is a concept associated with perceptions of fairness, as well as being one of the most researched issues in organizational reviews. The aim of this research is to determine what level of organizational justice perception is at the level when they are committed to organizations of health workers working in private hospitals. The sample of the research came from 100 health workers of a private hospital in Samsun. Data were collected using the individual information form, Allen and Meyer's Organizational Commitment Scale, and Colquitt's Organizational Justice Scale. Within the framework of the findings of the research; It has been determined that the educational status of health workers, their titles and working hours in the working life affect the perceptions of organizational justice and organizational commitment. A statistically significant relationship was found between organizational commitment and organizational justice according to the results of correlation analysis for organizational commitment and organizational justice perception link. There was a linear relationship between organizational commitment and organizational justice, and organizational commitment increased when organizational justice increased. From the sub-dimensions of organizational justice; There is a statistically significant relationship between organizational commitment and procedural justice, distribution justice, interpersonal justice and informational justice, according to the results of the correlation analysis conducted on the link between procedure justice, interpersonal justice, information justice, distribution justice and organizational commitment.

Keywords: Organizational Justice, Organizational Commitment, Health Care Workers

Private and Public Employees Health Hospitals Home Care Services Management and Organization on the Relationship with Organizational Commitment of Views

Mucize Sarihan

IMBL Health Management Institute, Russian Federation

Mehmet Macar

South Russian University, Russian University

Meryem Paydas

Near East University, Cyprus

Introduction

Mobbing in the workplace in the form of psychological violence or spoken English is a multidimensional issue involving more unethical behaviors such as violence, harassment, threat, and intimidation, systematically applied by employees, superiors, subordinates or others at the same level. Without cultural differences, it is a serious problem that everybody can encounter in every workplace and every type of organization, regardless of gender, and its consequences are serious. It means mobbing as a word, wrapping around, attacking in a collective way, grinding. (Webster, 2009:870).

Mobbing is considered to be psychological abuse or intimidation by an employee or manager in an organization. In today's organizational structure, the mobbing phenomenon takes place in an important dimension. The union of these negative factors, which leads to strasse and organizational conflict in the organization, disrupts the working order of the resultant organization and affects the work performance, job satisfaction and work confusion negatively. The mobbing phenomenon, which is seen as an important problem in the work place and which is seen as an important problem in the International Labor Organization, is seen as a widespread workplace problem in many countries but it is seen that the solution point is not studied enough. Especially in developed and highly competitive countries, the mobbing action that is widespread causes harm to individuals and organizations both materially and spiritually. For this reason, mobbing behaviors

must be prevented and managed. Although mobbing is a serious problem that has existed in the business life from the past to the present day, it has been hesitant to get rid of every occasion and it has been approached as a taboo. However, after the Code of Practice No. 4857, which entered into force in 2003, we see that the work on the issue has increased and that it has begun to pay particular attention to doctrines and jurisprudence. The purpose of this study is to show how effective the mobbing in organization is in influencing the perception of justice and the effect of organizational commitment on job performance and the intention to leave the job. There is a progressive interaction between organizational justice perception and organizational commitment that is directly proportional to each other. The aim of this study is to find out that there is a relationship between organizational justice and organizational commitment and job performance and intention to leave work.

Definition of Organizational Commitment

Tabak et al. (2004) stated that organizational commitment is "the power of person identification with organization and the power of knitting participation". According to Tabak et al. (2004), organizational commitment items;

- Believing and accepting the goals and values of the organizations,
- The desire to spend more effort for the benefit of the organization,
- The organization is determined to have a strong desire to maintain membership.

Organizational commitment is identified with the aims or lives of organizational members. Employee's embracing the goals and norms of the organization, striving to reach these goals, is to form the organization by seeing the organization as a part of itself. According to Celep (2000), organizational commitment is the behavior of a person towards the goals and values of a person beyond the expectation of writing or rules in an organization (Celep, 2000: 15). These behaviors vary from person to person, and combining behavioral integrity within the organization with a dimension of loyalty will result in organizational commitment. Yüksel (2000) explained that organizational commitment is not only loyalty to the employer, but also a process in which employees must put forth their ideas and strive to maintain their organization's success and life. The organization is loyal to the original, the organization itself, and all its other members. Human resources in organizations are an important issue to understand how organizations work, how they can be more productive and successful. No matter how strong the organization's structure is, no matter how well-known it is in the sector it is in, the attitudes and abilities of

employees can influence or even change the institution they work in. The harder it is to bring it to the right staff, it is even more difficult to keep it in the staff. Workers have many expectations regarding their working conditions, work experience, job satisfaction, personal needs and organization as well as their economic expectations. It is not easy to meet these expectations. Organizational commitment is the desire of the individual to accept the organizational goals and values, to endeavor to achieve those goals, and to maintain the membership of the organization. In organizational commitment, the following factors are mainly emphasized "(Durna, et al., 2005: 211):

- Believing in the sincere belief in the purpose and values of the organization and accepting them,
- Being willing to put out everything for the organization,
- Exhibiting an extremely strong will at the point of staying as a member of the group.

It is the organizational commitment, the harmony between the employees and the organization, the integration of the aims of the employees and the organizations, the believing that the employees and the organizations are taking mutual labor, the employees and the employees feeling mutual responsibility, in short the employees feel themselves at home and hear the family warmth. Organizational commitment is one of the first goals in terms of organizations in recent years, considering that the organization is human-focused and that the organizational commitment of employees is high. Because, it is suggested that the employees act with sense of responsibility that they are productive at high level at the same time. Employees with high organizational commitment avoid job hunting, absenteeism, and other injurious situations. They hug their jobs with four hands and work in task consciousness. In addition, employees with high organizational commitment are expected to benefit greatly from knitting by lowering the cost of knitting. Individuals who make up the organization come together for a number of purposes and beliefs. The more common values shared among these individuals, the stronger the organizational commitment can be. This brings together efficiency, efficiency and continuity. As long as organizations and employees contribute to each other, their commitment to each other will continue to increase. The organization will not hesitate to spend all the knowledge, skills and energy involved in the organization as long as the organization does not escape from its sacrifice for the development of its staff. This will ensure that the organizations survive. Organizational commitment is important in order to achieve the goal of the organization formed within specific objectives. With high affinity, binding may increase. The organizational commitment resulting from the relationship between the

organization and the occupation represents the strong connection that the occupation has with regard to the work we do. Thus, the performances of employees and their organizational loyalty are as important as making at least production and increasing sales figures. It is suggested that organizational commitment affects organizational performance positively and also reduces negative consequences such as being late to work, not going on, and leaving work. Organizational commitment makes the occupations an individual that can solve problems, not problems. Employees who are attached to the organization can also own the organization and act with the sense of "we". Organizational commitment is the driving force behind organizational success (Iscan and Naktiyok, 2004: 186). "Occupations that are committed to the workplace do not hesitate to freely express their thoughts because they believe that their own thinking is valuable in the name of the success of the workplace (Nelson, 1999: 16). The workers who work for their organizations are those who increase their performance.

Materials and methods

Purpose of the research

The purpose of this study is to determine the opinions of private and public hospitals health workers regarding the relationship between home care services management and organizational commitment.

Type of Study

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. The sample is 350 health care workers selected randomly from these hospitals.

Data Collection Tool

Survey form was used to collect data.

Analysis of Data

The information obtained as a result of this research was analyzed using the SPSS 19.0 program. In the analysis of the data descriptive statistics were applied in order

to see the demographic features. Alfa Method (Cronbach Alpha Coefficient) was used to measure the reliability of the measurement tools used. Correlation and regression analyzes were also used to determine the level of association between the variables and the hypotheses and the ANOVA test to determine if there were significant differences between organizational commitment according to demographic characteristics.

Results

Table 1. Demographic Characteristics Table

Socio-demographic Characteristics		Count	%
Gender	Male	188	61,0
	Woman	120	39,0
Age Groups	18-24	53	17,2
	25-31	120	39,0
	32-38	88	28,6
	39-45	28	9,1
	46 and over	19	6,2
Marital status	The married	185	60,1
	Single	123	39,9
Graduation Status	Associate	45	14,6
	License	246	79,9
	Master and above	17	5,5
Working at the same institution	Less than 1 year	90	29,2
	1-3 years	84	27,3
	4-6 years	52	16,9
	7-10 years	23	7,5
	Over 10 years	59	19,2

In the health sector, the gender of the participants was determined in this study, considering that the number of female employees is higher than that of male employees as supported by previous researches. When analyzed according to the gender of participants, it is seen that the majority of women are women with a ratio of 61% with 188 people. Male participants, on the other hand, accounted for 39% with 120 people. This is a result of women wanting to be in the healthcare sector. Therefore, the distribution of survey participants by gender shows that a fairly

realistic mass has been selected in terms of reflecting the views of health care institutions and their employees.

When the data in the demographic information table are analyzed according to the age range of the participants, the majority of the participants are between the ages of 25 and 31 with the age of 120 with 39%. The second largest age group, 28.6%, is between 88 and 32-38 years old. The third greatest proportion is 17-2%, with 53 people in the "18-24" age group. The age range of "39-45" is 28 persons and the rate of 9,1%. Finally, 19 people constitute the age group of "46 years and over" with a rate of 6.2%.

The marital status of 185 participants and 60.1% of the participants was identified as "Married". 123 persons and the marital status of 39.9% was "Single".

It is seen that 45 people and 14.6% of the participants are graduated from "Associate Degree". The vast majority of participants are 79.9% and "Undergraduate" graduates with 246 people. 17 persons and 5,5% of the graduates are "Graduate and above" graduates. Participants have a rate of 29.2% and the first place with 90 people is the ones who work less than 1 year in the same institution. In the second place, there are 27.3% and 84 people and 1-3 year employees. Employees from "4-6 years" constitute 52 persons and 16,9%. The number of employees working in "7-10 years" is 23 persons and the rate of 7,5% is "more than 10 years", 59 persons and 19,2% is the rate.

Table 2. Organizational Commitment Regression Analysis Results with Home Care Management

Model	Beta	t	Sig.	F	p	R	R ²	Corrected R2
(Constant)		6,240	,000	6,754	,010 ^b	,147 ^a	,022	,018
Home Care Management	-,147	-2,599	,010					

When Table 2 is examined, it is seen that the F value is realized at 6,754 level. Accordingly, Corrected R² = 0.018 and R² = 0.022. In line with the information obtained from the regression analysis, home care management explains the independent variable organizational commitment at the level of 2.2%.

Results

The purpose of this study is to determine the opinions of private and public hospitals health workers regarding the relationship between home care services management and organizational commitment. As a result of the analyzes, it was found that the expression of home care services is insufficient to explain the organizational commitment. Moreover, when the relationship between home care services and organizational commitment variables was examined, a positive and a weak relationship were found. When the researches on the subject are examined, it is defined the laws and rules about management processes in organizations, the essential features of applications and how to do them. However, the way in which practitioners comply with these rules differs in terms of ethical values. For example, equal treatment is not given to occupations, who is treated first, discrimination is done, duties and authority are abused, and performance appraisals do not always reflect reality. The distinction between successful and unsuccessful has not been clearly defined. Cooperation with employees is not realized, participation is not achieved, and the statement supports the hypothesis. Leads to a decrease in the organizational commitment inherent in the organization "hypothesis has been accepted and when the researches on the subject are examined, results support the hypothesis. Occupations that have been exposed to psychological violence in organizations show that their organizational loyalty has diminished over time. Particularly, organizations that are facing the problem of high, successful and qualified workshops with their organizational commitment cause the informed and qualified workshops to leave the work. Considering that the most important capital of the business is employees who have such characteristics, it is seen how important it is to decrease the organizational loyalty of these persons and to leave their jobs. In general, organizational commitment, which is defined as the employee's identification with the organization, the organization's commitment to its goals, its goals and values, and its desire to continue to work, is desirable both for businesses and for employees. Occupancies with high organizational commitment have a strong desire to stay organized, perform better, achieve greater satisfaction from the work, and all of which promote organizational effectiveness and productivity.

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Summary

Private and Public Employees Health Hospitals Home Care Services Management and Organization on the Relationship with Organizational Commitment of Views

Mucize Sarihan

IMBL Health Management Institute , Russian Federation

Mehmet Macar

South Russian University, Russian University

Meryem Paydas

Near East University, Cyprus

The purpose of this study is to determine the opinions of private and public hospitals health workers regarding the relationship between home care services management and organizational commitment. Research is cross-sectional. The research universe is the health workers of private and state hospitals located in the city center of Istanbul. The sample is 350 health care workers selected randomly from these hospitals. Survey form was used to collect data.

The information obtained as a result of this research was analyzed using the SPSS 19.0 program. In the analysis of the data descriptive statistics were applied in order to see demographic characteristics. Alfa Method (Cronbach Alpha Coefficient) was used to measure the reliability of the measurement tools used. Correlation and regression analyzes were also used to determine the level of association between the variables and the hypotheses and the ANOVA test to determine if there were significant differences between organizational commitment according to demographic characteristics.

As a result of the analyzes, it was found that the expression of home care services is insufficient to explain the organizational commitment. Moreover, when the relationship between home care services and organizational commitment variables was examined, a positive and a weak relationship were found.

Keywords: Health care workers, Home care services, Organizational commitment

Exploration of the Impact of Religious Belief and Gender on University Students' Empathy Feelings

Idris Yılmaz

Karadeniz Technical University, Turkey

Fatih Koca

Karadeniz Technical University, Turkey

Akın Celik

Karadeniz Technical University, Turkey

Introduction

Empathy refers to the feelings that you understand and share another individual's feelings, thoughts, and behaviours (Basch, 1983). The theoretical justification of the empathy firstly argued that the empathy was cognitive or emotional construct (Mehrabian & Epstein, 1972). However, recent studies clearly stated that the construct of empathy is multidimensional (Joliffe & Farrington, 2006; Furrow & King, 2004). Accordingly, the perspective-taking, empathic interest, fantasy, and personal stress are four-dimensions of the empathy. Furthermore, Hoffman (1984) claimed that the individual is firstly able to cognitively and emotionally distinguish and understand himself/herself from the other person in order to empathize with him/her. In this sense, expression of mixed-emotions and cognitive perceptions of the individuals' feelings around them from birth (Thompson & Gullone, 2003). A large body of research showed that empathy play a vital role in human life because the individuals with different empathy level exhibit different behavioral patterns (Kaukiainen et al., 1999; Thompson & Gullone, 2003).

In fact, the empathy is a crucial skill for all individuals to develop and master social, emotional, and behavioral competencies in social context. In other words, the development of empathic skills is considered to be vital part of social and emotional adjustment for humanbeing (Ersoy & Kosger, 2016). In this sense, recent research findings clearly indicated that individuals with higher empathic skills are tended to be less aggressive, more supportive, and higher level of moral judgments than the ones with lower empathic skills in social life (e.g., Eisenberg &

Miller, 1987; Eisenberg & Strayer, 1987; Miller & de Haar, 1997). For instance, children with higher empathy levels exhibited more internal motivation, prosocial behaviors, and self-control competencies (Miller & de Haar, 1997). Similarly, Loudin and colleagues (2003) examined the role of empathic skills in aggressive and antisocial behaviors. They found that the empathic skills helped the individuals to reduce aggressive and antisocial behaviors as well as bullying tendencies. Furthermore, Pedersen and colleagues (2004) showed that as the level of empathy increases, ethnic and race discrimination significantly decreases. In addition, there is a growing tendency regarding the number of helping behaviors and the development of empathic skills (Duru, 2004). For teacher training program, it is crucial to help the students to develop empathic skills in their professional life. For example, Kesicioglu and Guven (2014) investigated the relationship between the teacher candidates' self-efficacy beliefs and their empathy levels. They found that there was a positive correlation between these developmentally important constructs. Together, the level of empathy as well-established construct in the literature is crucial to understand and document the individuals' social, emotional, and behavioral orientations.

According to numerous research, religious beliefs are a significant part of the individuals' social and cognitive process of their lives and religion might positively influence their personality to empathize with others or make more positive and warm judgments about the others' behaviors (e.g., Abu-Nimer, 2001; McCullough & Worthington, 1999; Stebnicki, 2007). Similarly, Furrow and King (2004) asserted that religiousness are significantly related to the development of positive social interaction, trust, shared vision, and empathic skills that influence moral behavior. Therefore, religion might be considered as a rich resource for individuals' moral development in social context. For instance, Duriez (2004) showed that there was a significantly positive relationship between the dignity of religious belief and the level of empathic behaviors. However, the paucity of the current literature on the examination of the relationship between religion and the development of empathic skills is surprising considering that many individuals report high levels of religious participation and beliefs in Turkey. Therefore, the goal of the current research was to examine the impact of religious belief on university students' empathic skills.

A growing body of research indicated that girls are more capable of the emotion related tasks including empathic skills than boys (e.g., Bosacki & Moore, 2004; Zajdel, Bloom, Fireman, & Larsen, 2013). Namely, gender differences in individuals', even in children, emotion regulation and understanding abilities were detected and girls significantly outperformed boys on the emotion understanding tasks after controlling language skills (Bosacki & Moore, 2004) and demographic characteristics (i.e., SES, parent education) (Brown & Dunn, 1996). Moreover,

gender differences were especially found in the stories addressing complex emotions (Cutting & Dunn, 1999). However, few studies also showed that females' emotion understanding does not appear to be exceed that of the male's ones (Donaldson & Westerman, 1986). This might be because, the gender might have a mediation role in the process of mixed-emotions including empathy. In this respect, the second important goal of the study was to examine the gender role in the development of empathic skills. Moreover, it is an unquestionable reality that educators and researchers should understand and document the impact of demographic factors (i.e., gender) on the development of empathic skills in professional life. Therefore, the researchers designed the study was to understand and document whether or not there was a gender difference in the level of empathic skills.

Method

Participants

The study participants included a group of 838 (508 male ; 330 female) Physical Education and Sport Science student-teachers in four large urban city universities in Turkey. All participants were born in Turkey and were Turkish-speaking. The participants' mean age was 21.8 (SD = 2.71). The participants were pursuing the degree from physical education, coaching, sport management training program.

Procedures

Participants voluntarily took part in the current study and the researchers asked them to rate report their perceptions regarding the empathic feelings and demographic information (e.g., age, gender, parent education, religiousness, and grade levels).

Instruments

The Toronto Empathy Questionnaire. The questionnaire was developed by Spreng and colleagues (2009) to measure the individuals' empathy level. The original scale consists of 16 questions, each rated on a five point likert scale (0 = Never to 4= Always). Spreng and colleagues (2009) conceptualized empathy as a primarily emotional process by reviewing other available empathy instruments. The psychometric adaptation of the instrument was conducted by Dogan and Sapmaz (2012) with 698 university students from Ege and Sakarya universities. The exploratory and confirmatory factor analysis results yielded a unidimensional structure of the scale. The internal consistency reliability was moderately high and

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acceptable (.79). However, the factor loadings for three items were lower than .30; and therefore, the Turkish version of the TEQ consists of 13-items.

Data Analysis

The main goal of the study was to examine the religious belief and gender differences in empathy scores. Therefore, the researchers employed an independent sample t-test and an ANOVA to understand and document group differences in the level of empathy feelings. The second aim of the research was to explore the role of gender and religion beliefs in the participants’ the level of empathy feelings. Accordingly, the multiple regression analysis was conducted to examine the predictive role of the study variables in the empathy feelings.

Results

Assumptions testing focusing normality, linearity, and outliers were applied before the hypothesis testing. The participants , who were reported as strong religious belief, had a total 50. 41 (SD= .32) mean score for the level of empathy feelings, empathy mean scores for moderate was 48.86 (SD = .53), and non-believers’ reported 21.85 (SD = .08) mean score for the level of empathy feelings. For gender, male students’ mean score was 49.07 (SD = .35) and female counterparts reported 51.42 (SD = .43) for empathy. Descriptive findings were detailed in Table 1.

Table 1. Descriptive Statistic for Gender and Religious Belief on the Level of Empaty

	N	M	SD
Gender			
Male	508	49.07	.34
Female	330	51.42	.43
Religious Belief			
Strong	608	50.41	.32
Moderate	192	48.86	.53
Low or Non	38	49.02	3.7

An independent-samples t-test was employed to compare the level of empathy feelings in male and female participants. The results showed that there was a significant difference between male (M = 49.07, SD = .34) and female students (M = 51.42, SD = .43) for the level of empathy scores, $t(836) = 4.25, p < .05$. In other words, female participants reported higher empathy scores than male ones. A one-way between subjects ANOVA was employed to compare the effect of religion belief on the level of empathy scores in strong, moderate, and low or non religious

believers. The study findings indicated that there was a significant effect of the religiosity on the empathy scores at $p < .05$ for the three group ($F(2, 835) = 3.15$). To scrutinize the group effect, Tukey post-hoc test was conducted. Based on the results, strong believers ($M = 50.41$, $SD = .32$) were statistically and significantly different from moderate ($M = 48.86$, $SD = .32$) and low or non ($M = 49.02$, $SD = 3.7$) religious participants. Furthermore, the findings showed that there was moderate to low effect size (.01). The general findings were detailed in Table 2 and Table 3.

Table 2. Gender Difference in the Level of Empathy Scores

	M	SD	T-value	df	P-value
Male	49.07	.34	4.25	836	.00**
Female	51.42	.43			

$p < .01^{**}$

Table 3. The Effect of Religiosity in the Level of Empathy Scores

	M	SD	F	P-value	η^2
Strong	50.41	.32	3.15	.04*	.01
Moderate	48.86	.53			
Low or Non	40.02	3.7			

$p < .05^*$

The second goal of the study was to document the predictive role of gender and religion in the participants' empathy levels. In this sense, the researchers conducted a multiple regression method. Using the enter method it was found that gender and religion belief explained a statistically significant amount of the variance in the scores of empathy ($F(2, 835) = 11.93$, $p < .05$, $R^2 = .28$, $R^2_{\text{Adjusted}} = .26$). This analysis showed that both gender ($\text{Beta} = .14$, $t(835) = 2.21$, $p < .05$) and religion belief ($\text{Beta} = .22$, $t(835) = -4.49$, $p < .05$) did significantly predict the level of empathy feelings. The results were detailed in Table 4.

Table 4. Summary of Multiple Regression for Variables Predicting the Level of Empathy (N = 838)

Predictors	SE B	
Gender	.14*	.168*
Religion Belief	-.22*	.141*
R^2	.28	
F	11.93	

$p < .05^*$

Discussion

The current study findings are consistent with the previous studies, which found a similar results for the differential effects and group differences for gender and religion belief on the level of empathy scores (e.g., Bosacki & Moore, 2004; Zajdel, Bloom, Fireman, & Larsen, 2013). For instance, Bosacki and Moore (2004) examined gender differences in levels of empathy. They found that there appear to be straightforward male and female differences in emotion regulation and understandings addressing the level of empathy. Similarly, the current study found that female sport science students exhibited higher level of empathy feelings than male peers. Although the scope of the current research was to just explore the gender differences in Turkish university settings, a large amount of study showed that the possibility of this differences might be result of motivation and emotion regulation skills (e.g., Gault & Sabini, 2000 ; Zajdel, Bloom, Fireman, & Larsen, 2013). In fact, Zajdel and colleagues (2013) clearly stated that girls are more successful in emotion regulation skills and more tended to understand the other individuals' feelings. Therefore, there might need to further examine the role of gender in order to document the factors underpinning the current findings. Consistent with the literature, for the predictive power of gender in explaining the empathy level girls exhibited better emotional experience and understanding than boys , the results clearly showed that gender had statistically significant predictive role in this context (Basch, 1983 ; Spreng et al., 2009).

For the religion belief, previous research indicated that caring, helping, and interpersonal support as a mechanism are significantly linked to the religiosity (Carol et al., 2010 ; McCullough & Worthington, 1999; Stebnicki, 2007). Exceptedly, the current study showed that religion belief was crucial predictor of the level of empathy feelings among university students. In fact, religiosity might have bridging function between empathy and prosocial behaviors including caring, affection, volunteerism, and social support (e.g., Batson, 1976 ; Smith & Denton, 2005). In this sense, as religiosity is found as useful source to develop altruism, sympathy, helping, and caring behaviors within social interactions (Carol et al., 2010), the findings clearly pointed out that the dignity of religion among adolescents might be related to cognitive and affective aspects of empathy as unidimensional construct. Accordingly, Eisenberg (2000) claimed that religiosity is key to apprehension and comprehension of another individuals' emotional state. And, university students with strong religious belief should have better sense of understanding of the others in this study. Indeed, certain prosocial skills (i.e., caring, helping) ,characterized by the religion, might be associated with the empathy.

In fact, conveying respect and empathy key to teacher training program. The teacher training programs aim to prepare preservice teachers for religiously and ethnically diverse classroom settings while being respectful of their personal values and knowledge. Accordingly, the development of the emphatic skills during the college years might enable them to be mindful for their instructional and relational dynamics in the professional life. For instance, Kitchen (2006) and Kesicioglu and Guven (2004) pointed out that pre- and in-service teacher with higher emphatic skills are more successful in building supportive relationships with their students and teaching their classroom instructions. Thus, the current study's initial findings might provide significant insights into the development of emphatic skills in diverse educational settings.

There are also several significant limitations. The measurement of religiosity should be assessed together according to both attendance and the perceived importance of beliefs. More extensive assessments for both religiosity are suggested for future research. It would be crucial to examine other aspects of religiosity such as conservatism, volunteerism, and spirituality. Another limitation of the current study was the distinctiveness of the sample. Namely, only 5 % of the participants reported their religiosity as low or non, and therefore, religious variations are recommended for the future research.

Together, the importance of religiosity for the individuals are positively correlated with the cognitive and affective perspective-taking form of empathy. In fact, the exploratory findings of the current research provided us with initial insights underlying the relationship between religion and empathy, future researches might need to scrutinize the dynamic within this conceptual framework. Specifically, we need to examine empathy in relation to religiosity by potential mediating role of cognitive and affective components including caring and helping.

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Summary

Exploration of the Impact of Religious Belief and Gender on University Students' Empathy Feelings

Idris Yılmaz

Karadeniz Technical University, Turkey

Fatih Koca

Karadeniz Technical University, Turkey

Akın Celik

Karadeniz Technical University, Turkey

The goal of the study was to examine the differential role gender and religious beliefs in the university students' the level of empathic beliefs. The study participants included a group of 838 (508 male ; 330 female) Physical Education and Sport Science student-teachers in four large urban city universities in Turkey. The researchers employed the Toronto Empathy Questionnaire and demographic information scale to collect the data. The findings indicated that a significant difference between male ($M = 49.07$, $SD = .34$) and female students ($M = 51.42$, $SD = .43$) for the level of empathy scores, $t(836) = 4.25$, $p < .05$. The results also showed that there was a significant effect of the religiosity on the empathy scores at $p < .05$ for the three group ($F(2, 835) = 3.15$). Furthermore, gender ($Beta = .14$, $t(835) = 2.21$, $p < .05$) and religious belief ($Beta = .22$, $t(835) = -4.49$, $p < .05$) were found two significant variable to predict the level of empathy feelings among the college students. Directions for the future research and the limitations were discussed.

Keywords: Empathy, religious belief, gender, researchers, participants

The Effects of Risks and Hazards on the Business Stress Levels of Comparative Relevance within the Relevance of Occupational Health and Safety: A Hospital Example

Dilek Tasdemir
IMBL University, Russian Federation

Introduction

Inpatient hospital services, which require specific specialization for human health given by health institutions, have been subjected to the requirements for dangerous work places in the Law on Occupational Health and Safety No. 6331 (Law No. 6331).

According to the categorization made by Law No. 6331 on Occupational Health and Safety (OSH), there are very dangerous occupational health and safety risks for the hospitals which are classified as "very dangerous" places, employees employed by them and subcontracted organizations. Taking preventive measures to prevent employees from losing their workplace environment and health due to working conditions refers to the concept of occupational health. Job security, which represents preventive measures against workers being caught in the accident, is the use of tools, materials and materials used in the workplace and the protection of workers against risks that may arise from their existence and taking necessary precautions (Aktay, 2012: 6).

World Health Organization (WHO) health; Not only the absence of illness and disability, but also a state of total well-being in the physical, spiritual and social aspects. In this sense, the concept of "occupational health" must be understood within a broad framework. The International Labor Organization (ILO) and the WHO Joint Committee on Occupational Health have set the following goals in the area of occupational health: "Occupational health, what they do, what they do is to raise and maintain the physical, mental and social well- Prevention of health problems caused by working conditions; Workers should be protected from risks

that are related to their work and are harmful to their health; To be employed in occupational settings appropriate to the physical and biological capacities of workers; In short, human beings are the ones who work, and the people are aimed to be made suitable for their work. " (Alli, 2001: 2).

The concept of stress was initially debated scientifically by Hans Selye in the 1930s. Hans Selye stress; It is defined as the widespread reaction of the organism to all kinds of changes. According to Hans Selye's definition, whatever pleases you are will fit into the body. (Özmutaf, 2006: 75).

Work stress is defined a little differently in our working life in which we spend a significant part of our time in our daily lives. Work stress can be defined as the response and reflex of physicians, organizational and operational problems, the physical environment of the hospital, the patients, the situations or events they meet, etc. (Koç, 2009: 200).

Occupational health and Safety

Occupational health and safety are an integral part of the health and safety aspects of conducting work at a workplace. This phenomenon is aimed at ensuring that the well-being in health conditions is a sustainable structure for the worker who is working safely in a work that contains many different disciplines.

Concept of Occupational Health and Safety; Turkish Standards Institute (TSE) Turkish Standard is defined as "Not to be disallowed from harm risk" in the standard of 18001 Occupational Health and Safety Management Systems. The concept of occupational health and safety includes protection of workers' health and safety against workplace limits and work-related hazards. However, with the assertion that the preservation of workers is necessary, especially in the living environment, it is becoming clear that these definitions are not sufficient and that the content needs a wider definition. In a broader sense, the concept of occupational health and safety is a concept that recognizes that workplace-limited health and safety precautions can not provide adequate protection, and includes risks that are related to and affect the health and safety of workers and that arise from outside the workplace (TSE, 2004: 3).

The concept of health refers to the harmony of the organism to the living environment and today it is defined not only as the absence of illness and disability, but also as a state of goodness in the physical, spiritual and social aspects. This definition in the WHO Constitution sets out a goal and in achieving this goal, the environment in which the person lives and especially works is of great importance (Demircioğlu, 1997: 2).

Business health in general terms; "Maintaining the physical, mental and social well-being of employees in all professions, ensuring that employees are protected from the risks arising from working conditions, preventing the deterioration of their health, placing them in appropriate jobs and ensuring compliance with human and human work" (Gerek, 2006: 12).

The aim of work safety studies is; To protect employees, to work in a safe and secure environment, to ensure operational safety and to eliminate dangerous situations (Ünsar, 2003: 4).

OHS; The work environment and the precautions taken within a defined and systematic system applied to ensure the health and safety of employees.

Occupational and Occupational Disease

Work accident

The following five cases, which are stipulated in Article 13 of Social Insurance and General Health Law No. 5510, can be defined as work accidents. These situations are;

- a) When the Insured is in the workplace,
- b) If the insured person is working independently on his / her behalf or account due to work carried out by the employer or due to his / her duty,
- c) When the insured employee working under an employer is sent out elsewhere as an employee,
- d) When the breastfeeding woman leaves for giving her child milk,
- e) The insured shall be liable to the insured person for any reason during the course of his / her visit to the place of employment with a vehicle provided with employment (5510 numbered law, 2006: 3).

Materials and methods

Purpose of the research

This study was conducted to determine the effects of the risks and dangers encountered by physicians working in a hospital in Antalya on the level of work stress.

Researching Deseni

It is a cross-sectional, descriptive work.

The Universe of Research and Sampling

The universe of the work is composed of physicians (100 persons) who work in a hospital in Antalya. The entire universe was included in the study and 100 medicines were reached.

Analysis of Data

Data from the study; Socio-demographic characteristics, risks and risks originating from working environment, factors considered to affect OHS applications, Health Workers Safety Scale and Job Stress Questionnaire were collected under direct observation. Analysis of the data was done using frequency, Kruskal-wallis, mann-whitney U and correlation analysis.

Results

Table 1. Distribution of Physicians According to Socio-demographic Characteristics

Socio-demographic Characteristics		Count	%
Gender	Male	54	54,0
	Woman	46	46,0
Age Groups	21-30	18	18,0
	31-40	46	46,0
	41 years and over	36	36,0
Marital status	The married	52	52,0
	Single	46	46,0
	Other	2	2,0

The physicians were 46% (46 persons) female and 54% (54 persons) male and the mean age was 38.80 ± 7.86 (Min: 26, Max: 55). The distributions of physicians according to sociodemographic characteristics are given in Table 2.

Table 2. Distribution of Physicians According to Their Working Stats

Socio-demographic Characteristics		Count	%
Position	General practitioner	38	38,0
	Specialist Physician	62	62,0
Working Time	5 Years and Less	32	32,0
	6-10 Years	20	20,0
	11-15 Years	32	32,0
	16 Years and Over	16	16,0

Working Time at the Institution	2 Years and Less	8	8,0
	3-5 Years	12	12,0
	6-8 Years	38	38,0
	9 Years and over	42	42,0

Distribution of doctors according to their working status is given in Table 2.

Table 3. Physicians' Duties Distribution of Working Conditions in the Hospital

Working conditions		Count	%
Seizure Retention	Yes	46	46,0
	No	54	54,0
Seizure frequency	Once a month	22	22,0
	1 time per week	16	16,0
Number of Patients Observed / Day	30 and Less	14	14,0
	31-55	20	20,0
	56 and Üer	66	66,0

The distribution of the working conditions of the physicians in the hospital according to their characteristics are shown in Table 3. Of the doctors, 46.0% (46 persons) were on duty and 22% (22 people) were on duty once a month.

Table 4. Average Rate of physicians SÇGÖ

	N	Min.	Max.	Mean	SD
Health Worker Safety Scale	100	2,93	5,64	193,26	20,02

Table 5. Physicians' Job Stress Score Averages

	N	Min.	Max.	Mean	SD
Work Stress Scale	100	1,00	4,71	3,16	1,11

Table 6. Distribution of Isom and SÇGÖ Average score by Socio-demographic characteristics of physicians

	Gender	N	Ort.	Mean	U	p
İSÖ	Male	54	3,41	0,92	-1,758	0,08
	Woman	46	2,87	1,26		
SÇGÖ	Male	54	4,28	0,50	0,113	0,91
	Woman	46	4,30	0,36		

It was determined that the occupational safety provided in the study included in the study (SRG score average = 193.26 ± 20.02 , SRF score = 4.29 ± 0.44).

In this study, the average stress score of the physicians was 3.16 ± 1.11 E (5th group) - It was found that they were at the level of work stress, which is highly stimulant,

Physicians gender, level of education SÇGÖ and İSÖ with no significant difference between mean scores ($p > 0.05$).

Table 7. Correlation Between Physicians İSÖ with SÇGÖ

	SÇGÖ	
	r	p
İSÖ	-0,290	0,04

İsom with average scores of physicians in the negative direction between the mean SÇGÖ points are weak and significant correlation ($r = 0.290$; $p = 0.04$). "

Results

Within the scope of the research, occupational safety is provided by physicians working in hospitals; There is a level of work stress that has a high level of responsibility, a high level of responsibility, and an attractive personality. In this study, the effects of health and safety problems of physicians on work stress were examined and the following results were obtained. In addition, many physicians did not find the time to participate in the study from extreme intensity.

Those who did not receive Occupational Health and Safety training were found to have higher job stress than those who did not exercise, those who did not, those who did not, and those who did not exercise.

Those who were not satisfied with the working environment were found to feel more secure in the hospital working environment than those who did not have chronic disease. However, those who are unhappy with the working environment are at the forefront.

Physicians working at the hospital within our research are confronted with many safety and health risks from hospitals and occupations. The fact that these risks can not be prevented and their effects are not reduced to the tolerable levels can lead to impaired health and stress on physicians.

Continuation of the Occupational Health and Safety practices in the public sector which officially started on 01 July 2016 and was postponed to 1 July 2020 has become a necessity for all of our employees, especially our physicians who protect our health. First, let's ensure their health and safety so that they can maintain their

health in their service area. Therefore; It is necessary to take necessary precautions in order to reduce the number of patients, to take preventive, preventive and corrective measures, to provide healthy and safe environments for patients and healthcare workers, to provide regular in-service trainings and quality care, Not all of our health care workers who were taken into the profession were worn out, and that the wear out was not ignored in the wearers.

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Summary

The Effects of Risks and Hazards on the Business Stress Levels of Comparative Relevance Within the Relevance of Occupational Health and Safety: A Hospital Example

Dilek Tasdemir

IMBL University, Russian Federation

This study was conducted to determine the effects of the risks and dangers posed by physicians working in a state hospital in Antalya on the level of work stress. The cross-sectional, descriptive type of study is composed of physicians (100 persons) working in a state hospital in Antalya. The entire universe was included in the study and 100 medicines were reached. Data from the study; Socio-demographic characteristics, risks and risks originating from working environment, factors considered to affect OHS applications, Health Workers Safety Scale and Job Stress Questionnaire were collected under direct observation. Analysis of the data was done using frequency, Kruskal-wallis, mann-whitney U and correlation analysis.

54% (54 people) of the physicians were male and 46% (46 people) were female and the mean age was 38.80 ± 7.86 (Min: 26, Max: 55). It was determined that occupational safety was provided in the state hospital, but the physicians were at the level of work stress, which was highly stimulant and more responsive.

While this study provided job security in the state hospital, physicians increased the productivity by forcing some people in some aspects of work stress, but in some ways it was seen as threatening health. Intervention studies should be planned to reduce the work stress of physicians.

Keywords: Occupational Health and Safety, Stress, Health Care Workers, Physicians Hospital

Evaluation of Views of Views on Traditional Applications after Mother Breast Care

Selma Nama

IMBL University , Russian Federation

Introduction

Nonfunctional (non-functional) beliefs and practices involve practices that are life-long, often unchanging, and persistent in nature, from initial childhood. What the individual does is that they believe that someone else's approval is necessary, that they believe in this past day regardless of whether they are true or false, and that they are made up of non-existent thoughts and behaviors. In the society, such ideas and beliefs are constantly supported by cognitive distortions (Yalçın, Koçak, 2012: 157).

Nonfunctional beliefs and practices;;

- a) It is often not realistic,
- b) It is usually solid, tipped and generalized,
- c) Prevent the person from revealing the true performance of the person,
- d) It causes extreme, extreme emotions,
- e) They do not change with everyday living experiences (Yalçın, Koçak, 2012: 158).

Traditional methods of society's beliefs, traditions, values and cultures; Are methods that are transferred from the ear to the ear. In regions where treatment forms have become more irrational by changing forms of education and health services and are not adequately attained as they progress from developed societies and regions to undeveloped societies and regions, people seem to have made their own medicine when necessary (Çakırer, Çalışkan, 2010: 343).

In the Turkish society, it is expected that the pregnancy of the woman will obey many traditions until the birth of the woman. Beliefs and practices related to pregnancy and childbirth begin to affect women, their families and their

environment, starting with the desire of the woman to become pregnant. Inadequate care after delivery in the postnatal period leads to traditional practices to solve the individual's health problems. Also, there is no health institution unless economic necessity, distant health centers, lack of trust in health personnel, perception of postpartum problems as a normal situation, lack of health safety and perception of birth as a private event in societies is not necessary. For these reasons, individuals try to solve their health problems with traditional practices they have seen from their families (Özsoy, Katabi, 2008: 291).

Unconsciously, traditional practices, which are made only by using information from the remote control, can often be harmful to health. Children are most affected by these practices (<http://www.thefreedictionary.com/Encyclopedia>) 04.04.2017.

Despite the rapid progress in modern technology, traditional health practices are still widely used in villages (ÇalışkanveBayat, 2011: 14).

Today, many mothers and babies lose their lives, especially in developing countries due to misapplications of pregnancy, birth and postnatal period. This situation, which is referred to as maternal child health problems, remains a priority problem for our country (Başçetinçelik, 2009: 11).

The foundations of health are taken during childhood. One of the most important problems affecting the health of children in our country is the care given to the child. Maintenance is a set of practices that includes healthy growth and development. Having a child healthy requires child care, appropriate interventions for mother and child in prenatal and postnatal periods. Good care not only protects the child from danger and illness, but also provides the child's growth, psycho-social, cognitive development and a healthy environment (Uğurlu, 2013: 3).

Çetinkaya, Özmen and Cambaz (2008) study in the province of Manisa; 92.8% of the women have had at least one newborn health related maternal health practice in the postpartum period and 60.4% (Çetinkaya, Özmen, Cambaz, 2008: 39).

In the study of Ayaz and Yaman Efe (2008) in Ankara, 81% of the mothers performed in Ordu with the following: Divokbaş, Erbil, Altunbas and Arslan (2009), 53.2% of the mothers They have identified the baby (Ayaz, Yaman, 2008: 282).

Özyazıcıoğlu and Polat (2005) found that 64% of their mothers expect three loser voices before breastfeeding when they work in Erzurum (Özyazıcıoğlu, Polat, 2005: 63).

Similar results have been shown in studies conducted in Ankara by Aykaz and YamanEfe (2008), which is performed by Geçkil, Şahin and Ege (2009) in Adıyaman, Çetinkaya, Özmen and Cambaz (2008) in Manisa (Geçkil, Şahin and Ege, 2009: 62).

According to the data of Turkey Demographic Health Survey (TDHS-2008); While the prenatal care rate of the women in Turkey is 92%, it is determined that the Northeast Anatolia Region, including Erzurum province, is in a lower position than the other regions. It was determined that the rate of antenatal care was 72.9% and the rate of delivery in health facility was 75.5%. This shows that one of the four women in the region is giving birth at home. Traditional midwives help 6.9% of delivered births. Northeast Anatolia Region is in the backward position according to the other regions in terms of the rates of women receiving postnatal care. Postpartum care is highest in Aegean (94%) and Western Marmara (91%), while it is lowest in Northeast (60%) and Middle East Anatolia (56%). (http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_Rapor-tr.pdf).

According to the data of Turkey Demographic Health Survey (TDHS-2013); While the prenatal care rate of the women in Turkey is 97%, it is determined that the Northeast Anatolia Region, including Erzurum province, is in a lower position than the other regions. It was determined that the rate of antenatal care was 85% and the rate of birth in the health institution was 81.3%. 1.0% of deliveries help traditional midwives. Northeast Anatolia Region is in the backward position according to the other regions in terms of the rates of women receiving postnatal care. Postpartum care is highest in Aegean (96.2%) and Western Marmara (94.7%), while it is lowest in Northeast (80.7%) and Middle East Anatolia (86.4%). (http://www.hips.hacettepe.edu.tr/TNSA_2013_ana_rapor.pdf).

The findings of the TDHS 2008 show that if a woman maintains her current fertility rate until the end of the period of fertility, she will have an average of 2.16 children at the end of the age of fertility (http://www.hips.hacettepe.edu.tr/tnsa2008/data/TNSA-2008_ana_Rapor-tr.pdf).

Turkey Statistics Institution (TSI) total fertility rate is 2.08 when we look at 2012 data. (<http://www.tuik.gov.tr/UstMenu.do?metod=temelist>).

Dysfunctional Beliefs and Practices Related to Pregnancy Period

When it is understood that a woman is pregnant, a different adaptation process starts for her and her family. The woman will have a new identity in her status in society, which is her motherhood. Therefore, pregnancy is not only a biological change process but also a psychological and social process for women (Erbil, 2010: 1303).

At the beginning of traditional practices in the pregnancy comes gender estimates. One of the predictions based on sex determination by looking at the image of a pregnant woman concerns the pregnant woman's stomach. If the woman's stomach is flat, she becomes a daughter; The pointed one becomes his son. Again, according to the same opinion, if the woman's stomach is up and she is pushing the stomach, If your wife is down and you are not oppressed, it is believed to be your son. Also, the boy is very active, he can not stop where he stops, and he wants to go out right now (Işık, Akçınar, Kadioğlu, 2010: 71).

Dysfunctional Beliefs and Practices Related to Birth Stage

The moment of birth is a fearful, worrying activity for every woman. As much as the woman who is going to give birth, everyone, especially her husband, is excited to be born a moment ago and make a fall for them to take place easily. Among the preparations made as the birth approaches, the choice of the person who will make birth in the first place comes. In traditional culture, this person is the "midwife". The midwife is a person who is familiar with a known eternal or "intermittent" birth, understands, experiences, has a comfortable birth, and is called "light". When the moment of birth is approached and the painful starts, a woman who is old from the family goes and calls a person or person who is known by these handy light people. To give birth, these people, formerly called "interspersed", were preferred (Gözüm S, Tezel, 2003: 230).

In this process; Women or family can use a variety of traditional methods to reduce birth pain. In order to facilitate birth, women do not knot or tie the ends of the tire passed by the clothes prepared for the baby. If the knot is thrown, it is believed that the child will be struggling at birth and that the mother will be knotted to the uterus. Because she is easy to give birth, the woman moves abundantly, does housework, does not gain much weight. For easy birth, sugar syrup, butter, molasses are poured, greasy bread is eaten. Apple, orange is eaten and fed. The pregnant woman makes all the housework of a woman who is easy to deliver, so that her birth is as easy as her. For the women who have difficulty in birth, the male horse is beaten or beaten on the threshold of the birth house, and beats are made by throwing a gun. It is believed that the mother candidate will escape from the forces that make the birth of the chestnut difficult (Şenol, Ünalın, Çetinkaya, Öztürk, 2004: 47).

In order to facilitate the birth, a number of plants with names such as "Fatma's mother's hand, Fatma's main herb, Eve's main hand, Mary's main hand, Coral's main hand" are used. It looks like a human hand in shape. When the water is thrown, the branches are opened in half an hour as the cells draw water, the swollen fingers of the hand. The water that this plant is waiting for is given to the

woman who will give birth. The woman who is giving birth is given water by the hand of the woman who gives birth or the woman who is giving birth easily, or the shirt on this woman is soaked and watered. ([http://ucmaz.home.uludag.edu.tr/PDF/egitim/htmpdf/2006-19\(1\)/M3.pdf](http://ucmaz.home.uludag.edu.tr/PDF/egitim/htmpdf/2006-19(1)/M3.pdf)).

For ease of birth it was determined that the pregnancy was carried out and that it had been swung into a bed sheet. Balıkçı (2007) 's work in Trabzon in the same practice, that is, the gentleman is lying in the blanket and swing was determined. (<http://www.folklor.org.tr/Lists/Posts/Post.aspx?ID=13>).

Materials and methods

Type of Study

This research; The purpose of this study was to assess the traditional perception of self and newborn during pregnancy, childbirth and postnatal period.

Location and Time of the Study

This research was carried out in a State Hospital of Maternity selected in Istanbul considering its socio-economic characteristics.

The Universe of Research and Sampling

The state of the research was created in Istanbul by taking into account the socio-economic characteristics of the state hospital. A sampling group was chosen from all the pulexes registered at the hospital to represent the universe. The sample of the study consisted of 430 lohus.

Data Collection Method

The data were collected by face-to-face interview technique. The questions on the questionnaire were read by the researcher to the women and the women were asked to answer and about 10-15 minutes were allocated to each individual.

Data Acquisition Equipment

"Non-Functional Beliefs and Applications Scale" was used as the data collection tool and "Questionnaire Form on the Socio-Demographic Characteristics of Puerperants" prepared by the researcher. Questionnaire on Socio-demographic Characteristics of puerperants there are 26 questions about socio-demographic characteristics of puerperants, belief in gestation and belief in practice of traditional method.

Analysis of Data

The data were analyzed in the SPSS package program and the significance level was accepted as $p < 0.05$. Number and percentage distributions, variance analysis, t-test and correlation test were applied in the analyzes.

Findings

Table 1. Distribution of Puerperants and Their Wives by Socio-Demographic Characteristics

Property		Count	%
Age group	18-23	99	23,0
	24-29	184	42,8
	30 and over	147	34,2
Education Status	Not literate	17	4,0
	Literate	36	8,3
	Primary education	223	51,9
	High school	96	22,3
	University	58	13,5
Marriage Age	16-20	230	53,5
	21-25	169	39,3
	26 and over	31	7,2
Duration of marriage	1-5	223	51,9
	1-3 years	103	24,0
	4-10 years	104	24,1
Income Status	Less than income	16	26,7
	Equivalent to the expense Income	6	10,0
	More than income	38	63,3
Working status	Working	61	14,2
	Inoperative	369	85,8
Place of residence	Province	239	55,6
	District	115	26,7
	Village	76	17,7
Income status	More than income	89	20,7
	Revenue is equal to	254	59,1
	Less than income	87	20,2
Your husband's age	18-23	21	4,9
	24-29	164	38,1
	30 and over	245	57,0
Your husband's education	Literate	11	2,5
	Primary education	174	40,5
	High school	162	37,7
	University	83	19,3
Your husband's	Working	411	95,6

working status	Inoperative	19	4,4
Form of Marriage	Civil marriage	18	4,2
	Religious marriage	15	3,5
	Both of them	397	92,3
Social Security Status	There is	389	90,5
	No	41	9,5
Family Type	Core Family	43	71,7
	Large Family	17	28,3

The distribution according to socio-demographic characteristics of women with puerperium is shown in Table 1. It was found that 42.8% of the women with puerperium had a marriage period in the age range of 24-29, 51.9% of primary school graduates, 53.5% of the marriage age is between 16-20 years and 51.9% of them are married. It was found that 85.8% of the women with puerperium were not working, 55.6% were living in the province center and 59.1% were equal to the income. When the characteristics of spouses of women with puerperium are examined; 57.0% of them had an age of 30 years or more, 40.5% of them were primary school graduates and 95.6% were working in any job. It was determined that 92.3% of the women with puerperium had both formal and religious marriages, 90.5% had social security, and 58.6% had lived in the core family.

Table 2. Distribution of Puerperium with Women and Socio-Demographic Characteristics of Spouse

Property		Count	%
Number of Pregnancy	1	117	27,2
	2	136	31,6
	3	92	21,4
	4	45	10,5
	5 and over	40	9,3
Number of Children Living	1	179	41,6
	2	118	27,4
	3	81	18,8
	4	30	7,0
	5 and over	22	5,2
Number of stillbirths	Not existing	402	93,5
	There is	28	6,5
Low MOQ	Not existing	329	76,5
	There is	101	23,5
Number of Abortion	Not existing	389	90,5
	There is	41	9,5
First Pregnancy Age	Less than 18	41	9,5
	18-25	335	77,9

	26-35	54	12,6
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Distribution of women with puerperal disease according to their obstetric characteristics is shown in Table 2. 31.6% of women with puerperium had 2 pregnancies, 41.6% had 1 living, 93.5% had stillbirth, 76.5% had fallen and 90.5% had no curettage. 77.9% of women with puerperium were found to be in the age range of 18-25 years of their first gestational age.

Table 3. Distribution of Women with Puerperal Pregnancies, Births and Births According to Traditional Practices

Property		Count	%
The First Step When Health Problem Is Encountered	Not to practice traditional practice (to apply for a health institution etc.)	363	84,4
	I do know some traditional practices	45	10,5
	Making traditional practices that family / neighbor / friend suggests	22	5,1
The Importance of Traditional Practice in Preventing Health Problems	It does not matter at all	153	35,6
	Important	243	56,5
	Very important	34	7,9
Gestation Making Traditional Practices Status	Yes	45	10,5
	No	385	89,5
Traditional Practices in Pregnancy	Clothes and materials on the skin	21	46,7
	Religious practices	13	28,9
	Applications for eating and drinking	11	24,4
Traditional Method Practice Regarding Birth	Yes	40	9,3
	No	390	90,7
Traditional Practices Regarding Birth	Sacrifice	18	45,0
	Prayers / Quran reading	15	37,5
	Warm shower	5	12,5
	Eat the palm fruit	2	5,0

The distribution of women with puerperal pregnancies, births, and births according to traditional practice is shown in Table 3. It was found that 84.4% of women with puerperium went to the doctor first when they compared with health problems, and 56% of the traditional practice in preventing health problems. 89.5% of women with lohusa do not have any traditional practice during pregnancy and 10.5% have done traditional practice during pregnancy and 46.7% of them are worn or laid on the skin (rubbing olive oil on the skin,) Before applying it. It was found that 90.7% of the women with puerperium did not have traditional practice regarding birth, 9.3% made a traditional practice related to birth and 45.0% applied it to the votive man in this period.

Results

The following conclusions were obtained in the research conducted to determine the non-functional beliefs and practices that the poultry practiced on pregnancy, childbirth and postnatal care and the factors affecting these practices. According to the points average; Non-functional subscale of pregnancy was 84.55 ± 14.00 , mean of non-functional applications subscale of birth was 31.12 ± 5.27 , mean of non-functional subscale of postpartum was 30.41 ± 6.24 , non-functional subscale of infant care scale the mean score was found as 65.13 ± 13.29 and the scale average score was found as 211.23 ± 33.94 .

As the scores of the poultry decreased, the level of knowledge of women towards non-functional beliefs and practices decreased. Thus, it has been found out that, in the light of these conclusions, the paucimeters have misinformation about traditional practices and tend to tend to more traditional methods.

As the scores of the pensioners increased, the level of knowledge towards non-functional beliefs and practices increased. In the light of these results, it has been found that the paucity has accurate information about traditional practices and does not tend to tend to more or less traditional methods.

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Summary

Evaluation of Views of Views on Traditional Applications after Mother Breast Care

Selma Nama

IMBL University, Russian Federation

This research; It was done in a descriptive manner with the aim of evaluating the traditional per- spective view of the mother and her newborn during the postnatal period.

The state of the research was created in Istanbul by taking into account the socio-economic characteristics of the state hospital. A sampling group was chosen from all the pulexes registered at the hospital to represent the universe. The sample of the study consisted of 430 lohus. In gathering the data; "Non-Functional Beliefs and Applications Scale" developed by Yalçın and "Questionnaire on Socio-demographic Characteristics of Lohusalar" and "Method of Non-Functional Beliefs and Practices" were used for the socio-demographic characteristics of the puerperies, the data were analyzed in the SPSS package program and the significance level was accepted as $p < 0.05$. Number and percentage distributions, variance analysis, t-test and correlation test were applied in the analyzes.

Mean scores of non-functional applications subscales of the anchors; 84.55 ± 14.00 for the pregnancy, 31.12 ± 5.27 for the birth, 30.41 ± 6.24 for the postpartum, 65.13 ± 13.29 for the baby care and 211.23 ± 33.94 for the scale total score.

It was determined that there was no tendency towards non-functional traditional practices and the level of knowledge was at a good level according to the scale total point average of the subjects. It was determined that the socio-demographic characteristics of the husbands and spouses positively affected the behavioral and knowledge levels towards the non-functional beliefs and practices.

Keywords: Mother, Postpartum Care, Traditional Practices, knowledge levels

Organizational Commitment as a Predictor of Job Life Quality

Nuriye Celmece

Near East University, Cyprus

Abdullah Ishiklar

Bursa Technical University, Turkey

Mehmet Macar

South Russian University, Russian Federation

Tayfur Kaya

Erciyes University, Turkey

Introduction

The most crucial factor that makes the organization successful or unsuccessful in today's contemporary management concept is accepted by many people and organizations. Man spends a large part of his time in his work and productivity increases in the job he is happy with. For the work is not only an inevitable necessity for man, but also a social and independent character that frees man from the captivity of nature (Erdem, 2010). The job life that begins with the pacing on the individual's job life and ends with the retirement period is very important in terms of providing a certain status, role, social security and economic power within the society in the life process of the person. In this respect, job life affects the social life as well as having a decisive role on individuals' values, attitudes and behaviors (Sezici, 2014).

Job life quality (Martel and Dupuis, 2006), which emphasizes the human dimension of work by focusing on the quality of the relationship between the worker and the work environment is an important management process that includes the factors that directly affect the efficiency and productivity of the staff. In order to improve the quality of job life, there should be more integrative studies done (Elmas and Demir, 2014). Studies have found that there is not a full

compromise in these definitions, with a large number of recognitions related to the quality of job life (Campos and Souza, 2006). Chan and Wyatt (2007) describe the

quality of job life; Sirgy, Efraty, Siegel and Lee (2001) defined the workplace environment and the appropriate working conditions in which employees are encouraged and supported by the provision of rewards, job security and development opportunities, while Sirgy, Efraty, Siegel and Lee (2001) describe the need to meet various needs through resources, activities and outputs they have defined it as occupational satisfaction.

There are two vital theoretical approaches to research on job life quality. These are the elimination of needs and the spreading effect. The approach to addressing needs is based on the model of meeting the needs developed by Maslow. According to this approach, people have the basic needs that they need to be fulfilled through work, and the employees are satisfied with the work they are doing to the extent that they meet their needs. The diffusion effect approach is based on the assumption that satisfaction in one area of life can affect satisfaction in other areas of life. Horizontal directional spreading may affect job satisfaction to family life satisfaction. Vertical spreading suggests that general life satisfaction involves and influences the level of satisfaction in hierarchically lower-level family, leisure, health, financial and other areas (Chan and Wyatt, 2007).

The qualities of workmanship, organizational commitment (Erdem, 2010; Farid, Izadi, Ismail and Alipour, 2014), leadership (Çelmeçe and Işıklar, 2015), democratization of work, industrial democracy, humanization of work, workplace democracy and participatory work (Saklani, 2004) (Gillet, Foukuereau, Bonnoud-Angiagnac, Mokoukolo and Colombat, 2013), motivation (Sword and Partridge, 2012), health and wellbeing (Rathi, 2009), productivity (Nayeri, Saleh and Noghabi, 2011) and the concept.

In many researches of these researchers; (Lee, Singhapakdi and Sirgy 2007; Sirgy, Reilly, Wu and Efraty, 2008) it was all pointed out. In addition, there is a positive relationship between job quality and organizational commitment and high organizational commitment.

Organizational commitment generally refers to internalizing organizational commitment, organizational goals and objectives (Valetine, Godkin and Lucero, 2002), and organizational commitment, in general, while researchers have examined different loyalty definitions within the framework of different opinion lines (Meydan, BasımveÇetin, 2011) (Efeoğlu, 2006; Guatam, Van Dick and Wagner, 2004).

It is the levelling of organizational commitment by Allen and Meyer (Meydan, Basım and Çetin, 2011), which is generally accepted, as well as different classifications related to organizational commitment. Allen and Meyer (1991) organizational commitment; emotional commitment, continuity and normative

commitment in three dimensions. Emotional commitment is defined as considering the negativity of the employees who work in the business emotionally and wanting to remain in the organization with their own preferences, continuity, cost due to the separation of the employees from the organization and continuing to work as a necessity. Normative commitment is expressed as employees' sense of duty as a moral duty and they believe that they should not leave the organization (Allen and Meyer, 1993). The common connection between these three forms of emotion (emotional, continuing, and normative) reflects a psychological condition that affects employees' decisions to connect with the organization and decide whether their association with the organization will continue or not. (Allen and Meyer, 1993; Guatam, Van Dick and Wagner, David, Stanley and Herscovitch, 2002)

Organizational commitment is believed that it has a positive impression on organizational performance, which is the determinant of organizational performance and employee productivity. It is argued that organizational commitment reduces the adverse consequences such as; late coming to work, absenteeism and job separation, and also improves the product or service positively and increases the quality of job life. (Meyer and Allen, 1997; Meyer, Allen and Smith, 1993; Wyatt, 2007, Rethinam and Maimunah, 2008, Uyguç and Çimrin, 2004).

In This research it is aimed to determine relationship between job life quality and organiztional commitment of the health workers. In accordance with this aim;

- 1- Isthere any relationship between job life quality and organizational commitment of the health workers?
- 2- Is the job life quality of health workers predictor of their organizational commitment?

Method

The research was conducted in a relational screening model to determine the relationship between health care workers' quality of life and organizational commitment. The study universe of the study consists of health workers working in Gazi Osman Paşa University Hospital. The sample of the study consists of 160 health workers determined by random sampling method from the employees.

Scaling Tools:

1. Job Life Quality Scale:

The Work Quality of Life Scale was developed in 2001 by Sirgy, Efraty, Siegel and Lee. The scale consists of 16 articles related to the satisfaction of 16 needs. All of the articles that make up the scale are intended to measure the quality of work in the workplace. The first three articles of the scale (1, 2, 3) measure the satisfaction

of your health and safety needs. Articles 4, 5 and 6 are intended to measure the satisfaction of family and economic needs. Articles 7 and 8 are aiming to measure the satisfaction of social needs. Sections 9 and 10 are aiming to measure the level of satisfaction with respect. Articles 11 and 12 measure the extent to which self-realization needs are satisfied. Articles 13 and 14 measure the extent to which information needs are satisfied. Questions 15 and 16 are intended to measure the satisfaction level of aesthetic needs.

Confirmatory factor analysis was conducted by Sirgy, Efraty, Siegel and Lee (2001) to test the validity of the original scale and it was found that 16 articles came from seven factors and these seven factors came from a single factor. The Cronbach Alpha reliability coefficient of the Job life Quality Scale was 0.78.

2. Organizational Attitude Scale:

Table 1. Correlation values between the level of work quality of life and organizational commitment of health workers

	1	2	3	4	5	6	7	8	9	10
1.Health and Trust Need	-									
2.Domestic and Economical Needs	.43**	-								
3.Social Need	.47**	.70**	-							
4.Respect Need	.39**	.68**	.77**	-						
5.Self Realization Need	.53**	.53**	.71**	.64**	-					
6.Information Need	.45**	.49**	.70**	.61**	.87**	-				
7.Aesthetic Need	.45**	.49**	.47**	.47**	.31**	.36**	-			
8.Emotional Commitment	.08	.08	-.04	.01	.07	.10	.07	-		
9.Continuanace Commitment	.33**	.33**	.34**	.34**	.42**	.44**	.21**	.12	-	
10.Normative Commitment	.47**	.44**	.50**	.48**	.55*	.48**	.33**	.12	.63**	-

"Organizational Commitment Scale" developed by Meyer and Allen (1991) and adapted to Turkish by Wasti (2000) was used. This scale, which was formed in the form of a five-point Likert-type grading format and scored in the form of "never agree" (1) and "completely agree" (5), consists of 18 articles in three dimensions (emotional commitment, normative commitment and continuity). The results of Wasti's (2000) analysis to test the validity of the scale revealed that the scale verified that the Turkish form was in 3D and that the factor loadings of the scale articles varied between .20 and .72. Also, reliability coefficients are for emotional

commitment 78, for normative commitment 75 and lastly for continuity of commitment 58 (Wasti, 2000).

Findings

Findings related to the correlations between the levels of job quality of life of health workers and organizational commitment given in Table 1.

When Table 1 was examined it was determined that there was no meaningful relationship between the sub dimension of job life quality health and trust sub dimension the organizational commitment's emotional part $r=.08$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.33$ ($p<.01$) and normative commitment $r=.47$ ($p<.01$). There was no meaningful relationship found between domestic and economical needs and from the sub dimension of organizational commitment the emotional part $r=.08$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.33$ ($p<.01$) and normative commitment $r=.44$ ($p<.01$). There was no meaningful relationship between the sub dimension of social need and sub dimension of organizational commitment's emotional part $r=-.04$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.34$ ($p<.01$) and normative commitment $r=.50$ ($p<.01$). There was no meaningful relationship between respect need sub dimension and the sub dimension of organizational commitment's emotional part $r=.01$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.34$ ($p<.01$) and normative commitment $r=.48$ ($p<.01$). There was no meaningful relationship between self-realization and organizational commitment's emotional part $r=.07$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.42$ ($p<.01$) and normative commitment $r=.55$ ($p<.01$). There was no meaningful relationship between information need sub dimension and from the sub dimension of organizational commitment's emotional part $r=.10$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment and $r=.44$ ($p<.01$) normative commitment $r=.48$ ($p<.01$). There was no meaningful relationship between aesthetic need sub dimension and from the sub dimension of organizational commitment's emotional part $r=.07$ ($p > .05$), but there was a positive and meaningful relationship between continuance commitment $r=.21$ ($p<.01$) and normative commitment $r=.33$ ($p<.01$).

In the research there was a multiple regression analysis done between the sub dimensions of organizational commitment scale and job life quality sub dimensions, and the results given in the Table2, 3 and 4.

Multiple regression analysis results related to the prediction of emotional commitment given in the Table 2.

Table2. Regression Analysis Results Related to Prediction of Emotional Commitment

Emotional Commitment	B	Sh	B	t	P
Stable	21.427	3.900	-	5.421	.001
Health and Trust Need	.079	.279	.029	.276	.776
Domestic and Economical Needs	.297	.161	.215	1.837	.066
Social Need	-.817	.312	-.404	-2.514	.010
Respect Need	-.037	.243	-.021	-.157	.871
Self Realization Need	.155	.381	.071	.417	.673
Information Need	.387	.261	.233	1.517	.141
Aesthetic Need	.011	.131	.007	.087	.931

R=.276, R2=.77

When the t-test results on the significance of the regression coefficients are examined, it can be said that the organizational commitment of the social need dimension is a significant predictor of the emotional commitment dimension. When Table 2 is examined, regression analysis was conducted to determine the extent to which organizational commitment of sub-dimensions of work quality qualities predicted emotional commitment sub-dimension. As a result of the regression analysis, the organizational commitment of organizational commitment sub-dimensions (R = .276, R2 = .77) It can be said that it has a power of 77.

The multiple directional regression analysis results related to prediction of continuance commitment given in the Table 3.

Table 3. Regression Analysis Results Related to Prediction of Continuance Commitment

Continuance Commitment	B	Sh	B	t	P
Stable	17.47	3.327	-	5.445	.001
Health and Trust Need	.341	.273	.131	1.457	.137
Domestic and Economical Needs	.112	.131	.071	.718	.467
Social Need	-.122	.261	-.070	-.467	.633
Respect Need	.137	.202	.081	.689	.477
Self Realization Need	.300	.317	.141	.927	.348
Information Need	.373	.211	.201	1.327	.145
Aesthetic Need	-.006	.114	-.007	-.070	.937

R=.48, R2=.24

As a result of the regression analysis, it was found that the organizational commitment of the organizational commitment to organizational commitment was about 24% ($R = .48$, $R^2 = .24$), and that the organizational commitment of the sub-dimensions of the work quality was not predictive of the continuity commitment subscale it can be said that it has the power of explanation. As a result of the regression analysis, it can be said that the subscales of job quality are not a significant predictor of the organizational commitment continuity dependency subscale.

The multiple directional regression analysis results related to prediction of normative commitment given in the Table4.

Table 4. Regression Analysis Results Related to Prediction of Normative Commitment

Normative Commitment	B	Sh	B	t	P
Stable	3.507	2.387	-	1.442	.147
Health and Trust Need	.421	.181	.221	2.458	.017
Domestic and Economical Needs	.061	.097	.071	.637	.514
Social Need	.057	.197	.041	.310	.761
Respect Need	.164	.150	.128	1.171	.261
Self Realization Need	.601	.231	.357	2.611	.010
Information Need	-.084	.167	-.071	-.537	.574
Aesthetic Need	.063	.087	.061	.768	.421

$R = .632$, $R^2 = .42$

When it is examined in terms of normative commitment's sub-dimension, it can be said that business quality of life sub-dimensions have an explanation strength about 42% on organizational commitment normative commitment sub-dimension ($R = .632$; $R^2 = .42$). As a result of the multiple regression analysis, it was found that the dimensions of health and confidence and the need for self-realization were significant predictors of the normative commitment sub-dimension of the organizational commitment of the sub-dimensions of family and economic needs, social need, respect, it can be said that organizational commitment is not a specific predictor of normative commitment's sub-dimension.

Discussion and comments

There was a meaningful relationship between the perceived quality of job life and organizational commitment of health workers in the study. The quality of job life

of health workers is predicting organizational commitment. Again, there were low, medium and high level relationships between sub dimensions of job life quality and sub dimensions of organizational commitment. All of the subscales of job life quality together account for 77% of the emotional subscale of organizational commitment and 24% of the continuity dimension and 42% of the normative dimension.

It has also been found that the quality of job life is predictive of organizational commitment (Kanten and Sadullah, 2012; Koonmee and Virakul, 2007; Lee et al., 2007). Koonmee, Singhapakdi, Virakul and Lee (2010) found that 514 managers from different sectors surveyed executives found that quality of job life affects job satisfaction, organizational commitment and team spirit positively.

The research conducted by Yalçın (2014) on teachers shows that the quality of work quality has an important influence on the organizational commitment of teachers. In a study by Radja, Tawe, Rijal, and Tiro (2013), it was concluded that a positive relationship between job quality of life and organizational commitment was a significant predictor of organizational commitment of work quality. In a study conducted by Birjandi, Birjandi and Ataei (2013), there is a significant positive relationship between job quality and organizational commitment, job quality sub-dimensions, an appropriate and fair wage, safe and hygienic working conditions, social union and social integration, developmental sub-dimensions and organizational commitment were found to be positively correlated in the positive direction. In the study conducted by Permapuron, Mamun and Saufi (2013), it is concluded that there is a significant relationship between work quality of life and emotional commitment, that high quality of work has a strong emotional commitment to its institutions and that work quality has a positive effect on the work attitudes of employees. Researchers' these findings support the result of our research.

As it is stated in the researches on the factors affecting the quality of life of the employees, the quality of life, work environment; wages, earnings, working environment and conditions, business management, technology used at work, social security and continuing education. Work quality of life, which is influenced by objective working conditions, also affects employees' organizational commitment and as well as the productivity.

Whatever the field of work, the most vital factor of an organization is "human". Improving working conditions and measures to enhance the quality of work are at the basic of increasing employee productivity and organizational effectiveness. The effectiveness of the organization also necessitates the organizational commitment

of the employee, when the working conditions of the worker are developed then the quality of job life increases.

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Summary

Organizational Commitment as a Predictor of Job Life Quality

Nuriye Celmece

Near East University, Cyprus

Abdullah Ishiklar

Bursa Technical University, Turkey

Mehmet Macar

South Russian University, Russian Federation

Tayfur Kaya

Erciyes University, Turkey

Today, importance of topics such as quality of working life in businesses and organizational commitment has been increasing. It has been concluded in many research that quality of working life at business is effective in increasing the organizational commitment of human resources. The research was conducted to identify the relationship between health personnel's quality of working life and organizational commitment levels. 160 health personnel working at Gazi Osman Paşa University Hospital participated in the research. It was concluded that there is a positive and significant relationship among the quality of working life subdimensions and between them and the organizational commitment subdimensions and that quality of working life is an important predictor of organizational commitment. Organizational commitment levels increase as health personnel's quality of working life becomes higher.

Keywords: Work, quality of working life, organizational commitment, health personnel's

Relationship between organizational cynicism and job satisfaction in Health Workers

Selma Soyuk
Istanbul University, Turkey

Murat Iskender Aktash
Yakindogu University, Turkey

Oguz Ozyaral
Istanbul Rumeli University, Turkey

Introduction

Organizational cynicism is that a worker despises the management and accuses it with selfishness, contemns and humiliates his colleagues, adopts an extremely adverse attitude toward the organization, and feels suspicion/distrust against the organization. Job satisfaction on the other hand is the sense of satisfaction workers get from their job when a job and the desires and expectations of the people working at that job match each other. Job satisfaction may lead to several organizational consequences that influence productivity and business relations, just like cynicism.

However, there are no studies in job satisfaction literature that would indicate that job satisfaction has an influence on organizational cynicism, which is a topic that has begun to be studied in recent times. For this reason, the purpose of this study is to determine the levels of organizational cynicism and job satisfaction of health workers, to reveal the relationship between cynicism and job satisfaction, and to determine the differences between socio-demographic characteristics on one hand and cynicism and job satisfaction on the other.

With studies up to the present day, field researchers have made attempts to determine certain aspects of these topics, such as the relationship between cynicism and job satisfaction by Nafei (2013) and Arabacı (2010) or the relationship between job satisfaction and performance by Iaffaldano and Muchinsky (1985) and Judge et al.

(2009) (2,10,12,17). Yet, studies that examine both variables in the field of health services have recently started to be studied to very limited extent within scope of postgraduate theses and scientific research. This increases the importance of research in terms of the contribution it will make to the scientific field.

Organizational cynicism

Cynical is the word used to define persons who believe that people care only for their own interest and therefore think that everybody is self-seeking, and cynicism is the word used to describe the thought of this concept (13). Cynicism is an individual's ignorance of principles like faith, honesty, truthfulness, and sincerity for the sake of his/her own individual interests (13). Cynicism as a concept has close meanings to words such as scepticism, incredulity, mistrust, disbelief, pessimism, and negativity. But when we look at the modern interpretation of the term, it is seen that its meaning as a very captious, finical and overcritical person is predominant (7,11).

Many authors have defined cynicism as "distrust in the intentions of other people and belief that their counterparties do not reflect their real character". Cynicism is not only an attitude that affects society in general, but it is also commonly seen in organizations (13). Dean et al. defined organizational cynicism, which they regarded as a concept that nourished by diverse disciplines, as an individual's adverse attitude towards the organization where that individual is employed (6).

Organizational cynicism is that a worker despises the management in general and accuses it with selfishness, contemns and humiliates his colleagues, adopts an extremely adverse attitude toward the organization, and a feeling of suspicion and distrust shared by many persons against the organization (4). Organizational cynicism is an attitude that a worker develops towards the organizations or an object that is relevant for that organization (20). Organizational cynicism refers to the negative feelings and critical and negative behaviour of a person against the organization at which the person is employed (19).

According to Dean et al., organizational cynicism comprises three sub-dimensions (6);

- ☐ Cognitive dimension: a belief that the organization is not honest,
- ☐ Affective dimension: an adverse (negative) feeling towards the organization,
- ☐ Behavioural dimension: tendency to exhibit degrading and critical behaviours towards the organization in line with these feelings and beliefs.

While the cognitive dimension of organizational cynicism expresses the idea that an organization is devoid of honesty and transparency, the affective dimension

refers to emotions and emotional reactions, and the behavioural dimension refers to observable negative behaviours (18).

Job Satisfaction

Job satisfaction is a concept, which organizations have started to attach importance to since the early 1900s, and has ever since developed into one of the most studied topics in the field of human resources. Different definitions of this term can be found in literature. According to Hoppock (1935), who was the first to address the issue, job satisfaction means that workers are satisfied from their job in the overall light of psychological, physical, and environmental events.

According to different perspectives in literature, job satisfaction is determined by an individual's satisfaction of external factors such as the internal and physical environment, financial opportunities, promotion opportunities, interaction with executives and colleagues, and company policies etc. including the extent to which the individual's need for achievement is fulfilled, providing opportunities for personal development, having a meaning for the individual, the individual identifying himself with the organization, and the feeling of autonomy

(9). Emotional pleasure is defined as the happiness that is brought by the positive and negative attitudes of the employees towards the work, the material interests obtained from the work, the work colleagues with whom the employees enjoy working together, and the feeling of achievement brought along by creating something (16,23).

Material and method

The organizational cynicism scale and the Minnesota job satisfaction scale have been used in this study. The universe of research comprised hospitals in the provinces of Istanbul and Amasya. Five hospitals were selected from both provinces by convenience sampling. A total of 875 questionnaires were distributed, while 179 questionnaires had to be excluded from the study due to reasons such as the staff being on leave, the questionnaire being filled out wrong or incomplete, or the staff refusing to participate in the study. Hence, the study was carried out with 696 persons who agreed to take part in the study. The SPSS 21.0 statistics package program was used to perform statistical analyses when evaluating the findings of the study. Along with methods of descriptive statistics (frequency, percentage, mean value, standard deviation), the Kolmogorov – Smirnov distribution test was employed to analyse normal distribution when evaluating the study data. In case of two groups during comparison of quantitative data, independent samples t-test was employed to perform a comparison of parameters between groups. In the event of more than two groups during comparison of quantitative data, one-way ANOVA test was used to perform a comparison of parameters between groups, whereas Tukey's test was employed to determine the group that caused the difference. Pearson correlation analysis was performed to identify the inter-scale relations.

Besides, Linear Regression analysis was carried out to analyse the impact of independent variables on the dependent variable (marriage satisfaction). The results have been evaluated at 95% confidence interval, with a significance level of $p < 0,05$.

Data Collection Tools;

Organizational Cynicism Scale

This scale has been developed by Brandeset al. (1999) (4). It comprises three sub-dimensions, namely cognitive, affective and behavioural, and 13 items. The cognitive dimension comprises five items, the affective dimension four items, and the behavioural dimension four items. Brandeset al. (1999) calculated that the factor loads of items included in the cognitive dimension ranged between 0,63 and 0,81; while the factor loads of items included in the affective dimension range between 0,75 and 0,80; and the factor loads of items included in the behavioural dimension range between 0,54 and 0,80. In addition, the Cronbach Alpha Internal Consistency Coefficients of the dimensions have been calculated to be 0,86 and 0,78.

Job Satisfaction Scale

The Minnesota job satisfaction scale was developed in 1967 by Weiss, Dawis, England and Lofguist (3,22). In 1985, the scale was translated into Turkish by Baycan. The scale allows to determine the score of overall satisfaction as well as intrinsic and extrinsic satisfaction. The Cronbach α values, which are the internal reliability coefficients for the scales used in this study, show that the scales of overall job satisfaction = 0,87, intrinsic job satisfaction = 0,87, and extrinsic job satisfaction = 0,88 are all reliable.

Findings

The socio-demographic characteristics of total 696 health workers who agreed to participate in the study are shown in Table 1. Accordingly, 43% of the workers are a midwife/nurse, and 17,3% are a physician.

Table 1. Socio-demographic Characteristics

	N	%
Physician	120	17,3
Nurse-Midwife	299	43,0
Health officer	78	11,2
Executive	10	1,4
General administrative services	50	7,2
Auxiliary services	55	7,9
Other	83	11,9
Total	696	100

If we look at the organizational cynicism scores of health worker, it is seen that their “cognitive dimension” average is $(3,101 \pm 0,905)$, while their “affective dimension” average and “behavioural dimension” average are $(2,629 \pm 1,159)$ and $(2,832 \pm 0,952)$, respectively (Table-2).

Table 2. Workers’ Average Scores of Organizational Cynicism

	N	Ort	Ss	Min.	Max.
Cognitive dimension	696	3,101	0,905	1	5
Affective dimension	696	2,629	1,159	1	5
Behavioural dimension	696	2,832	0,952	1	5
Scale total of organizational cynicism	696	2,854	0,824	1	5

The job satisfaction scores of health workers participating in the study are given in Table 3. If we look at that table, it is seen that the health workers’ “overall job satisfaction” average is $(3,097 \pm 0,664)$; while their “intrinsic satisfaction” average and “extrinsic satisfaction” average are $(3,245 \pm 0,677)$ and $(2,874 \pm 0,766)$, respectively.

Table 3. Health Workers’ Average Scores of Job Satisfaction

	N	Ort	Ss	Min.	Max.
Job satisfaction	696	3,097	0,664	1	4,75
Intrinsic satisfaction	696	3,245	0,677	1	4,83
Extrinsic Satisfaction	696	2,874	0,766	1	4,75

The correlation analysis performed to determine the relation between the scale total of organizational cynicism and job satisfaction revealed a negatively significant relation between the scores, namely 60,3% ($r=-0,603$; $p=0,000<0,05$). Accordingly, the lower the job satisfaction is, the higher becomes the organizational cynicism. (Table-4)

Table 4. Relationship between the Job Satisfaction and Organizational Cynicism Scales

		Cognitive dimension	Affective dimension	Behavioural dimension	Scale total of organizational cynicism
Job satisfaction	r	-0,525	-0,584	-0,354	-0,603
	p	0,000	0,000	0,000	0,000
	N	696	696	696	696
Intrinsic satisfaction	r	-0,436	-0,508	-0,314	-0,519
	p	0,000	0,000	0,000	0,000
	N	696	696	696	696
Extrinsic satisfaction	r	-0,562	-0,593	-0,351	-0,619
	p	0,000	0,000	0,000	0,000
	N	696	696	696	696

Table 5. Regression Analysis on the Impact on Job Satisfaction by Sub-Dimensions of the Organizational Cynicism Scale

Dependent variable	Independent variable	β	t	p	F	Model (p)	R ²
Job satisfaction	Constant	4,401	55,377	0,000	146,85	0,000	39%
	Cognitive dimension	-0,192	-6,927	0,000			
	Affective dimension	-0,227	-9,845	0,000			
	Behavioural dimension	-0,039	-1,621	0,106			
Intrinsic satisfaction	Constant	4,368	49,891	0,000	92,40	0,000	28%
	Cognitive dimension	-0,144	-4,714	0,000			
	Affective dimension	-0,211	-8,273	0,000			
	Behavioural dimension	-0,043	-1,630	0,104			
Extrinsic satisfaction	Constant	4,450	49,716	0,000	164,68	0,000	41%
	Cognitive dimension	-0,264	-8,460	0,000			
	Affective dimension	-0,253	-9,714	0,000			
	Behavioural dimension	-0,033	-1,206	0,228			

Conclusion and Evaluations

696 health workers participated in this study which we carried out to determine the relationship between the job satisfaction, organizational cynicism levels of health workers and their job satisfaction –cynicism. As result of the evaluations performed, it has been seen that 43% of the workers (N=299) are a midwife/nurse, 17% are (N=120) a physician, and 1.4% (N=10) are executives. When we look at the health workers' organizational cynicism scores, it can be said that they are cynical above the average. The workers' "cognitive dimension" average is $(3,101 \pm 0,905)$, while their "affective dimension" average and "behavioural dimension" average are $(2,629 \pm 1,159)$ and $(2,832 \pm 0,952)$, respectively.

If we look at the job satisfaction scores of the health workers who participated in the study, it is seen that their "overall job satisfaction" average is $(3,097 \pm 0,664)$, while their "intrinsic satisfaction" average and "extrinsic satisfaction" average are $(3,245 \pm 0,677)$ and $(2,874 \pm 0,766)$, respectively. The workers have the lowest score average in extrinsic job satisfaction. Since extrinsic job satisfaction is influenced by factors related to executives and work environment, it can be said that the external factors in these organizations is poor. The correlation analysis performed to determine the relation between the scale total of organizational cynicism and job satisfaction revealed a negatively significant relation between the scores, namely 60,3% ($r=-0,603$; $p=0,000<0,05$). Accordingly, the lower the job satisfaction is, the higher becomes the organizational cynicism. It has been seen that the relationship of the level of job satisfaction with the variables of cognitive dimension, affective dimension, and behavioural dimension is strong ($R^2=0,386$). Hence, job satisfaction is influential on all three dimensions of cynicism. The level of health workers' cognitive dimension decreases their level of job satisfaction ($\beta=-0,192$). The level of health workers' affective dimension decreases their level of job satisfaction ($\beta=-0,227$). The level of health workers' behavioural dimension does not have any influence on their job satisfaction. ($p=0.106>0.05$).

Since cynicism and job satisfaction lead to several organizational consequences such as productivity of workers, job continuity, and organization commitment, organizations must seek ways to increase their workers' job satisfaction and reduce their level of cynicism. It is the executives' responsibility to increase the extrinsic job satisfaction scores which are particularly dependent on organizational factors.

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Summary

Relationship between organizational cynicism and job satisfaction in health workers

Selma Soyuk
Istanbul University, Turkey

Murat Iskender Aktash
Yakindogu University, Turkey

Oguz Ozyaral
Istanbul Rumeli University, Turkey

Organizational cynicism is that a worker contemns and humiliates his colleagues, and adopts a sceptical, condescending attitude toward the organization. Job satisfaction is the sense of satisfaction workers get from their job. The purpose of this study is to reveal the relationship between cynicism and job satisfaction in health workers, and to identify the differences between socio-demographic characteristics and cynicism / job satisfaction.

Five hospitals were selected from both provinces by convenience sampling. A total of 875 questionnaires were distributed, while 179 questionnaires had to be excluded from the study due to reasons such as the staff being on leave, the questionnaire being filled out wrong or incomplete, or the staff refusing to participate in the study. Hence, the study was carried out with 696 persons who agreed to take part in the study. Methods of descriptive statistics (frequency, %, mean value, standard deviation) as well as the Kolmogorov - Smirnov distribution test, T-test, ANOVA, Tukey's test, Pearson Correlation and Linear Regression analyses have been employed to evaluate the findings of the study.

It has been seen that health workers have an above average cynical level and job satisfaction. The "cognitive dimension" average of the workers is $(3,101 \pm 0,905)$, while their "affective dimension" average and "behavioural dimension" are $(2,629 \pm 1,159)$ and $(2,832 \pm 0,952)$, respectively. The average of their job satisfaction scores is $(3,097 \pm 0,664)$. According to correlation analysis, it has been seen that the higher the level of cynicism is, the lower the level of job satisfaction ($r=-0,603$; $p=0,000<0,05$). Besides, significant differences in the statistical sense have been found between socio-demographic characteristics and all dimensions of cynicism and job satisfaction, except for marital status. As result of the study, a negative relationship has been found to exist between cynicism and job satisfaction. It has been determined that the lower the workers' job satisfaction is, the higher the increase in all dimensions of organizational cynicism, leading to statistically significant results. This conclusion is in parallel with and supports the results of previous studies carried out on this topic (1,5,21).

Keywords: Cynicism, organizational cynicism, job satisfaction, health worker

Department of Physical Education and Sport Teaching Students' Reasons of Occupational Choice and Satisfaction Levels

Akın Celik

Karadeniz Technical University, Trabzon

Burhanettin Hacicaferoglu

Provincial Directorate of Youth and Sports, Antalya

Samet Zengin

Avrasya University, Trabzon

1. Introduction

People, who are the most important part of a society, are in a hurry to find a place in the society they live in, and to have an occupation to be able to realize themselves as Maslow stated. Occupation is a whole in which individuals aimed to fulfill their purpose for life, and gained ability and skills through a specific training depending on this aim (Yanikkerem, Altıparmak, and Karadeniz, 2004). Choice of occupation is that individuals can be directed to different fields of business by taking into account their personal characteristics, interests and abilities directly proportional with these efficiencies (Hotaman, 2011). However, when literature was searched, it turns out that people consider economic features while choosing occupation apart from their interests and abilities (Altun, 2000; Danziger; Eden, 2006; Dinç, 2008; Sarıkaya & Khorsid, 2008; and Yanikkerem, Altıparmak & Karadeniz, 2004). People have always been under the influence of the stated circumstance while choosing occupation for many professional groups from medicine to engineering; and from advocacy to international relations. Teaching profession has also been included into this circle, and has started to find its place among the occupational groups that are predominant in terms of economic factors.

Various factors such as economic income, knowledge and skill level have influence over choosing teaching profession and related branches to this profession which

has an important role on the scientific and economic development of society, protection of traditions and customs, providing effective communication among generations and raising individuals who produce creative ideas (Çelikten, Şanal, and Yeni, 2005). In the study conducted by Şahin (2011), considering whether they can take on professional responsibility as their own profession; evaluating whether they are appropriate for the profession in line with their own abilities and interests; being able to provide satisfaction to the profession in terms of material and immaterial aspect; being affected by the thoughts of family and society, and score competence determine the choices of profession of teacher candidates; While the literature is analyzed, it appears that the teacher candidates shape their choices of profession based on the factors in three main categories as altruistic, internal and external (Bastick, 2000; Boz, & Boz, 2008; Kyriacou, & Coulthard, 2000; Saban, 2003). Çermik, Doğan and Şahin (2010) have examined the reasons of primary school teaching candidates for choosing this department under four titles; these are altruistic, self-seeking, internal and external rationales. Altruistic rationale is directing person's own behaviors on request of helping to society with no thought of personal gain. Internal rationale is that showing person's dreams and desires as a reason to own behaviors. External rationale is shaping one's behaviors in the direction of the influence of people and stimulants around. Self-seeking rationale is to perform one's actions in accordance with expectation.

In order to become a qualified teacher, a person should choose teaching profession consciously, should love the profession; and there must be a consistence between one's personal characteristics and the requirements of the teaching profession (Şarave Kocabaş, 2012). Because of these reasons, teacher training institutions should emphasize that this occupation should not be seen only as a job but also it must be seen as a duty to set light to the ways of students who will shape the future of a country. As in many teacher training programs, similar situation exists in the physical education and sport teaching training process. There are studies examining the attitudes (Dönmez ve Uslu, 2013; Doğan ve Çoban, 2009; Özder, Konedralı ve Zeki, 2010; Özsoy ve diğerleri, 2010; Demirtaş, Cömert ve Özer, 2011) and opinions of teacher candidates towards teaching profession (Candaş ve Bebek, 2015; Kartal ve Taşdemir, 2011; Şumuer, Yakın ve Yıldırım, 2010; Şahin, 2011; Küçüköğlu, Taşgın ve Saadnie, 2014; Hotaman, 2011; Yıldız ve diğerleri, 2006). There are also some other studies related to the reasons of choosing their departments of teachers in the body of literature (Candaş & Bebek, 2015; Tataroğlu, Özgen & Alkan, 2011; Şara & Kocabaş, 2012; Çermik, Doğan & Şahin, 2010; Ubuz & Sarı, 2008; Kılcan et al., 2014; Kaya, Aslan & Günel, 2013). However, during the teacher training process, there is a gap related to getting change of the choices that teacher candidates have in the body of literature. Therefore, analyzing the reasons of choosing the occupation of teacher candidates,

and the status of this program over teacher training process can provide information about the attitudes of teacher candidates towards teaching profession. In addition to this, functioning of the teacher training process and impact of the situations experienced in the training process on the professional attitudes may be instructive for the teachers new on the job.

1.1 Aim of the Research

It is intended to research the reasons of the students studying on physical education and sport teaching department on choosing this program, and to investigate the satisfaction levels in physical education and sport teaching department.

1.2 Statement of Research Problem and Sub-Problems

- What are the reasons of choosing physical education and sport teaching department?
- What is the information that they have towards physical education and sport teaching profession?
- To what extent were the expectations met related to department of physical education and sport teaching?

2. Method

2.1 Research Model

When the aim of the research was taken into account, this study is a special case study in which qualitative research approach was used, since it is being struggled for collecting data detailed and deeply; learning about personal perceptions, experiences, and point of views of the participants; understanding and explaining the current situations (Büyüköztürk, et al., 2009) .

2.2 Participants of the Research

Participants of the research comprise of 30 volunteer students, 15 of whom are studying in the first class and the other 15 students are studying in the last class in a university, in Trabzon. Participants have been coded as K01, K02, K03, . . .K30 as a matter of the ethical rules of the research.

2.3 Data Collection Tool and Period

Semi-structured interview made by researchers was used as data collection tool in the research. In order to bring flexibility in the questions asked to the participants, and to achieve the research's objective this data collection tool has been preferred. Interviews had with the candidates of physical education and sport teaching have

been recorded with tape recorders by courtesy of the participants. Tape recordings have been transcribed and have been subjected to content analysis, and then themes has been formed. Afterwards, the data have been deleted as a matter of ethical rules.

3. FINDINGS

Findings obtained from the answers of physical education and sport teaching candidates to the interview questions used as data collection tool are represented with tables and graphics in the study conducted with the aim of searching the reasons of choosing this department by the students studying in physical education and sport teaching department and analyzing the satisfaction levels in physical education and sport teaching program.

Table 1. Reasons of the participants' desire for the department that they want to study while they are studying in high school

Rationales	Reasons	Frequency
Altruistic Rationales	Contributing to the Country	5
	Socializing	4
Internal Rationales	Emotional Factors	8
	The Effect of the Environment	20
External Rationales	The Effect of the Materiality	15
	Positive Aspects of the Profession	12

When Table 1 was analyzed, reasons of the physical education and sport teaching candidates' desire for the department that they want to study while they are studying in high school are collected under four titles as expressed by Çermik, Doğan and Şahin. Under the title of altruistic rationales theme of **contributing to the country**; under internal rationales title themes of **socializing and emotional factors**; under external factors title theme of **the effect of the environment**; and under self-seeking rationales title themes of **the effect of the materiality and positive aspects of the profession** were mentioned. When the answers of the participants were examined it is understood that candidates of physical education and sports teaching shape the department they want to study while they are studying in high school mostly depending on the external rationales. Teacher candidate coded K08 who indicates that external rationales are important factors expressed his/her opinion as "There was a boy studying electrical and electronic engineering in our neighborhood. He was always coming home with a different car and he was pretty handsome. So I wanted to study electrical and electronic

engineering.” Teacher candidate coded K14 expressed his/her opinion as “I had an interest in computer all my life. I was taking pleasure when I removed computer case, then collect and modify it. Firstly I broke our opposite neighbor’s computer. My uncle had a big impact on this. He had a new internet café. A new machine, a new fun and a new excitement. I assumed that my uncle’s impact was strong on my opinion.”

Rationales	Reasons	Frequency
Altruistic Rationales	Organizing basis of the Teams	4
Internal Rationales	Life Long Education	12
	Effects of Personal Characteristics	16
	Score Competence	24
External Rationales	Living in separate houses with family	18
Self-Seeking Rationales	Effect of the University	7

When **Table 2** was analyzed, reasons of the physical education and sport teaching candidates’ desire for the department of the physical education and sport teaching are collected under four titles as expressed by Çermik, Doğan and Şahin. Under altruistic rationales title theme of **organizing basis of the teams**; under internal rationales title themes of **life long education and effects of personal characteristics**; under external rationales title themes of **score competence and living in separate houses with family**; Under self-seeking title theme of **effects of the university** were mentioned. When the answers of the participants were examined it is understood that candidates of physical education and sports teaching shape the department they want to study while they are studying in high school mostly depending on the external rationales. Teacher candidate coded K22 expressed her/his opinion as: “After the exam results were announced, my family got a small shock when they saw my score. Expectation was very high, but I couldn’t meet that expectation. I didn’t want to prepare for the exam one more year. The following process would be so difficult for me. Because I was playing football since my childhood, my father said to me to become at least a teacher if I want to study in a university. This was not my dream, because of my father’s wish and my insufficient score I am here.” Teacher candidate coded K03 stated her/his opinion as “I have never been outside of Ankara since I was born. My friends studying outside of their hometown are always telling me how cheerful is to live in separate houses with family. If I had wanted I could have won a university in my city, but I wanted to live in my own house far away from my family. Because of this reason, I have chosen here.”

In diagram 1, physical education and sport teaching candidates’ opinions towards the question of which characteristics physical education and sport teacher should have are collected under six titles. Participants indicated that a physical education

and sport teacher should be well equipped in terms of **field knowledge**; should appeal to students in terms of **visuality**; if it is wanted to be successful in the education process, teacher should keep **discipline**; because the sport classes are mostly depend on practice teacher should have **practice skill**; also physical education teacher should have **love and respect** properties to do his job properly; and lastly physical education and sport teacher should have **pre-experiences** related to subjects to be able to instruct effectively. Teacher candidate coded K07 expressed her/his opinion as “When we say a teacher of physical education he or she must appeal firstly to the eye. In addition to this, a physical education and sport teacher should have practice skill since we will do practice in the lessons such as football, handball, basketball and volleyball. On the other hand, teacher candidate coded K25 stated her/his opinion as “I don’t say teacher a teacher who could not answer a question asked during the lesson. Teacher should be master on every subject, and should respond every kinds of questions. Teacher should never put a question mark in the minds, should be an expert in the field and provide satisfaction for students’ questions. If there is lack of information, teacher can never control the class and remains out of the profession.” Lastly, teacher candidate coded K12 explained hr7hi opinions as “I play football, and it makes me very upset that the entrance of someone who has never been to the football field before to my classes. If a teacher who is experienced and has played football before had given my football classes, it would have been more effective for me.”

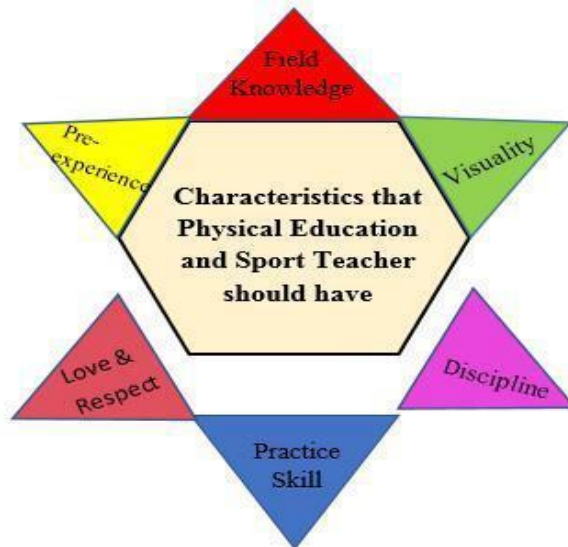


Diagram 1.Characteristics that Physical Education and Sport Teacher Should Have

Table 3. Effect of the process on the physical education and sport teaching candidates' opinion

Effect of the process	Themes	Frequency
Negative Effect	Course Load	12
	Negative Attitude	6
	Lack of knowledge of the field	14
	Regret	3
Positive Effect	Teaching Understanding	16
	Feeling of Sufficiency	13
	Gaining self-confidence	9
	Socializing	7

When table 3 was analyzed, opinions of physical education and sport teaching candidates about how their emotions and thoughts were influenced at the end of education process are collected under two different titles. Intended for the negative effects of the education process, themes of **course load, negative attitude, lack of knowledge of the field and regret** came into prominence; and for the negative effects of the education process themes of **teaching understanding, feeling of sufficiency, gaining self-confidence and socializing** came into prominence. At the end of the process, a teacher candidate with K17 code, who stated a negativity about lack of field knowledge had an impact on his own, indicated his/her opinion "At the end of the education for four years, in the practice school I went to this term I realized that I couldn't learn anything. I cannot say even the size of a football field to young students. This situation both caused me to be ashamed, and it caused sadness of being graduated from the education process without any qualification on the field. I am going to graduate with lack of field knowledge." Another teacher candidate with K01 code, who indicated that negative results showed up due to the excess of course load, expressed her/his opinion as "I have a eight course in a year, and these courses are tiring me a lot. For this reason, I have problems towards teaching and the department. Was it really important that I had such a busy course period?" While the teacher candidate coded K16, who stated that the education process brought competence to the candidate for teaching understanding, expressed her/his opinion as "As an individual who is thinking about being physical education teacher or doing a job outside, the process has given me the feeling and sense of being teacher. It is good to say that the continuation of the process was in this way." On the other hand, the teacher candidate coded K29 expressed her/his opinion as "My mother and father are teacher, and I was always watching them enthusiastically. I always wanted to be a teacher, but I did not see myself sufficient. What the education process has given me is that I qualified in this matter."

4. Conclusion And Discussion

This research has been conducted with the aim of both analyzing the factors that are influential on the reasons of choosing physical education and sport teaching department of physical education and sport teaching candidates; and questioning how much the level of satisfaction has changed during the process. It is deduced that candidates have various of causes on choosing their occupation in their ideals. The internal and external rationales stands out among the reasons why participants choose the department of physical education and sport teaching. This result issimilar to the results of Çermik, Dogan and Şahin (2010) studies while contradicting the results of Kartal and Taşdemir's (2011) studies when the expressions are searched especially about external factors in the choices of physical education and sport teaching candidates. It was seen that the ones who gave their preferences depending on external causes and benefits sees the occupation as guarantee for the future, and defines it as an occupation giving better opportunities. It is considered that the examination and evaluation system in our country is effective in the emergence of the external rationales as an important factor. Correspondingly, most young people sustain their education life in a department on which they do not want to study, or they choose the departments which they get no idea on in order not to face the problems that have occurred during examination process again. Sinclair (2008) remarks that attraction is not essential for teaching, is essential for the opportunities that the occupation will provide. In addition, none of the participants expressed the profession of physical education and sport teaching as the one in their ideal.

Çermik, Doğan ve Şahin (2010) defines the internal rationales as showing person's dreams and desires as a reason to own behavior; and self-seeking rationales as to performing one's actions in accordance with expectation. Students are obliged to tend towards the occupations outside of their interests rather than choosing appropriate occupation for themselves due to the students' self-seeking rationales and the education system in our country for choosing a profession. This appears as a negative factor in achieving professional success and personal satisfaction. The fact that students have internal rationales shows students can take the responsibility that the occupation requires; they see the profession as an appropriate occupation for themselves; and they love teaching profession.

Within the scope of the study, it is presented that candidates of physical education and sport teaching have several ideas about the profession, the features required for teaching profession, and the characteristics that a physical education and sport teacher should have.

At the end of the interviews, researchers realized that the participants could not distinguish the characteristics that physical education and sport teacher should have during education process with the characteristics an ordinary teacher should have when they compare. Participants did not mention especially the abilities of the participants on reflecting the ideas and opinions of Atatürk about science and technology on the applications in the teaching process, making social leadership, and making students to be aware of the importance and meaning of national holidays and ceremonies, and making them participate actively. The positive and negative effects of educational process on themselves were determined in accordance with the opinions got from the candidates of physical education and sport teaching. The participants have expressed that they had problems especially on the field knowledge and attitude for the negative effect of teaching process; they their self-confidence and tendency to the profession increased for the positive effect of teaching process.

It is considered that for the negative effect of the process on teacher candidates, the inadequacy of field knowledge derives from teaching the field courses with an education system based on rote learning; and being able not to associating the information learned in the process with real life throughout the teaching process. Additionally, it is considered that increasing participants' self-confidence towards the positive effects of the process on teacher candidates derives from making presentations and playing active role in lab practices in the courses during educational process.

At the end of the education process in university, when the candidates' opinions on their expectations about life was examined, it is discovered that candidates have positive and negative opinions about life. While most of the teacher candidates express positive opinion to provide economic freedom and academic career, even if just a little there are some candidates stating negative opinion because of the desire to study a new department. Teacher candidates who expressed a positive opinion on the idea of providing economic freedom was also indicated in the studies of Altun (2000), Dinç (2008) ve Sarıkaya ve Khorshid (2008). In the study in which the opinions of the students studying on the nursing department about choosing of occupation and professional practice was received by Şirin and the friends of her (2008), most of the students who were studying on nursing department indicated that they have some goals such as doing academic career at the end of the process. Similar results have been obtained within the scope of the study have been conducted. It is considered that the reason under the idea of teacher candidates who have a positive opinion such as having an academic career is seeing the teachers who are teaching at universities as in higher level than the teachers in ordinary schools. The opinion to get away from the stress of KPSS exam influence this

situation as well. The results of this study in which negative opinions were stated because of the desire to study a new department at the end of the process are parallel with the results of the study conducted by Beydağ, Gündüz, and Özer (2008).

5. Implications

In parallel with the results of this study which is conducted with the purpose to determine the opinions and satisfaction levels of physical education and sport teacher candidates towards physical education and sport teachers, the following suggestions might be offered;

- Seminars should be given to the candidates of physical education and sport teaching about the characteristics that a teacher must have in order to fulfill teaching profession.
- Students newly graduated from high school should be led to be able to do their university choices more consciously.
- The reasons of dissatisfaction of the physical education and sport teaching candidates who are dissatisfied for their department should be investigated.
- Studies should be done to regain the values and respect that the teaching profession should have.

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Summary

Department of Physical Education and Sport Teaching Students' Reasons of Occupational Choice and Satisfaction Levels

Akın Celik

Karadeniz Technical University, Trabzon

Burhanettin Hacicaferoglu

Provincial Directorate of Youth and Sports, Antalya

Samet Zengin

Avrasya University, Trabzon

In this study with descriptive quality, it has been aimed to investigate department of physical education and sport teaching students' reasons of occupational choice and satisfaction levels in their department. In accordance with this purpose, special case study method has been preferred in the research. This method has been considered appropriate because the study calls for answers to the questions "What?", "How?" and "Why?"; and provides an in-depth investigation environment. Participants of the research comprise of 30 volunteer students, 15 of whom are studying in the first class and the other 15 students are studying in the last class in a university, in Trabzon. Participants have been coded as K01, K02, K03, . . . K30 as a matter of the ethical rules of the research. Semi-structured interview made by researchers was used as data collection tool in the research. In order to bring flexibility in the questions asked to the participants, and to achieve the research's objective this data collection tool has been preferred. As the data obtained from the participants are in qualitative structure, the data have been subjected to descriptive analysis by using NVivo 9.0 Program, is a computer assisted qualitative data analysis program. Internal and external validity factors have been took into consideration for the validity of the research. For internal validity in the study, member control method was applied by the researchers; and for the external validity in the study, the data obtained from the participant group was presented to the reader in a rich and detailed manner. As for the reliability in the study, the consistency relation of the coding of the data obtained from the classification of two independent observer has been calculated as 0.72 (Kappa Reliability Co-efficient) by using NVivo 9 Program. Independent observers have reached an agreement for the different coding. During the data collection process from participants; data have been collected under the titles of the department in which students want to study in high school, and their reasons of wanting that department; reasons of choosing the department of physical education and sport teaching; the characteristics required for physical education and sport teaching; and the effects of education process on their opinions towards the department. In direction of obtained data, it has been realized that department of physical education and sport teaching

was in minority among the departments which the participants wanted to study in high school; and their reasons of choice of this field derive from self-interested and intrinsic reasons. With the help of the questions directed to the participants, it is understood that department of physical education and sport teaching students could not completely distinguish between sport expert and physical education teacher. Additionally, it has been noticed that education process has affected participants' opinions towards the department positively; and so, it would not be wrong to state the students has come out of identity confusion. In accordance with the data obtained from the research, it has been suggested that employment opportunities should be expressed more clearly for the students who are studying in physical education and sport teaching department; practices for professional development should be done; high school students should follow an appropriate way about their university preferences; and lastly, seminars should be organized incrementally to physical education and sport teachers for the theories and abilities that would be necessary during their occupational career.

Key Words: Department of Physical Education and Sport Teaching Students, Choice of Occupation, Satisfaction Level

Examination of State Anxiety Levels of Athletes Participating in Volleyball Competitions

Burhanettin Hacicaferoglu

Provincial Directorate of Youth and Sports, Antalya, Turkey

Serkan Hacicaferoglu

Recep Tayyip Erdogan University, Turkey

Recep Fatih Kayhan

Recep Tayyip Erdogan University, Turkey

Introduction

Biological and physiological theories and psychoanalytic teachings that have taken the personal structure and behavior of human into consideration have always included anxiety. Some researchers have considered anxiety as the primary force that created the personality, some of them assessed it as secondary, but as a factor that has an important role in the formation, development and manifestation of personality (Kaya and Varol, 2004).

In general sense, anxiety can be defined as an emotional reaction existing in human nature and shown against environmental and physiologic events, and in narrow sense, a type of experience that is felt consciously although its beginning is not conscious and that leads to some physical changes such as sweating, paling are observed. Anxiety is worry and distemper about the future. Waiting for an unknown and unrecognized danger can awaken uneasiness and distemper as a person's anxiety (Yavuz, 2002).

In this context, anxiety which is a process of internal and external events that develop in an unexpected and uncontrollable way is treated in two ways as state and constant anxiety. State anxiety is the fear that an individual feels due to stressful situations they are in and is an indication of the individual's feelings of

tension and uneasiness. Constant anxiety is the dependency of the individual on anxiety (Aral, 1997). It is a relatively constant concern that does not emerge according to a specific situation or time. Such anxious individuals may, at any time or in any case, get anxious (Terzioğlu, Koç and Yazıcı, 2013).

Feeling of anxiety may show different characteristics depending on the individuals. However, there are also some generally accepted approaches. An important source of anxiety is fear of failure. Successful and unsuccessful athletes may experience anxiety differently. Unsuccessful athletes are more anxious after competition (Budak, 2000). The perceived anxiety can negatively affect the athlete's ability to make the right decisions. As the level of anxiety rises, the athlete may have difficulty making the right decisions and exhibiting their talents. Excessive anxiety during the competition can make some movements that the athletes know very well and have done many times during the training be forgotten, as well as causing confusion in their emotions and make some movements in a negative way (Gümüş, 2002). A high level of anxiety affects athlete performance adversely (Gould and Krane, 1992). In this context, it is stated that the athletes have to exhibit their performances in case of anxiety at the beginning of the competition (Akarçeşme, 2004).

When the anxiety and intensity of stress experienced by athletes before or during a competition is considered, uncontrollable anxiety situations can negatively affect performance of athletes and cause failure. For this reason, it is stated that the level of anxiety of the athletes and the reasons of anxiety are very important in terms of the athletes and coaches who will cope with it (Başaran, Taşgın, Sanioğlu and Taşkın, 2009). Many top athletes owe their skills not only to their physical and physiological capacities, but also to their psychological characteristics. It is observed that sportsmen have the ability to prepare themselves psychologically, to motivate themselves, to manage their concerns and to determine goals (Koç, 2004).

In the light of this information, the level of anxiety of the athletes participating in the volleyball sports before the competition will be attempted to be determined considering the demographic variables of sex, age and playing time.

Method

The population of the study consists of 132 university athletes competing in 2nd league competition of Turkish University Sports Federation in 2016 and the sample of the study consists of 103 volunteer sportsmen randomly chosen from the population (TÜSF, 2016). According to Arli and Nazik (2001), it can be said that the sample number represents the population when it is taken into account that the

In the study, it was determined that there is a statistically significant difference in the pre-competition state anxiety of the athletes depending on the age variable ($F_{(2,100)}=.514$, $p<.05$). Therefore, it was determined that the athletes who are between the ages of 18-19 have more state anxiety prior to the competition than the other athletes, depending on the age variable of the athletes playing volleyball in terms of state anxiety situations.

Table 4. State anxiety behaviors of the athletes depending on the playing time variable

Playing time	N	%	Mean	Ss	Source of Variable	Square Total	Sd	Square Mean	F	p
Less than one year	47	45.6	2.42	.24	Inter-groups	.457	3	.152	2.456	.067
1-3 years	41	39.8	2.34	.23	Intra-groups	6.139	99	.062		
4-6 year	10	9.7	2.20	.33	Total	6.596	102			
7-10 years	5	4.9	2.29	.16						p>0.05
Total	670	100								

In the study, it was determined that there is no statistically significant difference in the pre-competition state anxiety of the athletes depending on the volleyball playing time variable ($p>.05$).

Discussion and Conclusion

It was determined that the statistical general arithmetic mean of the state anxiety situation of the athletes playing volleyball before the competition is 2.36 points. In this case, it can be said that the athletes playing volleyball in the study group experience state anxiety before the competition (below middle level). The reason for the high state anxiety values of the athletes before the match can be said to be the fact of the stress state of the athletes due to the intense experience of the athletes during competition period (Baştuğ, 2009). In the literature, there are many studies showing the increase of athletes' anxiety before the competition (Gould and Krane, 1992, Jones and Cale, 1991).

In the study, it was determined that there is no statistically significant difference in the pre-competition state anxiety of the athletes depending on the gender variable and they expressed their opinions in close scores in terms of point. Given the

studies related to the topic, Özgül (2003) states that there is no difference between state anxiety points of participant students in the study and Gacar and Karahüseyinoğlu (2010) point out that male athletes' anxiety level is lower than female athletes in their studies. Budak (2000), on the other hand, states that anxiety of woman is higher than males in stressful situations. Başaran et al. (2009), in their studies, indicate that there is a significant difference between pre-competition state anxiety levels of males compared to females. Yilmaz, Koruç and Acar (2004) found that there is a significant difference in the level of anxiety of female athletes before the competition in their study. On the other hand, some research results on anxiety indicate that there is no significant difference between the anxiety situations in terms of gender variable (Terzioğlu et al., 2013; Türkmen, Kul and Bozkuş, 2013; Özbekçi, 1989; Yücel, 2003).

In the study, it is determined that there was a statistically significant difference in the pre-competition state anxiety of the athletes depending on the age variable. Therefore, it was determined that the athletes who are between the ages of 18-19 have more state anxiety prior to the competition than the other athletes, depending on the age variable of the athletes playing volleyball in terms of state anxiety situations. In this case, it can be said that as the age progresses, the feeling of state anxiety of the athletes decreases. According to the results of the study conducted by Başaran et al. (2009) on the subject, participants with lower sport age stated that their state anxiety scores are higher than those with older sports age. Koç (2004), on the other hand, found that the participants are affected by increase of age levels less than factors affecting state anxiety levels and are able to control their emotions more. On the other hand, some research results for different athletes indicate that there is no significant difference in the anxiety of the athletes before the competition depending on the age variable (Bingöl, Çoban, Bingöl and Gündoğdu, 2012; Erbaş, 2005; Yücel, 2003).

In the study, it is determined that there was no statistically significant difference in the pre-competition state anxiety of the athletes depending on the volleyball playing time variable. Gümüş (2002) notes that there is a relationship between anxiety and sportive success in the study conducted on the subject, and that being experienced or inexperienced athletes is important for the level of anxiety. Turkmen et al. (2013), however, point out that in their study there is no significant difference between athletes' anxiety in terms of their experience in the team.

As a result, in this study conducted to determine pre-competition state anxiety levels of athletes in volleyball sports branch in terms of some variables, it was determined that the statistical general arithmetic mean of the state anxiety situation of the athletes playing volleyball before the competition is 2.36 points. In the study, it was determined that there is no statistically significant difference in terms of

athletes` pre-competition state anxiety states in terms of gender and volleyball playing time and there is a significant difference in terms of variable of age .

Suggestions

Athletes playing volleyball may experience intense stress and state anxiety before and during the competition. This can affect the performance and success of athletes adversely. In order to prevent this situation, coaches need to make programs for the development and rehabilitation of psychological skills of athletes as well as their physical and technical development. Also, coaches should remind athletes that losing is a result of competitions as well as winning and instead of tantalizing them as result-oriented, they should make programs which will drive negative emotional states away. In addition, suggestions that coaches will make for athletes should be in a positive way.

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Summary

Examination of State Anxiety Levels of Athletes Participating in Volleyball Competitions

Burhanettin Hacicaferoglu

Provincial Directorate of Youth and Sports, Antalya, Turkey

Serkan Hacicaferoglu

Recep Tayyip Erdogan University, Turkey

Recep Fatih Kayhan

Recep Tayyip Erdogan University, Turkey

This research was carried out in order to determine the state anxiety levels of the athletes participating in the volleyball sports branch in terms of some variables. The population of the study conducted by using general screening model consists of 132 university athletes competing in the 2nd league competition of Turkish University Sports Federation in 2016, and the sample of the study consists of 103 volunteer sportsmen randomly chosen from the population. In the study, the state (immediate) anxiety part of the state and trait anxiety scale was used. The responses of the athletes participating in the study to the scales according to their demographic variables were calculated by means of a statistical package program. Frequency, percentage, standard deviation, arithmetic mean, t-test and one-way analysis of variance (ANOVA) were used in the analysis of the data. At the end of the study, it was determined that the athletes' anxiety states, especially before the competition, are in the medium level with the arithmetic mean of 2.36 points in general. According to the variables of gender, age and volleyball playing time, it was determined that the athletes have similar pre-competition anxiety situations. In addition, it was determined that there are not any significant differences in terms of athletes' pre-competition anxiety states in terms of gender and volleyball playing time and there is a significant difference in terms of variable of age.

Key words: Anxiety, State Anxiety, Competition, Sportsman, Volleyball.

An Investigation of Physical Activity and Social Self-Efficacy of University Students: The Example of Turkey and England

Serdar Alemdag

Karadeniz Technical University, Turkey

Ceyhun Alemdag

Karadeniz Technical University, Turkey

Abdullah Bora Ozkara*

Karadeniz Technical University, Turkey

Introduction

It is generally desired and conceived pleasant by university students to be able to express themselves with ease, saying thoughts out loud and acting freely in their social environment. A lot of factors that affect the individual's social self-efficacy were found in the literature. Previous studies have consistently demonstrated that higher and lower levels of social self-efficacy are related with Shyness, depression, instrumentality, expressiveness (Hermann and Betz, 2004), physical activity, environment (Alemdag, 2012; Luszczynska, and et al., 2011; Temple, 2009; Iskender and Akin, 2010; XiaoXia, S. et al., 2016; Martin, J. J., and Kulinna, P. H., 2005; Motl, R. W. 2007), emotional well-being (Bandura, et al., 1996), loneliness and social dissatisfaction (Galanaki and Kalantzi-Azizi, 1999), ..vb.

Self-efficacy is the primary determinant of the social cognitive theory (Bandura, 1997) and is one of the strongest psychosocial predictor of physical activity and exercise (Netz and Raviv, 2004; Rogers, et al., 2005). Bandura suggests that an increased level of social support tends to lead to higher level of self-efficacy, which, in turn, leads to increased level of physical activity (Bandura, 1997). Physical activity interventions involve targeting social-cognitive variables. Social cognitive variables correlate with physical activity and are putative influences on volitional behaviour (Edmundson, et al., 1996; Parcel, et al., 1989). Many human problems are socio structural, not simply individual. Common problems require

solutions through collective action. Social cognitive theory extends the conception of human agency to collective agency (Bandura 1997).

Although no unitary definition exists (Smith and Betz, 2000), social self-efficacy is typically conceptualised as one's perceived skills and confidence in social situations (Caprara and Steca, 2005). Self-efficacy which is mostly related to interpersonal relationships is called social self-efficacy. It is defined as "an individual's confidence in her/his ability to engage in the social interactional tasks necessary to initiate and maintain interpersonal relationship" (Smith and Betz, 2000). Gecas (1989) noted that individuals with social self-efficacy are capable of initiating social contact and developing new friendships (Gecas, V., 1989). Furthermore, individuals with high self-efficacy are more confident in their abilities to successfully handle stressful situations and thus are more likely to adopt problem-focused, as opposed to emotion-focused, coping strategies (Bandura, 1986; Boyd, Lewin and Sager, 2009). Perceived social self-efficacy is concerned with people's beliefs in their capabilities of exercising control over their own functioning and environmental events (Bandura 1997). In social cognitive theory, perceived social self-efficacy operates in concert with other determinants in regulating lifestyle habits. They include the positive and negative outcomes people expect their actions to produce. These outcome expectations may take the form of aversive and pleasurable physical effects, approving and disapproving social reactions, or self-evaluative consequences expressed as self-satisfaction and self-censure (Bandura 1997).

Participating in physical activity has been associated with positive mood, greater self esteem and greater physical and psychological well-being (Brosnahan and et al., 2004) and beneficial for maintaining physical and mental health. Despite such benefits, the number of people who do not exercise regularly is relatively high worldwide (World Health Organisation, 2004). In addition, the majority of the populations across the European Union (EU), United States and perhaps worldwide do not engage in a sufficient level of physical activity to sustain or improve health (Caspersen et al 2000 and Martinez-Gonzales and et al., 2001). Moreover, there are noteworthy differences in physical activity levels between different nations, with Southern Europeans significantly less physically active compared to Northern Europeans. A majority of people who starts with an exercise programme tends to drop out within one year (Sallis and Owen, 1999). Stages of change for exercise have been studied for different populations (Cengiz, 2007; Wakui, Shimomitsu, Odagiri, Inoue, Takamiya, & Ohya, 2002; Prapavessis, Maddison, & Brading, 2004; Juniper, Oman, Hamm, & Kerby, 2004). These studies, in general, indicated that males are in higher stages as compared to females. However, most of the population was found in the lower stages. Similar to the findings, studies of these

general populations examining university students' exercise stages of change level indicated that most of the students were in lower stages (pre-contemplation, contemplation and preparation) (Cengiz, 2007; Wakui et al., 2002; Cardinal, Tuominen, & Rintala, 2004; Juniper et al., 2004; Keating, Guan, Huang, Deng, Wu, & Qu, 2005b). In addition, male students were in higher stages as compared to the stages of female students (Wakui et al., 2002).

Individually or collectively performed physical activities play a great role in establishing social relationships and aiding self-improvement. They support people in growing up and adjusting to community life, while creating an atmosphere for new friendships to emerge and finding a place in society. A gap in the literature reveals that more research is needed studying the influence of participating in physical activities on the social development of people. The relationship between the stages of change in exercise adoption and perceived social self-efficacy has not yet been researched in a comparative study of university students in Turkey and England. From this perspective, this cross-cultural study is considered to influence the literature greatly.

Method

Participants: Participants were 1087 (523 women and 564 men) students from Karadeniz Technical University and 232 (116 women and 116 men) students from University of Birmingham who completed a questionnaire package that included The Stages of Change for Exercise scale and The Perceived Social Self-Efficacy Scale for the 2014-2015 academic year.

Materials: *Personal Information Form:* It consists of four questions related to the independent variables studied in the present research. These are as follows: Student's gender, age, the presence of a family members interested in sports, and the presence of places suitable for physical activity in student's neighborhood.

Perceived Social self efficacy Scale (PSSE): Smith and Betz (2000) define social self-efficacy as "an individual's confidence in his or her ability to engage in the social interactional task necessary to initiate and maintain interpersonal relationship. The scale of perceived social self-efficacy (PSSE) consists of 25 rationally derived items that measure the level of confidence in a variety of social situations.

Stages of Change for Exercise Behavior Scale (SCEB): Students' exercise behaviour stages were assessed using a measure with five stages (Marcus, et al., 1992): These stages are Pre-contemplation, Contemplation, Preparation, Action

and Maintenance. The participants were required to select only one stage that best described their current exercise pattern. The participants whose responses classified them as being in the Action and Maintenance stages also reported the greatest weekly participation in physical activity. Those classified being in the Precontemplation and Contemplation stages were “nonexercisers.”

Procedure and Statistical Analysis: This research used questionnaires as data collection method. The questionnaires were distributed after obtaining the necessary permit from universities and consent form from students. The participation in the survey was voluntary. Descriptive statistics, t test, one-way ANOVA, Chi-Square and Pearson’s Correlation test were used as an statistical analysis.

Results

Socio-demographic characteristics of the 1087 University students from Turkey and 232 from England. The Turkish sample consists of 523 (48.1%) women and 564 (51.9%) man who negated the question. In the English sample the number of men and women were equal with 116 (50%). 447 (43.9%) of Turkish participant were younger than 21, 535 (49.2%) between 22-24 of age 75 (6.9%) were older than 25 in Turkey and 40 (17.2%) of English participant were younger than 21, 71 (30.6%) between 22-24 of age and 121 (52.2%) were older than 25 in England. 523 (48.1%) of Turkish participant’s family members interested in sport in contrast to 564 (51.9%) did not interested any sports in Turkey and 59 (25.4%) of English participant’s family members interested in sport and 173 (74.6%) did not in England. Finally, 771 (70.9%) Turkish participants lived close to sport facilities in contrast to 316 (29.1%) who did not in Turkey and 191(82.3%) English participants lived close to sport facilities in contrast to 41 (17.7%) who did not in England.

Table 1. T-Test for Perceived Social Self-Efficacy Between Turkey and England

Variables	Country	N	Mean	Sd	t	p
PSSE	TR	1087	90.11	18.71	2.85	.004
	ENG	231	86.36	15.90		

Table 1 shows that an independent sample t-test was conducted to compare students’ Perceived Social Self-Efficacy (PSSE) between Turkey and England. As we see from Table 1, there was a significant difference in the scores for PSSE in Turkey (M=90.11, SD =18.71) and England (M=86.36, SD=15.90) conditions; t

(1316) = 2.85, $p = .004$. These results suggest that Turkish university students have more PSSE than English university students.

Table 2. Chi-Square Test for The Stages of Change in Exercise Behavior Between Turkey and England

	STAGES	TURKEY	%	ENGLAND	%
SCEB	Precontemplation	222	20.4	8	3.4
	Contemplation	242	22.3	50	21.6
	Preparation	201	18.5	29	12.5
	Action	142	13.1	27	11.6
	Maintenance	280	25.8	118	50.9
	Total	1087	100	232	100

$$\chi^2 = 75.806, SD = 4, p < .001$$

Note: Pre-contemplation (“Do not exercise, do not intend to start”); Contemplation (“Do not exercise, thinking about starting”); Preparation (“some exercise, planning to do more”); Action (“Regular exercise, < 6 months”); Maintenance (“Regular exercise, > 6 months”).

Presented in Table 2, university students from Turkey and England differ in the stages of change in exercise behavior. In Turkey, the distribution of the sample consisted of 222 persons (20.4%) in the stage of pre-contemplation, 242 (22.3%) in contemplation, 201 (18.5%) in preparation, 142 (13.1%) in action and 280 (25.8%) in maintenance (Table 2). In contrast, the distribution of the sample consisted of 8 persons (3.4%) in the stage of pre-contemplation, 50 (21.6%) in contemplation, 29 (12.5%) in preparation, 27 (11.6%) in action and 118 (50.9%) in maintenance for the English sample (Table 2). The result show significant differences between the stages of change in exercise behavior of Turkish and English university students ($\chi^2 (4) = 75.806, p < .001$).

The correlation analysis indicates that (Table 3), there was significantly positive but low correlation between SCEB and PSSE variables for university students in Turkey ($r = .166, p < .001$). Consequently, an increase in SCEB leads to a low but significant increase in PSSE or vice versa. Moreover, we cannot see any significant correlation between SCEB and PSSE among university students in England ($r = .115, p = .80$).

Table 3. Corelation for SCEB and PSSE Between Turkey and England

VARIABLES	COUNTRIES	1	2
1. SCEB	TURKEY	-	

2. PSSE		.166**
<i>(P< .001)</i>		
SCEB	ENGLAND	-
PSSE		.115
<i>(P= .80)</i>		

SCEB: Stages of change in exercise behavior, PSSE: Perceived social self-efficacy

Discussion

The purpose of this cross-cultural study is the investigation of physical activity in relation to perceived social self-efficacy among Turkish and English university students. Some investigations for the stages of change in exercise behavior (SCEB) and perceived social self-efficacy (PSSE) were conducted in some countries. However, no study has yet touched the difference between Turkey and England. To fill this gap, the relationship between SCEB and PSSE was examined using data from university students from both countries. We found that perceived self-efficacy is significantly related to exercise behavior in Turkey. This is in line with the findings of other studies researching hearth disease and hypertensive patients (Buapapha, 2004; Tantayothin, 2004), undergraduate students (Alemdag, 2012), older adults (Anunsuksawat, 2006), and people recruited at a fitness centre (Wongvilai, 2004). It would appear that self-efficacy is a valid construct when looking at physical activity behavior in adolescents. Moreover, there was no significant relation between PSSE and SCEB for English university students. An unexpected finding was that there was no clear increase in self-efficacy between action and maintenance. This is not commensurate with the findings of Fallon et al., (2005). Callaghan et al., (2002) report that significant effects on self-efficacy were found for stage of change of young Chinese people. Overall, the English participant in this study tended to be more physically active then their Turkish counterparts. This result is triggered by the English culture and sport facilities in the neighborhoods.

We detected significant differences in stages of change between Turkish and English females as well as Turkish and English males. There was no significant differences in stages of change among the age groups of Turkey and England. Similar to our findings, Thogersen-Ntoumani (2009) pointed out that gender and age predicted stages of change in Greek seniors. Trost et al., 2002 report the same result for more general samples consisting of European and American adults.

While the findings of this study indicate that there were a significant differences in stages of change due to the availability of sports facilities in the neighborhood in the Turkish sample, no such result could be found for England. Environmental variables were related to stages of change for physical activity between general

adult populations (Trost et al., 2002; Ainsworth et al., 2003) and middle and old aged women (King et al., 2000). In addition to this, Meng Su et al., (2014) point out that perceived urban built environment attributes significantly correlate with leisure-time physical activity in Hangzhou, China. However, using a random sample of Australian seniors, Booth et al., (2000) identified only a non-significant trend between seeing other exercising in the neighborhood and adequate levels of physical activity. It is possible that the differences between the current findings and those of Booth et al., (2000) reflect cultural variation; that is people from more collectivist societies are more likely to have their behaviour influenced by the social environment in which they live.

We also examined the effect of parent interested in sports on stages of change between Turkey and Enland. We found that there were significant differences for both counties. Similar to our findings, Alemdag (2012) and Ozdinc's (2005) studies demonsrated that family members who are interested in sportspositively influence the stages of change in exercise behaviour of Turkish university students.

No significant differences in PSSE were apparent between Turkish and English female university students. However, there were significant differences between Turkish and English males. Hermann and Betz (2004) pointed out that social self-efficacy indicated no significant gender differences among undergraduate students at Midwestern University. Rachel Grieve et al.,(2014) identified that there is no significant gender difference among Australian university students. Moreover, Jinyan Fan et al., (2010) explored potential gender differences in PSSE mean scores in Chinese populations. These differences can be explain as cultural.

There were a statistically significant differences between age groups on PSSE in Turkey but none in England. Similarly, Alemdag (2012) pointed out that social self-efficacy differs significant among age groups of preservice classroom teachers in Turkey. This contrasts the findings of Aydiner (2011) who identified that social self-efficacy did not differ among age groups of Turkish university students. These differences may have arosen due to regional and cultural differences in students.

The result for PSSE for both countries did not differ when parents were interested in sports. In contrast, there were significant differences in PSSE of university students whose parents are not interested in sports between both countries. Alemdag (2012) indicates that differences in social self-efficacy are a result of family members being interested in sports among university students in Turkey.

We lastly looked the differences in due to the presence of sports facilities in the neighborhood between Turkey and England. We found that, there were no significant differences in PSSE between Turkish and English university students

who do not have suitable sport areas in their neighborhoods. In contrast to this findings, Alemdag (2012) pointed out differences in perceived social self-efficacy for Turkish university students with suitable sport facilities in their neighborhood. Having suitable sport facilities, where students can enjoy during exercise whenever they want, provide them an opportunity to meet with people from different culture which in turn may enhance their social self-efficacy (Alemdag, 2012).

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Summary

An Investigation of Physical Activity and Social Self-Efficacy of University Students: The Example of Turkey and England

Serdar Alemdag

Karadeniz Technical University, Turkey

Ceyhun Alemdag

Karadeniz Technical University, Turkey

Abdullah Bora Ozkara

Karadeniz Technical University, Turkey

The purpose of this cross-cultural study exposes physical activity participation in relation to perceived social self-efficacy (PSSE) between Turkey and England university students. The study group of the research consists of 1087 (523 women and 564 men) students from Turkey and 232 (116 women and 116 men) students from England who completed a questionnaire package that included The Stages of Change for Exercise Behavior scale and The Perceived Social Self-Efficacy Scale. Descriptive statistics, t test for independent groups, one-way analysis of variance (ANOVA), Chi-Square test and Pearson's Correlation test were used as an statistical analysis. Results show that the perceived social self-efficacy was a significant relation on stage of change for exercise behavior (SCEB) in Turkey but there was no significant relation between PSSE and SCEB in England university students, and university students in Turkey have more PSSE than university students in England. Furthermore, it was found significant differences for the stages of change for exercise behavior between Turkey and England and that university students living in England are significantly more physically active than students living in Turkey. This result could explain that England has more sport neighborhood and facilities than Turkey. We conclude that the cross-cultural effect on the stages of change for exercise is mediated by perceived social self-efficacy among university students in Turkey.

Keywords: Social self-efficacy, stages of change for exercise, university students

Type 1 Health Development Model Effect in Diabetes Management

Ercument Ergishi

IMBL Business Department, Institute of Social Sciences, Russian Federation

Introduction

Type 1 diabetes accounts for 5-10% of diabetics are all over the world (ADA 012a).

The incidence of type 1 diabetes in our country and / or there are no current studies that determine the prevalence (www.diyabet2020.org, Date of access: 03.04.2017). In our country, but 0 -15 years of age with type 1 diabetes incidence study conducted in 1996 by UÇADİVET-1, the ratio was found to be 2.52 years 100,000 (Hatun 2001, Saka 2003).

Local studies, as well as all over the world, shows that the increase of type 1 diabetes incidence and earlier age of onset registration (www.diyabet2020.org, Date of access: 03.04.2017).

Type 1 diabetes is the follow-up of patients who need to be conducted in pediatric endocrinologist centers, but in our country can not be achieved even in large cities seen it. Limited units available in pediatric endocrinology, diabetes nurse, a dietitian less, there is less and less in expert psychologists and social services. In this case, to provide a holistic service prevents diabetes in children and adolescents (www.diyabet2020.org, Date of access: 03.04.2017).

However, the planning of daily life in the control of blood glucose levels is an essential part of diabetes management. Diabetes, when managed effectively, preventing long-term complications are / is delayed but many adolescents with diabetes, diabetes management can not adapt to the individual characteristics due to various factors affected (Amsberg et al 2009).

Type 1 diabetes manage, four times a day to measure blood glucose, insulin injections, diet and exercise therapy as indispensable components adapt to very tight fit and can create a burnout adolescents because it requires continuity and responsibility (Greening, Stoppelbein, Konishi and Jordan 2007, Amsberg et al 2009). Adolescence begins with sexual and psychosocial maturation caused by the physical and emotional process, the independence of the individual and social productivity gains, too chronological ended without a specific time; rapid physical, psychological and social change with an original term (Çuhadaroğlu 2000).

The change in emotional emotions causes him to become sensual, to feel uncomfortable, to oppose, or to be afraid in many ways. The purpose adolescent and adults to be independent, to be able to give direction to life as he wants. They immediately accepted the rules are not required to comply (Yavuzer 2005).

Adolescents with chronic diseases, causes anger will lead to the prevention of emerging independence. Diabetes is a chronic disease which, if you create a situation that will prevent adolescent relationships with peers, compatibility problems may be more common. Rules and functioning of the questioning in this age, diabetes, creates conflict between adolescents and authority figures (Erdoğan ve Karaman 2008) and it may cause a negative impact on the adolescents' diabetes management. Diabetes education is an integral part of diabetes and glycemic control is provided by diabetes education in the world, which reduced hospitalizations and complications that delay / prevent it are accepted. Education is effective management of diabetes and metabolic control has been proven by research to improve (Leite et al 2008, Cochran ve Conn 2008, Nansel et al 2007).

Diabetes education should be based on therapeutic patient education policy. Therapeutic patient education, patient is a patient-centered approach and requirements, focus on the possibilities and values. Therapeutic patient education not only improve the knowledge and skills associated with the disease but also ensures active participation of individuals in their treatment and care. In particular, increases the quality of life for individuals with chronic diseases such as diabetes, prevention of diabetes provides therapeutic compliance and complications (Golay, Lager, Chambouleyron, Carrard and Lasserre-Moutet 2008).

Diabetes educators (nurses pediatrician, endocrinologist, dietitians, psychologists, etc.), different teaching models in diabetes education / theories uses (Bonnet, Gagnayre ve D'Ivernois 1998).

Adolescents whose faculties are causally related to cause-effect relationships are different from adults. This feature development of adolescents should be considered in diabetes education (Rankin and Stallings 2001).

The adolescent feeling of discomfort to many changes in housing, leads to defy or fear. The purpose adolescent and adults to be independent, to be able to give direction to life as you want (Yavuzer 2005).

Therefore, there should be no addition to the family in the process of independence of the adolescent diabetes education is important (Rankin and Stallings 2001).

Therapeutic education of diabetic individuals should not only aim at improving the individual's abilities but at the same time aim at behavioral change. This is the most

difficult part of the therapeutic education. Behavior change is a condition that can be carried out step by step creation of (Golay, Lager, Chambouleyron, Carrard and Lasserre-Moutet 2008).

Diabetes and diabetes management behavior-based approach for individuals to develop their skills in self-management is recommended (Golay, Lager, Chambouleyron, Carrard and Lasserre-Moutet 2008, Amsberg et al 2009).

In the last decade, the effects of these models and approaches in therapeutic education have been clearly seen (Golay, Lager, Chambouleyron, Carrard and Lasserre-Moutet 2008).

According to the principle that therapeutic approaches should be specific training adolescents. Adolescent-specific teaching methods used when diabetes management may be adversely affected (Amsberg et al 2009).

Metabolic control, especially in adolescence growth hormones, general health, stress, and so on. Also influenced by many factors (Cook et al. 2001, Silverstein et al. 2005).

Pathophysiology of Type 1 Diabetes

Type 1 diabetes comprises 5-10% of people with diabetes. This form of diabetes, the autoimmune destruction of pancreatic beta cells that results in the individual's insulin-dependent or childhood-onset is seen as (Guariguata, Whiting, Weil, Unwin, 2011: 322).

One of the characteristics of Type 1 diabetes is the presence of neuroendocrine adaptive responses to the protein. One such protein Glutamic acid decarboxylase (GAD 65) is. GAD; A strong inhibitory neurotransmitter and neurophysiological function which is an important component D-amino butyric acid (GABA) is an important enzyme in the synthesis.

GAD / GABA, nerve cells are found in organs such as the pancreas and non-neural cells, especially certain (Reetz, Solimena, Matteoli, Folli, Takei, DeCamilli, 1991: 1275).

Islet is stored in synaptic vesicles in beta cells (Sorenson, Garry, Brelje, 1991: 1365). Although the functional relevance is not known with certainty, it is considered to have a paracrine effect in modulating the secretion of glucagon in the alpha cells (Wendt, Birnir, Buschard, Gromada, Salehi, Sewing, Rorsman, Braun, 2004: 1038). Antibodies generated against GAD are an important determinant in the risk and progression of autoimmune diabetes (Townes, Pietropaolo, 2011: 847).

GAD and other islet autoantigens positivity of Type 1 diabetes autoantibodies determine the accurate and reliable application (Achenbach, Warncke, Reiter, Naserke, Williams, Bingley, Bonifacio, Ziegler, 2004: 384).

Materials and Methods

Type of research

The research was semi-experimental and was performed in the form of pre-test and post-test in one group.

Location and Time of the Study

The data were used to identify the form of puberty with diabetes and the use of the Type 1 diabetes assessment form.

The Universe of Research and Sampling

The aim of this article is to determine the level of effectiveness of diabetes education based on health promotion model in diabetes management of adolescents aged 13-17. The study was conducted with 36 type 1 diabetic patients in a special hospital in the Pediatric Endocrine and Metabolism Outpatient Clinic between the ages of 13-17 in the form of pre-test and post-test.

Data Collection Method

The data were used to identify the form of puberty with diabetes and the use of the Type 1 diabetes assessment form.

Findings

This section with type 1 diabetes for adolescent and family demographic characteristics, treatment compliance / complications / symptoms related to metabolic measurement results in Table 1 are included.

Table 1. Distribution of Adolescents with Type 1 Diabetes Related Features

Property		s	%
Gender	Woman	19	52,8
	Male	17	47,2
Education Status	Do not go to school	2	5,6
	Primary education	10	27,7
	High school	24	66,7
Mothers Training Status	Not literate	5	13,8
	Primary education	24	66,7

	High school	6	16,7
	University	1	2,8
Father Educational Status	Not literate	0	0
	Primary education	23	63,9
	High school	10	27,8
	University	3	8,3
The presence or absence of a Type 1 diabetic sibling	Yes	2	5,6
	No	34	94,4
Age of diabetes	1-3 years	6	16,7
	4-6 years	15	41,7
	7-9 years	8	22,2
	10-12 years	6	16,7
	13-15 years	1	2,7
Blood Glucose Measurement Frequency (per day)	1 times	1	2,8
	2 times	3	8,3
	3 times	8	22,2
	4 times	18	50,0
	5 times	5	13,9
	6 times	1	2,8
Diabetes Education Receiving Status	Nurse	21	58,3
	Doctor	2	5,6
	Diabetes camp	2	5,6
	Diabetes Education Taken to remember those who	11	30,6
Status of Staying in Last One Year	Yes	8	22,2
	No	28	78,8
Acute Complication / Hypoglycemia / In the Last Month	1-3 years	7	19,4
	4-6 years	8	22,4
	7-9 years	6	16,7
	10 times and over	9	25,0
	Never	6	16,7
Acute Complication / Hyperglycemia / In the Last Month	1-3 years	6	16,6
	4-6 years	8	22,2
	7-9 years	4	11,2
	10 times and over	12	33,4
	Never	6	16,6
TOTAL		36	100,0

Surveyed, 36 type 1 diabetic adolescents age ranged between 13-17 and the average age of 15.2 ± 1.09 . 52.8% of respondents (n = 19) to the girls and 47.2% (n = 17) of them were male. When education status was examined by 5.6% (n = 2) of

them did not go to school, 27.7% (n = 10) reported that they continued to primary education, 66.7% (n = 24) it shows them it continued to high school. 66.7% of mothers (n = 24) have primary, 16.7% (n = 6) have high school graduate. The Father of 63.9% (n = 23) u primary education, 27.8% (n = 10) are graduates of high school. type 1 diabetic adolescents surveyed 94.4% (n = 34) patients with type 1 diabetes does not have any siblings. Adolescents with diabetes participating in the study the average age of 2.47 ± 1.05 't. This is 41.7% of those adolescents (n = 15) with diabetes aged 4-6 years, 22.2% (n = 8) of them from diabetes age it is between 7-9 years. Type 1 is observed that measure blood glucose every day all those adolescents with diabetes. Daily average blood glucose of 3.72 ± 1.00 times (at least 1kez maximum of 6 times) is measured. 50.0% of participants (n = 18) that they measure blood glucose at the 4 times a day. Participated in the study participants, 69.4% (n = 25) as a diagnosis of diabetes they received diabetes education after being introduced, 30.6% (n = 11) of them while they receive training after they diagnosed diabetes but education stated that they remember almost none of it and what is taught who gave . Considering they receive from and where the diabetes education 58.3% (n = 21) the reputation of the diabetes nurses, 5.6% (n = 2) from the doctor sini's, 5.6% (n = 2), while they receive training from the tray diabetes camp. When the duration of education of diabetes educators was examined, it was seen that 33.3% (n = 12) of the participants were educated for one week and the others were educated during 6 days to one month or during regular checks. While 52.8% (n = 19) of the participants were educated, 8.3% (n = 3) were individual and 8.3% (n = 3) were both group and individual educated. 22.2% (n = 8) of adolescents with type 1 diabetes admitted to the hospital with diabetes at least once in the past year. And 77.8% (n = 28) did not go to hospital with the cause of diabetes within the past year. Diabetic ketoacidosis was found in 11.1% (s = 4), blood glucose regulation was 5.6% (s = 2) and blood glucose control was high in 5.6% (s = 2) when the causes of hospitalization in the hospital were examined Blood glucose. When acute complications of type 1 diabetic adolescents were evaluated, hypoglycemia occurred 10 times and 25% (n = 9) and over, and 19.4% (n = 7) 1-3 times in the last month. When hyperglycemia was diagnosed within the last month, it was experienced 10 times or more and 33,4% (n = 12) and 22,2% (n = 8) 4-6 times. 36.1% (n = 13) had no health, 36.1% (n = 13) did not feel anything, and 36.1% had no feelings when they answered the question "What makes you feel like being diabetic? 13.9 (n = 5) felt that they felt different and 13.9% (n = 5) stated that diabetes was a very bad thing.

Results

It was observed that 69.4% ($n = 25$) of the adolescents participating in the study had diabetes education and 58.3% ($n = 21$) of these individuals had received diabetes education when they were diagnosed with diabetes education after taking the diagnosis of diabetes. Diabetes education has proven effective in the management of diabetes through research is extremely important. When the literature is examined, it is seen that studies on the effect of diabetes education on diabetic children / adolescents with type 1 diabetes on metabolic control have been made in 1990s. Rubin, Perrotta and Saudek (1989), the 165 diabetes are tabulated regular training throughout their study with the participation of six months to people with diabetes and such training results in people with diabetes were found to improve as the case before training diabetes management and metabolic control. In a study conducted by Delamater et al (1990) on the effect of diabetes management training on metabolic control within the next 2 years, 36 children in the 3-16 age group were trained and the metabolic controls were found to be better than those who did not. In Couper, Taylor, Fotheringham and Sawyer (1999) 's study, 69 type 1 diabetic adolescents between the ages of 12 and 17 were visited at home for six months, followed by diabetes education for 18 months. As a result, it was determined that diabetes management and metabolic control of the given group showed improvement according to the control group. In Sidorov et al (2000) study, 5332 volunteer diabetics participated in the "disease management program", in which 84% of diabetic patients had a decrease in HbA1c values in the first 3 months, while 663 diabetic subjects continued to watch for one year had a decrease in insulin and oral antidiabetic drug doses respectively. Cook et al (2002) 's work on problem-solving types of education between the ages 13-17 1 diabetes is detected improvement in diabetes care behaviors and metabolic control in adolescents. Gage et al (2004) in the 9-21 age type of diabetic adolescents with diabetes education and the work they studied carried out research on psychosocial interventions and Warsi, Wang LaValley, Avorn, Solomon (2004) 's chronic diseases in a systematic review of their work self-management education similar results were determined. Nansel et al (2007) 's 11-16 years with type 1 diabetes as a result of improvements in HbA1c diabetes management education they gave about the adolescents were seen. In the study of Liebman, Heffernan and Sarvela (2007), similar results were obtained with education given to children with low-income type 1 diabetes over 3 years of age. In a study by Leite, Zanim, Granzotto, Heupa and Lamounier (2008) investigating research related to diabetes education between 2000-2007, 40 studies were examined and the positive effect of diabetes education on glycemic control was emphasized. The meta-analysis of Cochran and Conn (2008) on adult diabetic individuals also found parallel results with other studies. It is thought that it is inevitable that all diabetic adolescents should go through basic

education because it is possible to improve the metabolic control of diabetes educated adolescents as well as the acute and chronic complications of diabetes. According to the results obtained from the research, it is very thought-provoking to say that about 30% of the adolescents do not remember what they were taught when they were educated. Diabetes mellitus plays an important role in the formation of positive behavioral changes in the diabetic individual and in the success of established education programs within the diabetes team. Fitzner et al. (2008) 's "diabetes educators" and "diabetes management" keyword role in the years 1995-2008 with the work they published articles in diabetes nurse scans of diabetes and the importance of education is emphasized. Funnell et al. (2011) 's standards they created about the diabetes education is seen that also included the training of nurses in diabetes associated with diabetes management team. It is believed that the ineffectiveness of 30% of adolescents in diabetes education provided by the nurses in the research is due to the fact that education is not standardized and continuous. The study has been given a standardized training based on SGM and the Full Learning Theory and its positive results have been seen. As a standard education has certain rules and steps, all diabetes can get a chance to receive education until it is at an equal level. Not every teenager has the same learning ability. However, in our country, diabetes nurses are thought to be inevitable as a result of the training they give with their own efforts and dedication without research.

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Summary

Type 1 Health Development Model Effect in Diabetes Management

Ercument Ergishi

IMBL Business Department, Institute of Social Sciences, Russian Federation

The aim of this article is to determine the level of effectiveness of diabetes education based on health promotion model in diabetes management of adolescents aged 13-17. The study was conducted with 36 type 1 diabetic patients in a special hospital in the Pediatric Endocrine and Metabolism Outpatient Clinic between the ages of 13-17 in the form of pre-test and post-test. The data were used to identify the form of puberty with diabetes and the use of the Type 1 diabetes assessment form.

The Type 1 diabetes management module on which the health promotion model was based was provided with training to communicate with each other. The ability to manage diabetes mellitus ($p = 0,000$) and self-efficacy levels ($p = 0.002$) developed in adolescents as a result of the presentations. There was no change in the level of commitment of these abilities ($p = 0.958$). Increased diabetic knowledge levels of adolescents with education were observed ($p = 0,000$).

As a result, trainings planned to be given under the Type 1 diabetes management module can be recommended as an effective model for improving the ability of individuals with type 1 diabetes and adolescents to manage diabetes mellitus. In this way, the Pediatric Endocrine and Metabolic Polyclinic will be able to bring the training programs planned by the health workers into a determined standard.

Keywords: Diabetes, Diabetes management, Ergene, health promotion module,

The Effects of Moderate Level Aerobic Exercise on Caregivers of Patients with Alzheimer Disease: Randomized Controlled Study

Tuba Uyar

Rize Kackar State Hospital, Turkey

Akin Celik

Karadeniz Technical University, Turkey

Fatih Koca

Karadeniz Technical University, Turkey

Introduction

The concept of health has gradually changed in recent years and it became a more dynamic and easily adaptable to everyday life and personally editable condition. Social health concept allows people to participate in social activities and targets independence despite chronic diseases. These new perspectives are becoming increasingly widespread (Huber, Machteld et al., 2011).

Aging of the population all over the world has led to a gradual increase of chronic diseases and therefore the number of primary caregivers increased. In Turkey, the proportion of the elderly in the general population is increasing over the years as well. Turkey's population according to the census carried out in 1990 revealed that while the population in Turkey increased 11% over 5 years, the population aged 60-65 increased by 44%. In Turkey, the population over the age of 65 is 6% of the whole population (Yikilkan, Aypak, & Gorpelioglu, 2014).

Functional disability and neuropsychiatric symptoms are observed in Alzheimer's disease (AD) due to progressive cognitive decline (Steinberg et al., 2009). Giving care for patients with dementia is becoming an increasingly common family experience (Castro et al., 2002). Previous studies have been highlighted the

importance of burnout syndrome, depressive findings and their negative impacts on quality of life of the caregivers of the patients (Bauer et al., 2000; Castro et al., 2002). One of the most probable reasons for this reduction in quality of life and health status of caregivers is the lack of regular exercises which positively support physical and psychological health. As already known, doing regular exercises reduces cardiovascular risk factors, stress, and depression and increases the sleep quality (King, Taylor, & Haskell, 1993). Previous studies showed that the rate of regular exercise in caregivers who provide care for long periods in the day is low (Burton et al., 1997; Castro et al., 2002). Therefore, searching the physiological effects of exercise on health of the caregivers is essential. To date, negative factors that affect caregivers have been investigated whereas quite a few studies focused on positive factors. In a pilot study, the interest of caregivers to physical activity programs have been identified as high and the authors showed that caregivers can physically adapt to life styles successfully (Castro et al., 2002).

Giving care for patients with chronic diseases is a very difficult process that requires support for patients and caregivers as well. This role is shaped by sociocultural and economic factors and it can become even more difficult. Since care is not a foreseeable situation, adaptation takes time. The role also may be more severe depending on the severity of the patient and the disease. A process begins that surrounds the lives of caregivers both physically and emotionally. Several studies have been reported that the relationship between the caregivers and the patient may affect the burnout. In addition to this, this condition indirectly affects the patient. Caregiver's trouble and quality of relationship between the caregiver and the patient determines the emergence of depression and anxiety symptoms (Etkin et al., 1997; Pearlin et al., 1990). Numerous studies have been reported the high incidence of depression, anxiety, hypertension, peptic ulcer and other stress associated disorders in caregivers of patients with Alzheimer's disease (Knight, Steven, & Felice, 1993; Schulz & Scott, 1999)..

It is a devastating picture for caregivers that patients with Alzheimer's disease become unable to recognize their spouse and children due to destruction of their memory. In contrast, there are also some reports in the literature that the actual burnout symptoms of caregivers are not cognitive functions but other clinical pictures specific to the disease (Tarlow & Diane, 2000). Studies that primarily evaluating the impairment in cognitive functions showed higher depression, anxiety and burnout scores in caregivers of older people with dementia compared to caregivers of older people without dementia (Etters et al., 2008; Kucukguclu et al., 2017) . Psycho-rehabilitative services arranged according to the needs of the patient and caregiver may increase the quality of the care, reduce the stress of the caregiver and increase quality of life of the patient. While a relative improvement

in the mental and physical health of caregivers were achieved with studies on this issue, it has been reported that significant improvements in terms of increasing the number of centers for patients, and facilitating access to centers have been accomplished (Christofolletti et al., 2011; Lecture, Wolffe, & Wolffe, 1994).

Even with phone calls made by the physician at regular intervals, the mortality of patients was reduced and reaching health care in the primary care setting was made easier. Increased knowledge on medical problems and compliance to drugs lead to increased awareness on psychiatric problems such as depression and anxiety of patients and caregivers (Christofolletti et al., 2011). In the light of this views, within the scope of our project to realize social integration of the patients with chronic neurodegenerative disease and their caregiver relatives, improve their quality of life and psychosocial support, this study was conducted as a separate research topic.

Hypothesis

Regular moderate level physical activity in young and older individuals reduces the cardiovascular disease risk and increases the quality of life. It also creates wellbeing in certain conditions including coping with stress, depressive symptoms, and improvement in sleep quality which are common in caregivers for older people. The present research is the first systematic study investigating the effects of physical activity in caregivers of dementia patients in our country. Similar studies in the literature have shown that physical activity significantly increases the quality of life of caregivers (King et al., 2002). The aim of the present study was to investigate the effects of regularly exercising on anxiety and depression levels of caregivers who provides moderate level dementia care.

Method

Procedures

Participants were attended the “I am active, live well and long” study program in our hospital. The following information of the participants was recorded: date of birth, gender, duration caregiving for the patient with dementia and degree of relationship with the patient. Physical examinations of the participants were performed. Vital signs, blood and electrocardiography tests were observed. Clinical history of the participants was also retrieved.

Exercise Group

Participants with cardiovascular and respiratory illnesses that do not allow exercise were excluded from the study. Drug treatments of the participants during the 12 weeks period were followed. Participants doing regular weekly exercise and using antidepressants were also excluded from the study. A moderate level aerobic exercise program was performed with participants 35-40 minutes a day, three times a week during 12 weeks period by a sports instructor and a Pilates instructor in our hospital. Participants were accepted to program as 10 person in each group. This aerobic exercise program included 15 minutes of arm strengthening, 15 minutes of leg strengthening and 20 minutes of brisk walking on the treadmill. Written informed consent was obtained from each participant. Body heights of the participants were measured. Beck Depression Inventory, Beck Anxiety Inventory and body weight measurements were performed in both groups before and after exercise program.

Control Group (diet education)

Participants were chosen randomly. Participants were followed up weekly by a dietician and a healthy diet program was applied. Before the study was started written informed consent was obtained from each participant. Body heights of the participants were measured. Beck Depression Inventory, Beck Anxiety Inventory and body weight measurements were performed in both groups before and after exercise program.

Outcome Measures

Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were performed to participants. Depressive symptoms were evaluated according to BDI. This self-reported 21-item questionnaire evaluates the motivational, somatic, cognitive, and emotional symptoms of the person. The purpose of this scale is not to diagnose depression but to objectively assess the severity of the existing depressive symptoms. BDI scores are graded as follows: <13, no depression; 14-19, low grade depression; 20-28, moderate grade depression; 29-63, severe depression. Persons with BDI scores equal or greater than 17 indicate depression (with 90% accuracy) that should be treated.

Anxiety symptoms were evaluated with BAI. BAI is also a self-reported inventory in which symptom severity is graded as 0, 1, 2, and 3. Total BAI scores are graded as follows: 0-7, minimal; 8-15, mild; 16-25, moderate; 26-63, severe.

Data Analysis

The goal of the study was to examine the effect of physical activity on the participants, who help the patients with Alzheimer's disease. Accordingly, the researchers conducted descriptive and inferential statistics to examine the impact of the treatment. The research findings were discussed below.

Results

Sociodemographic characteristics, gender, age, and weight as well as the outcome measures of the baseline, were compared using the independent sample t-test and descriptive data statistics. The sample included a group of 40 participants (21 in the treatment group, 19 in the control group) aged 48 to 72 years ($M = 58.6$, $SD = 6.76$). A total of 33 participants were female and 7 were male. The independent sample t-test was conducted to test whether or not there was any difference in terms of age between the treatment and control groups. The findings indicated that there was not any significant difference between the groups ($t(38) = .328$, $p = .75$). The demographic characteristics of the participants were presented in Table 1 and Table 2.

Table 1: Descriptive statistics of the participants' gender

	The Treatment		The Control	
	N	%	N	%
Female	17	81	16	84
Male	4	19	3	16
Total	21		19	

Table 2: Descriptive statistics of the participants' age

	Treatment		Control	
	M	SD	M	SD
Female	57.88	1.57	57.38	1.76
Male	59.75	2.96	67.33	0.33
Total	58.24	1.36	58.95	1.71

In addition, we analyzed the distribution of the participants in terms of the severity of depression symptoms. A total of 7 participants were in the normal (% 17.5), 20 (%50) were in low level, 8 (% 20) were in middle, and 5 (% 12.5) were in high rank of the severity regarding the depression. Furthermore, we conducted the independent sample t-test to see if there was any group difference between baseline outcome variables (i.e., depression and anxiety). As showed in Table 3, the participants' baseline depression and anxiety scores were relatively low to medium.

Based on the findings, no statistically significant difference for depression scores ($t(38) = 0.543, p = 0.59$) and anxiety scores ($t(38) = 1.561, p = 0.13$) were observed. In this sense, the participants in the treatment and control groups were assumed equal for baseline outcome variables.

We conducted ANCOVA to examine the impact of the treatment on the participants' depression and anxiety tendencies. The mean and standard deviation of pre- and post-test scores of dependent variables for each group were shown in Table 4. The study findings showed that an ANCOVA revealed a main effect of the treatment on depression, $F(1, 38) = 5.16, p < .05$. In other words, there was a statistically significant decrease in depression severity for the treatment group after controlling the pre-depression level for both groups. In addition, the effect size for the main affect was moderately high (.12). For anxiety, there was a statistically significant main effect of the treatment on the anxiety level after controlling the baseline scores for the treatment and control groups, $F(1, 38) = 4.13, p < .05$. The power of the main effect was moderately high (.09). The findings and baseline means of each outcome variable were summarized in Table 5.

Table 4: Depression and Anxiety Pre- and Post-Test

	Pre-Test		Post-Test	
Depression	M	SD	M	SD
Treatment	18.38	5.66	17.05	4.86
Control	19.37	5.82	20.74	5.41
Anxiety	M	SD	M	SD
Treatment	18.71	4.76	16.43	3.69
Control	16.53	4.02	17.00	4.15

Table 4: ANCOVA findings and estimated marginal means and standard deviations for the study variables

Depression	M	SD	F	P	η^2
Treatment	17.05	4.87	5.16	0.02*	0.12
Control	20.74	5.42			
Anxiety	M	SD	F	P	η^2
Treatment	16.43	3.68	4.13	0.03*	0.09
Control	17.97	4.67			

$p < .05^*$

Discussion

The goal of the study was to examine the impact of the physical activity as a treatment on the patients' relatives' depression and anxiety scores. Findings showed that the current treatment had statistically significant and moderately high effect on the decrease in their depression and anxiety problems. Previous studies clearly pointed out that burnout syndrome, depressive findings and their negative impacts might be crucial factors on quality of life of the caregivers of the patients (Bauer et al., 2000; Castro et al., 2002). Accordingly, one of the most probable reasons for this reduction in quality of life and health status of caregivers is the lack of regular exercises which positively support physical and psychological health. Furthermore, previous studies in the literature showed that 78% of the average caregivers has mild depression and increased anxiety and stress in addition to reduced social support was observed in this group compared to general population (Bending et al., 1956; Castro et al., 2002; Rankin et al., 1994). In another study, depression was not observed approximately 50% of the caregivers of dementia patients after patient loss (Zhang et al., 2008).

The current preliminary and exploratory research findings showed that regular physical exercise increased the activity of neuronal activity by triggering brain blood flow and oxygenation and results in a positive effect on mental states (Mueller, 2007). In this context, regular physical activities such as walking and aerobic exercise may reduce neuropsychiatric conditions in patient caregivers who require ongoing care such as dementia. Similarly, the current research showed that there was statistically substantial improvement in the caregivers' the depression, anxiety, and burnout symptoms as compared to the control group due to the impact of physical exercises. Moreover, as previous studies indicated that the impairment in the care givers' cognitive functions might improve by physical activity (Etters et al., 2008; Kucukguclu et al., 2017). Aforementioned, giving care for patients with chronic diseases is very difficult process for the caregivers, and therefore, it is crucial to provide social, emotional, and physical support for them. Accordingly, the present study was the first study on this subject in Turkey and therefore the results might be important to extend the impact for a larger treatment program over Turkey to help out the caregivers.

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Summary

The Effects of Moderate Level Aerobic Exercise on Caregivers of Patients with Alzheimer Disease: Randomized Controlled Study

Tuba Uyar

Rize Kackar State Hospital, Turkey

Akin Celik

Karadeniz Technical University, Turkey

Fatih Koca

Karadeniz Technical University, Turkey

The purpose of the present study was to investigate the effects of a moderate level aerobic exercise program on health and psychosocial performance of caregivers of Alzheimer's patients at home. Study population was randomly selected volunteers of primary caregivers for Alzheimer's patients who followed up at the neurology department of RizeKaçkar State Hospital. Forty participants were divided into two groups as exercise group (n=20) and control group (n=20). Exercise group were evaluated for cardiovascular and respiratory diseases. Exercise program consisted of moderate level aerobic arm-leg stretching and strengthening exercises 35-40 minutes a day and 3 days a week during 12 weeks study period. Control group was interviewed weekly by a dietician. Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI) and body weight measurements were performed in both groups before and after exercise program. The current study conducted ANCOVA analysis to test the impact of the treatment effect on the participants' depression and anxiety symptoms. Findings indicated that there was a statistically significant effect of the physical activity on the participants' depression and anxiety scores, $F(1, 38) = 5.16, p < .05$ and, $F(1, 38) = 4.13, p < .05$ respectively. The moderate level aerobic exercise is an effective method to improve psychosocial performance of caregivers of patients with Alzheimer's disease.

Keywords: Dementia caregivers, health promotion, effects of exercise on caregiver burden, depression treatment

Examination of Home Healthcare Services: A Field Study

Hanife Avcı

Bandırma State Hospital, Turkey

Arzu Turkmen

South Russian University, Russian Federation

Introduction

In near future, it is known that elder population will have high ratio among the total population. Requirements of aging population are varied in line with the extension of life time. Studies performed on this subject indicate that elder population utilizes the healthcare service more than younger population and also researches indicate that elder individuals tend to remain in hospitals for longer periods. Elderly problems are required to be studied with multidisciplinary approach in this period. In recent days, homecare services are generally provided by private sector and it is known that government provides this service to certain groups within limits. In fact, homecare services commonly reduce treatment costs, raise the health level and provide convenience to elder individuals requiring homecare services. Providing healthcare services at home has important role relating to socially enabled cost advantages, protecting health level of individuals by organizing daily life activities professionally, minimizing the dependency level in treatment and rehabilitation process and increasing the life quality of individuals. Life time is extended with numerous innovations in disease diagnosis and treatment by the development of medical technologies and hope for life during birth is increased. Rate of aging, freedom and chronic diseases as well as tendencies in aspect of life quality increased as a result of demographic changes arising in parallel with these developments have caused emergence of unpredicted demands in healthcare services. As one of these demands, homecare services are increasingly included to health and social care system in recent days (1). Individuals receiving homecare services require protective, treating and rehabilitating services as well as services in supportive nature. There is no minimum or basic service list agreed on international level for homecare services. Therefore, each country has formed a

service list that may be renewed frequently in aspect of their facilities and socio-cultural dynamics. In this regard, this study is important to determine the bed dependency rate of patients and their homecare requirements, to express their needs, to create environmental and communal awareness and to develop service suggestions.

Methodology

Purpose of the Research

Purpose of this study is to determine the requirements of bed dependent individuals in and over 65 years registered to homecare services department of Balıkesir Province, Bandırma State Hospital, to identify the services they require and to determine the dependency rates of patients.

Population and Sample

Research population is comprised of 94 patients requiring continuous care, dependant to bed and receiving service from Homecare Services Department of Bandırma State Hospital in November 2016. No sample is selected and entire population is attempted to be reached. Face to face questionnaire technique is implemented for 90 people who have accepted to participate into the study.

Data Collection Means

This research is descriptive in nature and data form (relating to elders and care providers) specifying the socio-demographic characteristics of participants, “Daily Life Activities Index” developed by Katz et al. and translated into Turkish by Yardımcı (1995), “Instrumental Daily Life Activities Index” developed by Lawton and Brody (1969) and translated into Turkish by Yardımcı (1995), “Care Providing Load Scale” translated into Turkish by İnci and Erdem (2006) are used (2, 3, 4, 5). “Daily Life Activities Index” Cronbach’s alpha value is 0,84; “Instrumental Daily Life Activities Index” Cronbach’s alpha value is 0,86; “Care Providing Load Scale” Cronbach’s alpha value is 0,95 (2, 3, 4, 5).

Analysis of Data

Research data is analyzed with SPSS 19,0 software version by using frequency, percentage, Pearson Correlation test statistics.

Findings

Socio-Demographic Information of Healthcare Providers

Women take part in the homecare services more than men (83,3%). When we consider the educational status of participants, majority of people providing homecare services are graduated from primary school (43,3%). It is seen that majority of elder individuals maintain their life in separate rooms and their care service is provided in these rooms (90%). Majority of people providing care service to elder individuals have no line of descent and generally comprised of people acting as caretaker against fee (42,2%). Health conditions of elder individuals provided with homecare service are generally at average (38,9) and good (41,1%) level. It is understood that also the people providing homecare service have long term and diagnosed diseases (52,2%). It is observed that sleep pattern of caretakers is generally in good condition (50%). It is understood that majority of caretakers have no responsibility other than caring the elder individuals (68,9). It is seen that majority of caretakers provide elder caring service for 1-12 months (73,3%). When we consider the time spent by home caretakers with elder individuals, rate of caretakers spending entire day is 92,2%.

Socio-Demographic Information of Elder Individuals Provided with Healthcare Service

47,8 of elder individuals provided with homecare service is married, 40% of them is graduated from primary school, 33,3% of them benefits from the retirement fund and %57,8 of them is housewife. When we consider the living time of elder individuals receiving homecare service with the caretakers, %89,1 of them live with them between 1-10 months. Rate of elder individuals receiving homecare service with long term and diagnosed disease is 98,9%.

Daily life Activity Information of Elder Individuals

When we consider the distribution of daily life activity information of elder individuals; 78,9% of them is fully dependent in wearing activity, 87,8% of them is fully dependant in bathing activities, 75,6% of them is fully dependent in movement activities, 61,1% of them is fully dependant in nourishment activities, 73,3% of them is fully dependant in continence and 55,8 % of them is fully dependant in toilet activities.

Instrumental Daily Life Activity Information of Elder Individuals

When we consider the instrumental daily life activities of elder individuals; 94,4% of them is fully dependant in housework and laundry activities, 91,1% of them is fully dependant in food preparation activities, 73,3% of them is fully dependant in phone calling activities, 94,4% of them is fully dependant in shopping activities, 92,2% of them is fully dependant in public transportation vehicle using activity,

70% of them is fully dependant in self-medicating activity and 80% of them is fully dependant in self sufficiency.

Care Providing Load Scale

It is seen that 33,3% of caretakers has responded as sometimes to the phrase of “Do you think that you do not spare sufficient time to yourself due to time spent on your akin?”, 31,1% of them has responded as rarely to the phrase of “Do you think your kin ask assistance more than they need?”, 41,1% of them has responded as rarely to the phrase of “Are you disturbed of the behaviours of your kin?”, 38,9% of them has responded as rarely to the phrase of “Do you have any difficulty between performing your family and work responsibilities by providing healthcare service to your kin?” , 38,9% of them has responded as sometimes to the phrase of “Do you think your kin negatively affects the relationship between you and other family members or your friends?”, 32,2% of them has responded as rarely to the phrase of “Do you feel angry beside your kin?”. It is seen that 30% of caretakers has responded as sometimes to the phrase of “Are you afraid of things that may be brought on your kin by future?”, 31,1% of them has responded as almost always to the phrase of “Do you think that you kin isdependant on you?”. It is seen that 26,7% of caretakers has responded as sometimes to the phrase of “Does providing care to your kin derange your health?”, 36,7% of them has responded as sometimes to the phrase of “Do you think that caring your kin affects your social life?”. 48,9% of caretakers has responded as almost always to the phrase of “Do you think that the money remained from your expenses is insufficient for the care of your kin?”. 26,7% of caretakers has responded as sometimes to the phrase of “Do you think that you kin sees you the only support and expects interest from you?”; 37,8% of caretakers has responded as rarely to the phrase of “Do you feel that you are no longer capable of take caring your kin?”; 36,7% of caretakers has responded as rarely to the phrase of “Do you think that you lost the control of your life when your kin is ill?”; 32,2% of caretakers has responded as sometimes to the phrase of “Would you like somebody to take over caring obligation of your kin?”. It is found that 48,9% of caretakers has responded as rarely to the phrase of “Do you feel any instability relating to things that must be done for your kin?”; 26,7% of caretakers has responded as sometimes to the phrase of “Do you think that you do your best for the care of your kin?”.

Correlation Results for Elders and Their Caretakers

There is very weak linear relation between the ages of elder individuals and educational status of caretakers ($p < 0,05$; $r = -0,062$). There is weak positive linear

relation between the ages of elder individuals and the condition whether they have separate rooms or not ($p < 0,05$; $r = 0,121$). There is strong negative relation between the ages of elder individuals and relationship degree of elder individual and caretaker ($p < 0,05$; $r = -0,443$). There is very weak positive relation between the ages of elder individuals and health assessment of elder individuals ($p < 0,05$; $r = 0,094$). There is very weak negative relation between the ages of elder individuals and the condition whether the caretaker has any long term and diagnosed disease or not ($p < 0,05$; $r = -0,002$). There is very weak positive relation between the ages of elder individuals and general sleep pattern of caretaker ($p < 0,05$; $r = 0,012$). There is very weak negative relation between ages of elder individuals and other responsibilities of caretaker in general aspect ($p < 0,05$; $r = -0,051$). There is strong negative relation between the ages of elder individuals and the period spent by caretaker with the elder individual ($p < 0,05$; $r = -0,128$). There is very weak positive relation between the ages of elder individuals and the time spent by caretaker in a day with the elder individual ($p < 0,05$; $r = 0,013$). There is very weak negative relation between the ages of elder individuals and the gender of elder individual ($p < 0,05$; $r = -0,165$). There is weak positive relation between the ages of elder individual and marital status of elder individual ($p < 0,05$; $r = 0,103$). There is strong negative relation between the ages of elder individuals and educational status of elder individual ($p < 0,05$; $r = -0,168$). There is very low positive relation between ages of elder individuals and health insurance of elder individual ($p < 0,05$; $r = 0,024$). There is very weak negative relation between ages of elder individuals and compensation of monthly expenses by monthly income of elder individual ($p < 0,05$; $r = -0,028$). There is weak positive relation between ages of elder individuals and their professions ($p < 0,05$; $r = 0,178$). There is weak, completely positive linear and insignificant relation between the ages of elder individuals and period spent by caretaker with them ($p < 0,05$; $r = 0,174$). There is very weak, completely positive linear and insignificant relation between ages of elder individuals and the condition whether they have long term and diagnosed diseases or not ($p < 0,05$; $r = 0,016$). There is very weak, completely negative, linear and insignificant relation between ages of elder individuals and the condition whether there is any change in the life of caretakers due to providing care to elder individual ($p < 0,05$; $r = 0,024$). There is very weak, completely positive, linear and insignificant relation between ages of elder individuals and their wearing status ($p < 0,05$; $r = 0,020$). There is very weak, completely positive, linear and insignificant relation between ages of elder individuals and their bathing status ($p < 0,05$; $r = 0,011$). There is weak, completely positive, linear and insignificant relation between ages of elder individuals and their movement status ($p < 0,05$; $r = 0,060$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and their nourishment status ($p < 0,05$; $r = -0,070$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their continence

status ($p < 0,05$; $r = 0,045$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their toilet status ($p < 0,05$; $r = 0,030$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and their capability to perform housework ($p < 0,05$; $r = -0,064$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and their capability to do laundry ($p < 0,05$; $r = -0,090$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and their capability to do cooking ($p < 0,05$; $r = -0,074$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their capability to make phone calls ($p < 0,05$; $r = 0,046$). 0,024 value on the table indicate that there is There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their capability to do shopping ($p < 0,05$; $r = 0,024$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their capability to use transportation vehicles ($p < 0,05$; $r = 0,056$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and their capability for self-medication ($p < 0,05$; $r = 0,018$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and their capability of self-management ($p < 0,05$; $r = -0,038$). There is very weak, completely negative, linear and insignificant relation between the ages of elder individuals and the condition of caretaker to think that it spares insufficient time for itself ($p < 0,05$; $r = -0,001$). There is very weak, completely negative, linear and insignificant relation between the ages of elder individuals and the condition that caretaker believes that elder individual asks for assistance without any necessity ($p < 0,05$; $r = -0,059$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and the condition disturbing caretakers due to behaviours of kin of elder individuals ($p < 0,05$; $r = 0,061$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and the condition of fulfilling family and work responsibilities by providing caring service to elder individuals ($p < 0,05$; $r = 0,156$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and the condition that caretakers feel angry beside elder individual ($p < 0,05$; $r = -0,120$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and the condition whether caretaker is scared of things that may be brought by future ($p < 0,05$; $r = 0,159$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and the condition whether the caretaker believes that its kin is dependant to caretaker or not ($p < 0,05$; $r = 0,139$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and the condition caretakers believes that caring his kin deranges their health ($p < 0,05$; $r = -0,116$). There is weak, completely

positive, linear and insignificant relation between the ages of elder individuals and the condition whether caretaker believes that caring to their kin affects their social life or not ($p < 0,05$; $r = 0,165$). There is weak, completely negative, linear and insignificant relation between the ages of elder individuals and the condition that caretaker believes that the money remained from expenses is sufficient for the caring of their kin or not ($p < 0,05$; $r = -0,018$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and the condition caretaker believes that their kin sees them as only support and whether they believe their kin expect interest or not ($p < 0,05$; $r = 0,78$). There is average, completely positive, linear and significant relation between the ages of elder individuals and whether caretakers feel that they may not continue caring to elder individuals any more ($p < 0,05$; $r = 0,224$). There is average, completely positive, linear and significant relation between the ages of elder individuals and whether caretakers feel that they lose the control of their life when the elder individual is ill ($p < 0,05$; $r = 0,134$). There is very weak, completely negative, linear and insignificant relation between the ages of elder individuals and whether caretakers believe that caring of their kin must be undertaken by others ($p < 0,05$; $r = -0,152$). There is average, completely positive, linear and significant relation between the ages of elder individuals and whether caretakers feel indecisive relating to things required to be performed for their kin ($p < 0,05$; $r = 0,256$). There is very weak, completely positive, linear and insignificant relation between the ages of elder individuals and whether caretakers do their best relating to things required to be performed for the caring of elder individuals ($p < 0,05$; $r = 0,006$). There is weak, completely positive, linear and insignificant relation between the ages of elder individuals and whether caretakers believe that they must do more for the caring of elder individuals ($p < 0,05$; $r = 0,158$). There is very weak, completely negative, linear and insignificant relation between the ages of elder individuals and how caretakers struggle during caring of the elder individual ($p < 0,05$; $r = -0,073$).

Discussion and Conclusion

According to results of this research, 83,3% of elder individuals receiving homecare service is women. Similar to the findings of the study, 74% of the elder individuals receiving homecare service are women (6). In the study conducted by Su başı et al. 62,5% of elder individuals receiving homecare service is comprised of women (7). When we consider the similar studies conducted, rate of women receiving homecare service is determined as 54,5% in the study conducted by Çatak in Burdur (8). Rate of women receiving homecare service is 55,1% in the study of Bilir conducted in Ankara Altındağ Healthcare Centre region (9). Age average of elder individuals receiving homecare service is over 75. When we

consider the studies conducted by Çatak and Bilir, age average of elder individuals receiving homecare service is 65 and over. When we consider the marital status of elder individuals in the study, total rate of individuals living apart from their spouses and having their spouse passed away is 47,7%. In the study of Bilir, rate of elder individuals having their spouse passed away is 23,1% (9). In the study conducted by Keskinoglu, this rate is appeared as 34,3% (10). Briefly, according to study conducted in Bandırma, it is indicated that elder individuals are comprised of persons over 65 years old, that elder individuals having their spouse passed away require homecare service more than the ones having their spouse alive. Rate of illiterate elder individuals in the research is 25,6%. In the study conducted by Keskinoglu in İzmir, this rate is indicated as 55,9% (10). In the studies conducted by Bilir in Ankara, by Ünsal in Kırşehir, these rates vary between 14,7% and 31,6% (8, 11). When we consider the average age in the research being 75-80, birth dates of elder individuals are between 1930-1940. When we review the insufficiency of educational institutions in specified years and perspective of society to education, low rate of literacy is an expected result. In this study, rate of elder individuals having no social insurance is 4,4%. In the study conducted by Keskinoglu in İzmir, this rate is 36,6% (10). According to results in the study, only 3,3% of elder individuals having social insurance has green card, rate of elder individuals benefitting from SSI, social security organization for artisans and the self-employed and retirement fund is close to each other. In the study presented by Çölgeçen at the 1st Homecare Congress in 1998; it is mentioned that 6,5% of elder individuals is not capable of having bath without support, 2,8% of them is not capable of dressing-undressing alone, 1,4% of them is not capable of handling toilet requirements, 1,7% of them is not capable of sitting alone, 0,3% of them is not capable of eating alone, 1,1% of them is not capable of making phone calls, 35,9% of them is not capable of doing shopping, 44% of them is not capable of preparing food, 20,3% of them is not capable of participating to housework, 25,4% of them is not capable of doing laundry, 25,4% of them is not capable of using medication on correct dosage and on correct time (12). It is seen that the patients are fully dependant on their caretakers in aspect of daily life activities. It is seen that they are fully dependant on needs such as dressing, bathing, toilet and half-dependant on needs such as nourishment. It is observed that participants do not provide absolute and clear answers in general to the questions relating to phrases reflecting the feelings of care providers to elder individuals. However, when we consider their responds to the phrases, it is determined that they feel disturbance due to behaviours of elder individuals, that they do not spare sufficient time for themselves, that they have difficulty to fulfil their family and work responsibilities, that their social life is affected and that they experience various difficulties while caring their kin.

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Summary

Examination of Home Healthcare Services: A Field Study

Hanife Avci

Bandırma State Hospital, Turkey

Arzu Turkmen

South Russian University, Russian Federation

This research aims to determine the requirement of persons confined to bed and over 65 years old and registered to home care services department of Balıkesir Province Bandırma State Hospital, to determine the services they require and to find out the confinement rate of these patients. Type of the research is relational screening model in descriptive nature. Research population is patients confined to bed and require continues care who receive Home Healthcare service from Bandırma State Hospital (N=94). Questionnaires are made to 90 people by interviewing face to face with patients and caring family members and “Daily Life Activities Index”, “Instrumental Daily Life Activities Index” and “Caring Burden Index” were used. Research data is analysed on frequency, percentage, Pearson Correlation test statistics by using SPSS version 19.0. According to research results; Age average of elder people receiving home care service is over 75 and 83,3% of them is women. Rate of illegible elder people is 25,6%. Rate of elder people who have no social security is 4,4%. When we consider the kinship relation of patients receiving home care service, it is found that their daughters are more caring, that persons providing care service to patients are generally together with the patients for 24 hours and in this aspect, the rate of effecting the life of patients by caregivers is 43,3%. It is also determined that the patients are fully dependent to their caregivers for daily activities such as clothing, bathing, toilet needs and semi dependent for nutrition.

Keywords: Home healthcare services, elder care services, Bandırma State Hospital.

The Factors Affecting the Motivation of the Health Workers

Sukriye Turgut

IMBL Business Department, Institute of Social Sciences, Russian Federation

Introduction

Nowadays, the success of the business depends on the human factor to a great extent, the human factor constitutes the most important competitive power of the enterprises. The success of an enterprise is directly proportional to the success of its employees. For this reason, it is very important for employees to be able to motivate their work environment and work, and to motivate them in the best way to increase their work efficiency. Motivation is the establishment of the conditions necessary for employees to work with their own will in the direction of organizational goals. This is important in order to bring employees' experience and skills to higher levels. Many economic, psychological, organizational and managerial tools are influential in the motivation process. The fact that each person is a unique individual, needs, wishes and anticipations are also the basic elements that are different from each other. The fact that working conditions, physical environment, working groups, social opportunities, management style and style vary according to different situations in working life brings with it a very variable structure which affects the motivation of employees. For this reason, it is necessary to examine the issues such as the ways in which the motivation of the employees can be increased in order for the motivation process to be fully understood. Achieving the expected productivity from the employees in the working life depends not only on ensuring a peaceful work environment but also on defining the needs according to the employees and determining the needs according to the characteristics of the existing employees. These needs will be met in the best way, high performance companies will be created which will contribute positively to the motivation of the employees and formed by the efficient employees. Employees must be in a positive affirmation to their work in order to be able to perform well. Factors affecting the motivation of the employees and institutional behaviors

motivating the employees are the factors which can make positive or negative contribution to the performance of the employees. In short, in order to capture corporate success, it is essential to increase individual success first. For this reason, it is very important for employees to increase their motivation towards their work so that the success levels of the institutions can be increased. There is a strong relationship between motivation and performance. It is clear that in today's harsh competition conditions, companies that have employees with high performance and individual motivation, who have succeeded in keeping these employees' success levels and their work perseverance at the top level, will advance one step ahead of other companies.

Factors Affecting Motivation

In this study, the motivation levels of the people were influenced by various factors in the business environment, the structure of these factors according to their situation and the formation of a number of outputs as a result of the motivation levels. In this section, the two main factors that are expected to affect motivation are explained with the sub-details. The first is business design-business sense, and the second is social support concepts including business partnership and managerial support factors.

Executive support

Today's business affects executives differently than they were in the past. Many sectors need to be dynamic, which means management can quickly meet this. The issue of employee motivation, which has been around since the past and still remains important today, is a situation faced by every manager, because it relates to successful employee and employee performance. Employees need to act in order for the company to progress towards its objectives and take a creative approach from the managers in a way that will increase the loyalty. Although many theoreticians have designed motivational systems and have been working on them differently, there has not been a single solution for motivating employees. Both scholars and administrators have had difficulties with the reasons why people are more motivated than others, or how people have to be more dependent on the company they work with, and as a result, many motivation theories and models have been developed (Rahimic et al. 2012: 12).

Deci et al. (1994) defines managerial support as understanding of manager's worker, developing his point of view, providing meaningful information to his / her employees, defining selection opportunities and encouraging employees to take initiative (Olafsen et al. 2015: 447).

The concept of executive support is, according to Baard et al., Described as a working environment and environment that is directly influenced by the manager (Baard et al. 2004: 2).

According to Kram (1983), manager support is divided into career support and psychosocial. The psychosocial side focuses on enhancing the competencies of employees, ensuring that they feel satisfied, and developing themselves professionally and personally. Career functions can also refer to behaviors of recognizing freedom of movement and directing them to progress in the organization. According to Jung & Tak's (2005) study, both functions increase the employee's commitment to work, performance and job satisfaction (Jung and Tak, 2008: 187).

Current studies deal with multiple motivational factors, because motivation varies from person to person, even with time. For these reasons, it is necessary to treat employees as separate individuals, which is important for managers. For example, managers need to negotiate with their employees, talk frequently, and always keep their doors open. The resulting pattern of motivation depends on what the manager wants. That is, the manager may want the employee to work faster and expect to do a lot of work, or he may want to work by creating creative ideas using different methods. Work done at this point emphasizes the importance of your leadership among motivating factors. It is necessary for the leader to identify key motivational points by describing the tasks properly with job descriptions and presenting a participatory approach to decision making. The motivating competency of the manager is a factor that directly affects the commitment and attitude of the employees (Rahimic, 2012: 536).

For example, the type of manager providing autonomy support, the employee's understanding of the point of view, the incentive to take initiative, and the opportunity to make choices. In many studies conducted in this sense, for example, in the work of Deci et al. In 1989, it has been found that the employees' job satisfaction and organizational loyalty are high when the manager provides autonomous support. Similarly, Blaias and Briere (1992) observed that high autonomy support brings high job satisfaction, low absenteeism, better physical and psychological well-being (Baard et al. 2004: 3).

Dynamism in business is causing managers and leaders to change roles, which means they need to develop new methods in terms of motivation and leadership. It is necessary to adapt the behaviors, values and primary goals of the managers in order to increase the motivation of the employee as well as to carry out the work for the company's purposes (Rahimic, 2012: 537).

In a work done, how managers approach their employees is investigated. In the end, it was revealed that the most important goal of the managers was to treat their employees equally and justly, and the second important goal was to do team work. At the lowest level, it was determined that the awards and disciplinary criteria were included. In the same study, it is stated that the motivational systems that are designed to include the managerial approach will increase the performance of the employees while increasing the employee's affiliation and that they can progress towards the organizational targets as a result of all (Rahimic, 2012).

As you can see, the role of the manager is very critical in order to increase the motivation. Because, ultimately, companies need to reach their goals and this way can be based on employee motivation at the beginning. In the same vein, it is stated that the manager's leadership approach, managerial competence, feedback and manager's support are effective in achieving organizational goals. According to Sherman and Bohlander, the behavior and attitude of the manager is affecting those who work to reduce work-related complaints (Mafini and Dlodlo, 2014: 2).

In Kuvaas' 2009 work in the public sector, it was suggested that if the managers support autonomy for their employees, their autonomous motivation will increase and their performance will increase. In another study, autonomous motivation was found to increase with the autonomy of the manager, which reduced the intention to leave the work. In addition, in the environments where the manager support perception is high, the organizational support also perceives the height related perceptions. This results in decreasing staff turnover, loyalty to the organization, desire to work in harmony with organizational goals (Gillet et al., 2013).

Materials and Methods

Purpose of the research

The aim of this study is to be able to identify the factors that influence the motivations of non-physicians.

Universe and Sampling

For this purpose, a sample of 100 physicians working in private hospitals operating in the province of Samsun was taken and samples were tried to determine the effects of increasing the motivation motivation of motivation tools.

Data Collection Tool

The data collection technique used in the study is surveyed. In this context, a questionnaire with 26 questions was developed. The questions in the questionnaire were prepared according to 5-point Likert technique and multiple choice.

Data analysis

Data analysis of the study was done in SPSS 23.0 package program. In data analysis, descriptive statistics such as frequency, percent, mean and standard deviation and t test, ANOVA test and Pearson correlation test statistics were used.

Results

Questionnaires prepared in line with the purpose of the survey were applied to 100 health workers working in the bank. Findings of the descriptive characteristics of the participants are given below.

Table 1. Demographic Characteristics of Participants

Socio-demographic Characteristics		Count	%
Gender	Woman	55	55,0
	Male	45	45,0
Age Groups	18-24	25	25,0
	25-34	29	29,0
	35-44	16	16,0
	45 years and over	30	30,0
Education status	High school	6	6,0
	Associate Degree	12	12,0
	License	56	56,0
	Graduate	26	26,0
Monthly Income	0-1500 TL	4	4,0
	1501-3000 TL	31	31,0
	3001 TL – 4500 TL	37	37,0
	4500 TL andover	28	28,0
TOTAL		100	100,0

As shown in Table 1, 55 percent of the participants are women and 45 percent are obese. When the age group of the participants was examined 25% of them were between 18-24, 29% were between 25-34, 16% were between 35-44, and 30% were over 45 years old. When the educational status is taken into account, it is understood that more than half (56%) have a bachelor's degree. While the income

of the participants is 4 TL less than 1500 TL, 31% TL 1500-3000, 37% TL 3000-4500 TL and 8% TL 4500 TL.

Table 5 contains frequency analysis showing the effect of economic instruments on motivation. As can be seen in the table, the sum of the answers given to increase the motivation of the economic instruments is certainly close to the statement of agreeing (4,53). Again, as seen in this table, the most important factors affecting motivation in economic instruments are additional payments such as food, transportation, housing and bonuses (F: 4,89). Apart from this, an unexpected salary increase has also come to the fore among the factors that increase motivation (4,54).

Table 2. Frequency Analysis for Economic Instruments

Economic Instruments		Average Value	Standard deviation
8	Getting a good salary increases my motivation	4,28	,930
9	An unexpected wage increase increases my motivation.	4,54	,848
10	Practical pricing increases my motivation	4,41	,792
11	Additional payments for meals, transport, housing and bonuses increase motivation	4,89	,341
TOTAL		4,53	,727

Table 3. Frequency Analysis for Psycho Social Tools

		Average Value	Standard deviation
12	Promotion skills are important to me and increase my motivation	4,81	,511
13	Having a career opportunity increases my motivation	4,40	,876
14	My manager and identification of open competition by ensuring a working environment of open competition	2,94	1,137
15	Job security increases motivation	4,89	,309
16	Upper-level managers increase their motivation to work more closely with employees by supporting social meetings (sports, entertainment, picnic etc.) outside working hours	4,55	,696
17	Emphasis on job security in the workplace enhances	4,15	1,015
18	Improving my motivation by getting enough support in	4,38	,760
TOTAL		4,30	,757

In Table 3, there is a frequency analysis showing the effect of psycho-social tools on motivation. The tablodan shows that the sum of the answers given to increase the motivation of the psycho-social tools is close to agreeing (4,30). Among the psychosocial instruments, the least effective motivation is to define the open competition conditions by the agents and to provide an open working atmosphere of the competition. Participants responded positively to the question "Defining open competition conditions by my administrators and providing an open working environment for the motivation increases my motivation" (2,94). In addition to this, it was understood that having job security increased motivation more than other psychosocial instruments (4,89).

Table 4. Frequency Analysis on Organizational and Management Tools

		Average Value	Standard deviation
19	Being a business associate and building good relationships increases my motivation.	3,93	,959
20	Having the authority to make decisions increases my	4,08	,895
21	The support of my colleagues motivates me	4,60	,626
22	The recognition of my achievements and my praise	4,45	,740
23	Taking responsibly tasks increases my motivation	4,48	,616
24	More training opportunities increase my motivation	4,24	,937
25	Being clean and tidy in the workplace enhances my	4,26	1,132
26	Increases the motivation to be in a good level of physical conditions in the working environment (heating, ventilation, lighting)	4,48	,821
TOTAL		4,31	,841

In Table 4, there is a frequency analysis showing the effect of organizational and managerial tools on motivation. The tablodan shows that the sum of the answers given to increase the motivation of the organizational and administrative tools is close to agreeing (4,31). Participants' replies were found to have the least effect on motivation in organizational and managerial tools to be in good working relationship with the supervisor and to establish good relationships (3,93). In addition, it has been found that support of colleagues among organizational and managerial tools is the most motivating factor for employees (4,60).

When the motivational tools were grouped within themselves, participants indicated that the most economic instruments increased the motivation (4,53). Opinions about increasing the motivation of psycho-social tools and organizational

and administrative tools are close to each other and are determined as 4.30, 4.31 respectively.

Results

Motivation is a kind of mechanism that directs people to behavior, determines the degree of this behavior (severity) and ensures continuity of behavior. Motive behaviors are realized for a specific purpose. Motivated employees' work-related thoughts can also become more positive. As a result, employees can become more productive in terms of both themselves and the company. Motivation provides positive emotions for employees about the work they do. However, factors that motivate employees vary from person to person. The fact that the psychological structure of each person is different also causes changes in the means to motivate them. While some employees may be motivated by financial rewards, some employees may be appreciated, promoted, etc. Can be motivated by spiritual values. When it comes to the topic of healthcare institutions, dealing with employees' motivations is a necessity for healthcare institutions. Because the success of health institutions is directly proportional to the success of their employees. The adequacy of employees' motivation to work will affect their success first, and then the success of health institutions they work with. In other words, there is a relationship between motivation and performance. Employees with insufficient motivation are not expected to perform adequately.

Performance and performance evaluation are, in a sense, the means of communication between companies and employees. Through the performance evaluation, employees can understand how they are seen by their superiors, correct their missing aspects, plan their careers and find out whether wages and other material expectations can be met. This is an important element that adds value to employees' motivation. Performance is not a value of employees themselves, but a value of what they are doing and what they are doing efficiently. When evaluating performance for this reason, it should be very objective from personal judgments and assess the performance of the people. The use of the data obtained at the end of the performance appraisal may be one of the motivating factors at the point where the appraisal works.

It is necessary for the performance of the employees to be increased in order for the companies to reach their corporate targets. From this point of view, keeping individual performances and motivations of employees high is one of the priority issues in terms of companies. In this study, the performance, performance evaluation and motivation tools of the firms were discussed individually and examined in a general framework. These two concepts, which are closely related to

each other, are revealed by literature review. In the practice section of the study, the factors affecting the motivation of the employees were tried to be determined.

When the factors that increase the motivation of the employees are examined, it is seen that the economic factors such as meal, transportation, bonus, salary increase and salary increase are the most influential motivators (F: 4,53). Then psycho-social tools and environmental and administrative tools It is understood that it is among the factors that increase motivation. The factors that increase motivation most in psycho social tools are job security (F: 4,89) and promotion (F: 4,81). In the organizational and managerial tools, it is concluded that the most important factor that increases the motivation is the support of the colleagues (F: 4.60). In addition to this, the least effective factor in enhancing the performance is the definition of open competition conditions by the managers and providing an open working environment for the competition (F: 2.94).

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Summary

The Factors Affecting the Motivation of the Health Workers

Sukriye Turgut

IMBL Business Department, Institute of Social Sciences, Russian Federation

The competitive conditions that are continuing to change today force both the health care enterprises and the health professionals to increase their performance continuously. There is no chance of continuing the work of health care enterprises and health workers who can not comply with the competition conditions. For this reason, healthcare providers also have a responsibility to improve the performance levels of healthcare workers. Health businesses are trying to raise the motivation of health workers through material and spiritual methods.

The aim of this study is to be able to identify the factors that influence the motivations of non-physicians. For this purpose, a sample of 100 physicians working in private hospitals operating in the province of Samsun was taken and samples were tried to determine the effects of increasing the motivation of motivation tools.

The data collection technique used in the study is surveyed. In this context, a questionnaire with 26 questions was developed. The questions in the questionnaire were prepared according to the 5-Likert technique and multiple choice. In order to be able to reveal the results of the survey effectively; Reliability analysis, frequency analysis and correlation analysis.

As a result, economic, psycho-social and organizational-managerial tools have been found to be effective in increasing the motivation of non-physicians. In addition, there is a positive linear relationship between age, monthly income, level of education and work experience and motivation tools. In short, it is understood that as employees age, monthly income, level of education and work experience increase, motivation tools increase their motivation even more.

Keywords: Employee, motivation, motivation tools, education and work experience

Determination of Ergonomic Conditions and Physical Workload of Infrastructure Employees

Eryaman Huseyin

IMBL South Russian University, Russian Federation

Davut Cem Dikmen

UKU, North Cyprus

Zehra Sevgi Oguz

UKU, North Cyprus

Introduction

Ergonomics, which is briefly defined as business intelligence, has become an extremely important point in the present day, especially when the technology is developed in a very fast manner and production work is connected to an automation. Human machine interaction is more important in every business than in the past. We use ergonomics to scientifically explain this interaction. Especially after the Industrial Revolution and the machine age, it caused transformation in the societies and communities who worked at the factories took farming communities places. The use of machines instead of hand tools and simple devices has begun. However today we are in the information age. There is a process where advanced technology is used, where computer systems are integrated into all areas of life and processes are managed, and systems and computers are interconnected by networks. Even today, we are working on extreme subjects such as artificial intelligence, the development of robots that can think.

Today, especially businesses' Ar-Ge works are supported by many governments and it shows the importance of the innovations. Depending on the developments in all sectors, the construction sector is also undergoing this transformation. It continues to serve as a dynamic sector in which new technologies are constantly incorporated

into the system in order to ensure that the machines are used and that production and productivity reach optimum levels.

In order to improve the efficiency in building works, to achieve better performance and at the same time to ensure better motivation in the work environment, it is necessary to ensure the compatibility of the worker and the work in optimum level. The construction sector is divided into various branches within itself. Construction works, infrastructure and road construction works need distinct specialized staff and equipment. Experienced and expert personnel are required to use the machines and the equipment. This makes it necessary to select suitable personnel for the work done and the mechanisms that used. It is especially important to identify and use appropriate equipment and tools in order to make the employee more productive.

When we consider this point of view, the harmonization of the equipment and tools used with the employees in today's conditions and the work security and health of the employee, working comfort, commitment to the organization, work efficiency, quality of production and so on shows the importance of the science of ergonomics. Ergonomics is designed to optimize human work alignment in terms of physiologically, psychologically and environmentally scientifically researched data. In this study, physical workload values of municipal workers' working environments were calculated and compared. In addition, the values that arise when the ergonomic conditions change are analyzed.

Within the scope of the study, reflecting the worker's section of work routinely performed in the field, 4 workers from Infrastructure branch infrastructure work 1, 7 workers from substructure work 2 and 2 engineers' who works in substructure work heart rate values were measured using pulse oximeter device. First of all, the heart rate values of all the workers were taken before starting work, then the heart rate values were taken while the work was done at certain periods.

For an engineer who works at infrastructural work, the heart rate values were calculated after brief 5-minute intense workload. Infinite heart rate values were calculated for work completed in 30 minutes by four engineers working in concrete paving and a controlling engineer from infrastructure work. Lastly, heart rate values were taken for seven workers who worked in asphalt laying works as 30 minutes 60 minutes and 90 minutes.

After the work is completed, the heart rate values of all workers and engineers were recalculated. Under these conditions, the physiological workload of the employees was calculated. At the same time, the values that emerged in changing ergonomic conditions were compared.

Physical Workload

When we look at the definition of physical workload in the literature; Physical workload is the power of a person to do a certain job physically and mentally [1], various influences on employee performance and reactions [2], and any body movement that causes energy expenditure through skeletal muscles [3]. Physical activities, environmental factors and positional anomalies are based on the pressures that work on human beings and determine workload directly by influencing [2]. The following physiological responses are the factors that determine the workload during work done depending on the use of muscles [4]:

Heart rate,

- Blood pressure,
- Oxygen consumption,
- Respiratory frequency,
- Body temperature,
- Proximate lactic acid level,
- Skin resistance.

Work physiology examines the relationship between human body and work. By studying the structure and functions of the human body, it investigates what effects the body is exposed to because of work. Work physiology is the science of physical and mental suppression, which is caused by the influence of workplace conditions, gender, weight, duration, workplace conditions, and work conditions [5]. The devices used for measuring in the work area are limited. Therefore, during the study, values based on heart rate were used.

Heart Rate Measurement

Heart rate frequency is related to oxygen consumption and can be used to determine the physical workload. We can calculate the workers' work pressure that they are exposed during work by formulas [3].

1. Physical Workload (%HRR) = $(H.R.work - H.R.rest) / (H.R.max - H.R.rest) * 100$
2. %50 level = $H.R.rest + (H.R.max - H.R.rest) / 2$

$$3. \text{Ratio} = K_{Aiş} / K_{Aish}$$

H.R.work (rate/dak), Heart rate during work

H.R.rest (rate/dak), Heart rate during rest

H.R.maks (rate/dak), Maximal heart rate (= 220 – yaş)

%50 Level, Half of heart rate reserve

Material and Method

This study was carried out on the basis of the fact that the municipal workers had taken a section of the routine work they had done daily in the city. Employees' heart rate values are calculated for the tasks described below.

Work Schedule

1-Infrastructure works1. Team:

On a daily basis, they carry out border coverings of approximately 10 square meters on predetermined pavements.

2- Infrastructure works2. Team:

On the days where hot blast asphalt is available (about 2 days / week), about 10 hours of asphalt laying work is done with hot mix asphalt material for about 2 hours.

3-Engineer:

One of the engineers briefly performs the practical measurement work by leaning about 5 minutes but the other engineer is doing half an hour of measurement work. During this time, the control is only done by walking.

Work Time

Infrastructure Team 1	30 minutes
Infrastructure Team 2	90 minutes
Engineer	5 minutes - 30 minutes

Measurement of heart rate values

Heart rate rates (beats / mins) were calculated by using finger-type pulse oximeter device in pre-work, at work and at the end of work. The measurements taken during the study were taken at the moment when it was most difficult (Table 2)

Table 1. below gives general information above workers.

Table 1. Age of employees and definition of work done

Infrastructure Team 1	Age	Definition of the work	Vehicles and tools
1. Worker	51	Concrete parquet flooring	Trowel
2. Worker	58	Concrete parquet flooring	Trowel
3. Worker	51	Material handling	-
4. Worker	51	Material handling	-
Infrastructure Team 2	Age	Definition of the work	Vehicles and tools
1. Worker	35	Cleaning	Broom
2. Worker	37	Material laying	Shovel
3. Worker	47	Material correction	Harrow
4. Worker	41	Material laying	Shovel
5. Worker	53	Truck driver	Truck
6. Worker	47	Cylinder operator	Cylinder
7. Worker	34	Digger operator	Digger-Loader
Engineer	Age	Definition of the work	Vehicles and tools
1. Engineer	32	Measurement	Tape measure
2. Engineer	45	Control	-

Physical Workload Calculations

- Physiological Workload(%HRR) = $(H.R.work - H.R.rest) / (H.R.max - H.R.rest) \times 100$

- %50 level = $H.R.rest + (H.R.max - H.R.rest) / 2$

- Ratio = $H.R.work / H.R.rest$

H.R. work (rate/min.), Heart rate during work

H.R. rest (rate/min.), Heart rate during rest

H.R. maks (rate/min.), Maximal heart rate (= 220 – age)

%50 Level, Half of heart rate reserve

One of the workers working with the shovel, Physical Workload value is the highest value calculated as 50%. Engineers' average Physical Workload value was calculated as 19.69%.

These values reflect a specific section depending on the nature of the work being performed and the duration of the work. The number of heart beats also suggests the health status of employees [5].

Regarding physiological workload classification, we can determine the workload group by using the values given in Table 4 below.

Table 2. Herat Rate Value (rate/min.)

Defition of work	Before Work	During Work			End of Work		
Time (dk)	0	530	60	90	10	60	120
Infrastructure Team 1							
1.Worker(Head worker)	67	97			75		
2.Worker(Head worker)	80	103			97		
3.Worker	80	85			81		
4.Worker	84	87			87		
Infrastructure Team 2							
1.Worker(cleaning)	90	93	99	92			
2.Worker(shovel)	87	135	117	96	103		
3.Worker(rake)	75	86	85	90	77		
4.Worker(shovel)	75	88	99	87			
5.Worker(T. driver)	88	89					
6.Worker(cylinder)	97	101	102	102	97		
7.Worker(digger op.)	107	137	122	113			
Engineer							
1.Engineer	86	102			102	87	
2.Engineer		63	88			61	

Table 3. Heart Rate Values (rate/min) and Physiological Workload

Group	Age	H.R.work	H.R.rest	F.I.Y(%HRR)	Ratio	%50 Level	H.R. work/%50 level
Infrastructure Team 1							
1. Worker	51	97	67	29.41	1.45	118.00	0.82
2. Worker	58	103	80	28.05	1.29	121.00	0.85
3. Worker	51	85	80	5.62	1.06	124.50	0.68
4. Worker	51	87	84	3.53	1.04	126.50	0.69
Mean	52.75	93	77.75	16.65	1.21	122.50	0.76
Infrastructure Team 2							
1. Worker	35	99	90	9.47	1.10	137.50	0.72
2. Worker	37	135	87	50.00	1.55	135.00	1.00
3. Worker	47	90	75	15.31	1.20	124.00	0.73
4. Worker	41	99	75	23.08	1.32	127.00	0.78
5. Worker	53	89	88	1.27	1.01	127.50	0.70
6. Worker	47	102	97	6.58	1.05	135.00	0.76
7. Worker	34	137	107	37.97	1.28	146.50	0.94
Mean	42	107.29	88.43	20.53	1.22	133.21	0.80
Engineer							
1. Engineer	32	102	86	15.69	1.19	137.00	0.74
2. Engineer	45	88	61	23.68	1.44	118.00	0.75
Mean	38.50	95	73.50	19.69	1.31	127.50	0.75

When we look at the Physical Workload calculations above, the mean of physiological work load of the workers who work in parquet flooring work in Infrastructure Team 1 was 28.73%, the assistant workers Physical Workload values were calculated as 4.57%.

Infrastructure Team 2, workers who work with rowing Physical Workload mean was 36.54% and 37.97% for the Backhoe Loader and digger operator, and Physical Workload mean of other operators was 3.92% and 12.39% of other workers.

Table 4. Physiological Workload Classification [6]

Workload Group	Pulse(rate/min.)	Energy consumption (Kcal/min.)	Physiological Workload(%)
Light Work	70-90	<0.5	0-36
Medium Work	90-110	2.5-5.0	36-78
Heavy Work	110-130	5.0-7.5	78-114
Very Heavy Work	130-150	7.5-10.0	114-150
Extremely Heavy Work	150-170	>10.0	>150

When we look at Table 4 for physiological workload classification;

The average of the workers working in the Infrastructure Team 1 was in the Light Work group, in the Infrastructure Team 2. Average of the Digger-Loader operator and the row keepers Workers was in the Medium Work group, the average of other workers was in the Light Work group.

The physiological workload of the engineers can be found in the Light Work group.

Also, if the K.A. work / 50% level is equal to 1, the work undertaken is always classified as difficult work [7].In Table 3, when we look at the shovel worker working in the Infrastructure Team 2, the H.R. work / 50% value is 1.The value of the backhoe loader operator is 0.94 and it is close to 1.

Conclusion

The physiological workload reveals the difficulties that the employees are faced at work, depending on the nature of the job, the duration of the work, ergonomic conditions and workplace conditions. These analyzes are important in the preparation of work organization charts and in the efficient use of employees.In addition, heart rate values ensure that the employee has an idea of the general health of the employee.

In this study, the physiological workloads of workers working in infrastructure works are calculated.When the data were evaluated, it appears that teams in Infrastructure jobs are in the Light Workload group.The average level of flat workers working in the Infrastructure Team 1 is 4.57% P.W.L. value and quality of workers 28.73% P.W.L. value indicates that these workers are not being used

efficiently. When considering the way of construction and the duration of work, it is necessary to increase the amount of work done or to divide the teams into two. In this case, it is seen that there will be no problem in increasing the work load.

Workers who are shoveled in Infrastructure Team 2 are up to 50% physical workload and workers who clean up and correct work up to 12.39% on average. In this team, other workers should work together with the rowing workers, and in this context the average work load should be balanced.

The cylinder worker and the truck driver have an average physical workload of 3.92%. It seems necessary for these employees to be directed to other teams that need trucks and cylinders.

The Backhoe-Loader operator's physical workload is 37.97%. The workload can be reduced by improving the ergonomic conditions such as the seat components of the machine used by the operator are improved.

The average physiological workload calculated for the engineers is 19.69%, which is in line with the quality of work done.

As a result of this study, physiological workload values have revealed the difficulties of employees due to work, and have provided scientific explanations about how teams can be evaluated in more efficient and more ergonomic conditions.

Health Tourism in Turkey

Tevfik Yazan

IMBL University, Russian Federation

Ahmet Girgin

IMBL University, Russian Federation

Erkan Karadag

IMBL University, Russian Federation

Introduction

All travels made by people who seek solutions to health problems are generally regarded as health tourism. For centuries, mankind has traveled for various purposes. Some of them are those who want to gain health, to be treated and to find answers to various health problems. As health services are limited in the past people who participate in compulsory travel to get definitive results in medical care are now adding health travel to their leisure travel. In the past years people had to go where the specialist of a certain subject was. These health professionals were generally trying to treat people by using traditional methods and the information they gained from experience. The development of modern medicine has changed the health tourism from beginning to end. Today, there are alternative medical doctors and healers at the health centers that modern people can reach with health tourism, as well as professional medical personnel trained in modern medicine. In the years when transportation and communication systems were weak, people were only traveling on a mandatory reasons. These reasons were generally economic and political. Today the emergence of a welfare has caused the concept of tourism to be born. The modern man has started to travel with his own demanding for many reasons such as sightseeing, entertainment, learning and health. With the understanding significance of tourism, both companies and governments have taken the first steps in an institutionalized sector as a catalyst for this sector's transformation into an important sector. Many people who see the tourism sector as

an important economic contribution, make significant contributions to the formation of the tourism essentials by investing in this area. The tourism sector, which has become a huge sector in economic terms, has integrated itself according to the economic order of the global world. The health tourism sector, which is the most important sub-sector of this field, is constantly changing and renewing itself by taking its share from this situation.

As the tourism sector is a driving force for the economy and other sectors are affected by this sector at a magnificent level, the eyes are turning to this sector especially during season (Gümüþ & Polat, 2012, s. 9). For example, business agreements made on business trips directly affect the situation of many sectors and even the related country's economies. Therefore, it is of critical importance for the guests who come to business travel to be welcomed in good places. A minor problem with the services provided can lead to significant consequences. The health tourism sector, which is a sub-sector, is an important sector that is becoming more institutionalized, increasingly understood, having an economically important value by the time and being a key sector for some countries. (Castro, Villaraga, Barreto, Victoria, & Barbosa, 2011, s. 136). In addition to the economic bring-up of the health sector, social and cultural contributions are caused. Due to health tourism is banding together the people who has the similar health problems causes culturel interaction. Increasing institutionalization in the sector facilitates the access of many people to health centers. Because costs are falling to a certain level and the staff trained in many countries take part in this sector, the economic imbalance in this area is deteriorating in favor of developing countries. According to the researches carried out in developed countries, instead of getting luxury and expensive health care, there is an increase in the number of individuals choosing the same quality and affordable service in a developing country. (Freitas, 2010, s. 49). For example, many people living in the US travel to South American countries as health tourists. (Hopinks, Labonte, Runnels, & Packer, 2010, s. 185). This provides both an opportunity for individuals to travel and leads to the purchase of services at more affordable prices.

For example, it seems that an aesthetic surgery in Brazil has a 60% better cost than the same surgery in a developed country. (Nascimento & Moreira, 2013).

The preference of a country for health tourism cannot be explained only at reasonable prices. Many factors, such as the location of the country, the existence of other possibilities and accessibility, are of importance at preferability. For example the neighbouring countries of Turkey are choosing this country because of it's location. (Zengingönül, Emeç, İyilikçi, & Bingöl, 2012, s. 18).

Many positive developments are not enough to prevent the deficiencies and problems in the field of health tourism. Although the sector has developed over time, the fact that a common strategy has not been established has led to the emergence of a fragmented and disjointed system.(Özsarı & Karatana, 2013, s. 140). The structure that is away from this integrity causes the potential to be underestimated.Although health tourism is a sector that stands out in the tourism sector, there are interpretations of there is no vision that make it unclear to which direction will go in this sector. (Altın, Bektaş, Antep, & İrban, 2012, s. 163).

The aim of this study is to make an overall study concerning the medical tourism in Turkey. Within this scope, the literature review is made, and the study is concluded in the light of the obtained and reviewed sources.

Health Tourism Concept

Health tourism is travel made to end health problems, to treat them, to improve the quality of life of the individual and to make them feel better and happier. Health tourism is a type of tourism that constitutes the whole of the services such as surgical operations, organ transplantation, physical therapy and rehabilitation, which the health center that the person demands to be healthy. (Yatırım ve İşletmeler Genel Müdürlüğü, 2017). Accommodation conditions and travel specify the tourism part and throughout the travel having a health service specify the health part.(Gülmez, 2012).

Although the individual involved in health tourism has taken on the identity of a tourist, the first element motivating him when heading journey is a health problem. The person who comes to find a solution to the health problem is considered as a health tourist. Having treatment or getting services to improve the quality of life in the sense of being healthy is expected behavior from the health tourist. (Özkurt, 2007).

Health tourists are not only the ones who go to a health center and seek a remedy thereA health tourist can also join extensive activities as entertainment, excursions and trainings. It is obvious that these activities will also have a positive effect on health. The presence of large numbers of elderly people in developed countries has made this sector quite large and profitable. In developed countries, however, such services are luxurious and highly cost, leads individuals to other countries. Due to high prices, there are many health tourists who take health care from other countries. In countries where the social state and security are developed and strong, a wide range of agreements and investments are made in order to spread health tourism throughout society and attract more tourists. (Göçmen, 2008).

The increase in population and average life span, the high demand for quality living facilities and the rising welfare have led to a great development of the health sector. Some countries are able to stand out with their private health services. This has led to the emergence of the concept of health tourism. The reasons leading to health tourism are :(Metin, 2017):

- Requests from individuals who are not satisfied with the current health services in their own countries,
- The desire to reach full, comprehensive, quality and fast health services,
- Demand for improved health technologies,
- Due to expensive health care services, demand for countries where healthcare is cheaper,
- The desire to move away from problems spatially,
- Possibility to make a vacation while taking health care,
- The adverse effect of climate conditions on the health conditions of the country (Aslanova, 2013).

The reasons why individuals prefer health tourism include:

- Health care service has appropriate conditions,
- Access to healthcare is easy,
- The touristic activity is exactly what is demanded,
- The services provided are of good quality and healing.

Types of Health Tourism

The generally accepted types of health tourism are: Medical tourism, Thermal tourism, Spa and wellness, 3rd age tourism and disabled tourist, Climatism (weather conditions), Uvalism (curries made using fruits and vegetables) and cave tourism. The following table shows the types of health tourism. (Gonzales, Brenzel, & Sancho, 2001).

The following three types of health tourism are considered as the type of health tourism:

- Thermal tourism and SPA-Wellness,
- Elderly and disabled tourist,
- Medical tourism

Table 1. Types of Health Tourism

Health - Beauty	Treatment (Medical)	Rehabilitation
<ul style="list-style-type: none"> • SPA • Natural Tourism • Ecotourism • Mass tourism • Herbal Treatments • Aftercare • Thermal Treatment 	<ul style="list-style-type: none"> • Elective surgery • Plastic surgery • Articular replacement • Cardiothoracic Services • Diagnostic Services • Cancer Treatment • Infertility Treatment 	<ul style="list-style-type: none"> • Dialysis • Additional Programs • Elderly Care Programs • Addiction Treatment • Thermal Treatments-FTR

Source: (Gonzales, Brenzel, & Sancho, 2001, s. 20)

Thermal Tourism: The presence of rich minerals in underground water is important for human health. The important effect on the human health of these waters is known. Thermal tourism is also one of the important activities that come to mind in terms of health tourism.

The thermal word produced from the word thermos, which means hot in Latin, was used for public baths during the Roman period. Since the healing power of thermal waters is well known, the concept of thermalism has emerged in this area. (Tengilimoğlu, 2013, s. 72).

Within the scope of thermal tourism it is possible to do the following activities: Thermal water bath, sparkling water, inhalation, mud bath, climate cure, physical education, psychotherapy, physiotherapy, rehabilitation and diet (Akat, 2000, s. 23-24).

Thermal tourism contributions are:

- Providing service throughout the year,
- Accepting many guests with the possibility of establishing facilities near the thermal zones,
- To offer job opportunities to many people,
- It is always connected with other types of tourism,

- Different activities can be easily done in the same facility (Gümüş & Polat, 2012, s. 56).

Spa and Wellness: The word spa, which means health from the water, is also the general name of the health centers where this service is provided (Ayçeman, 2014). In these facilities where water is used as basis, the health tourists perform activities of rest and treatment. All activities in these health centers provide guests with mental and physical renewal. Water-based services include mud and seaweed baths (Tengilimoğlu, 2013).

Individuals who do not have any health problems can also be rested mentally and bodily by taking advantage of spa services. Wellness is the concept that meets this situation (Este Spa, 2017). The same services are also available here (Harahsheh, 2002).

Elderly and Disabled Tourism: Elderly tourism (geriatric tourism), which is a type of tourism resorted to by elderly people, especially in developed countries, is sometimes seen as an opportunity to get better health only during retirement days, although it is sometimes resorted to as a preventive measure for some health problems. (Bulu & Eraslan, 2007, s. 174).

The number of elderly individuals achieving high rates in developed countries reveals this tourism. These individuals want to spend their retirement times in cheaper countries for both health and travel. This situation has also revealed a new area within the scope of health tourism. The increasing proportion of elderly population shows that this sector will grow more and more (Selvi, 2008, s. 25). It also includes the establishment of special facilities to help disabled people to maintain a healthy life, and the provision of special services here.

Medical tourism: The travel that individuals make to other countries for health purposes is called medical tourism (Gümüş & Polat, 2012, s. 46). Individuals living in developed countries want to get health care by going to other countries where their money has a higher value as an alternative to very expensive health services. This has transformed health tourism into an important sector. Medical tourism, on the other hand, refers to travel that the individual has made in order to find a solution to the health problem. It does not matter what the reason is for the individual to choose another country. The important thing is that motivation is health when going on a travel. (Gümüş & Polat, 2012, s. 46). With medical tourism, it is possible to get many health services in the field. Plastic surgery, dental health, heart surgery, stomach stapling, organ, tissue and cell transplant, eye surgery and medical services such as diagnosis. (Tengilimoğlu, 2013, s. 104).

Development of Health Tourism in Turkey and Health Tourism Policy:

Health tourism in Turkey has become increasingly important in recent years. It is understood that health tourism, which is known only through thermal service, is a valuable sector when its scope and size are understood. In health tourism, when the income reached to 3 billion dollars in recent years, various initiatives and investments in this area have increased in Turkey (Aydın, 2012, s. 91). It is very important that the incentives and supports made in this area come from the public sector. The information that the ministries of Culture and Health will produce in a cooperative work is also important for the future of health tourism.

Turkey's geographical location and natural features make it a center country in terms of health tourism. It is unique for Turkey to be close to different continents and to have natural resources such as underground waters. Investors who are aware of this situation and the size of the market have started this business by making necessary health investments. But high costs have stopped the rapid development of the industry. For faster development, it has been necessary to develop the ability to open up to different markets. A unit established in the Ministry of Health undertook the task of conducting research in the field of health tourism. The fact that the Tourism Strategy of Turkey which is given in a wide range of health tourism shows that this sector is getting serious by the public sector. In addition, global integration studies are carried out in terms of health tourism with international congresses held every year (Kaya, Yıldırım, Karsavuran, & Özer, 2014, s. 1).

In Turkey, facilities with different qualities are being established in terms of the development of health tourism. In this context, it is observed that there are increases in facilities such as health-care facilities, clinical guesthouses and geriatric treatment centers. Thanks to many breakthroughs in the field of health, local tourists have also preferred facilities within the country. The intersection where investments and action plans made in 132 different health fields will directly affect health tourism. In this context, according to the 2010-2014 Strategic Action Plan prepared by the Ministry of Health, the distribution of current health personnel shown in Table 7 stands out as an important data in this respect. The increase in this number will go parallel to the increase in certified health centers. According to this action plan, when a clinical guesthouse is established, it will serve with a hospital stated on the same area. Geriatric treatment centers will be opened within the scope of elderly tourism and they will be able to provide care and health services. Turkey attaches great importance to the elderly tourism, will be certificate the institutions providing the conditions and will make the necessary checks themselves in public. At the same time, it will be obligatory to establish a

health unit in accommodation places with a bed capacity above 500 It is obvious that these regulations will carry health tourism to an advanced point.

The positive aspects of Turkey's health tourism from the Western Mediterranean Development Agency (BAKA, 2011) are:

- The availability of hospitals with strong infrastructure and navy infrastructure,
- Trained and experienced health sector staff,
- Having 39 hospitals in the International JCI Accrediting Institution,
- Affordable health services,
- Being an attractive center with its natural beauties and geographical location,
- Offering a multitude of services that the diversity of natural conditions reveals,
- First place in Europe in terms of thermal wealth,
- Always interacting with other types of tourism.

Table 2. Distribution of Health Personnel in Our Country

Healthcare Staff Distribution in Turkey	Ministry of Health	University	Private sector	Total
Expert Physician	24.819	11.569	19.038	55.426
medical practitioner	27.125	234	3.784	31.143
Assistant	8.324	12.606	-	20.930
dentist	5.252	637	12.760	18.649
Pharmacist	1.213	189	23.492	24.894
Nurse	69.204	14.555	15.980	99.739
midwife	43.346	525	3.797	47.668
Other Health Services Personnel	65.814	7.702	21.016	94.532
Other Staff	59.512	9.651	19.538	88.701
Grand total	304.609	57.668	119.405	481.682

Source: (T. C. Sağlık Bakanlığı, 2010)

Harrant collects certain indicators and positive aspects showing the development of health tourism under four headings. These:

- Thanks to health tourism, the individuals who need it can get the quality health services they want or demand.
- The quality of health tourism also increases as the information and experiences obtained are shared. In this case it is in the interest of the direct service claimants.
- The number of people who have entered the queue for health care can be reduced by health tourism. This situation increases customer satisfaction and increases the safety of the social security.

- Thanks to the fact that health tourism is linked to many fields, economics stands out as a high added value sector (Harant, Hastert, & Scheres, 2003).

The disadvantages of health tourism are generally related to the emergence of different legal conditions between countries where the health care provider is different. If there is any health problem after the health service, coming to the same health center again brings out an additional cost. In addition, the fact that insurance companies generally can not cover health expenditures abroad also draws attention as an important factor in the development of health tourism.

Advantages and Disadvantages of Health Tourism in Turkey

In 2007, the criteria set by Bies and Zacharia reveal a certain framework for positive aspects of health tourism. With these criteria, it was possible to carefully examine the variables such as health service quality, accessibility and cost in health tourism. The advantages brought about by the criteria are (İçöz, 2009):

- Getting health care from quality health centers,
- Getting health care services close to the quality of health in developed countries,
- Opportunity to receive affordable health services at higher prices in developed countries,
- Benefit from the advantages of geographical location and climatic conditions,
- To be able to make other types of tourism (Çetinkaya, 2010).

The disadvantages are:

- Organizational problems due to lack of knowledge and experience due to the large number of new organizations,
- No easy-to-find expert staff on certain issues,
- The various sectors that will strengthen and assist health tourism are not developed or lack adequate services in these areas,
- Promotion, advertising and communication activities do not create the expected effect (Çetinkaya, 2010).

Health Tourism Economy

In the world, approximately 4 trillion dollars is reached when health expenditures are collected. Research on the importance of an individual's health can be qualitative or quantitative. According to this, activities such as which diseases, population information, preventive health services constitute qualitative data about

health. Quantitatively, health expenditures and budgets come to the forefront. According to this, while 35% of the health expenditures are realized by the USA, only 8% of China with the highest population is realized (Tengilimoğlu, 2013, s. 55). The expenditures made provide a basic knowledge. It is of greater importance that the total expenditure or budget of the country is in which proportion of health expenditures. In 2009, health expenditures of \$ 4.1 trillion were made. Countries have generally allocated their budget to health spending at rates varying between 2% and 16% of GNP rates. In 2008, Turkey occupied 5.7% of the total health spending and remained below the OECD average (8.9%). In 2009, it reached a health expenditure of 38 billion dollars, reaching a rate of 6.2% in GDP (BAKA, 2011, s. 13).

The high health expenditures have led many countries to invest in health tourism. Countries wishing to benefit from the driving forces of health and tourism want to make significant leaps in this area and make significant contributions to their economies. Countries with a high tourist rate that makes good use of this area have significant advantages. Today, there is a \$100 million health tourism expenditure (Tengilimoğlu, 2013, s. 56).

In 2013, the number of people coming to Turkey for health tourism was 300,000. In 2014, the target was 400,000 people. The number of 480,000, when it comes to the number of 2013 patients who apply for health centers for their simpler health operations such as hair extractions, reveals clearly the clues of potential growth in this area. (TÜRSAB, 2013).

Conclusion

Tourism is an important sector in many countries with its own economy and internal dynamics. The health tourism, which is the most important branch of this gigantic sector, caused the demand to shift to other countries, which appeared in the developed countries and addressed to a limited audience with the luxurious services given to the individuals. It is accepted as an important sector for developing countries because it brings together two important fields such as health and tourism in one sector. The increase in potential tourists from developed countries who want to come to health tourism for the developing countries shows that the competition in this area will increase with time.

This area, which is limited only by thermal tourism, has become an important sector in developing countries, and the anticipated echoes have also started to be heard in Turkey. The geographical location and natural beauty of Turkey gives it a natural advantage in this area. At present, hundreds of thousands of tourists visit

Turkey every year, health tourism in the field of initiatives and investments will lead to a very good evaluation of this potential.

Many professional health workers from other countries as well as trained professional health care workers work in this sector to increase quality. In addition, the support and incentives given by the state in this area are also striking. It is important to note that public authorities are providing important incentive programs in this area, leading to the establishment of many health facilities. It is realistic to state that serious consequences are expected in this area in our country where the tourism potential is very strong.

The field of health tourism can not withstand the existence and institutional structuring of the health as a sector historically based on old age. So, industry-related standards will take time to settle. Many institutions and organizations in Turkey in order to comply with the determined quality standards are willing to contribute. Studies in the health tourism legislation are continuing uninterruptedly. This shows us the efforts of institutionalization in the field of health tourism.

Turkey is seen as an important thermal center thanks to its natural resources. Managing the advantages of these natural features in an integrated way with the health tourism facilities will cause the health tourism to grow at once. Therefore, creating a variety of infrastructure in the health field and building a system that invites open and entrepreneurs with dynamic legislation will be possible by making critical decisions correctly. In recent years, efforts have been made to create a legislation in which local and foreign tourists will not face legal problems. A legal issue to be experienced in the field of health will reduce the attractiveness of tourists. The establishment of a widespread health infrastructure is also a very important issue. Establishment of establishments, institutions and foundations in which the facilities can be reached and the services can be provided in good quality and hardware standards are observed will determine the future of health tourism in Turkey.

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Summary

Health Tourism in Turkey

Tevfik Yazan

IMBL University, Russian Federation

Ahmet Girgin

IMBL University, Russian Federation

Erkan Karadag

IMBL University, Russian Federation

Medical tourism can simply be defined as the travels with the aim of treatment. In other words, medical tourism is the type of tourism that facilitates the development of medical institutions by using the international patient potential as well as the ones in need of physiotherapy and rehabilitation. In recent years, as the medical services provided in Turkey have also become competent with the qualified medical services of the developed countries, tourists have started coming from the entire world in order to get medical treatment. Especially after the 1990s, it is observed that private sector has also made significant investments in the health services in addition to the public health care. As a result of these developments, the number of private healthcare organizations has increased especially in the metropolitan areas, which would be able to compete within the European standards. It has gradually become a necessity for those health facilities, whose costs are high in their establishment and operation, to enter the foreign markets so as to reduce those costs. Additionally, among the important advantages for the medical tourism are the geographical position of Turkey and the qualified and educated labor force in the health sector. The aim of this study is to make an overall study concerning the medical tourism in Turkey. Within this scope, the literature review is made, and the study is concluded in the light of the obtained and reviewed sources.

Keywords: Health, Medical Tourism, Tourism, Turkey

Conformity and Dependency Complex in Yashar Kemal's *Other Face of the Mountain Trilogy*

Nihal Ozcan
Bursa Technical University, Turkey

Conformity can be briefly defined as attempts of individuals to match the attitudes, behaviors, and social norms that society has internalized as a whole. One reason for conformity is dependency complex. People feel that they have to depend on each other to be at peace, to succeed, and even to exist. People tend to conform due to the risk of failure in individual action. Even though collective action does not always bring positive results, people prefer to fail collectively. Yashar Kemal's *The Other Face of the Mountain Trilogy* is a portrayal of a communal society that has fallen into the clutches of a dependency complex in order to survive. In this trilogy, the villagers believe in collective action and they tend to do everything collectively. Such behavior results in conformist action. Thus, people are blinded to truth and can be easily deceived. In *The Wind From The Plain*, the Yalak villagers depend on Old Halil and Muhtar Sefer to go to the Chukurova to pick cotton. Although they know that it's getting late for the cotton picking season, no individual tries to initiate the collective travel to the Chukurova. The Muhtar, who has made a secret agreement with some land owners in the Chukurova, tricks the villagers to earn money. In *Iron Earth Copper Sky*, the Yalak villagers depend on each other and hesitate to do anything individually. Upon the Muhtar's one proposal, they hide all their belongings, and upon his other proposal they take their belongings out. When one believes that Tashbash is a saint, others conform to this idea. Everybody starts to depend on Tashbash whereas Tashbash does not depend on anybody. This conformist action of theirs results to the disadvantage of Tashbash and he is taken away to be sentenced. In *The Undying Grass*, the villagers refuse to believe that the destitute person who comes to them is Tashbash. Although some individuals believe that he is Tashbash, they collectively refuse to believe it, and they produce a story to justify their argument. The objective of this essay is to analyze the characteristics of Yashar Kemal's communal society in *The Other Face of the Mountain* trilogy in terms of dependency complex.

The society portrayed in Yashar Kemal's *Other Face of the Mountain* trilogy conveys specific characteristics that lead them to dependency complex. First and foremost, the geography described in the trilogy secludes people from other cultures and places. Yalak village is located in an isolated part of the Taurus Mountains and it has a harsh climate. In winter, the harsh weather hinders people from travelling to nearby places, and therefore separates them from the outer world. In *Iron Earth Copper Sky*, the limitation and isolation of people in Yalak village is emphasized many times. The secret lovers, Hüsneh and Rejep run away from the village freeze to death. Tashbash and KocaHalil are saved from freezing while they are trying to leave the village. Besides physical hindrances, the village has loose links with the outer world. A few people have contacts with the outer world and most of the other villagers know only the Chukurova and the places in which they did their military services. Therefore, their vision of life is quite limited and their world consists of just these places. This isolation forces them to depend on each other more because they only have each other for help and advice.

In communal societies, people have more chance to know each other when compared to people living in cities, where individuals can do whatever they want without thinking of moral values because nobody will care about it. In the city, does not matter if people seem immoral because they do not know these people and they will probably never see them again. Therefore, anonymity allows their doing things that are unacceptable by society. However, in villages, everybody knows each other and knows what they are doing. Therefore individuals are subjected to greater peer pressure and tend to conform to the whole. The Yalak villagers know each other very well and they know what people are doing in the village because the small scale of the village hinders them from doing anything secretly. They even know each other's immoral behaviors. For example, they know that Old Halil was a horse thief when he was young. Moreover, the Yalak villagers need to respect and depend on each other and to maintain social solidarity.

In Yalak village, there is no school or educational activity. A few people are literate who probably learnt how to read and write during military services. Tashbash and Tall Ali are among the literate ones in the village. The lack of education reinforces the dependency complex of the Yalak villagers. They are like a herd of sheep waiting to be guided. They believe whatever they hear. They even believe the most unrealistic stories. For example, in *Iron Earth Copper Sky*, the story of the Tashbash is narrated: Ulu Memed Efendi, an ancestor of Tashbash, sees a young person who has been partly turned into stone; he prays for the young man, and then Ulu Memed Efendi's head turns into stone while the young man's head becomes normal. The name of Tashbash comes from this story. Villagers

believe in such myths. The illiterate status of the villagers is emphasized when the captain scorns them after he hears that they made Tashbash a saint.

“What?” he shouted. “Saints in this atom age? Mehdis in this space age? I’ll break every bone in his body. I’ll show him how to be a Mehdi in the twentieth century.” He had almost wept with rage. “It’s these exploiters, these liars, these Tashbashes who keep our poor people from modern progress. Mehdis in our modern Turkey, eh? Relics of the Ottoman fanatics, eh?” (Kemal 240)

The Captain’s emphasis on modernity suggest that lack of education is the primary cause that makes villagers believe whatever they hear and whatever they want to believe. Such individuals naturally believe in Memedik’s images and stories about Tashbash. Muhtar Sefer summarizes this phenomenon as he says: “There he [Memedik] was ready to give his life rather than betray Tashbash. Obviously, he had made up this story of the lights and then worked himself into believing it was true” (139.) The Yalak villagers conform to this idea when Memedik says:

When I go now and say to the villagers “I haven’t indeed seen any light or whatever, and there is neither such a man, that man wasn’t Tashbash,” the villagers will immediately kill me. Even if they don’t, they’ll force me to leave the village. They’ll look at me as they’re looking at a dog. Even my mother won’t talk to me anymore (239)

The Yalak villagers do not question what they hear from follow villagers. They just believe in them. As they believe in each other without questioning, their ties are strengthened as well as their dependency on each other.

Yalak village doesn’t have a mosque or a religious leader to lead the prayers. Kelaşık sometimes leads the prayers if needed. Besides being illiterate, the villagers have little idea about their religion. They misinterpret Islamic rules. They inject cultural beliefs into Islam and justify whatever they make up. Meryemdje always personifies God in her speeches. The image of God in her prayers resembles a human being with black hair and black eyes, and she offers to wash his feet. However, such personifications of God are against Islamic belief. Meryemdje does not adhere to proper religious form. For example, she pledges to perform a namaz with 5 prostrations although Muslims prostrate two, three, or four in a namaz not five. What is more, Meryemdje pledges to feed a dog under a tree in three succeeding Fridays to compensate for the sin of breaking a promise. She promises to perform a namaz toward a holy three. However, such rituals have no place in Islamic beliefs. Kemal, in these examples, illustrates how some pre-Islamic beliefs have found their place in the minds of the illiterate villagers. Most

of these rituals have a pagan background which is conveyed through oral culture. As there are no sharp lines between culture and religion, these rituals are absorbed into religion. Such heterodox religion, full of superstition and pagan cultural elements originating makes it easier to believe collectively in Tashbash as a saint.

In Yalak village, everybody is involved with the same job during seasonal work in the Chukurova. A few of them have animals that are just enough to provide their homely needs. There isn't a division of labor in the village. The common seasonal work forces people to act collectively because they work as a whole when they arrive in the Chukurova. The Muhtar agrees with the land owners and all the villagers work in the same field together. People hesitate to leave the group because they risk not finding a field in which to work. The Muhtar uses this risk as a threat for those who are unwilling to work in the fields the Muhtar finds for them. Therefore, they follow a common saying in Anatolia "the wolf eats the one separated from the herd." No matter how they are negatively affected, they do not escape from the clutches of dependency complex.

Common collective fear is also one reason of the dependency complex in the Yalak villagers. The common element of fear for the Yalak villagers is Adil Efendi. The villagers are afraid of Adil Efendi because they think that Adil Efendi will come to the village and take all their possessions for their unpaid debts. Throughout the novel, this collective fear of theirs influences them psychologically and urges them to escape from this fear. They have to create a hero who can defend them from the tyranny of Adil Efendi. This Hero is Tashbash, because he is the only one who is not afraid of Adil Efendi. Once their hero is chosen, they start making up stories about Tashbash in a way to strengthen him against Adil Efendi. As they have been expecting such a person, they tend to believe the stories that they make up. Although individuals do not completely internalize these stories, they prefer believing in the stories collectively. Their dependence upon Tashbash makes him a saint among the villagers. Their dependency grows stronger as their fear increases. Even Tashbash, who normally does not conform to the villagers' ideas, starts having doubts and questions whether he is really a saint or not.

Once the Yalak villagers' fear of starvation vanishes in the third volume of the trilogy, they do not believe in Tashbash. They do not want to believe that the destitute person who comes to them is Tashbash. Muhtar Sefer's foreshadowing becomes real:

From now on you're nothing but a plaything, Tashbash. A plaything for the villagers. They'll shit in your mouth one day and make a saint of you a couple of days afterwards, just because they need you at the moment.

Then when they've done with you they'll push a finger up your arse, for in their heart of hearts they don't want to worship you. You'll be nothing but a big plaything for evermore. (Kemal 269)

The Yalak villagers, who collectively made Tashbash a saint, refuse Tashbash collectively. None of them question their unjust attitude toward Tashbash and the absurdities they created about Tashbash. Muttalip Bey, the land owner, is the only one who shows their absurd attitude. When he sees that the Yalak villagers do not talk to Tashbash, he questions them and shows their abnormal attitudes that change as their needs change:

"Now look here, villagers" Muttalip Bey said, "why don't you speak to this poor fellow? Just because that saint told you not to? Now then, villagers! Don't tell me you believe in saints! In this age? Haven't you seen the jets that take to the air from the Injirlik Airport? Don't you know that men are already travelling into space? A saint in this age? Now villagers!" (239)

The only warning to this collective blindness and absurdity comes from people who are outside Yalak society.

Although solidarity is usually beneficial in most communal societies, the dependency complex, which is an exaggerated form of solidarity, does not always have positive results since some villagers may take advantage of this dependency complex and collective action of the Yalak villagers. Muhtar Sefer exploits the Yalak villagers since he is quite aware of their dependency complex. He always looks for a way to benefit from them. He has no respect for the villagers and looks down upon them:

It is all the Government's fault. It's the Government that has spoilt them, giving them the right to vote and what not. Think of it! These peasants electing a government! Hah, just look at this Government formed by Mangy Mahmud! Much it cares about Mangy Mahmud! But at election time, you can hardly approach them, they're so arrogant. You've actually got to beg for their votes. No, really this Government has no idea of what it is doing. Granting these peasants the right to vote! Why, they're not even capable of counting half a dozen goats and herding them properly! (240)

Muhtar Sefer does not want villagers to control anything even by voting. He wants the full control of the village and dependency of the villagers upon him to enable him to do whatever he wants for his own benefit.

Muhtar Sefer secretly makes an agreement with the land owner to pay less to the villagers and more to Muhtar Sefer. Muhtar Sefer knows that the Yalak villagers cannot do anything without depending on him, no matter what Tashbash does to persuade them to refuse working with the Muhtar. The Yalak villagers will still continue following Muhtar; thus, he easily exploits them.

Muhtar Sefer also manipulates the Yalak villagers' collective fear of Adil Efendi. He always reminds people that Adil Efendi will come with gendarmes and will take their all possessions away. The fear grows stronger and stronger until "It was in their blood, in their skins, in their marrow... Nobody dares to voice his name; nobody wants to reveal the fear, growing day by day." (25) Their fear causes hopelessness among them and is so great that, they even expect hope from Meryemdje who is old and ill and desperate:

Women began to move and headed towards the steppe. Meryemdje was coming over from far that side leaning on her pole. They've felt a light of hope. What was the reason for the revival of their hopes when they saw Meryemdje? What could she do at all? Everybody knew that she couldn't do anything either and Adil Efendi couldn't be coped with. Anyway, they were happy about the approaching Meryemdje and have invested hopes in her... They've crowded around Meryemdje, expecting a solution from her. They wanted her to say again "We've arrived, haven't we?" Meryemdje was a power in their view. (65)

Being aware of their hopeless feelings, the Muhtar creates an outer tension, and makes use of the fear and hopelessness that he has contributed to. He makes the villagers depend on him more and he leads them collectively with little effort.

Old Halil also benefits from the dependency of the villagers to each other. For example, he makes Uzun Ali pity him so that he can use the old horse. Old Halil also exploits the good feelings of the Yalak villagers coming from their solidarity. For example, he plays the dead rabbit act to make the Yalak villagers pity him and help him.

The dependency complex of the Yalak villagers strengthens their solidarity, which makes them accept one's problem as their own problem. Sharing problems is good, but as everybody has a problem in this society, they become a burden to each other and unable to overcome it. For example, in *The Wind from the Plain*, Meryemdje refuses to move when the horse is about to die. Some people return for Meryemdje to help her and they take the burden of persuading her and taking care of her. In another example, Uzun Ali takes care of Old Halil and his horse dies because of him.

To sum up, Yaşarkemal portrays a society which has fallen into the clutches of dependency complex in his *The Other Face of the Mountain* trilogy. The dependency complex of the Yalak society stems from the place they live in, their lack of education, misinterpretation of religious norms, and a common collective fear. Dependency complex brings negative results for the Yalak villagers. They are collectively exploited and tricked by people such as Muhtar Sefer and Old Hali. They become a burden for each other and they can never get rid of their desperate situations because no individual is courageous enough to change or challenge the system. . The only one who challenges the system is Tashbash who is punished in the end.

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Summary

Conformity and Dependency Complex in Yashar Kemal's *Other Face of the Mountain Trilogy*

Nihal Ozcan
Bursa Technical University, Turkey

Conformity can be briefly defined as attempts of individual stomach the attitudes, behaviors, and social norms that society has internalized as a whole. One reason for conformity is depend encycomplex. People feel that they have to depend on each other to be at peace, to succeed, and even to exist. People tend to conform due to the risk of failure in individualaction. Even though collective action does not always bring positive results, people prefer to fail collectively. Yashar Kemal's *The Other Face of the Mountain Trilogy* is a portrayal of a communal society that has fallen into the clutches of a dependency complex in order to survive. In this trilogy, the villagers believe in collective action and they tend to do everything

collectively. Such behavior results in conformist action. Thus, people are blinded to truth and can be easily deceived.

Keywords: Conformity, Dependency, Yashar Kemal, The Other Face of the Mountain Trilogy

The Effect of Workplace Calisthenic Exercises on Mechanical Back Pain and Occupational Burnout

Ozge Cakır

Cyprus International University, TRNC

Caniz Ersumer Tonyalı

Cyprus International University, TRNC

Nebahat Kilyumak

Cyprus International University, TRNC

Onur Yashar Gokce

Cyprus International University, TRNC

Bushra Ozcan

Cyprus International University, TRNC

Tugce Kara

Cyprus International University, TRNC

Introduction

Mechanical back pain is a pain caused by a biomechanical disorder with a majority, which is not based on an inflammatory or pathological cause that increases with physical activity and decreases with rest[1]. Occupations that require long sitting at the table are considered risky in terms of back pain. Factors such as long standing in the same position, frequent bending, use of incorrect body mechanics, reduced flexibility and strength of the abdominal and back muscles play a role in the formation of mechanical back pain. Those who look at their work as boring, monotonous, or unsatisfactory are more likely to have back pain[2]. Mechanical back pain affects both the daily life activities and the social life of the individual negatively; it impairs the life quality[3]. The multidisciplinary biopsychosocial

rehabilitation model may show effective results in reducing both inadequacy and pain, according to other conventional methods[4].

Burnout, as described by Maslach in 1981, is a syndrome in which people feel emotionally exhausted due to physical and psychological deprivation, desensitized to the people they meet, and decrease in personal accomplishment feelings, especially in people who are forced to work face to face with people[5, 6]. Individuals who feel exhausted can not use their potential in the work place well enough, which reduces work efficiency[7].

The aim of our study is to investigate the effect of a standard exercise program placed at certain intervals of working hours on mechanical back pain and occupational burnout in deskworkers in the health sector.

Methodology

In Nicosia, Adana and Samsun, 60 volunteer desk-based health workers who regularly followed the exercise program in the 22-54 age range with mechanical back pain, which lasted for 3 months without any pathology were included to the study. Individuals with chronic disease (due to heart, blood pressure, diabetes) who were under going surgery for any reason, who had positive orthopedic and neurological examination findings, scoliosis, short legs or vertebrae fractures, who were diagnosed and needed regular medication, and pregnant women were excluded. Participants were informed about the study and a confirmation form was signed. The severity of mechanical back pain was assessed by visual analogue scale (VAS), pain-related disability level by Oswestry disability questionnaire, and occupational burnout level by Maslach burnout questionnaire. Participants were given posture training. By giving an exercise card with divided working hours (Figure 1), simple calisthenic exercises to be done between the daily working hours were taught, requiring 10 repetitions (Figure 2). After 6 weeks, the level of pain, disability and burnout were reevaluated.

Figure 1. Exercise card

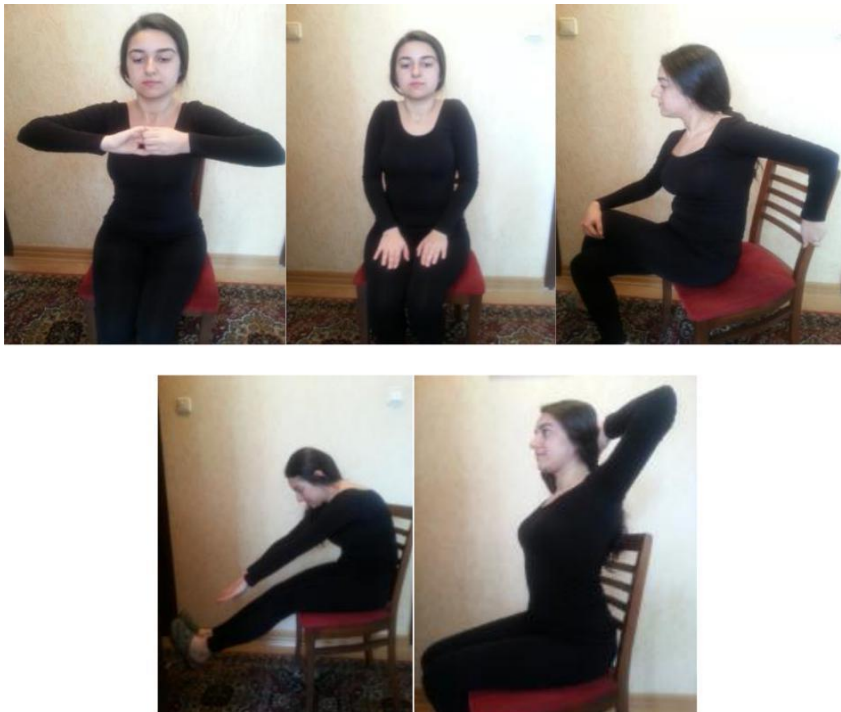
Break times	Monday	Tuesday	Wednesday	Thursday	Friday
09:30 am					
11:30 am					
01:30 pm					
03:30 pm					

Statistical Analysis

Statistical analyzes were performed using Statistical Package for Social Science for Windows (SPSS) version 16 statistical software. Continuous variables were expressed as arithmetic mean \pm standard deviation ($X \pm SD$), and categorical variables as percent (%). Student t test was used to analyze the results before and after treatment in the group. Significance level was accepted as $p < 0.05$.

Figure 2:

Calistenic exercise program



Results

39 women (65%), 21 men (35%); Descriptive and occupational information of participants with a mean age of 36.38 ± 8.27 (22-54) was collected prior to exercise (Table 1).

Table 1. Descriptive statistics of participants

	Working group
Age (year, $X \pm SD$)	$36,38 \pm 8,27$ (22-54)

MI (kg/m², X±SD)	25,11±4,32 (17,90- 36,60) n%
Gender	
Woman	3965,0
Male	21 35,0
Education	
High school	14 23,3
Highereducation	4676,7
Maritalstatus	
Single	14 23,3
Themarried	4676,7
Operation time	
1-60 months	20 33,3
61-120 months	1525,0
121-180 months	12 20,0
181-240 months	711,7
+ 241ay	610,0
Dayoff	
1 day	13 21,7
2 days	4778,3

The mean values of pain, personal accomplishment and disability were statistically significant before and after exercise ($p < 0.05$). Emotional exhaustion and depersonalization subscales showed improvement but not statistically significant ($p > 0.05$) (Table 2).

Table 2. Comparison of participants' pain, burnout and disability levels before and after exercise

	Before exercise X±SD (min-maks)	After exercise X±SD (min-maks)	p*
Pain level - VAS	4,67±2,27 (0,30-9,50)	3,26±1,91 (0,00-8,20)	0,00
Maslach-Emotional exhaustion	18,52±6,35 (3-36)	17,83±6,90 (3-38)	0,06
Maslach-Personal accomplishment	23,32±6,56 (1-36)	24,53±6,15 (15-37)	0,03
Maslach- depersonalization	6,12±3,57 (0-20)	5,75±3,49 (0-20)	0,07
Oswestrydisabilitysurvey	25,03±15,21 (0-58)	19,57±14,88 (0-50)	0,00

Conclusion

It has been determined that regular calisthenic exercises made during break intervals of working hours reduce pain, disability and occupational burnout levels in health workers with mechanical back pain. This study may be a guide to researches to be analyzed in more cases.

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Summary

The Effect of Workplace Calisthenic Exercises on Mechanical Back Pain and Occupational Burnout

Ozge Cakır

Cyprus International University, TRNC

Caniz Ersumer Tonyalı

Cyprus International University, TRNC

Nebahat Kilyumak

Cyprus International University, TRNC

Onur Yashar Gokce

Cyprus International University, TRNC

Bushra Ozcan

Cyprus International University, TRNC

Tugce Kara

Cyprus International University, TRNC

To investigate the effect of a standard exercise program, which is placed at certain intervals of working hours in desk workers, on mechanical back pain and occupational burnout. In Nicosia, Adana and Samsun, 60 volunteers working in public and private hospitals were included in the study. The severity of mechanical back pain was assessed by visual analogue scale (VAS), pain-related disability level by Oswestry disability questionnaire, and occupational burnout level by Maslach Burnout questionnaire. Participants were asked to follow an organized exercise program by giving them an exercise card with divided working hours. After 6 weeks, the level of pain, disability and burnout were reevaluated.

It has been found that regular calisthenic exercises made during break intervals of working hours reduce the level of pain, disability and occupational burnout in health workers with mechanical back pain. This study may be a guide to further study of more cases to be analyzed.

Key words: Standard exercise program, working hours, public and private hospitals, exercise card

Barriers in Implementing Reverse Logistics: Evidence from Turkey

Gozde Yanginlar
Beykent University, Turkey

Salih Kalaycı
Bursa Technical University, Turkey

1. Introduction

Reverse logistics is primarily implemented by airline and ground handling companies due to the following reasons: interest of the top management, sustainable environmental policies, economic pressures and legal obligations. Environmental, social, and economic reasons influence airlines and ground handling companies, which are under increasing pressures to implement reverse logistics. Consumers, regulators, experts and organizational pressures affect air transportation organizations (Bai et al., 2013). As customers' environmental awareness increases governments establish stricter environmental regulations. Based on this fact, airlines and ground handling firms are eager to implement eco-friendly practices, derive eco-efficiency, annihilate environmental concerns and undertake corporate social responsibility in order to create value for customers.

In addition, airlines and ground handling firms possess certain managerial insights in terms of barriers to reverse logistics. Majority of the barriers, such as the lack of management training and economic infrastructure, insufficient technological level and inadequate political sensibilities in terms of the development of reverse logistics must be considered by the government in order to overcome the challenges. Interestingly, reverse logistics activities of airline companies are investigated in academic literature. For instance, Turkey focused on providing sustainable development to both, developed and developing countries. Reverse logistics is defined as a crucial component for organizations to create their strategic advantage (Bouzon et al., 2015). Moreover, researchers provided various benefits of efficient reverse logistics. It has been considered as an effective tool to improve resource productivity, their environmental image and performance, and decrease the negative effect on the environment (Ye et al., 2013). Companies in the air

transportation sector are able to reduce environmental damage through the implementation of solution focused reverse logistics.

Thus, the major goal of this study is to answer the above questions and verify the results of a survey on four companies located in the Istanbul Atatürk Airport. The main research question is “whether there a direct positive relationship between reverse logistics activities and their barriers, such as the management, economic, technological and infrastructural, and political and legal barriers ?” This study attempts to present an exhaustive review of published literature in terms of reverse logistics barriers.

Furthermore, the study analyzes the research gaps in literature, in order to simplify research directions. The remaining part of the study is organized as follows: section 2 describes reverse logistics implementation; research methodology and literature review is presented in section 3; in section 4, detailed discussions on reverse logistics barriers are included; the research design and data collection are elaborated in section 5; the results of empirical analyses are interpreted in section 6; and the study is summarized in section 7 through comments in the conclusion.

2. Literature Review

Reverse logistics is described from various perspectives in literature. It has received growing importance from air transportation industries. Reverse logistics is related to information from the point of consumption to the point of origin, in order to recover the primary value or to find the most convenient use of goods, elements, and materials (Ramírez, 2012; Lambert et al., 2011). It is redesigned to systematically manage the flow of parts and goods destined for remanufacturing, recycling, or disposal operations (Dowlathshahi, 2010). Reverse logistics is based on delivery activities, which include reuse, refurbishment, product returns, recycling, disposal, repair, and remanufacturing. Therefore, recycling, reusing, remanufacturing, and disposal are the four main factors in the air transportation sector, facing the challenges of sustainability and globalization. Some airlines and ground handling companies permit customers to return goods or services without any reason, in order to improve client satisfaction (Chan et al., 2010).

The lack of appropriate information systems in relation to the implementation of reverse logistics cause significantly diverse challenges in air transportation. Effective technological system and infrastructure are required to support the reverse logistics activities in air transportation services. Infrastructure in air transportation sectors plays a significant role in reverse logistics practices.

Cooperation with suppliers and customers enhance the success of reverse logistics activities (Abdulrahman et al., 2014). The financial system plays a vital role in encouraging the infrastructural developments and trained personnel requirements for reverse logistics. Financial barriers include the lack of funds return monitoring systems; lack of funds for training, storage, and handling; lack of initial capital; and lack of funds for technology research in the air transportation sectors. Information and technological systems are required as capital investments for tracking and tracing the products returned, and for product recovery through various techniques, such as reuse, remanufacturing, and recycling (Ravi, 2005). Furthermore, two economic pressures are faced by airlines and ground handling service enterprises, namely dematerialization and decomposition, to gain cost advantage in the global market (Lai and Wong, 2012). Economic barriers could obstruct top managers' reverse logistics activities in the air transportation industry, despite rivals possessing enhanced competitive advantages (Ye et al., 2013). Airlines and ground handling enterprises are adopting reverse logistics activities as a strategic tool for economic interests and corporate social image. Particularly, in the air transportation industry where the product life cycle reduces every day, it is possible to rescue the whole returned goods (outputs) or precious pieces. The key management barriers for Turkish airlines and ground handling companies to adopt reverse logistics activities are high commitment to achieve the goals. Enterprises require efficient leadership in order to attain the missions and values of reverse logistics implementation (Ravi, 2005). The top management's commitment can foster radical changes in the air transportation industry, which is a significant driver for coordination with members of the supply chain (Abdulrahman et al., 2014). The lack of personnel is a significant barrier which prevents the application of reverse logistics in the air transportation sector. It could also be critical for the survival of organizations in the future. Education and training are initial requirements for improving organizational performance. Airlines and ground handling companies seek to improve their brand image with qualified personnel. Political and legal barriers are related to government agencies. Regulations are generally reflected to be the most significant source of external impact on airlines and ground handling companies' reverse logistics activities. Several governments are ensuring environmental protection and sustainable development, in order to reduce carbon dioxide emissions. Several governmental agencies have enforced standards and regulations that countenance resource reuse and recycling, which could improve through reverse logistics. These laws and regulations also act as strict institutional pressures on airlines and ground handling companies to apply reverse logistics, and may have a recondite influence on the attitudes and behaviors of the top management (Ye et al., 2013).

In addition to the discussions with experts in the air transportation sector, this article considers 22 variables of barriers to reverse logistics that have been primarily selected from literature (Table 1)

Table 1: Summary of previous studies on Reverse Logistics Barriers

Reverse Logistics Barriers	Prior studies
(A) Management Barrier	
(A1) Lack of understanding by the top management on the importance of reverse logistics activities	Ravi, 2005; Jayanta et al. 2014; Agrawal et al. 2015; Ravi, 2015; Muchangos et al. 2015; Abdulrahman et al. 2014; Ravi et al. 2005; Shaharudin et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
(A2) Lack of support by the top management for reverse logistics activities	Agrawal et al. 2015; Abdulrahman et al. 2014; Ravi et al. 2005; Shaharudin et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
(A3) The general perception is contrary to the opinion that reverse logistics activities will be organized by the government	Prakash et al. 2015
(A4) Lack of training courses for implementing reverse logistics activities	Ravi, 2005; Jayanta et al. 2014; Bouzon et al. 2015; Agrawal et al. 2015; Muchangos et al. 2015; Ravi et al. 2005; Shaharudin et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
(B) Organizational Barriers	
(B1) Lack of organizational culture in adopting reverse logistics activities	Jayanta et al. 2014; Agrawal et al. 2015; Ravi, 2015; Shaharudin et al. 2015; Jayanta et al. 2014; Prakash et al. 2015
(B2) Lack of belief on successful reverse logistics activities	Abdulrahman et al. 2014; Shaharudin et al. 2015; Bouzon et al. 2010
(B3) Lack of clearly defining the benefits of reverse logistics activities	Bouzon et al. 2015; Shaharudin et al. 2015; Bouzon et al. 2010
(B4) Lack of sufficient understanding of the best practices related to reverse logistics activities	Jayanta et al. 2014; Jayanta et al. 2014; Prakash et al. 2015
(B5) Opinion that reverse logistics activities will increase cost	Agrawal et al. 2015; Muchangos et al. 2015

(C) Economic Barriers

- (C1) Expensive IT systems required for reverse logistics activities Agrawal et al. 2015; Muchangos et al. 2015; Abdulrahman et al. 2014; Jayanta et al. 2014; Prakash et al. 2015
- (C2) Reduced value to be derived from recycling a product Agrawal et al. 2015; Abdulrahman et al. 2014; Shaharudin et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (C3) High investment and operating costs required for reverse logistics activities Agrawal et al. 2015; Muchangos et al. 2015; Abdulrahman et al. 2014; Ravi et al. 2005; Shaharudin et al. 2015; Xia et al. 2015; Jayanta et al. 2014; Prakash et al. 2015
- (C4) High costs of disposal of hazardous waste Muchangos et al. 2015; Abdulrahman et al. 2014; Jayanta et al. 2014; Ravi et al. 2005; Xia et al. 2015; Jayanta et al. 2014

(D) Technology and infrastructure Barriers

- (D1) Lack of IT systems for reverse logistics activities Bouzon et al. 2015; Muchangos et al. 2015; Ravi et al. 2005; Shaharudin et al. 2015; Xia et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (D2) Lack of technological infrastructure for reverse logistics activities Agrawal et al. 2015; Muchangos et al. 2015; Shaharudin et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (D3) Lack of cooperation with suppliers and customers for reverse logistics activities Abdulrahman et al. 2014; Ravi et al. 2005; Shaharudin et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (D4) Lack of necessary equipment for reverse logistics activities Ravi, 2015; Muchangos et al. 2015; Shaharudin et al. 2015; Xia et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015

(E) Political and Legal Barriers

- (E1) Lack of legal requirements for reverse logistics activities Agrawal et al. 2015; Muchangos et al. 2015; Abdulrahman et al. 2014; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (E2) Lack of incentives for reverse logistics activities Agrawal et al. 2015; Abdulrahman et al. 2014; Shaharudin et al. 2015; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015
- (E3) Lack of sustainable environmental policies Jayanta et al. 2014; Agrawal et al. 2015; Ravi, 2015; Abdulrahman et al. 2014; Ravi et al. 2005; Bouzon et al. 2010; Jayanta et al. 2014; Prakash et al. 2015

(E4) Lack of sufficient pressures from customers on enterprises	Agrawal et al. 2015; Ravi, 2015; Muchangos et al. 2015; Abdulrahman et al. 2014; Shaharudin et al. 2015; Jayanta et al. 2014; Prakash et al. 2015
(E5) Lack of an adequate level of social responsibility from the enterprises	Jayanta et al. 2014; Muchangos et al. 2015; Abdulrahman et al. 2014; Jayanta et al. 2014

3. Research Methodology and Literature Review

Several academic research have analyzed the main barriers to the implementation of reverse logistics. Different authors have discussed multiple barriers of implementation. Muchangos (2015) identifies certain barriers to a waste management policy in Maputo City (capital of Mozambique). Structural modeling methods, interpretive structural modeling (ISM), and the Decision-Making Trial and Evaluation Laboratory (DEMA-TEL) were used and it was concluded that institutional structural weaknesses and a lack of cooperation among stakeholders are the major contributors to poor waste policy performance in Maputo City. The barriers were investigated under classifications, such as economic instruments, legislation and regulation, voluntary agreements, education and influence on behavioral change, observing information and performance, community, and technology in Muchangos's (2015) study.

Ravi (2015) emphasizes that barriers have influenced eco-efficiency in the electronics packaging industry. The study verifies that the top management of enterprises should encourage developing strategies to raise awareness on eco-efficiency. Abdulrahman et al. (2014) defines four barriers as financial, management, policy, and infrastructure. They separated multinational enterprises and domestic enterprises in the Chinese manufacturing industry. Low commitment and insufficient amount of reverse logistics professionals at business management levels constituted the prominent management barriers to reverse logistics practices in the Chinese manufacturing industry.

Ravi et al. (2005) investigate the coaction among the major reverse logistics barriers in the automobile sector. They used the ISM methodology to understand the influential factors among the barriers. Shaharudin et al. (2015) find that external barriers are the major impediments to the adoption of product returns and recovery management. They examined six manufacturers in Malaysia. A comparative analysis was undertaken between the manufacturers on the reverse logistics barriers for the adoption of recovery management and product returns. Xia et al. (2015) explain that internal barriers faced by car piece and component remanufacturers and appraises cause barriers through the proposed model/ framework. In addition, this objective was determined by employing the

DEMATEL approach. Bouzon et al. (2015) illuminate the relationship among the barriers that hinder reverse logistics' development in Brazil. As a result, it was found that policy barriers significantly influence all the other barrier categories. The lack of specific laws and motivational legislation continue to be considerable barriers to reverse logistics practices in Brazil.

4. Research Design and Data Collection

This paper used questionnaire survey to comprehend the reverse logistics barriers in the air transportation sector. Samples were collected from the air transportation sector in Turkey, where four companies that operated in the Istanbul Ataturk Airport were selected for the survey. The survey was executed from September to December 2016. The questionnaires were distributed to the selected companies, which were airlines and ground handling companies.

The questionnaire was designed on a "five point Likert scale," in addition to using face to face survey method to implement the administration of the questionnaire. In order to undertake statistical analysis, individual responses were collected on a five-point scale. Furthermore, the respondents were questioned regarding several barriers in implementing reverse logistics related to the air transportation sectors in Turkey by using the five point Likert scale. The respondents represented the management of the air transportation sector who held senior positions, such as lower-level managers in air cargo, passenger services, technical, training, IT, purchasing, and logistics departments. They were in the most suitable position to provide their opinion on the strategic aspects related to reverse logistics barriers in the air transportation sector of Turkey.

Data collected was collated in both, SPSS 22 and analyses by using an exploratory factor analysis. We employed the principal components analysis using varimax rotation. This contributes to the determination of the presence of meaningful patterns between the original variables and in extracting the major factors. The principal component analysis using varimax rotation is employed in order to verify the dimensions of reverse logistics implementation and reverse logistics barriers in the air transportation sector.

Based on the above reasoning, the following hypotheses are posited:

H1: Management barriers have negative impacts on reverse logistics activities.

H2: Organizational barriers have negative impacts on reverse logistics activities.

H3: Economic barriers have negative impacts on reverse logistics activities.

H4: Technological and infrastructural barriers have negative impacts on reverse logistics activities.

H5: Political and legal barriers have negative impacts on reverse logistics activities.

5. Results of Empirical Analyses

Considering reverse logistics activities wherever applicable, Cronbach's coefficient (Alpha) is calculated. It is used to calculate the internal consistency of responses and reliability of this survey. In this context, Cronbach's alpha is a measure of the extent to which all the reverse logistics barriers in our scale are positively correlated with the other variables.

It declared to share the idea in reverse logistics implementation of over 76% in the air transportation sector, which is limited to İstanbul. In addition, it was observed that majority of the respondents (93 % of the respondents responded “I agree and I absolutely agree”) supported reverse logistics activities as “Damaged products are transported for repairs and maintenance by our company”. The frequency of reverse logistics barriers show that they impact 65.1 % of the air transportation sector, which is limited to Istanbul. Furthermore, it was observed that the respondents (70 % responded “I agree” and more than 70 % responded “I absolutely agree”) supported reverse logistics barriers of “B1, B3, B4, D1, D3, E2, E3, and E4.” Moreover, the results explained that “B3” and “B4” constitute 78.9 % of the barriers, which are significantly more than the other barriers. On the other hand, management and economic barriers are lower than the other barriers in the air transportation sector. Reverse logistics implementation provides a brief summary of the responses. The mean and standard deviations are calculated to explain the current situation of reverse logistics activities in the air transportation sector. The means are in the range of 4.16 and 4.53. This points out that airlines and ground handling companies in Istanbul have already implemented actions to integrate reverse logistics activities. The standard deviations are in the range of 0.7 and 1.16. It verified that factor loadings 1, 2, 3, 4, 6, and 7 are above the lower limit of 0.70. Therefore, reverse logistics implementation in the air transportation sector is exceptional.

Table 2: Reverse Logistics Barriers of Descriptive Statistics

	N	Mean	Std. Error of Mean	Std. Deviation
Management Barrier	90	3,3028	0,10851	1,02941
Organizational Barriers	90	3,9644	0,09351	0,88715
Economic Barriers	90	3,7778	0,10297	0,97687
Technology and infrastructure Barriers	90	3,9389	0,09743	0,92432
Political and Legal Barriers	90	3,8733	0,09520	0,90315

Table 2 provides a brief summary of the responses. The mean and standard deviations are calculated to explain the current situation of reverse logistics activities in the air transportation sector. The means shown in table 2 are in the range of 3.30 and 3.96. This highlights that airlines and ground handling companies in Istanbul have already implemented actions to integrate reverse logistics activities. The standard error of mean is in the range of 0.09 and 0.10, and standard deviations are in the range of 0.88 and 1.02.

Table 3: Factor Analysis of Reverse Logistics Barriers

Reverse Logistics Barriers	Factor loadings	Variance explained (%)	KMO	Bartlett's Test	Cronbach's alpha
(A) Management Barrier		62,52	0,681	0,005	0,796
(A1) Lack of understanding by the top management on the importance of reverse logistics activities	0,862				
(A2) Lack of support by the top management for reverse logistics activities	0,913				
(A3) The general perception is contrary to the opinion that reverse logistics activities will be organized by the government	0,722				
(A4) Lack of training courses for implementing reverse logistics activities	0,632				
(B)Organizational Barriers		64,389	0,815	0,005	0,856
(B1) Lack of organizational culture in adopting reverse logistics activities	0,821				

(B2) Lack of belief on successful reverse logistics activities	0,758				
(B3) Lack of clearly defining the benefits of reverse logistics activities	0,867				
(B4) Lack of sufficient understanding enough of the best practices related to reverse logistics activities	0,823				
(B5) Opinion that reverse logistics activities will increase cost	0,734				
(C)Economic Barriers		73,685	0,794	0,005	0,879
(C1) Expensive IT systems required for reverse logistics activities	0,781				
(C2) Reduced value to be derived from recycling product	0,886				
(C3) High investment and operating costs required for reverse logistics activities	0,902				
(C4) High costs of disposal of hazardous waste	0,859				
(D)Technology and infrastructure Barriers		65,775	0,619	0,005	0,821
(D1) Lack of IT systems for reverse logistics activities	0,857				
(D2) Lack of technological infrastructure for reverse logistics activities	0,797				
(D3) Lack of cooperation with suppliers and customers for reverse logistics activities	0,814				
(D4) Lack of necessary equipment for reverse logistics activities	0,772				
(E)Political and Legal Barriers		62,804	0,814	0,005	0,849
(E1) Lack of legal requirements or reverse logistics activities	0,706				
(E2) Lack of incentives for reverse logistics activities	0,837				
(E3) Lack of sustainable environmental policies	0,787				
(E4) Lack of sufficient pressures from customers on enterprises	0,836				
(E5) Lack of an adequate level of social responsibility from the enterprises	0,788				

The results of the exploratory factor analysis for the constructs are shown in table 3. An exploratory factor analysis was used to determine the major constructs measured by the items. The factors are verified by implementing the varimax rotation and principal components analysis. An analysis of the factor loadings for management barriers shows that the first factor contains lack of understanding by the top management on the importance of logistics activities, lack of support from the top management for reverse logistics activities, which is exceptional. The KMO value of 0.8 and above are considered to be outstanding in organizational, political, and legal barriers' factor loadings. The questions, which involve the management, organizational, economic, technological and infrastructural, and political and legal barriers, are observed to be interrelated.

Composite reliability, Cronbach' salpha, and average variance extracted are summarized in table 3. The reliability of these factors is supported. The Cronbach's alpha coefficient for management, organizational, economic, technological and infrastructural, and political and legal barriers are 0.796, 0.856, 0.879, 0.821, and 0.849, respectively. All Cronbach's alpha values are above the lower limit of 0.70, which provide validity of a construct and internal consistency. Based on this scale, reverse logistics barriers are determined to have a high reliability.

Table 4: Correlation Analysis of Reverse Logistics Barriers

	1	2	3	4	5	6
Reverse logistics activities	1,0					
Management barriers	0,37; 0,728	1,0				
Organizational barriers	0,321**; 0,002	0,444**; 0,005	1,0			
Economic barriers	0,336**; 0,001	0,365**; 0,005	0,774*; 0,005	1,0		
Technological and infrastructural barriers	0,289**; 0,006	0,390**; 0,005	0,788*; 0,005	0,595**; 0,005	1,0	
Political and legal barriers	0,256*; 0,015	0,344**; 0,001	0,743*; 0,005	0,594*; 0,005	0,719**; 0,005	1,0

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

* Correlation is significant at the 0.05 level (two-tailed).

The bivariate correlation results using Pearson's correlation coefficients are shown in table 4. An examination was conducted on whether there is a relationship among reverse logistics activities and reverse logistics barriers in the air transportation

sector. In the correlation analysis, this study finds that used products returned from customers are transferred to recycling units. We find significant relationships between reverse logistics activities and economic, organizational, technological and infrastructural, and politics and legal barriers.

The correlation coefficient (r) appears to be significant at the 0.01 level and in the same direction of the relationship.

Table 5: Regression Analysis of Reverse Logistics Barriers

		A	B	C	D	E
Dependent variable						
Reverse Logistics Activities	Unstandardized Coefficients B;Std Error	0,035; 0,101	0,33; 0,104	0,304; 0,091	0,247; 0,087	0,267; 0,108
	Standardized Coefficients Beta	0,037	0,321	0,336	0,289	0,256
	t	0,35	3,182	3,343	2,833	2,484
	sig	0,728	0,002	0,001	0,006	0,015

Note: A: Management Barrier, B: Organizational Barriers, C: Economic Barriers, D: Technology& infrastructure Barriers, E:Political& Legal Barriers.

In the regression analysis, organizational, economic, and political and legal barriers have a considerable negative impact on organizational, economic, technological and infrastructural, and political and legal barriers. Hypotheses 2 to 5 are supported for the air transportation industries. On the other hand, only management barriers do not have any negative effects on reverse logistics implementation.

Table 6: Hypotheses and results summary

Relationship		
H1: Management Barrier	→ Reverse Logistics Activities	Not supported
H2: Organizational Barriers	→ Reverse Logistics Activities	Supported
H3: Economic Barriers	→ Reverse Logistics Activities	Supported
H4: Technology& infrastructure Barriers	→ Reverse Logistics Activities	Supported
H5: Political & Legal Barriers	→ Reverse Logistics Activities	Supported

A summary of the comparisons and all the results of the hypotheses supported or not supported are presented in table 6.

6. Conclusion

This study investigates the antecedents and outcomes of reverse logistics implementation in the air transportation sector through a large-scale study, although previous studies had focused on identifying the relevant issues of reverse logistics implementation in different sectors. In addition, there is no precise academic article dealing with the relationship between reverse logistics barriers and reverse logistics activities, which involve the air transportation sector. This paper elaborately discusses the antecedents of reverse logistics barriers in the air transportation sector from the perspective of institutional theory. A relationship model between the reverse logistics barriers in the air transportation industry is reviewed, in order to develop different models and change the paradigm.

The main limitation of this study is that data is solely derived from airlines and ground handling companies in the Istanbul Ataturk Airport, which is a hub center for logistics. This paper's results cannot be generalized for all sectors. This research acts as an additive to existing literature on reverse logistics implementation. In addition, this study strengthens available evidence on factors that influence reverse logistics barriers by providing the evidence of stated research, which exist in prior studies. Considering the increasing level of requirements for sustainable development, environmental awareness, and stricter environmental regulations, airlines and ground handling companies have begun to implement reverse logistics activities. However, reverse logistics activities are considered as an ideal system in Turkey. In addition, the results of the study also indicate that there is a relationship between reverse logistics activities and all barriers, except management barriers, in the air transportation sector. The empirical results recommend that the organizational, economic, technological and infrastructural, and political and legal barriers have statistically considerable negative influences on reverse logistics implementation. They demonstrate that technological and infrastructural barriers do not have negative effects on reverse logistics activities.

Further research is proposed to consider the barriers to reverse logistics in freight forwarder companies in the air transportation sector. As enterprises are expected to outsource their reverse logistics functions to freight forwarder companies in the near future, it will be valuable to consider the issues from this perspective in future research.

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Summary

Barriers in Implementing Reverse Logistics: Evidence from Turkey

Gozde Yangınlar
Beykent University, Turkey

Salih Kalaycı
Bursa Technical University, Turkey

The aim of this article is to analyze the effect of the major barriers, which prevent the practice of reverse logistics in the air transportation industry. This paper propounds theoretical reverse logistics implementation and identifies reverse logistics barriers in the air transportation sectors. In recent years, liberalization and increase in population have led

to high levels of competition in the air transportation sectors. The implementation of reverse logistics has garnered more attention in the last few years in academic literature and air transportation industry. The air transportation sectors need to decrease the environmental effect of their supply chain and focus on the exigence of reverse logistics development. In this study, the reverse logistics barriers have been identified from literature review, opinion of experts, and air transportation industry. The key barriers identified from our study are the five categories of management, economic, organizational, technological and infrastructural, and political and legal. However, the results suggest that organizational, economic, technological and infrastructural, and political and legal barriers have statistically negative influences on reverse logistics implementation.

Keywords: Air Transportation, Barriers, Reverse Logistics, International Trade

Effect of the Mobbing in Organizational Commitment and Job Life Quality Which is Applied to Health Workers

Nuriye Celmeche
Near East University, Cyprus

Abdullah Ishiklar
Bursa Technical University, Turkey

Serkan Arslan
South Russia University, Russian Federation

Introduction

The content of mobbing, which is one of the recent issues of current times and which is explained by the negative and undesirable behaviors of an employee or employee group in the workplace towards another worker, is a problem that is frequently encountered today and presents serious danger both at the individual and the organizational level (Tınaz et al., 2013).

The notion of mobbing was introduced by the Swedish psychologist Heinz Leymann in the 1980s (Akbaş, 2009; Tetik, 2010). Leymann (1996) examined the phenomenon of mobbing or emotional violence, which he described as "spiritual terror", by investigating different professional groups and systematically directed an individual to another individual or a group of individuals, leading to a hostile and immoral communication. The individual who is the target of mobbing is starting to suffer from physical, psychological and social impairments as a result of negative and bad behaviors spreading at least once a week and spreading for a period of at least six months (Leymann, 1996).

The aim of mobbing is to form a systematic pressure on the person or people in the workplace and to force them to leave their work by destroying their performance and endurance with immoral approaches. Today, there are many public and private organizations that are seen as one of the most important reasons of poor performance and failure in organizations (Chappell and Di Martino, 2006; Kirel,

2007). Although mobbing is a meaningful risk for all professions and organizations, it is a reality that is most often seen in the health sector in the light of the research done. The fact that the majority of the news about mobbing in the press and the media has come to the health sector supports this fact (Fışkın and Söyük, 2012). Factors such as providing uninterrupted and labor-intensive services in health institutions, attracting attention with the multiplicity of women workers compared to other sectors, can make the frequency of mobbing appearing in health service providers different (Çobanoğlu, 2005; Urhan and Etiler, 2011).

Mobbing behaviors which are applied to the employees of the management affect their organizational adversity negatively and their future is in danger (Karcıoğlu and Çelik, 2012; Pelit and Kılıç, 2012). It is emphasized that mobbing in has a negative effect on the attitudes of businessmen to the operation and causes the decrease of their organizational commitment in this direction. Finally, the work life qualities and organizational commitment of the employees are diminishing and the intention of leaving the work is occurring. The results of research conducted on the relationship between mobbing organizational Commitment show that the relationship between the two concepts is generally negative. It is monitored that the organizational commitment of businessmen who are exposed to mobbing behaviors generally appears to be weaker (Çalış and Tokat, 2013; Özler, Atalay and Şahin, 2008; Karcıoğlu and Çelik, 2012; Pelit and Kılıç, 2012).

Polat (2011) defined organizational commitment as a high level of belief in the organization, goals and values of its employees, more effort for the organization than expected, and a strong desire for organizational commitment. Allen and Meyer's generally accepted organizational commitment classification (Meydan, Basım and Çetin, 2011), as well as different dimensions of organizational commitment. Allen and Meyer (1991) studied on organizational commitment; emotional commitment, continuance and normative commitment in three dimensions. Emotional commitment is defined as considering the negativity of the employees who work in the business emotionally and wanting to remain in the organization with their own preferences, continuance, cost due to the separation of the employees from the organization and continuing to work as a necessity. Normative commitment is expressed as employees' sense of duty as a moral duty and because they believe that they should not leave the organization (Meyer and Allen, 1991). The common link between these three cognitive styles (emotional, continuing, and normative) reflects a psychological condition that affects employees' decisions to connect and keep their association with the organization (Allen and Meyer, 1993; Guatam, Van Dick and Wagner, 2004; Meyer, David, Stanley and Herscovitch, 2002, Obeng and Ugboro, 2003).

The most critical factor in achieving success in an organizational sense is the Commitment to the employee's organization. Organizations must ensure the loyalty of their members if they want to ensure their existence and continuance and to be prosperous (İnce and Gül, 2005). In terms of organizational behavior, one of the most important articles is the attitude of the individual towards his work. If these attitudes are positive, it can be said that the level of job satisfaction of the employees and the quality of work life are high and if it is negative, the job satisfaction and quality of work life are low (Özkalp, 2004).

Job quality (Martel and Dupuis, 2006), which emphasizes the human dimension of work by focusing on the quality of the relationship between the worker and the work environment, is an important management process that includes factors directly affecting employee efficiency and productivity. Chan and Wyatt (2007) describe the quality of work life; Sirgy, Efraty, Siegel and Lee (2001) defined the workplace environment and the appropriate working conditions in which employees are encouraged and supported by the provision of rewards, job security and development opportunities, while Sirgy, Efraty, Siegel and Lee (2001) describe the need to meet various needs through resources, activities and outputs they have defined it as professional desire.

There are two vital theoretical approaches to the quality of work life in the literature. These are the elimination of needs and spillover effect approaches. The approach to addressing needs is based on the model of meeting the needs developed by Maslow. According to this approach, people have the basic needs that they need to be fulfilled through work, and the employees are satisfied with the work they are doing to the extent that they meet their needs. The diffusion effect approach is based on the assumption that satisfaction in one area of life can affect satisfaction in other parts of life (Chan and Wyatt, 2007, Çelmeçe and Işıklar, 2015).

As specified in the researches on the factors affecting the quality of life of the employees, the quality of life, demographic factors, wages, earnings, working environment and conditions, management and organization of the works, leaders, work technology, industrial relations, participation, employment security, (Adıgüzel, Erdoğan, Batur, Oğlakkaya and Yalçın, 2014; Çatak and Bahçecik, 2015; Çavuş and Çelik, 2014; Çelmeçe and Işıklar, 2015) are affected by the objective conditions such as mobbing, social security and life long education.

In this research it was aimed to determine the effect of the mobbing that is applied to health workers on their organizational commitment and job life quality. In accordance with this aim;

1- Is there a relationship between organisational commitment and job life quality of health workers who are exposed to mobbing?

2- Is the mobbing that is applied to health workers has an effect on organizational commitment and job life quality of them?

Method

The research was conducted in a relational screening model to determine the effects of mobbing in applied to healthcare workers on organizational longevity and work quality of life. The study universe consists of health workers working in Tokat State Hospital. The sample of the study consists of a total of 154 health workers, 88 female (57%) and 66 male (43%), determined by randomized sampling method from the employees.

Scaling Tools:

1. Socio-demographic Data Form:

There are totally five questions included; age, gender, marital status, education level, job, working period.

2. Mobbing Scale:

Leymann's 45-item mobbing scale was used. Original translation of the mobbing scale in German was made by Osman Cem Öner toy and published in the book "Mobbing: Emotional Harassment at Work" prepared by Davenport, Schwartz and Elliot (2003). A 5-point likert scale was used in the questionnaire. I use the scale of "1- I do not agree completely, 2- I do not agree, 3- I neither agree nor disagree, 4- I agree, 5- I Absolutely agree" scale is used for the answer to each question. The scale related to the mobbing perception of the employees is handled in 5 dimensions. These are; the attack on preventing self- disclosure and communication (APSDC), the attack on social relations (ASR), the attack on the reputation (AR), the attack on the quality of life and occupational status of the person (AQOSP) and the health of the person (HP) dimensions. These are the reliability coefficient of Leymann's mobbing scale (Cronbach's Alpha value) was found as high as 0,91 (Dikmetaş, Top and Ergin, 2011).

3. Organizational Attitude Scale:

"Organizational Commitment Scale" developed by Meyer and Allen (1991) and adapted to Turkish by Wasti (2000) was used. This scale, which was formed in the form of a five-point Likert-type grading format and scored in the form of "never

agree" (1) and "completely agree" (5), consists of 18 articles in three dimensions (emotional Commitment, normative Commitment and continuance Commitment). The results of Wasti's (2000) analysis to test the validity of the scale revealed that the scale verified that the Turkish form was in 3D and that the factor loadings of the scale articles varied between 20 and 72. Also, reliability coefficients are for emotional commitment. 78, for normative Commitment. 75 and for continuance of Commitment. 58 (Wasti, 2000).

4. Job Life Quality Scale:

The Work Quality of Life Scale was developed in 2001 by Sirgy, Efraty, Siegel and Lee. The scale consists of 16 articles related to the satisfaction of 16 needs. All of the articles that make up the scale are intended to measure the quality of work in the workplace. The first three articles of the scale (1, 2, 3) measure the satisfaction of your health and safety needs. Articles 4, 5 and 6 are intended to measure the satisfaction of family and economic needs. Articles 7 and 8 aim to measure the satisfaction of social needs. Sections 9 and 10 aim to measure the level of satisfaction with respect. Articles 11 and 12 measure the extent to which self-realization needs are satisfied. Articles 13 and 14 measure the extent to which information needs are satisfied. Questions 15 and 16 are intended to measure the satisfaction level of aesthetic needs. Confirmatory factor analysis was carried out by Sirgy, Efraty, Siegel and Lee (2001) to test the validity of the original scale and it was found that 16 articles came from seven factors and these seven factors came from a single factor. The Cronbach Alpha reliability coefficient of the Work Life Quality Scale was 0.78.

Findings

The percentage Table of health workers that are exposed to mobbing are given in the Table1.

Table 1. Distribution of the health workers that are exposed to Mobbing

Mobbing Exposure	Frequency	%
Yes	55	36
No	60	39
Not Sure	39	25
Total	154	100

When the Table1 was examined it was determined that 55 (36%) of the health workers are mobbing exposed, 60 of them (39 %) are not mobbing exposed and 39 (25 %) of them are not sure.

Distributions of the health workers, who are exposed to mobbing depending on their genders, are given in the Table2.

Table 2. Distributions of the health workers depending on their genders

Gender	Frequency	%
Female	30	54.5
Male	25	45.5
Total	55	100

When the Table2 was examined it is seen that 54.5% of the mobbed people are female and 45.5 % of them are male workers.

Findings related to relationships between mobbing, organizational commitment levels and job life qualities of the health workers given in the Table3.

Table 3. Relationships values related to relationship between mobbing, organizational commitment and job life quality of health workers

	1	2	3	4	5	6	7	8	9
1.APSDC	-								
2.ASR	.40**	-							
3.AR	.43**	.67**	-						
4.AQOSP	.33**	.70**	.70**	-					
5.HP	.51**	.51**	.69**	.63**	-				
6. Emotional Commitment	-.46**	-.43**	-.71**	-.60**	-.84**	-			
7.Continuance Commitment	-.41**	-.47**	-.44**	-.44**	-.33**	.39**	-		
8.Normative Commitment	-.40**	-.37**	-.33**	-.52**	-.54	.11	.09	-	
9.Job Life Quality	-.31**	-.31**	-.38**	-.31**	-.39**	.41**	.37**	.17	-

When Table 3 was examined, it was found that there was a meaningful difference between the mobbing subscale and aggression to avoid communication (CGIES) subscale and organizational Commitment normative Commitment dimension $r = -.40$ ($p < .01$), emotional commitment $r = -.46$ ($p < .01$) and continuing Commitment $r = -.41$ ($p < .01$). The relationship between the attack on social relations (SIS) subscale and the normative Commitment subdimension of organizational Commitment was $r = -.37$ ($p < .01$), emotional commitment $r = -.43$ ($p < .01$), and continuance $r = -.41$ ($p < .01$) in the negative direction. (P < .01), emotional commitment $r = -.71$ ($p < .01$) and continuance of commitment $r = -.44$ ($p < .01$) was found to have a meaningful negative relationship. (P < .01), emotional commitment $r = -.60$ ($p < .01$) and continuance commitment $r = -.52$ between the commitment to Quality of Life and Occupational Attitude (KMDS) subscale and the normative commitment dimension of organizational Commitment .44 ($p < .01$) were found to have a meaningful negative relationship. The relationship between the attack on the health of the patient and the normative commitment dimension of organizational Commitment was $r = -.54$ ($p < .01$), emotional commitment $r = -.84$ ($p < .01$), and continuance $r = -.41$ ($p < .01$) was found to be meaningfully related to the negative direction. Again, there was a meaningful and negative relationship between mobbing and organizational Commitment and all dimensions of work life quality.

For the scaling of the organizational commitment and job life quality variances of the workers who are exposed to mobbing the regression analysis findings given in the Table 4.

As a result of regression analysis; mobbing was found to explain the variance of normative and emotional attachment by 31% and the variance of continuance by 3%. In other words, 31% of normative and emotional commitment, 21% of continuance commitment and 21% of work life quality are due to mobbing. As a result of the multiple regression analysis, mobbing behaviors applied to healthcare workers are meaningfully related to organizational commitment's sub dimension, it can be said that it has an effect.

Table 4. Effect of the Mobbing on the organizational commitment and job life quality of health workers

Organizational Commitment Variances								
Normative Commitment			Emotional Commitment			Continuance Commitment		
R	R ²	Fp	R	R ²	Fp	R	R ²	Fp
.541	.310	121.1 .00	.552	.310	141.2 .00	.241	.210	133.4 .00
						Job Life Quality		
	R	R ²	F	P				
	.512	.211	114	.00				

Discussion and Comments

The mobbing exposure rate of the health care workers was found to be 36% in the study. In their research on Dilman (2007) and Dündar (2010) health workers, employees' mobbing exposure rates were found to be 70%. According to the survey conducted by Salin (2001) in Finland and involving 377 people, when asked if workers were exposed to mobbing, yes the answer was 8.8%, and when asked after mobbing, it reached out to 24.1%. According to the survey, this is due to the fact that employees do not know what they are facing.

This rate is almost double compared to Europe. Even in Finland, where mobbing rates are highest in Europe, the mobbing rate is 15% (Di Martino, Hoel and Cooper, 2003). In studies conducted in Europe, it was found that mobbing had a high level of equality risk in the public sector (14%) compared to other sectors (12%) and in service sectors such as transportation, communication, education and health, 2005). Mobbing behaviors have been seen in organizations where intense interpersonal relationships are more prevalent. It is possible to think that the main reason why mobbing is so high in this research is that it is based on the application of research to both public and health workers.

When the healthcare workers exposed to mobbing in the survey were evaluated in terms of their gender, mobbing exposure rates of women were found to be higher than that of males and mobbing exposure rates of female workers were found to be 54.5%. As in other studies in the literature survey (Salin, 2003; Kelly, 2005), female workers were exposed to more mobbing than male workers. In Özdemir's (2013) study in Istanbul and Anatolian group hospitals, it was determined that mobbing exposure differs according to gender, and that women's health personnel were exposed to more mobbing than male health personnel. "According to the results of the Fourth European Working Conditions Survey, 2007) women were found to face mobbing three times more than men. Moreover, according to the same research, it is stated that women are exposed to more mobbing in Ireland, Finland and Luxembourg compared to other countries. Researchers have supported the results of our research. Kemaloğlu (2007) has identified male teachers as being more exposed to mobbing than female teachers in the study titled "Gender Investigation of Teachers' Emotional Harassment Behavior". It does not support our research results.

There was a negative relationship between mobbing behaviors applied to health workers and organizational commitment and work quality. Mobbing applied to healthcare workers affects their organizational commitment and work quality. Again, there was a low, medium and high negative relationship between mobbing sub-dimensions and organizational commitment sub-dimensions. Alper Apak

(2009) and Ekinci (2012) found a negative relationship between their level of exposure to mobbing behaviors and level of organizational commitment in their research. They found that mobbing in employees' organizational commitment negatively influenced their work on 80 bank employees of Karcıoğlu and Çelik (2012). At the same time, Yıldız, Akbolat and Işık (2013) found a negative relationship between mobbing and organizational commitment in health workers' research. The researches support our findings by the way.

Consequently; researches in the area of health mobbing is so frequent, however it is reported to be rare. With its many causes, the general belief is that there are no legal regulations to defend the rights of workers in our country. Responses related to verbal attacks, injuries, beatings and killing of health personnel are subject to general provisions. Research conducted again indicates that mobbing is applied more to female workers. It is thought that Turkish society has patriarchal characteristics, male workers and managers are more in the workplace than women, and also women have more sensitive characteristics.

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Summary

Effect of the Mobbing in Organizational Commitment and Job Life Quality Which is Applied to Health Workers

Nuriye Chelmeche
Near East University, Cyprus

Abdullah Ishiklar
Bursa Technical University, Turkey

Serkan Arslan
South Russia University, Russian Federation

Mobbing at workplace is defined as a phenomenon which is systematically performed by one person or a few people on a person and the exhibition of hostile behaviors through non-ethical communication. The purpose of this research is to investigate the effect of mobbing on the commitment of victim to his/her organization and his/her quality of working life. The following measuring instruments were used in the research: the Mobbing Scale based on the mobbing typology which was introduced by Henz Leyman causes, effects and reactions of mobbing, the Organizational Commitment Scale developed by Meyer and Allen and the Quality of Working Life Scale developed by Sirgy, Efraty, Siegel and Lee. The research population was composed of 154 health personnel working at a state hospital in Tokat. At the end of the data analysis, a significant relationship was found between the mobbing behaviors and organizational commitment and its three subdimensions (affective commitment, normative commitment and continuance commitment) and quality of working life.

Keywords: Mobbing, Organizational Commitment, Quality of Working Life

Exposure, Interpretation and Memory Retention in the Perception Process of Consumers

Yunus Kayabas

Near East University, North Cyprus

Mehmet Macar

South Russian University, Russian Federation

I. Introduction

According to scientific research, the working principle of human brain has shown that how people remembers an event very clearly and do not forget it for a long time is related to how they feel the situation about that event in all their cells in the intensity of emotions and to the importance they attribute to that event. With the modern understanding of marketing, being the last one of the phases through which marketing communication has been historically, approaching the customers, the idea of customer focus, intense competition which started to be felt for good by 1980s, technological developments and globalization have created new dynamics in the field of marketing. Communication lies at the core of today's marketing activities as a basic element and value (Bozkurt, 2014). Consumers define purchasing behavior procedures for products which they think they do or will need under the influence of stimuli coming from outer environment. A purchasing behavior procedure is concluded in regard to the influence of stimuli, used by enterprises to reach consumers, on consumers. Hence, positive perception of stimuli, to which consumers are exposed, by them and the place of product or brand in consumers' minds are of great importance. Emotional pleasure and integration a product gives to the consumer are the triggers of the purchasing decision. Each product or brand introduced to the market is positioned in the market according to the first impression of consumers; this defines how the presenter of the product in the market is perceived and therefore on which quality scale it will be evaluated. Positioning is a system of opening a window in mind. The way of getting into one's mind is being first (Ries & Trout, 2013).

Sticking in consumers' mind, staying long in their memories, being the preferred among millions of alternatives, and how intangible or tangible services and products draw attention of consumers is possible not only by meeting a physiological need but also satisfying its spirit psychologically. Getting into consumers' heads in the first place means everything in marketing. Being the first brand in the market is important because it helps getting into minds in the first place. The rule of mind is an extension of the rule of perception. If marketing is not a war of products but a war of perception, mind should precede market (Ries & Trout, 2013). Then, the thing to be done is to analyze the place in which signals sent to consumers' subconscious position the product or brand well and make them interpret it with the highest value that can be attributed.

Consumers receive different messages from organizations and their brands through different sources and integrate those messages within their own learning processes and save them in the part related to those organizations and their brands. This helps that consumer develop his/her own attitude and behaviors toward the brand and the organization (Bozkurt, 2014).

The most important criterion that is defined as a success for companies is to be able to succeed in making them keep consumers' brand awareness and positive thoughts about the product in their memories for a long time.

1.1 Memory Retention Process

Millions of pieces of information reach humans' five senses every day. Yet, it is impossible to try to pay attention to and make an effort to perceive all of them. Indeed, trying to sense and perceive these stimuli may deteriorate individuals' both mental and physical health. Thus, individuals let some of the information coming to their sense organs pass their perception thresholds (mostly automatically, without even noticing them consciously.) Individuals try to hear and perceive the information which is important for them (Koç, 2012).

The process of learning the information offered through the message it gives, keeping it in memory and recalling the information in brain requires mutual communication among brain functions. To establish that communication, the message should include a triggering message in its content which enables brain functions and can leave its mark on the society and their subconscious. Otherwise, the message presented would not be remembered by the society. The best approach for winning when establishing communication with the society is a simplified message. The message should be communicated with a clear expression to make it permanent. One of the obstacles before messages achieving their objectives is the volume of communication. One needs to focus on potential customers' perceptions,

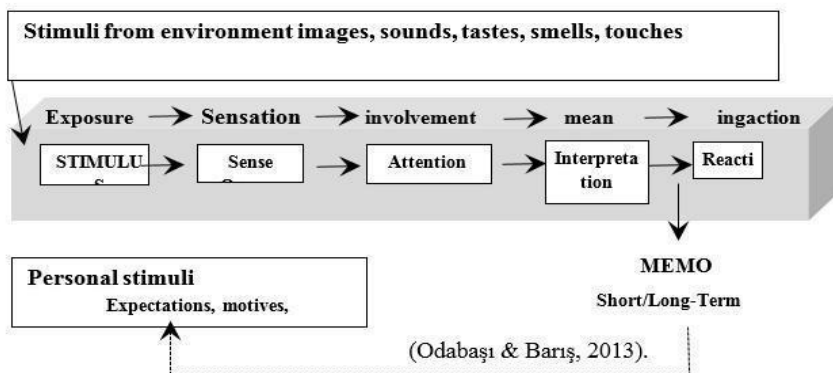
not the reality of the product. Let us take advertising. Despite composing only 6% of the world population, USA consumes 57% of the world's advertisements (Ries & Trout, 2013).

As diversity of communication tools is expanding at an unprecedented pace, the most accurate way to communicate messages for companies is to manage the communicate to manage consumers' perceptions and stick in their minds once and for all. The lowest strength of stimulus at which a stimulus can stimulate individuals' sense organs is called absolute threshold. Where the stimulus remains fixed, does not change or is repeated, absolute threshold rises and stimuli starts not to be paid attention to. This leads to the "concept of sensory adaptation." And this concept refers to the fact that we do not perceive what we have been exposed to and have been perceiving before anymore after a while (Odabaşı & Barış, 2013). Even though this facilitates our lives as individuals, it makes it difficult for marketers. What can marketers do when the advertisement broadcasted, shelf arrangements and sales development efforts are not perceived anymore? It is recommended to marketers who want to overcome this hardship to know about the concept of discrimination threshold. Discrimination threshold is the lowest difference perceived between two similar stimuli. When a marketer wants to increase the intensity of stimulus "on the lowest level possible" and in such a way that "individuals can notice it", it needs to know the ability of its target group to "notice the differences"; in other words, its "discrimination threshold". In what ratio does a packaging which is not perceived anymore due to sensory adaptation need to be enlarged so customers can perceive the fact that the "packaging has been enlarged"? The basic principle in answers to this question and such ones is the strength of the first stimulus. If the first stimulus is strong, the second stimulus can be perceived differently as it is stronger. It is necessary for information saved on senses to be transferred into short-term memory so it can transform into being conscious and meaningful. Which of the stimuli is to be transferred to the short-term memory is defined by the processes of recognition, attention, and perception. The process of perceiving starts with sensation. Thanks to sensation, data in outer environment are communicated to brain to be transformed into neural energy and to be processed. After the processing in the brain, information is formed and stored. This is the process of perceiving; the final product is perception. During this process, brain considers the information acquired by the individuals, their expectations, and social and cultural values along with the senses coming from other sense organs, chooses the senses, ignores some of them and categorizes the new information, evaluating it together with the current one. Hence, perceiving has a complex structure as it forges a bond among individual's knowledge, experiences, and personal and social values (Cüceloğlu, 2005).

1.2 Exposure

The next stage in perceiving is related to the access of marketing communication elements to us. That is why elements of communication are as important as choice of strategy, timing of marketing messages and the content of message (Koç,2012). The most important point to be considered is that the sensation threshold to which consumers are exposed is well-analyzed and consumers are informed in moderation. Otherwise, consumers would not perceive the message to be communicated after a while and would send it to the section of their memories where the message will not be remembered. Exposure is the physical contact between consumer and stimulus. Our sense organs (eyes, ears, nose, mouth, and skin) help us access, that is, be exposed to inputs. Two types of stimulus can be talked about: physical stimuli coming from environment and stimuli formed by individuals themselves (expectations, motives, experiences, etc.) Synergy of both types of input is one of the main reasons for the idiosyncrasy of perceiving (Odabaşı & Barış, 2013).

Fig. 1. Process of Perceiving



A positive process of perceiving depends on the exposure of consumers to messages to impress sense organs. Any product which does not address target groups' emotions that do not penetrate their sense organs. Effectiveness of the exposure process is also related to its spectacularism. If the message was not taken into consideration, consumer exposed to the message would get bored in time and remove it from his/her memory's priorities and the process of sensory adaptation would start.

The process of perceiving starts with exposure, continues with physical stimuli from environment and individuals' expectations, demands, attention and the

involvement process; at this stage, consumer would determine his/her style of behavior for the product and turn it into buying/not buying it.

1.3 Perception and Process of Perceiving

Perceiving refers to the individual effort to choose, organize and interpret stimuli during the formation and definition of individual's environment by himself/herself. As a concept related to how individuals see the world and how they interpret stimuli to which they are exposed and which address their five senses, perceiving may present an original structure differing from person to person. In this context, selective perceptions developed by individuals for stimuli because they have different needs, values and expectations, their ways of interpreting stimuli, and therefore, ways of perceiving them vary (Schiffman & Kanuk, 2004).

Consumers buy a product at the end of a process of learning. For information, emotions and images about a product to be stuck in memory, consumers need to notice the messages about that product, or be exposed to those messages, pay attention to them, consequently *perceiving* the messages (Ekdi, 2005). The process of convincing the target groups so a product, service or an idea to be purchased cannot be managed without being dependent on truths. There is never an exact correspondence between the value proposition of a product, service, organization, person or country attributed to itself and its perceived value. The main function of communication is nothing but building a bridge between those two and closing the gap between those two elements.

II. Purchasing Process of Consumer

Consumers seek for a product which will meet their needs in the best way possible and at the lowest cost possible. Diverse options of product, quality, price, brand and product identity, indicator of status, and emotions to make consumers happy affect consumer behaviors.

Consumers make decisions following sometimes short-term and sometimes long-term research. One of the most important issues recently is the fact that consumption has transformed from a physiological phenomenon into a psychological or emotional one in developed and developing countries (Kotler, Kartajaya & Setiawan, 2012). In an increasing manner, physiological satisfaction with products has been replaced rather by psychological/emotional satisfaction (status, belonging, loving, being loved, acceptance, being shown respect, being

superior, prestige, achievement, enjoying, etc.) Today, physiological satisfaction refers to the lowest-level expectation from a product or service. It is observed that successful firms are trying to achieve psychological satisfaction regarding multiple needs in addition to physiological satisfaction (Koç, 2012).

Several proposals and models have been developed for consumers' decision-making processes. Four of them have been widely accepted and examined:

- 1 Problem-solving model
- 2 AIDA model
- 3 Hierarchy of effects model
- 4 Innovation acceptance model

When comparing the four important approaches, all the stages depend on the process of convincing and all the models have cognitive, affective and behavioral dimensions to them (Odabaşı & Barış, 2013). Individuals' attitudes reflect their desires and goals. Their desires are organized to direct and maintain all their psychological activities. Their perceptions, thoughts, emotions; all their activities such as mobilization of old habits and acquirement of new ones are always under the influence of their goals through the forces driving them. Molar behavior of a child that starts with his/her sense of being hungry for cornflake chips ends with the purchase and consumption of the product (İnceoğlu, 2005). Consumer purchase decision-making process is like a detailed narration of the problem-solving behavior. Behavior exhibited by the consumer at a bazaar should not be handled like a simple action-reaction mechanism. Because each behavior of the consumer appears as a mental process that affects and directs the purchasing event. According to this idea that addresses consumer behavior as problem solving, the act of purchasing is just one of the stages in this process (Nazik, Bayazıt, Erdamar & Gürcü, 2014).

Marketing starts with a demand and this results from the occurrence of a need; success of marketing is about the management of this demand and need in the best way possible and the capability of managing the competition. While marketers make decisions to orientate consumers toward products and services, consumers try to choose the most suitable offers out of the ones that have been presented to them; this lifelong activity becomes a part of daily life and the consumer develops a shopping style which is effective in the choice of goods and services. Advancing technology and current economic conditions force today's consumers to prefer brands instead of paying for products. Because customers look for extra values provided by brands compared to similar products (Eriş & Kutlu, 2007).

Several products or services with almost the same properties are presented to consumers' taste, and consumers pick out. Prices of products alone are not enough to influence and direct consumers' preference among products anymore and it becomes even more important to create difference in terms of quality, servicing facilities, etc. within the competition and to gain a place in consumers' memories (Ekdi, 2005).

III. Conclusion

When examining the studies on consumer behaviors, it is seen that studies to stick in consumers' memories are in the forefront. Packaging and advertisement of the product, simplicity of the communication language used and the strength of effect has become as important as the quality of product offered to consumers. In consideration of consumer needs, contents for their perceptions should be presented. Cultural values should be considered and consumer sensitivities should be taken into account when offering the product to consumers.

When advertising the products, advertisements which do not address consumers' cognitive, affective and behavioral domains have found not to be effective. Consumer buys a product at the end of a process of learning. For information, emotions and images about a product to be stuck in memory, consumers need to notice the message about that product and pay attention to them.

In consumers' processes of purchasing, it has been seen that they decide purchasing the product which will satisfied then in the best way. There are several factors that trigger consumers' willingness to purchase and it has also been determined that supporting this willingness with stimulating arguments by those who introduce the product to the market is very effective. Satisfaction of consumer needs today is defined an activity based on psychological satisfaction rather than being just a physiological phenomenon. The fact that drives determined to be psychological behaviors such as status, belonging, loving, being loved, acceptance, being shown respect, being superior, prestige, achievement, and enjoying trigger purchasing processes and have a great impact on them should be considered by those who supply the product.

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Summary

Exposure, Interpretation and Memory Retention in the Perception Process of Consumers

Yunus Kayabas

Near East University, North Cyprus

Mehmet Macar

South Russian University, Russian Federation

According to the classical understanding in marketing, how powerfully human brain sends an event or object it perceives through the sense organs to the memory depends on how it interprets them, how long it retains them in its memory, or how much it desires that event or object. According to today's modern understanding, on the other hand, all events or objects perceived through the sense organs are sent to and wholly stored in brain so it is not to be forgotten in future. What should be the absolute threshold for impressing consumers and make them imprint your products in their memories during a positive perception process? It is necessary for information saved on senses to be transferred into short-term memory so it can transform into being conscious and meaningful. Which of the stimuli is to be transferred to the short-term memory is defined by the processes of recognition, attention, and perception. When an enterprise wants to increase the intensity of stimulus "on the lowest level possible" and in such a way that "individuals can notice it", it needs to know the ability of its target group to "notice the differences"; in other words, its "discrimination threshold". Otherwise, an over-repeated informing process will trigger the process of sensory adaptation after a while; the meaning will be lost and will not be perceived. In what ratio does a packaging which is not perceived anymore due to sensory adaptation need to be enlarged so customers can perceive the fact that the "packaging has been enlarged"? What is the basic answer to this question and such ones? Through which processes do consumers go through to prefer a given product or brand?

Keywords: Perception, memory, stimulus, exposure, human brain

Stress Relationship with Employees in Public Service Delivery Bank

Osman Shahin

South Russia University, Russian Federation

Ibrahim Turut

South Russia University, Russian Federation

Erhan Salmanli

South Russia University, Russian Federation

1. Introduction

The banking sector is a sector which is at the forefront of customers. That's why customer satisfaction .It 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 Şendoğ, 2006, s.2-3). According to the current banking approach this definition remains incomplete. Because banks are also many different jobs to do (EYÜPGİLLER, 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 cannot 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 paves the individual stress.

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

Osman Shahin

South Russia University, Russian Federation

Ibrahim Turut

South Russia University, Russian Federation

Erhan Salmanli

South Russia University, Russian Federation

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

A Targeted Study to Create Country Tourism, Medical Tourism and Employment Contribution on the Social Security System

Mesut Cevdet Yavuz
Southern University, Russian Federation

Introduction

Social security, contributing to the country's tourism in parallel with economic development in a society, medical tourism development and employment contribution constitute one of the basic necessities. Because social security is important not only to protect all sections of the society against various risks and threats but also to guarantee their future at the same time. Therefore, the structure of a social security system in a country is directly related to the economic and social conditions of that country. When the social security system in Turkey is examined, contributing to the most important functions of social security is to contribute to the tourism of the country, to develop medical tourism and to contribute to employment and thus to reduce the differences between the practices of social security systems. It is also clear that the contribution of Turkish social security to the country's tourism, the development of medical tourism and the contribution to employment. In public aid; old pensioners and needy taxpayer; in the retirement pension, the taxpayers 'memorandum, or rather the civil servants' pensions, to their widows and orphans; there is a transfer from the employer to the worker towards the other institutions in the form of social insurance. There are also transfers within the social insurance institutions. As a result of contribution to the country tourism, development of medical tourism and employment contribution, this transfer is carried out in many directions from those who have lost their lives to those who have lost their support from the non-naysayers to those who have suffered relatively unsuccessfully from widows and orphans, continues. While the provision of social peace requires fair distribution of income, it is not possible to contribute to the country tourism, to develop medical tourism and to contribute to employment by itself. Therefore, it is seen as a necessity of social state to contribute to country tourism, to develop medical tourism and to contribute to

employment. The contribution to the country tourism, the development of the medical tourism and the reformation of the contribution to the employment is the change that has taken place in the social security system which is the result of changing the state by consciously intervening in the situation of the state.

The state is doing this intervention in order to prevent negative effects by providing support to the country tourism, medical tourism and employment contribution which cannot get enough share from the social security system. The unemployed who are unable to work in this situation, the tourism, medical tourism and employment groups and the unemployed who can not work if they want and the low income earners who are working can continue their lives with the income realized towards them. This is also necessary in terms of ensuring social justice and social peace. This is because the existence of tourism, medical tourism and employment groups that cannot meet their needs and fall into need is causing both public conscience and economic and social problems in the society. In order to be able to examine the impact of the Turkish social security system on tourism, medical tourism and employment groups, it is first necessary to provide an understanding on concepts such as social security and tourism, medical tourism and employment. Structural studies on the social security system implemented in Turkey have gained momentum. Work on the effects of tourism, medical tourism and employment of the social security system, which has been lacking, has become increasingly important nowadays. With this study, it is aimed to carry out a research for eliminating these deficiencies. It should be mentioned beforehand that this result will not have a mathematical certainty while the research done is the result of the Turkish social security system being affected by tourism, medical tourism and employment. In this research, the social security system, tourism, medical tourism and employment issues are examined and tourism, medical tourism and employment effects of Turkish social security system are examined.

Turkish Social Security System

The Social Security Systems have been the reason for the fact that the measures developed to meet the need for a more humane and more contemporary life of the industrial society and the activities of established institutions are organized. Social security systems that constantly change organizational structure and operating principles to respond to changes in the social structure are intended to provide protection guarantees for all social hazards in a country. The scope of such guarantees is such that they will provide a standard of living that will not be in need of anyone else in the community they are all in. For this reason, social

security; It has been the subject of the ILO Conventions, the Universal Declaration of Human Rights and the constitution of a large number of States, and states have adopted the principle of fulfilling their social security responsibilities by establishing a social security system. The provision of social security guarantees in any country of importance has not been left to individual preferences. In almost all countries, it is seen that the social security service has a public nature as a necessity to be a social state and the service is provided under the supervision supervision of the public institutions (Erkan, 1997: 18).

When we examine the social security system in Turkey, institutional inadequacies have led our social security system to come to an unsustainable state, despite the fact that long-term actuarial balances are not sufficiently observed, even though we are still a young society. Moreover, the social security system could not be adequately regulated at all, problems arising from management weaknesses, political approaches that removed the autonomous governance of institutions, populist policies that erased the retirement age. In addition to these problems, there are problems of inadequacy of resources, financial crisis, decline in the number of active insured persons, problem of non-allocating premiums, dissolution of funds of institutions due to high rate inflation, lack of autonomy of institutions and complication of work (Tuncay, 1997: 359).

The Turkish social security system has entered a situation that is difficult to fulfill its basic functions as in many countries after 1990s. Facilitating the conditions for getting old-age pensions, paying unpaid premiums, premiums, insolvency of the informal sector that fuels the evasions of the insurance negatively affected the social security system. As a result, the balance of income and expenditure of social security institutions has been deteriorated and has become a constant deficit. According to Law No. 4447, the law 5510 does not provide better conditions for insured persons in terms of rights acquired. It has been seen that the regulations called health transformation project have brought great costs. The premiums paid by the insured and 5283 which was accepted by Social Insurance Institution Hospitals for which the employer paid for it were passed by law to the Ministry of Health (İzgi, 2008: 96).

The administrative structure of the Social Security Institution and the Turkish Social Insurance System, which was established by the Social Security Institution Law numbered 5502, which was enacted with the publication of the Official Gazette dated May 20, 2006 and numbered 26173, has changed drastically. SSK, Bağ-Kur and Emekli Sandığı and Bank and Insurance companies' trust funds in the form of a single institution instead of the multiple structure was formed. With its new structure and areas of duty, SSI has become the primary social security

institution not only engaged in the insurance operations of employees but also the general health insurance for the whole population and the social welfare services for the low-income population segments (Alper, 2007: 144).

In Article 3 of Law No. 5502, the social security system is summarized as carrying out the social security system based on contemporary standards that are effective, fair, easily accessible, actuarial and financially sustainable, based on the main purpose social insurance principles of the Social Security Institution (Teksöz, 2006: 146).

In this context, it is stated that the institution intends to give importance and priority to the social insurance principles, to ensure that the actuarial account balance, which is the basis of the insurance system, is ensured to be a sustainable system, and finally to a system that is easily accessible to those who benefit from the system. In Turkey, the social security system went to a similar structure to the EU countries social security system and the proposal of consolidating the three social security institutions under a single roof and the single roof system with the law no. Firstly, the text prepared by the Ministry of Labor and Social Security, which envisages a single roof model in our social security system, was presented to the public opinion with the title of "Draft Law on Pension Insurance and System Pension Insurances Institution". This text, which contains the basic principles laid down by the single roof model, is based on the text of the Social Insurance Law No. 506 in terms of the law and repeats many of the provisions of this law in the system of workers, civil servants and independent employees and includes them on the same conditions. sickness, sickness, and sickness benefits. When the inadequacy of this system became clear, the Social Security System Reform Proposal of 29 July 2004 was prepared and opened for discussion. In this approach, the main objective was to prevent inequalities in poverty and income distribution, and for this purpose the distinction between the primary and the non-primitive system has been abolished. If this subject is to be approached in this frame; it seems that the single roof approach has some problems. For example, while the status of civil servants continues, the continuity in the working status of workers and independent workers is not always the case. Also, the difference between the earnings of the employees will be reflected in the social insurance premium to be paid and the social insurance benefit calculated on the basis of this premium. The right of all employees to social security within the framework of a single law The primary regime that has been implemented so far in the Turkish social security system (Güzel, 2005: 76).

Public Social Security Expenditures (Social Assistance) are made for those who cannot benefit from social insurance in Turkey or who are victimized by the gaps

in the system when they benefit. There are many applications in this area. These; Public subsidies (compensation to dependent families, compensation paid to military and civil servants, aid for Turkish citizens and cultural residents both at home and abroad), public aid for social protection purposes (needy and orphaned) social support services (child protection institution), health services (green card) (Alper, 2003: 55).

The Ministry of Labor and Social Security is working on a one-stop basis to implement these practices in the form of social assistance. The organizational structure of the social security system in Turkey is based on a dual footing, the primary and the non-contributory social security regime. Social security regime in Turkey; social insurance institutions and private insurances. It is aimed to redistribute income among people through prudent regime implementation. The non-premium regime consists of public social security expenditures, social services, social benefits and voluntary organizations (Güneş, 2004: 84).

The most striking point in the social security system is the existence of different social security organizations for various groups. Because of this disorganization of the social security system, beneficiaries of these insurance schemes pay different premiums for the same risks and benefit from different benefits (Koray ve Topçuoğlu, 1995: 85).

This disorganization is tried to be solved by the establishment of Social Security Institution. There are various features in the functioning of social security systems. In this context, funding principle is provided by distribution or fund method. The financing source is provided with wage-linked contributions or general taxation. Intergenerational distribution is very strong in some, but not in others. Benefits are determined in the form of fixed benefit or proportional to contributions. The organizational structure can be public or private and can include unions in management. While the calculations can be collective or individual, the amount of the contribution to be made to the account and the amount of the benefit to be taken to the accountant are determined in advance. In addition to systems that have no guarantee of benefits, there are full guaranteed systems. Implementing social security systems; the worker's insurance model, the public insurance model, the mixed model of the workers' and the public insurance model, the state-looking model, the protective fund model and the private insurance model (Şenden, 2000: 63).

Turkey tourism sector development

Tourism in Turkey has shown a different development. The development of tourism in Turkey consists of two main periods: pre-planned period (1923-1962)

and planned period (1963 and later). The first organization to be established in the field of tourism prior to the planned period is the "Turkish Seyyah's Society" founded by Raşit Saffet Atabinen and a group of intellectuals. This association later changed its name to "Turkey Turing Club" followed by "Turkey Turing and Automobile Club". The work of the institution is the result of Turkey's first posters and promotional brochures and the first road maps printed. The first interpreter and guidance exams were made and the first tourism related examinations were made (Yıldız, 2011: 57-58).

According to the report of the Ministry of Development (2014), 129 thousand tourists came to my country in 1961, leaving a total of 7.5 million USD. The average expenditure was set at USD 60 for the same year and four days for the average overnight stay. For Turkey, 1963 was the turning point in terms of tourism. The Ministry of Tourism and Promotion has been established for the purpose of dealing with tourism only during the planned development period (Budak, 2000: 65).

For the first time in 1963, the First Five-Year Development Plan (1963-1967) entered into force. The most important feature of the plans is that it is an incentive for the private sector and an imperative for the public (Çetin, 2014: 4). Currently, the 10th Development Plan (2014-2018) is in force.

Table 1: Number of Tourists Coming to Turkey According to Years and Tourism Revenue

Years	Foreign Visitor	Income (US \$) (*)
2003	13.341.000	13.854.000
2004	16.826.000	17.076.000
2005	20.273.000	20.322.000
2006	18.916.000	18.593.000
2007	22.248.000	20.942.000
2008	24.944.000	25.415.000
2009	25.465.000	25.064.000
2010	27.466.000	24.930.000
2011	30.261.000	28.115.000
2012	31.782.000	29.007.000
2013	33.467.000	32.308.000
2014	35.257.000	34.305.000
2015	34.779.000	24.896.000

(*)The last three digits of the figures in the visitor and income column are rounded to (000).

Reference: It was taken from the statistical report prepared by the Ekin Group Research Unit for the EMITT (2015) Fair.

With the planned turnover, 199 thousand tourists and 7,7 million USD income were obtained in 1963, and as a result of the studies carried out, there was a rapid acceleration in tourist arrivals and foreign exchange increase. When the tourists and their incomes according to the year are examined, 725 thousand tourists earned 51,6 million USD foreign exchange in 1970, 1 million 338 thousand tourists in 1973 and 171 million USD tourism income. In 1980, 1 million 57 thousand tourists who came to the country left USD 327 million foreign exchange. (Gölbahar, 2009: 154). By the year 2004, the number of tourists coming to the country was 17 million 516 thousand 908, this figure increased to 23 million 340 thousand 911, and in 2010 it was 28 million 632 thousand 207 persons (www.ktbayatirimisletmeler.gov.tr, 05.12.2017). By the year 2015, it increased to 34 million 779 thousand 841 persons. Due to the problems experienced in 2016, there has not been a good year and it has decreased to 24 million 50 thousand 56 persons with a decrease of 30.9%. (www.turizmdatabank.com, 05.12.2017).

Employment concept and tourism sector

The term of employment is used in economics in two meanings: one is narrow and the other is broad. In a broad sense employment refers to the use of all production factors in an economy. If an economy has all of the production factors possessed, then the economy will reach its maximum production level, which is called "full employment national income level". Whereas; If one or more of the production factors are not fully used, then the "incomplete employment national income level" is the issue. When it comes to employment in the narrow sense, only labor and its participation in production comes to mind (Erdoğan, 1996: 227).

The fact that the economy is in balance in underemployment means that some of the factors of production remain idle. If it is meant for employment in a narrow sense, there will be unemployment in the labor force at varying levels of employment at full employment. From this point of view, the employment level of the economy, which can be used as a basic indicator between advanced and emerging economies, will show that unemployment in developed countries is lower than in developing countries. The main purpose of the developing countries is to transform their countries into an industrial society and realize their economic development. However, one of the problems in this regard is that the industrialization is not enough to solve the problem of employment due to technological development in the developing countries. In other words, because of the labor saving features of technical progress, there is no significant increase in

employment, so the unemployment problem cannot be resolved satisfactorily (İlkin, Dinçer, 1991:26).

Besides the monetary effects of tourism, the most important of the real effects created in the economy is the employment effect resulting from the labor-intensive production technique. (Korzay, 1992:289).

Therefore; the tourism sector affects the total employment in the country because it directly contributes to employment and provides indirect employment opportunities to other sectors that provide input to this sector (Coltman, 1989: 226-227).

The fact that most of the activities shown in the tourism sector are service-intensive activities, it is generally a labor intensive sector, the demanded workforce is either qualified or unqualified and this type of workforce is in abundance in many developing countries or regions where the economy is deteriorating. For example, according to a calculation made for the United States, 100 additional overnight trips per day will bring about a night's stay, 47 new jobs per year, 6 new facilities, enough tax revenue for 45 children to read, and millions of dollars in business volume (Özgüç, 1998:187).

There are also many sectors such as accommodation, transport, entertainment, travel agencies, management, finance and health, which are directly affected by the tourism sector. It is also indirectly affecting other sectors such as agriculture and manufacturing, especially the construction sector. This is why it is difficult to articulate clearly the impact of the tourism sector on employment (Vellas, Becherel, 1995:218).

In parallel with the development of tourism, the increasing employment effect brings in three different types of employment, generally direct, indirect and stimulated. These (Avcıkurt, 2003:28; Vellas, Becherel, 1995:220);

Direct Employment; tourism businesses such as accommodation, food & beverage, transport operators, travel agencies and tour operators include direct employment. Indirect Employment; the jobs in the sectors that provide the products and services that the tourism sector needs and the activities in the activities which benefit from the expenditures of the tourists are within the scope of indirect employment. Sectors such as agriculture, fisheries, construction, handicrafts, banks and manufacturing sectors are the sectors where new employment opportunities are provided with the development of tourism. Emergent Employment is employment that includes additional employment created in the economy with the expenditure of direct and indirect employment.

The employment opportunities that the tourism sector has emerged in this way are very important in terms of the countries facing the problem of unemployment especially in Turkey.

Tourism in the Turkish economy is a sector that realizes the same employment volume with less investment than other sectors. The above table shows the results of a survey conducted by the DPT. According to the table, it is necessary to invest 240.8 in crude oil production in order to find additional employment for 1 person, this figure is 40.8 for cement and only 1.5 for tourism sector. As a result, when it is expressed in 1984 forecasted prices, it is revealed that the tourism sector is the sector that requires the least investment to provide 1 person employment opportunity in Turkey.

Table 2: Sectors' Employment Opportunity in Turkey

Investment Concept	Amount of investment required to provide a job opportunity for one person (million TL)
Crude Oil Production	240.8
Chemical fertilizers	91.6
Energy	65.0
Iron and Steel	45.0
Cement	40.8
Flour And Bakery Products	20.8
Fruit and Vegetable Processing	20.5
Alcohol free drink industry	12.9
Motor Vehicles	12.6
Weaving	12.1
Electric Appliances	9.9
Shoe Industry	3.3
Tourism (Hospitality) Industry	1.5

Reference: Evaluation of Developments in Tourism Sector in Turkey in Terms of Economic Development, Turkish Trade, Industry, Maritime Chambers and Commodity Exchanges, p.35.

Since the superstructure facilities built in parallel with tourism development mean more employment and the use of more construction materials, an increase in investment expenditures leads to an increase in investment expenditures and, from the very first moment, the economy spreads and generates an intensive income stream. According to a calculation by the World Tourism and Travel Council (WTTC), which defines the tourism industry as "the largest industry in the world, the largest employer in terms of prosperity and employment," the tourism sector creates jobs every three seconds (Özgüç, 1998:1). Service is very important in the

tourism sector and service is realized only by people. As a result, the fact of labor activity in tourism enterprises arises. The application of technological innovations in the tourism sector cannot prevent a large part of the work from being done by people (İlkin, Dinçer, 1991:26). This is because the tourism sector is more labor-intensive than the other sectors. The source of direct and indirect employment opportunities in the tourism sector is the consumption expenditures of the tourists (Tatlıdil, 2001:3). While the revenues obtained in the first stage of touristic consumption expenditures create the direct employment effect, the re-expenditure of the income obtained reveals the second employment effect. As a result of the seasonal nature of the sea, sand and sun tourism in particular, tourist demand increases in labor demand during periods of intense tourist demand (Çakır, 1999:69). In this respect, the demand for labor, which is revealed in the tourism sector, is a talept. In other words, the labor force will be demanded as long as the tourist goods and services are demanded.

Result

It is possible to say that the Turkish social security system has been successful in contributing to the country's tourism, improving the medical tourism and contributing to the employment, but it is possible to say that there are problems in the continuation of this contribution. Although the social security system is one of the most effective means of solving the problem of inequality in the distribution of social security in a country, these problems should not be regarded as the only solution source. Because, demographic structure, labor force participation rate, general level of wages, unemployment rates and many other factors can eliminate the inequality and contribute to the country tourism, medical tourism development and job creation can prevent the lack of search for solutions. As it is clear from the literature review, such problems have gone beyond developed countries and raised to the level of development. Here, our country needs to reach the level of development by taking necessary precautions. In this way, the citizens of the country will be able to benefit more from the social security system in terms of contribution to the country tourism, medical tourism development and employment contribution, and the country will be able to get rid of the image of a backward country.

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Summary

A Targeted Study to Create Country Tourism, Medical Tourism and Employment Contribution on the Social Security System

Mesut Cevdet Yavuz

Southern University, Russian Federation

Two of the fundamental problems of the Republic of Turkey in terms of economy are the financial deficit and employment of the Social Security Institution. These two problems are also the result of other problems as well as sources. Turkey is able to solve the problem of employment with episodic tourism episodes, but in doing so it sacrifices profitability and quality. In the last period, especially with "health tourism", high profitability is tried to be provided and it is possible to make the work power quality and continuous. Europe is aging and the treatment needs are increasing accordingly. Turkey, both in terms of living and treatment costs, but also due to the weather and natural structure of the elderly or foreigners who need treatment attracts attention. Legal arrangements also make it easier for foreigners to acquire property and pass on Turkish citizenship. The study aims to provide two main benefits and complex side effects; Accordingly, some plans and regulations are proposed to increase the number of resident foreigners, to make health tourism more profitable and continuous, to increase the formation of qualified employment and to reduce social security deficits.

Keywords: Retired, Employment, Health, Social Security, Tourism, Elderly

Payment Methods of Foreign Patients in Turkey and of Turkish Hemodialysis Patients Abroad

Adem Sezen

Istanbul Science University, Turkey

Davut Cem Dikmen

*Cyprus International University, Turkish Republic of
Northern Cyprus*

Ahmet Cenk Dikmen

*Cyprus International University, Turkish republic of
Northern Cyprus*

Muslum Kotan

Medical Park Hospitals Group, Turkey

Birkan Tapan

Istanbul Science University, Turkey

Introduction

The fact that the world becomes gradually global and the removal of borders between countries affected the health sector as well as all different sectors. Health services are structurally a concept which have to be provided as soon as the need arises and which is directly related to the human life. This situation makes it necessary to develop cooperation between sectors and countries and to sustainably finance them in order to uninterruptedly provide health services. One of the reflections of this situation in the health sector is the “Medical Tourism”. A planned trip which is made for any reason to get a health care service from the place of residence to an another place is called Medical Tourism, and the traveler is called medical tourist. The case that the tourists traveling from the place of

residence to an another place for tourism purpose receive an unplanned health care service is called tourist health. Turkey has the 7th place in terms of number of tourists. About 30 million tourists come to Turkey every year. 50 million tourists and 50 billion US dollars are targeted in the 100th anniversary of our Republic. In 2010 – 2014 strategic action plan of our Ministry of Health and 2023 vision, it's aimed that Turkey has leading position in medical tourism. The medical tourism is defined under three headings:

- **Medical Tourism;** is planned practices applied for treatment purpose by physicians usually in 2nd and 3rd degree health institutions and organizations for the tourists having a determined disease. (Further treatments - Cardiovascular Surgery, Radiotherapy, CyberKnife, Transplantation, Infertility, Test Tube Baby IVF procedures, Esthetic Surgery, Eye, Tooth, Dialysis Treatments etc.).
- **Thermal tourism and SPA Wellness;** are treatment supporting or rehabilitative practices applied by healthcare personnel or another authorized personnel in hot spring or spa centers during post-disease rehabilitation periods or to partially cure disorders leaving permanent damage. (Spa Treatments, Physiotherapies, Thalassotherapy, Hydrotherapies, Balneotherapy, Peloidotherapy, Climatotherapy etc.)
- **Tourism of Elderly and Disabled people;** For the care and rehabilitation of elder and disabled tourists, Clinic Guest Houses – Geriatric Treatment Centers – The practices applied by certificated trained personnel in aged care homes. (Excursions, Occupation therapies, activities for disabled people etc.)

Foreign Patient Groups

Health Services provided to foreigners are examined in 3 groups:

1.Emergency Health Services for foreigners staying in Turkey for a short time(Tourist Health), who come for:

- a meeting, congress etc.
- commercial purpose
- tourism purpose

2.Tourists coming from abroad for treatment purpose (Medical Tourism)

- who come from Neighboring countries, Central Asia, Africa
- who come from the countries not having bilateral Social Security

Agreement with our country (Denmark, Norway, Sweden, UK etc.) – The citizens living abroad

- who come from developed western countries (USA, Europe etc)

3.Foreigners staying in Turkey for a long time (routine treatment and emergencies)

- Consular employees
- Foreign retirees who settle (in Alanya, Marmaris etc.)

Over 2 million people are currently living with renal replacement therapies around the world. It is estimated nowadays that the global cost of renal replacement therapy around the world is over 1 trillion dollars. 6 percent of the health budget in the US, 5 percent in Japan, and 8 percent in Taiwan are spent for the treatment of patients with End Stage Renal Disease. Considering the increasing number of patients in the world, an economic burden which seriously constrains the health budgets of developed countries in the near future and which can't be overcome in low income countries will appear. It is expected that this number will double in the next 10 years and the total cost of treatment will exceed 1.5 trillion dollars.

Hemodialysis is the most commonly used renal replacement therapy in the world and in our country. Patients having hemodialysis treatment have to be treated at hemodialysis centers 2 or 3 times per week during their lifetime. In case of travel due to work and social life, this treatment should obligatorily continue. The rates of morbidity and mortality increase because of systemic complications associated with renal failure in patients developing End Stage Renal Disease. Complications related to existing chronic diseases and hemodialysis process may develop in hemodialysis patients. Treatment of chronic diseases and cases related to hemodialysis complications are realized independently from hemodialysis process. Treatment costs are invoiced separately from hemodialysis treatment.

The reimbursement of hemodialysis patients coming from abroad are made by two different methods. The first group consists of patients coming from the countries who have signed social security agreement with our country. The prices practiced for this group are dialysis session prices for domestic patients. The second group consists of hemodialysis patients coming from the countries who haven't signed social security agreement with our country. By being regarded as particular patients, their treatment is realized after receiving the pre-approval from their insurance company with which they are affiliated. While private healthcare establishments determine prices agreed with the insurance companies through the protocol they have made, the prices could be set up to 2 times the prices of the Ministry of Health in healthcare providers attached to the Ministry of Health; and in university hospitals, the prices could be set up to 3 times the prices of the Ministry of Health.

Purpose:

With this study, it's aimed to examine the modes of payment of hemodialysis patients who receive treatment by traveling within the country and the reimbursement models of hemodialysis patients coming from abroad.

Method

It was aimed to explain the practices in Turkey by examining Turkish Republic-Minister of Health's strategic plan between 2010 and 2014, the Practical Guide of Medical Tourism in Public Hospitals and Tourist Health prepared in 2011.

Findings

Turkey has the 7th place in terms of number of tourists. About 30 million tourists come to Turkey every year. 50 million tourists and 50 billion US dollars are targeted in the 100th anniversary of our Republic. In 2010-2014 strategic action plan of our Ministry of Health and 2023 vision, it's aimed that Turkey has the leading position in medical tourism. Patients having hemodialysis treatment have to be treated at hemodialysis centers 2 or 3 times per week during their lifetime. In case of travel due to work and social life, this treatment should obligatorily continue. Patients receiving hemodialysis treatment in our country are in the group of patients who cannot be charged for extra fees according to the Healthcare Implementation Notice. The treatment of hemodialysis patients coming from abroad for business or holiday purpose is realized in our country. The reimbursement of hemodialysis patients coming from abroad are made by two different methods. The first group consists of patients coming from the countries who have signed social security agreement with our country. The prices practiced for this group are dialysis session prices for domestic patients. The second group consists of hemodialysis patients coming from the countries who haven't signed social security agreement with our country. By being regarded as particular patients, their treatment is realized after receiving the pre-approval from their insurance company with which they are affiliated. While private healthcare establishments determine prices agreed with the insurance companies through the protocol they have made, the prices could be set up to 2 times the prices of the Ministry of Health in healthcare providers attached to the Ministry of Health; and in university hospitals, the prices could be set up to 3 times the prices of the Ministry of Health.

Countries having bilateral international convention with Turkey within the scope of Social Security

Turkey has signed social security agreement with; Germany, Albania, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Czech Republic, Denmark, Georgia, France, Netherlands, UK, Sweden, Switzerland, T.R.N.C., Canada, Libya, Luxembourg, Macedonia, Norway and Romania. Procedures related to foreigners coming from these countries are applied in accordance with the provisions of our bilateral agreements on social security matters. Those who come to our country from the countries having social security agreement with our country, in order to benefit from health care assistance;

- Those having right to benefit from health care assistance in our country on behalf of the contracting country should primarily apply to the foreign procedures services in the provincial directorate of social security / social security centers.
- Relevant people will be able to make their examination and treatment within the period of the right to health care assistance registered in the Health Care Assistance Certificate according to the Social Security Agreement.
- They will be able to receive health care assistance from health care providers with which our institution has signed agreement.
- If it's necessary to pursue the treatment after the health care assistance period expired or if there is a demand for new treatment, they should apply to the provincial directorate of social security / the foreign procedures services in the provincial directorate of social security

Conclusion

Health services will be provided in public hospitals to the people coming to our country from abroad within the scope of the present notice of Medical Tourism or Tourist Health.

Hospitals affiliated with the Ministry of Health have to fulfill all the obligations, organizations and pricing. However other public hospitals have to price on the basis of the rate at the list and the process and organization are at their own initiative.

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The Ministry of Health's Reporting Bulletin (www.tkhk.gov.tr)
Registry of the Nephrology, Dialysis and Transplantation Turkey-2014
Registry of the Nephrology, Dialysis and Transplantation Turkey-2015

Summary

Payment methods of foreign patients in Turkey and of Turkish hemodialysis patients abroad

Adem Sezen

Istanbul Science University, Turkey

Davut Cem Dikmen

Cyprus International University, Turkish Republic of Northern Cyprus

Ahmet Cenk Dikmen

Cyprus International University, Turkish republic of Northern Cyprus

Muslum Kotan

Medical Park Hospitals Group, Turkey

Birkan Tapan

Istanbul Science University, Turkey

The patients who develop end-stage renal disease need to have a kidney transplant or to receive hemodialysis or peritoneal dialysis in order to maintain their lives. Hemodialysis is the most frequently used renal replacement therapy in the world and in our country. Patients receiving hemodialysis should go to the hemodialysis center 2 or 3 times a week to follow their treatment during their lifetime. In case of travel due to work and social life as well, this treatment should be continuously followed. Patients receiving hemodialysis treatment in our country are in the group of patients who cannot be charged for extra fees according to the Healthcare Implementation Notice. The treatment of hemodialysis patients coming from abroad for business or holiday purpose is realized in our country. The reimbursement of hemodialysis patients coming from abroad are made by two different methods. The first group consists of patients coming from the countries who have signed social security agreement with our country. The prices practiced for this group are dialysis session prices for domestic patients. The second group consists of hemodialysis patients coming from the countries who haven't signed social security agreement with our country. By being regarded as particular patients, their treatment is realized after receiving the pre-approval from their insurance company with which they are affiliated. While private healthcare establishments determine prices agreed with the insurance companies through the

protocol they have made, the prices could be set up to 2 times the prices of the Ministry of Health in healthcare providers attached to the Ministry of Health; and in university hospitals, the prices could be set up to 3 times the prices of the Ministry of Health. With this study, it's aimed to examine the modes of payment of hemodialysis patients who receive treatment by traveling within the country and the reimbursement models of hemodialysis patients coming from abroad.

Keywords: Hemodialysis, hemodialysis patient abroad, reimbursement method, cost of hemodialysis

The views of the Cypriot Turkish school students about renewable energy production

Serap Ozbash

Near East University, Cyprus

Introduction

Global warming is the greatest threat to life on earth. Global warming is an increase in the temperature of the earth due to the increase in the density of greenhouse gases resulting from human activities. Human activities such as excessive use of fossil fuels, rapid population growth, raising the standard of living are events that increase the impact of global warming. At the end of global warming makes life conditions of plants and animals especially human life more difficult. In the case of global warming, some serious potential changes, including extreme high temperatures, floods, widespread and severe drought events, shrubs and forest fires as a natural consequence of them, and the functioning of human health and ecological systems for some regions are envisaged at a very high level of reliability. It is emphasized that in the reports of international organizations (e.g. IPCC: Intergovernmental Panel on Climate Change) urgent measures should be taken at global level in relation to global warming, which is regarded as a global problem. (Akın, 2017; Bayraç, 2010; Sağlam et al. 2008; Boşgelmez, 2007; Türkeş et al. 2000). For the solution of the problem, effective sustainable energy management policies are in the first place on the global scale of the use of renewable energy sources and diversity energy production.

Cyprus is one of place that needs diversifying the power generation. The island is highly dependent on imported petroleum products, because of its isolated energy system. To contain increasing energy demand, it gains dependence on energy imports and causes high fuel prices (Jaramillo-Nieves and del Rio, 2010). At the same time, the new energy sources in the Eastern Mediterranean provide new opportunities for regional countries (e.g. Turkey, Cyprus, Israel) in terms of elements such as economic factors while creating potential risks (Üstün 2016; Karakasis, 2015). The island, however, has a high potential for ample solar and some wind energy from renewable energy sources (Zachariadis & Pashourtidou, 2007). For this reason, energy management policies, the commitments of managers and the promotion of public opinion (Özerdem & Biricik, 2011; Zachariadis &

Pashourtidou, 2007), as well as the public's acceptance of renewable energy play an important role in the production and dissemination of renewable energy in Cyprus.

Social acceptance is an attitude that directs supportive behaviour against or favor the placements of the energy technology (Hitzeroth, & Megerle, 2013). This attitude is affected by some factors such as climate change knowledge, technology knowledge, cost, risks and benefits of technology and security. Regarding these factors, perceived advantages and disadvantages affect social acceptance level and this level affects the success and implementation of technology (Hofman, 2015; Devine-Wright, 2007). When literature is overviewed, it can be noted that several researches have been done related to social acceptance of renewable energy (e.g. Moula et al. 2013). However, there can be found no research on the social acceptance of renewable energy technology and its production or views about it by Turkish Cypriots. The aim of this study is to specify high school students' views about renewables energy production. The results of this study is expected to shed light on teaching towards an effective way to raise their awareness by defining their positive and negative views about renewable energy production.

Method

Participant

160 volunteers from three high school types (general, college, vocational) selected randomly in the TRNC participated in the research. 40% (64) of the students were female and 60% (96) were male. 34,4% (55) of the students were in general high school; 35% were at the college (56) and 30.6% (49) were at the vocational high school. Participants were between 14 and 15 years of age (Mean: 14.8, sd: 0.37).

Questionnaire

In the research, a questionnaire prepared by Kılınç, Stanisstreet & Boyes (2009) was used to learn participants' thoughts on renewable energy. There are 4 sections in the questionnaire. At the first section; there are some expressions related to the demands for electricity payment and living near a power station. This section is a 5-pointed Likert type. In the second section there are some expressions related to the characteristics of renewable energy generation. This section is also rated as a 5 point Likert type from strongly disagree to strongly agree. The third section consists of statements about the importance of electricity generation in features and is rated as a 4-point Likert type, from very important to not important at all. In the fourth section, there are 4 statements about Global Warming and being environmental friendly. Three of these statements are rated as 4-point Likert type; and the other is rated in the Likert type of 5.

Analysis

Data collected from the participants were transferred to the SPSS program and analyzed through this program. In the analysis, the percentage and frequency are used.

Application

Before applying the questionnaire, the official permits were taken and the questionnaires were given to the selected schools by explaining the purpose. The questionnaires were made using paper and pen.

3. Finding

3. 1. Cypriot Turkish high school students' views about to pay price for electricity and to live near to a power station

According to Fig. 1 some of students (35%) disagreed that they would be willing to pay more for electricity generated from renewable sources, while some of students (33.1%) agreed. However some of students (38.1%) agreed that they would be willing to pay more for electricity, while some of students disagreed. Also the half or students (50.6%) agreed that they would not wish to live close to a renewable electricity generator.

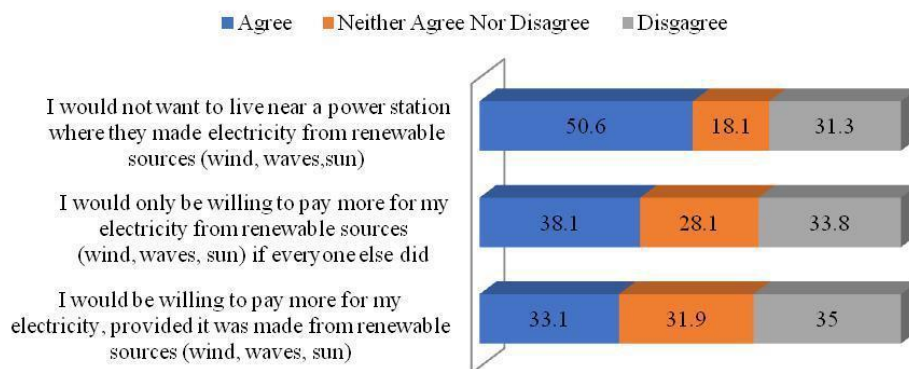


Fig. 1. Cypriot Turkish high school students' views about to pay for electricity and to live near to a power station

3. 1. Cypriot Turkish high school students' views about characteristics of renewable electricity generation

According to Table 1, over half of Cypriot Turkish high school students (66.9% and 52%) pointed out that renewable power installations were safer than other types of power generators and over half of them (64.4%) also assumed that Global Warming would be reduced if more of our electricity was made from renewable sources. Furthermore over half of them (56.9% and 54.4%) assumed that renewable sources could supply electricity from renewable power generation and make this

continuously for us. However over half of students envisaged that using power stations that make electricity from renewable sources (wind, waves, sun) for very longtime might cause environmental damage. Under half of Cypriot Turkish high school students agreed that renewable power generations can harm the animals (43.8%), the people (44.4%) and the plant (38.1%) that live near them, while under half of students disagreed the perceptions related items. It is seen that the participation rates of the students are very close to each other. At the same time, the percentage of students agreeing (34.4%) and disagreeing (29.4%) was close to one in view of the fact that closing electricity generating stations from renewable energies was more difficult than the others. In addition while disagreeing rate of students (38.1%) is higher than agreeing rate (32.5%) in the opinion of their friends about rejecting the idea of generating electricity from renewable energy sources; agreeing rate of students (45.6%) is higher than that of disagreeing (26.9%) in view of the fact that electricity generation from renewable sources takes long time.

Table 1. students' views about characteristics of renewable electricity generation

	Agree*** %	Dkn** %	Disagreed* %
1. It is cheaper to make electricity from renewable sources (wind, waves, sun) than by other methods.	45.6	27.5	26.9
2. Power stations that make electricity from renewable sources (wind, waves, sun) are safer than other types of power station.	66.9	21.9	11.3
3. Power stations that make electricity from renewable sources (wind, waves, sun) can harm the animals that live near them.	43.8	24.4	31.9
4. We could make enough electricity for everyone just using renewable sources (wind, waves, sun).	56.9	28.8	14.4
5. When we have finished with them, power stations that make electricity from renewable sources (wind, waves, sun) cost more to close down than other types of power station.	34.4	36.3	29.4
6. Power stations that make electricity from renewable sources (wind, waves, sun) can harm the people that live near them.	44.4	16.3	39.4
7. Power stations that make electricity from renewable sources (wind, waves, sun) can make electricity continuously, so that it is available all the time.	54.4	28.1	17.5
8. Power stations that make electricity from renewable sources (wind, waves, sun) can	38.1	30.0	31.9

harm the plants that live near them.			
9. We have not been using power stations that make electricity from renewable sources (wind, waves, sun) for very long, so we do not know about any long-term environmental problems with them.	58.8	24.4	16.9
10. Most teenagers look down on the idea of making electricity from renewable sources (wind, waves, sun), and think those who support it are damaging the environment.	32.5	29.4	38.1
11. Global warming would be reduced if more of our electricity was made from renewable sources (wind, waves, sun).	64.4	22.5	13.1
*This percentage= strongly disagreed plus disagreed			
** This percentage= do not know.			
***This percentage= strongly agreed plus agreed.			

3.2. Cypriot Turkish high school students' views about the importance of characteristics of energy production

According to Table 2, over half of Cypriot Turkish high school students held the views that the respect of their friends about environmental issues (60.6%), the safe of power station making electricity (60.0%), and the reliable supply of electricity (61.9%) were very important. Also over half of students felt it very important that the power station generating electricity does not harm the animals (55.0%), and the people (56.9%) that live near it and making your electricity does not make global warming worse. At the same time nearly half of students judged it very important that the price of electricity (46.9%) and the power station generating electricity does not harm the plants (43.1%). The proportions of those who didn't judge it at all important views about the importance of characteristics of energy production were less the percentage than 10%.

Table 2. Students' Views about Importance related to Energy Generation

	Very Important	Quite Important	Not Very Important	Not At All Important
	%	%	%	%
1. How important is it to you that using your electricity does not cost too much?	46.9	34.4	15.0	3.8
2. How important is it to you that the power station that makes your electricity is safe?	60.0	28.8	9.4	1.9

3. How important is it to you that your electricity supply is reliable, and that you have electricity all the time?	61.9	22.5	11.9	3.8
4. How important is it to you that the power station that makes your electricity does not harm the plants that live near it?	43.1	30.6	18.1	8.1
5. How important is it to you that the power station that makes your electricity does not harm the animals that live near it?	55.0	30.0	10.6	4.4
6. How important is it to you that the power station that makes your electricity does not harm the people that live near it?	56.9	28.8	6.9	7.5
7. How important is it to you that making your electricity does not make global warming worse?	50.6	30.6	15.0	3.8
8. How important is it to you that your friends respect about the environmental issues?	60.6	22.5	7.5	9.4

3.3. Cypriot Turkish high school students' views about what global warming might do to the environment

According to Fig. 2 more than one third of Cypriot Turkish high school students reported that they were quite worried (35.6%) and a little bit worried (36.3%) about global warming. At the same time one fifth of students (20.6%) reported that they were very worried about global warming. Relative few students (7.5%) were not worried at all about global warming.

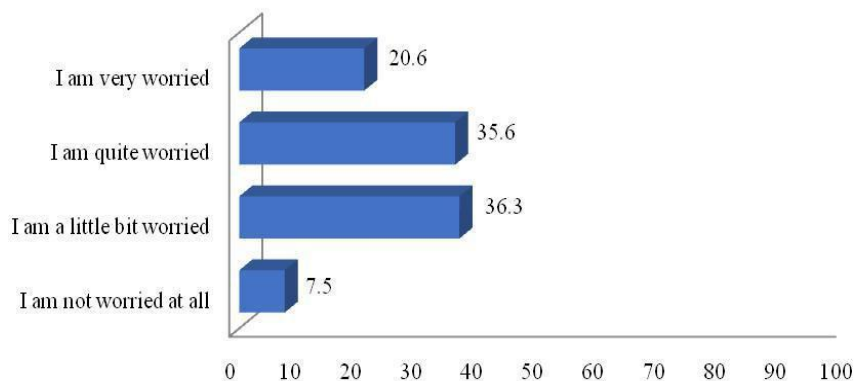


Fig. 2. Students' views about Global Warming

3.4. Cypriot Turkish high school students' views about they know about global warming

According to Fig. 3 nearly half of the Cypriot Turkish high school students knew something (46.9%) and a little (40.0%) about global warming. Also relative few students (2.5%) didn't know about global warming while one tenth students (10.6%) knew a lot about global warming.

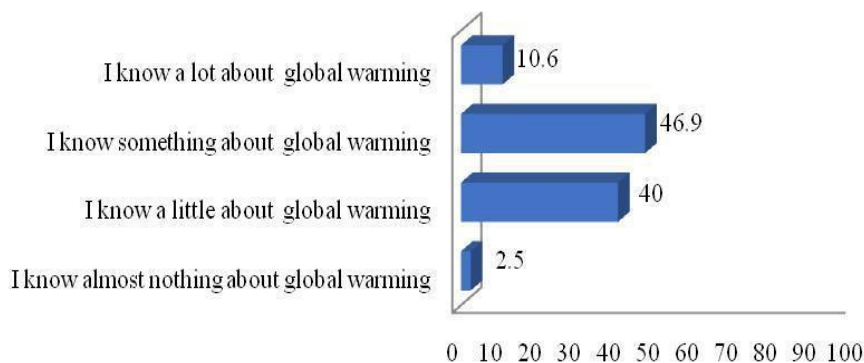


Fig. 3. Students' views about Global Warming

3.5. Cypriot Turkish high school students' views about they 'take care of' the environment by the things you do

According to Fig. 4 more than one fifth of Cypriot Turkish high school students (24.4%) thought that they were very environmentally friendly, while nearly half of students (46.9%) assumed that they were quite environmentally friendly. Also about one third of them (27.5%) reported themselves to be a bit environmentally, while a few student (1.3%) reported themselves to not be at all environmentally friendly.

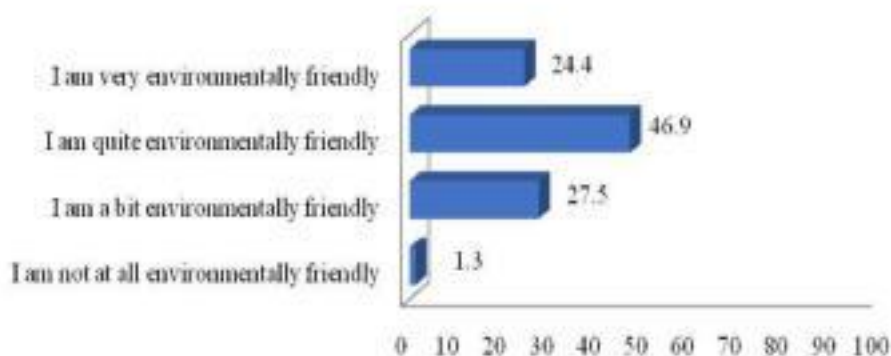


Fig. 4. Students' views related to be environmentally friendly

3.6. Cypriot Turkish high school students' views whether global warming is really happening or not now

According to Fig.4 nearly half of Cypriot Turkish high school students (44.4%) were sure that global warming is really happening now, while a few students (3.1%) were not sure that. Also more one third of students (36.9%) thought that global warming is really happening now, while a few students (4.4%) didn't think that. However one tenth of them (11.3%) didn't know whether this true or not now.

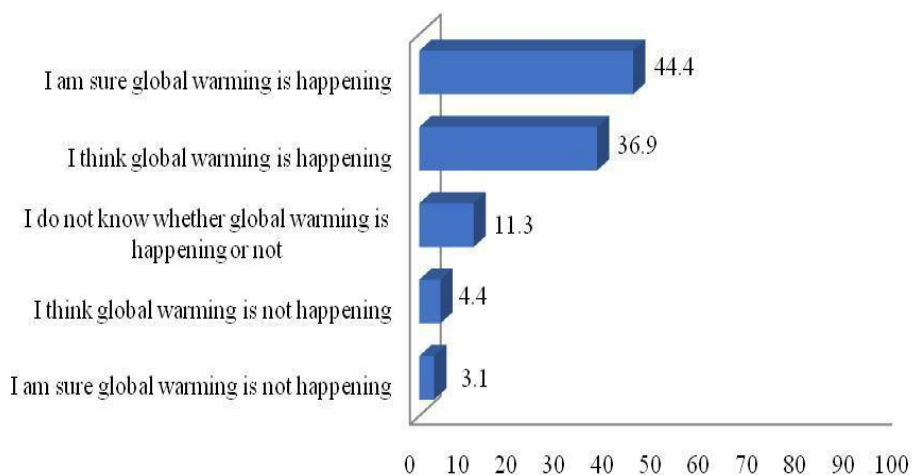


Fig. 5. Students' views related to be environmentally friendly

Conclusion and Discussion

In this research, the opinions of Turkish Cypriot high school students about the production of renewable energy were included. Students do not want to stay close to power stations that generate electricity with renewable energy sources. However, the rate of the students who want to pay more for the electricity generated from renewable energy sources is closer to those who don't want. According to are

search, more than half of the participants in Finland were willing to pay more for renewable energy (Moula et al., 2013).

High school students have positive and negative opinions about the characteristics of renewable energy production. There are positive thoughts of more than half of the students such as the safety of power generating with renewable energy sources, there is enough electricity production from these sources, and global warming will be reduced by supplying electricity from renewable energy sources and generating electricity from energy sources will be cheaper than other methods. On the other hand, half of the students agree that renewable energy sources can cause long-term environmental problems.

On the other hand, more than half of the students do not agree on their peers' idea of rejecting the generation of electricity from renewable energy sources. In addition, the rate of the students who agree on some negative thoughts like renewable energy sources will damage the animals, people and plants living near the renewable energy sources and it will be more expensive to close the stations that produce electricity from the renewable energy sources is close to those who don't agree. Researches show that society's perception, attitude and acceptance of renewable energy affect the implementation target of the renewable energies (Eg, Devine-Wright, 2011; Duan, 2011; Wüstenhagen, 2007). For example, Fast and Mcleman (2012) found that participants strongly supported renewable energy sources in their research.

More than half of the students give great importance to the safety of electricity and electricity producing stations, to the fact that those stations do not harm people and animals living near them, and cheap electricity production. On the other hand, nearly half of the students pay much attention to the fact that the electricity is not too expensive and that the power stations damage the plants around them.

Most of the students are very concerned about global warming. However, very few students are not concerned about global warming. While most of the students said that they know a lot and a bit about global warming; a few students have stated that they do not know anything. Most students think that they are sure and there is global warming. On the other hand, very few of the students think that global warming is not happening and/or they are sure about it. In addition, half of the students see themselves very environmentally friendly, but few students do not see themselves as environmentally friendly. Similarly, in the study of Kılınç et al (2013), they found that most Turkish secondary school students were sure about or think that global warming exists or that they knew something about global warming. In another research, participants were found to be aware of climate change (Duan, 2010).

Education plays an important role in the growth of environmentally conscious and sensitive individuals. This is the first research to reveal the views of Turkish Cypriot ninth grade students on the renewable energy production. For the more effective teaching of renewable energy, the opinions of the students in the different classes, in which this issue takes place, can also be studied in future researches. At the same time, the psychological elements underlying the Turkish

Cypriot students' perceptions of renewable energy can be examined in further research. Also in other researches, for the application success of the renewable energy Technologies, the perception of the Turkish Cypriot community about the subject, the attitude towards these technologies, and the acceptance of renewable energy technologies can be examined.

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Summary

The views of the Cypriot Turkish school students about renewable energy production

Serap Ozbash
Near East University, Cyprus

The aim of this study is to examine and specify school students’ views about renewable energy and energy production in 9 years in Nicosia. Data using questionnaire was collected from 160 volunteer students who joined three type school (general high school, volunteer high school, and college) that was selected by using random sampling method. According to the research results, some of Cypriot Turkish high school students disagreed that that they would be willing to pay more for electricity that was generated from renewable source, while the half of students agreed that they would not wish to live close to a renewable electricity generator. Over half of them pointed out that renewable power sources were safer than other types of power generators and global warming would be reduced if more of our electricity was made from renewable sources. Also, over half of students held the views about the safe of power station making electricity, and the reliable supply of electricity were very important. Furthermore nearly half of the them knew something about global warming. In addition nearly half of students were sure that global warming is really happening now and more than one third of students were quite worried about global warming.

Keywords: Energy production, global warming, high school students, renewable energy

Examining Internal and External Motivational Factors in Job Satisfaction of Public Institution Managers and Employees

Tugay Dikmen
Near East University, Cyprus

Dudu Duygu Yıldırım
Near East University, Cyprus

Aykut Yıldırım
Near East University, Cyprus

Serap Ozbash
Near East University, Cyprus

Introduction

In today's society, business has always played an important role in meeting the social, economic and psychological needs of individuals. While the work, which is important in human life both as time spent and as value in terms of enabling human beings to make their lives possible, is what makes people feel peaceful and happy; unemployment causes unhappiness and despair (Sarpkaya, 2000, 3). With their business, individuals meet their financial needs by getting an economic gain, and also the needs of being socially beneficial to society, and the feeling of being proud of being able to feel psychologically helpful and feeling of success. At this point, the positive and negative emotions that develop with business and work conditions, affect the job satisfaction of employees (Çakır, 2001:29). In other words, the work attitude of the individual is job satisfaction or job satisfaction is the result of evaluation of emotional experience and beliefs related to work.(Brief & Weiss, 2002).

In the 1920s, the concept of job satisfaction as one of the most important factors affecting people's lives psychologically (Tuzgöl-Dost, 2007), became

important as a result of Hawthorne's research which presented the view that job satisfaction affects self-satisfaction and efficiency, in the 1930s (as cited in

Uyargil, 1988, 3). Davis (1988: 96-97) expressed job satisfaction as happiness or unhappiness that employees feel about their work. In other words, job satisfaction is emotional reactions to work in the direction of anticipated work expectations (Işıkhan, 1996:118). In the most general sense, job satisfaction is the result of the evaluating the wishes of the employees and what is available at work. Achieving job satisfaction is the pleasure that the employee gets from the job (Varoğlu, 1992; Başaran, 2000).

Based on the socio-psychological literature, it has been stated that job satisfaction functions as a moderator variable in job performance (Ziegler et al., 2012). Especially in public institutions, if the employees do their jobs with high motivation and happiness in the knowledge of their duties, that situation ensures efficient, productive, fast, qualified and economic execution of the tasks (Genç, 1990:155). Otherwise, if the employee can not reach the job satisfaction, the dissatisfaction causes disappointment and displeasure. The employee who carries these feelings exhibits behaviors affecting both his work and his own life, such as reluctance to work, slowing down work, apathy, absenteeism and incomplete work (Poyrazoglu, 1992:30). For this reason, we appreciate job satisfaction as an important factor in maintaining both professional and social life. Job satisfaction, an important concept in the field of literature, is based on classical theories such as Maslow's Need Hierarchy Theory and Herzberg's Motivation-Hygiene Theory, and also the modern approaches such as the Cornel Model developed by Kendall and Hulin (1969) and the Social Information Processing Approach (Salancik and Pfeffer 1978) (Genç, 1990:155)

In this study, job satisfaction was examined in the framework of Herzberg's Motivation-Hygiene Theory of Motivation developed by Herzberg, Mausner and Snyderman. The Motivation-Hygiene Theory is also known as the "Two Factors Theory" and contains practical approaches to motivate employees. Motivation, derived from the Latin word "movere", means to act (Vroom, 1964) or an internal force that urges people to succeed depending on their needs (Tan, 2011). Based on the view of "job satisfaction and job dissatisfaction are independent of each other", Herzberg emphasizes that factors which lead to positive attitudes towards the business and negative business attitudes are different. According to this, while an employee feels happy about some aspects of his work, s/he may be unhappy about some others (Pinder, 1984:21). According to the Dual Factor Theory, it is suggested that job satisfaction is not a one-dimensional concept. While one of the two variables studied in examining job satisfaction is survival based like avoiding pain and discomfort; the other is psychological development related to the needs (Accel-Team, 20040; Pinder, 1984:26). According to the results of the study of motivation theory developed by Herzberg et al., the absence of some factors leads to unhappiness, but the presence of these factors does not lead to any satisfaction

but provides the necessary environment for motivation (Luthans, 1992: 151; as cited in Ateş et al., 2012). Factors that do not cause additional satisfaction such as salary, status, occupational safety, private life, working conditions are called external (hygien) factors (Eroğlu, 1995: 54). However, it has been determined that the presence of some factors increases the performance of the employees and the absence leads to dissatisfaction. These factors are named as internal (motivating) factors (Ateş et al., 2012). Recognition, success, opportunity of promotion and the job itself can be shown as examples of internal (motivating) factors (Noell, 1976: 8, Onaran, 1981: 46).

In our world, where the needs of individuals are so important in their working lives, one of the most basic requirements is undoubtedly security. It is not possible to talk about either freedom or people's rights in a society where security is not ensured sufficiently. At this point, we can not ignore that it is very important to ensure the job satisfaction of members of the Police Organization which is an organization that may limit the fundamental rights and freedoms of individuals in certain conditions while fighting the crime in order to meet the basic needs of the individuals. At this point, we can not ignore that it is very important to ensure the job satisfaction of members of the Police Organization, as an organization, that can limit the fundamental rights and freedoms of individuals in some conditions while fighting crime in order to meet the basic needs of the individuals. Employees of the Police Service, a public institution, are constantly confronted with unhappy people who are either criminals or victims, and this is reflected in the lives of police officers. There are some studies that examine the job satisfaction of police officers (Sertç, 2002; Şanlı, 2006; Deniz, 1999). However, the scales used in these studies are more general. Therefore, in this study, the scale prepared by Magny (2012) for police and police managers based on Herzberg's theory was adapted to the Turkish language and the job satisfaction according to internal and external factors of police employees was examined. In this study, the internal and external factors affecting the job satisfaction of employees in the Police Department will be presented. It is also aimed that with the adaptation made in the study, a scale towards the police will be introduced to the literature.

Aim of the research

The aim of this research is to examine the perceptions of internal and external motivational factors in job satisfaction of police officers and managers and to show the effect of independent variables (gender, age, rank, status, educational background and marital status) on this perception.

Question

What are the perceptions of internal and external motivational factors in job satisfaction of employees of the police department?

Sub-questions

- What are the perceptions of internal and external motivational factors in the job satisfaction of public managers?
- What are the the police officers' perceptions of internal and external motivational factors in job satisfaction ?
- Do the police managers' perceptions of internal and external motivational factors significantly differ in relation to the independent variables (age, status, educational background, and marital status) in job satisfaction?
- Do the police officers' perceptions of internal and external motivational factors significantly differ in relation to the independent variables (age, status, educational background, and marital status) in job satisfaction?
- Do the internal and external motivational factors of the police managers' significantly differ?
- Do the internal and external motivational factors of the police officers' significantly differ in job satisfaction?

Methodology

The research was based on a quantitative review study that revealed the existing situation in order to determine the internal and external factors of the job satisfaction of police organization employees (Büyüköztürk, 2008).

Participants

The universe in this research is the employees of the Police Department in Bursa. Because of the time constraints, convenience sampling is used to select the most suitable people from the easily accessible units. The sample of the study is 785 police department employees voluntarily participating in various units. Among the participants, 6.3% (49) were female and 93.8% (735) were male. 6,5% (51) of the participants were between the ages of 20 and 25; 37,4% (293) were 26-30 years, 15,4% (121) were 31-35 years, 10,6% (83) were 36-40 years and 30,1% were 41 years old and above. 89.7% (703) of the participants were police officers; 10%, 3 (81) inspector, deputy inspector, chief inspector and superintendent. While 54.9% (431) of the participants had 10 years and fewer status, 23,6% (185) have 11-20 years and 21,4% (168) have 21 years and over. While 6% (47) of the participants were graduated from police college and police academy; 90.5% (709) has bachelor degree or associate degree graduation and 3.5 (28) were graduated from high school. When we examined the marital status of the participants, 25.4% (199) were single; 74.6% (585) were married.

Questionnaire

In the study, questionnaire was used in the electronic environment to determine the internal and external motivation factors that determine job satisfaction of police employees. The questionnaire consists of two parts: a personal information form and an internal-external motivational factors scale.

a. Personal Information Form

The form includes questions about gender, age, status, professional experience, educational background and marital status to determine the demographic characteristics of police workers.

b. Job Satisfaction Scale

In this study, job satisfaction scale for police employees was used. The scale was prepared by Maygn (2012) The scale prepared for police officers includes internal and external motivational factors based on Herzberg's motivation-hygiene theory. The scale consists of 20 items and two dimensions, internal (10 items) and external (10 items). In the internal dimension, there are categories as work itself (2 items), advancement (2 items), responsibility (2 items), achievement (1 item), growth (2 items), recognition (1 item); in the external dimension there are peer relationship (1 item), company policies (2 items), supervision (2 items), job security (1 item), work condition (2 items), salary / benefits (1 item) categories. The scale was rated on the 6 point Likert type (6=strongly agree, 1= strongly disagree).

Translation of the Scale to Turkish

The Turkish translation of the job satisfaction scale was provided in several steps. The scale was translated by three English language experts. In order to choose the most appropriate Turkish expression, a form consisting of original and three translations of each item was prepared and sent to three experts who mastered both languages. As a result of expert opinions, the most appropriate translation for each item was placed in another form and presented to two foreign language experts

Dimension	Item	Factor Loading	t-value	Dimension	Item	Factor Loading	t-value		
Internal	1	0.51	8.16	External	2	0.46	7.23		
	3	0.55	9.04		4	0.57	7.33		
	7	0.46	7.33		5	0.64	10.65		
	10	0.66	11.17		6	0.66	11.17		
	11	0.66	8.26		8	0.51	8.26		
	12	0.51	9.26		9	0.57	9.26		
	16	0.71	12.86		13	0.66	11.92		
	17	0.66	11.92		14	0.69	12.00		
	18	0.69	12.00		15	0.69	11.87		
	19	0.69	11.87		20	0.47	7.35		
χ^2_2	Sd	χ^2 / sd	RMSEA	SRMR	NFI	NNFI	CFI	GFI	AGFI
427.51	169	2.53	0.079	0.059	0.93	0.95	0.96	0.85	0.82

for comparison with the original. Within the framework of the views of experts, some changes have been made on the translation of the two items. Then, the Turkish translation of the items was presented to a Turkish language expert and two education experts in terms of clarity and understanding. On the opinion of the experts, the scale was given the final shape by making some arrangements. The scale and the personal information form have been put into a questionnaire form to carry out the application.

The Validity Study of the Scale

The structural validity of the Job Satisfaction Scale was tested by confirmatory factor analysis. Confirmatory factor analysis was performed on the dataset generated by randomly selected 250 responders from 784 responders. Confirmatory factor analysis assumptions have been tested, and as a result of the analysis of the assumptions, 50th, 130th and 65th observations were found to have multivariate extreme values. DFA analysis was performed on 247 observations after removing these three observations from the data sets.

Confirmatory Factor Analysis

The two-factor structure measuring the internal and external dimensions of the Job Satisfaction Scale was tested by confirmatory factor analysis. Table 1 shows the standardized factor loadings and t values of the Job Satisfaction Scale. Table 1. DFA Results of the Job Satisfaction Scale

In Table 3, when standardized factor loadings of the Job Satisfaction Scale were examined, the intrinsic dimension of the factor loads was 0.46 to 0.71; while those items measure the external dimension vary between 0.46 and 0.69. The coherence of the two-factor structure of the Job Satisfaction Scale to the data set was evaluated through the goodness of coherence indexes. When the results are evaluated as a whole, it is shown that the original two-factor model proposed for the Job Satisfaction Scale matches the data set.

Comparing the scores of the participants in the 27% lower and 27% upper groups by using the independent t test

Another proof of the structural validity of the scale is the comparison of the differences between the average scores of respondents in the 27% upper and lower groups from the respondent group with the t test. According to Table 2, the difference between the average score of the top group and the average score of the subgroup of the job satisfaction scale $t(48)=27.4$, $p<.01$ is significant. For this reason, it can be said that the scale is valid.

Table 2. Job Satisfaction Scale T test results

Measurement	N	\bar{X}	S	Sd	T	P
Subgroup	49	55.36	4.99	48	27.45	.000
Topgroup	49	101.22	6.74			

Reliability Study of the Scale

Item total correlations, Cronbach Alpha coefficients and two-half reliability were examined for the reliability of the Job Satisfaction Scale. First, the scale was taken into item analysis and item properties were determined (table 3).

Table 3. Item total correlation values of the Job Satisfaction Scale items

Item	r(jx)	Item	r(jx)	Item	r(jx)	Item	r(jx)
1	0.478	6	0.485	11	0.582	16	0.688
2	0.411	7	0.434	12	0.471	17	0.594
3	0.521	8	0.641	13	0.472	18	0.626
4	0.536	9	0.540	14	0.649	19	0.616
5	0.598	10	0.612	15	0.438	20	0.445

When Table 3 is examined, it is seen that item-total score correlations range between 0.44 and 0.69. The correlation coefficients, which are statistically significant, were found to be sufficient for the discrimination of the items. The Cronbach alpha coefficient of the job satisfaction scale was 0.91 for the whole scale; 0.85 for internal dimension; And 0.82 for the external dimension. The coefficients obtained as a result of calculating the split-half of the test and the correlation between the two halves were found to be 0.85 for the whole scale, 0.71 for the internal dimension and 0.70 for the external dimension. The positive, high and significant correlation between the scores obtained from the two halves gives evidence of the reliability of the scale.

Analysis of Data

Data was collected through SPSS 22.0 and LISREL 8.1 programs. In the analysis of the data, both descriptive and parametric and nonparametric tests were used. Before deciding which test to use in terms of parametric and nonparametric tests, the normality of the distribution of each dependent variable in groups was examined. The distributions of the dependent variables were examined by the skewness and kurtosis coefficients, the z-statistics test, which was obtained by dividing them into their standard errors, and the Kolmogorov Smirnov-Shapiro Wilks normality tests (Kalaycı, 2010). In situations where the parametric test

assumptions were supplied, the multivariate analysis of variance (MANOVA) and variance analysis (ANOVA) tests were applied but where these assumptions were not supplied, the Kruskal Wallis test was applied. Before doing MANOVA, the assumptions of this analysis were tested by examining the Box M test, the Levene F test, and the ratio of the sizes of the variables. As a result of the assumptions, it was decided to use the Pillai trace statistic (Alpar, 2010).

Collection of Data

The data were collected from online questionnaires of police officers and managers.

Results

1) What are perceptions of internal and external motivational factors in the job satisfaction of police officers and managers?

Table 4. Descriptive statistics of the items forming the internal motivational dimension of the managers

Categories	Items	\bar{X}	s
Work itself	1.I stay at my job because it is challenging and exciting..	3.939	1.4918
	10.I love my job because I am empowered enough to perform my duties..	3.878	1.4381
Advancement	3.At my agency, I have sufficient opportunities to learn new skills for career advancement.	3.714	1.3994
	7.It is more important to advance in career opportunities and responsibility—rather than achieving a higher income.	4.000	1.5546
Responsibility	11.I am successful because I have reasonable control over my work product.	4.184	1.3795
	12.I value my job here because I am responsible for the work of others.	4.816	1.3643
Achievement	16. I am satisfied working for this agency because it recognizes my achievements.	3.612	1.4835

Growth	17. Working at this agency has allowed me to improve my experience, skills, and performance.	3.939	1.5194
	19. I feel fortunate to work here because my job allows me to grow and develop as a person.	4.082	1.5116
Recognition	18. One of the main reasons why I love my job is my supervisor always thanks me for a job well done.	4.490	1.3559

In Table 4, it can be said that the internal motivations of the managers are positive. When the contents of the items were examined, it was seen that the managers agreed on the items "I am successful because I have reasonable control over my work product." under the category of "responsibility" and "I value my job here because I am responsible for the work of others." from the "recognition" categories with the highest average. According to this data, it can be said that responsibility and recognition is an important internal motivation source in job satisfaction for managers. On the other hand, managers have indicated that they are somewhat agree on the lowest average of "I am satisfied working for this agency because it recognizes my achievements " category at the level of internal motivation. Therefore, it can be said that for the managers this item was the least important job satisfaction source of internal motivation.

Table 5. Descriptive statistics of the items forming the external motivational dimension of the managers

Categories	Items	\bar{X}	s
Peer relationship	2.The colleagues I work with are helpful and friendly.	4.510	.9381
Company policies	4.I like working at my agency because the policies are favorable for its workers.	3.082	1.3668
	14 I am satisfied working for this agency because I know I would be treated fairly if accused of wrongdoing	3.510	1.6724

Supervision	5. One of the main reasons why I work at my agency is because my supervisor is a strong and trustworthy leader..	4.000	1.4720
	8. Because of my relationship with my supervisor, I feel satisfied at work.	4.469	1.4009
Job security	6. I believe my job is secure.	3.592	1.3216
Work condition	9. I am happy to work here because of the comfortable working conditions.	3.245	1.3468
	13. The working conditions at my agency are satisfying, because there are an adequate number of officers on my shift.	3.184	1.4387
Salary/benefits	15. I think the pay I receive is appropriate and fair for the work I do.	3.224	1.1949
Status	20. I believe police officers are respected by the public.	3.571	1.4860

In Table 5, it can be said that the managers' external motivation factors of the job satisfaction are positive. When the contents of the articles are examined, managers agreed on the items "One of the main reasons why I work at my agency is because my supervisor is a strong and trustworthy leader" and "Because of my relationship with my supervisor, I feel satisfied at work" in the category of "supervision" that measures the external motivation and the item "The colleagues I work with are helpful and friendly" that measures "peer relationship" with the highest average. In the light of this finding, it can be said that the supervisor and friend relations at the workplace are very important external motivation source for the police administration directors. In the light of this finding, it can be said that the supervisor and friend relations at the workplace are very important external motivation source for the police managers. On the other hand, managers reported an opinion that "somewhat agree" on items that measure "work condition" and "salary". When these items are examined, it can be said that the managers have perceptions that the working conditions of the institution, the number of employees and the salary they gain according to their workloads are partially inadequate and that affects their external motivations negatively.

Table 6. Descriptive statistics of the items forming the internal motivational dimension of the police

Categories	Items	\bar{X}	s
Work itself	1.I stay at my job because it is challenging and exciting.	3.854	1.4134
	10.love my job because I am empowered enough to perform my duties..	3.789	1.5173
Advancement	3.At my agency, I have sufficient opportunities to learn new skills for career advancement.	3.553	1.3864
	7.It is more important to advance in career opportunities and responsibility—rather than achieving a higher income.	4.127	1.4688
Responsibility	11.I am successful because I have reasonable control over my work product.	4.207	1.4318
	12. I value my job here because I am responsible for the work of others.	4.439	1.4370
Achievement	16. I am satisfied working for this agency because it recognizes my achievements.	3.451	1.3369
Growth	17. Working at this agency has allowed me to improve my experience, skills, and performance.	3.719	1.3989
	19. I feel fortunate to work here because my job allows me to grow and develop as a person.	3.741	1.4504
Recognition	18. One of the main reasons why I love my job is my supervisor always thanks me for a job well done.	3.901	1.4673

Note. The items are in 6-point Likert type. (1= completely disagree, 2= disagree, 3=somewhat disagree, 4=somewhat agree, 5= agree, 6= completely agree).

In Table 6 it can be said that the internal motivation for the job satisfaction of the police is positive. When the contents of the items were examined, it was seen that the police officers agreed on the items " I am successful because I have reasonable control over my work product " under the category of "responsibility" and " I value my job here because I am responsible for the work of others" from the "recognition" categories with the highest average. In the light of this finding, it can be said that "responsibility" and "development" are an important source of internal motivation in job satisfaction of the police. On the other hand, in terms of internal motivation, the police stated that they somewhat agree with the lowest average of ". I am satisfied working for this agency because it recognizes my achievements " in the "achievement" category. Therefore, it can be said that this item is the least important source of internal motivation for police officers in job satisfaction.

Table 7. Descriptive statistics of the elements forming the external dimension of the police

Categories	Items	\bar{X}	s
Peer relationship	2.The colleagues I work with are helpful and friendly.	4.473	1.2677
Company policies	4.I like working at my agency because the policies are favorable for	3.268	1.3302
	its workers.	3.601	1.4034
	14. I am satisfied working for this agency because I know I would be treated fairly if accused of wrongdoing.		
Supervision	5.One of the main reasons why I work at my agency is because my supervisor is a strong and trustworthy leader..	3.534	1.3870
	8.Because of my relationship with my supervisor, I feel satisfied at work.	4.097	1.3605
Job security	6.I believe my job is secure.	3.648	1.3532
Work condition	9.I am happy to work here because of the comfortable working conditions.	3.238	1.3311
	13.The working conditions at my agency are satisfying, because there are an adequate number of officers on my shift.	3.110	1.2063
Salary/benefits	15. I think the pay I receive is appropriate and fair for the work I do.	3.350	1.3166
Status	20. I believe police officers are respected by the public.	3.751	1.3645

In Table 7, the point averages and standard deviations of the items measuring the external dimension of the police job satisfaction scale are given. When item averages are examined, it is seen that the police somewhat agree and agree with external motivational items that measure job satisfaction . Accordingly, it can be said that the external motivation of the police for job satisfaction are positive. When the contents of the articles are examined, the police officers agreed on the items " Because of my relationship with my supervisor, I feel satisfied at work " in

the category of "supervision" that measures the external motivation and the item "The colleagues I work with are helpful and friendly" that measures "peer relationship" with the highest average. According to this finding, it can be said that the relation of supervisor and friend at work is a very important external motivation source for police officers. On the other hand, police officers reported that they agreed at the lowest average of the items that measured "work conditions". According to this finding, it can be said that the lowest external motivation for the police is working conditions.

2) Do the perceptions of internal and external motivational factors that measure job satisfaction of the police managers differ according to the independent variables (age, status, educational background and marital status)?

1. Multivariate variance analysis according to age, educational background and marital status variables of police managers' job satisfaction

Table 8. Multivariate analysis of variance of internal and external motivation scores according to educational background, marital status and age variables

	Wilks' λ	F	Hypothesis df.	Error df.	p	η^2
Educational background	0.987	0.251	2	38	0.780	0.013
Marital Status	0.945	1.104	2	38	0.342	0.055
Age	0.810	2.108	4	76	0.088	0.100
Educational background* Marital Status	0.983	0.334	2	38	0.718	0.017
Educational background*Age	0.818	2.006	4	76	0.102	0.096
Marital Status *Age	0.896	2.201	2	38	0.125	0.104
Educational background* Marital Status *Age	0.983	0.322	2	38	0.727	0.017

the Dependent v.	Levene's Test		Box's M Test	
	F	P	Box's M	p
Internal	2.074	0.056	29.228	0.215
External	1.602	0.149		

p<.05

When Table 8 is examined, it is seen that internal and external motivation scores of managers do not change according to educational background, marital status, age variables and their common effects.

II. Kruskal Wallis test results according to occupational statusvariable of job satisfaction of police managers

Table 9. Kruskal Wallis test results according to the occupational status of job satisfaction scores

Factor	Status	n	Mean Rank	Df	χ^2	P	Significant difference
Internal	5 and less	11	27,68	4	1.107	0.893	-
	6-10 years	5	24,80				
	11-15 years	9	21,00				
	16-20 years	14	25,32				
	21 and more	10	25,30				
External	5 and less	11	25,86	4	1.951	0.745	-
	6-10 years	5	24,70				
	11-15 years	9	22,72				
	16-20 years	14	28,68				
	21 and more	10	21,10				

When the Kruskal Wallis results presented in Table 9 are examined, it is seen that internal and external motivation scores, which measure job satisfaction of the police employees, do not change significantly with respect to occupational status

3) Do the perceptions of internal and external motivational factors that measure job satisfaction of the police officers differ according to the independent variables (age, status, educational background and marital status)?

III. Analysis of variance and Kruskal Wallis test according to the age of police officers' job satisfaction

Table 10. Variance Analysis and Kruskal Wallis test results according to age variable

Factor	Group	N	\bar{X}	S	F	p	Significant Difference
Internal	20-30	218	36.80	0.54	16.84	0.000	"20-30"- "41 and over"
	31-40	122	38.43	0.82			"31-40"- "41 and over"
	41 and over	134	43.31	0.81			
		N	Mean Rank	df	χ^2	p	Significant Difference
External	20-30	218	217.88	2	18.967	0.000	"20-30"- "41 and over"
	31-40	122	224.93				"31-40"- "41 and over"
	41 and over	134	280.86				

When Table 10 is examined, the internal motivation of police officers vary significantly according to their age levels. According to the Tukey test results, it can be said that the increase in the age level has increased the internal motivation for job satisfaction of the police. It is seen that the scores of external motivation, which measure police job satisfaction, differ significantly according to age. When the rank average is examined, it is seen that the rank difference of the police officers "41 and above" is significantly higher than the police officers whose average age is "20-30" and "31-40".

IV. Analysis of variance and Kruskal Wallis test according to occupational status variable of job satisfactions of police officers

Table 11. Analysis of variance and Kruskal Wallis test results according to occupational status variable

Factor	Group	N	\bar{X}	S	F	p	Significant Difference
Internal	5 and less	158	37.35	0.64	12.236	0.000	“5 and less”- “16-20” “ 21 and over” “6-10” - “16- 20” “21 and over”
	6-10 years	117	35.74	0.73			
	11-15 years	52	39.15	1.24			
	16-20 years	59	43.15	1.19			
	21 and over	88	42.23	1.01			
	Age	n	Mean Range	df	χ^2	p	Significant Difference
External	5 and less	158	229.62	4	34.106	0.000	“5and less”-“6- 10”, “16-20” “ 21 and over” “6-10” - “16- 20” “21 and over” “11-15”-“16- 20”
	6-10 years	117	190.29				
	11-15 years	52	234.05				
	16-20 years	59	304.69				
	21 and over	88	271.40				

When Table 11 is examined, the internal motivations of police officers vary significantly according to their professional status levels. According to the Tukey test results, it can be said that the increase in the age level has increased the internal motivation for job satisfaction of the police. It can be said that the increase in the professional status has increased the internal motivation for job satisfaction of the police. It is seen that external motivation scores differ significantly according to occupational status variable. It can be said that the external motivations that measure the job satisfaction of employees working for "5 and 6" and "6-10" years

are significantly lower than the employees of "16-20" and "21 years and above", and generally the increase in the working year affects the external motivation positively.

V. The findings of multivariate variance analysis of job satisfaction according to the educational background and marital status of police officers

Table 12. MANOVA results according to the age variable of job satisfaction scores

Variable	Factor	Group	N	Min	Max	\bar{X}	S
Educational background	Internal	Associate Degree	329	20.00	60.00	37.36	0.46
		Bachelor Degree	145	24.00	60.00	41.99	0.79
	External	Associate Degree	329	22.00	60.00	35.08	0.39
		Bachelor Degree	145	21.00	58.00	38.32	0.71
		Pillai Trace	F	Hypothesis df	Error df	p	η^2
Educational background		0.024	5.773	2	469	0.003	0.024
Marital Status		0.001	0.311	2	469	0.733	0.001
Educational background *Marital Status		0.017	4.102	2	469	0.017	0.017
Levene's Test				Box's M Test			
Dependent V.		F	P		Box's M	P	
Internal		2.805	0.039		13.921	0.135	
External		5.078	0.002				

Table 12 shows that there was a significant difference in at least one of the internal and external motivation scores according to the common effects of police officers' educational background and educational background * marital status variables. According to Cohen (1988) 's impact rating classification, the eta square value of the common effect of the educational background and educational

background * the marital status variables is at the low level .For this reason, only the variance analysis (ANOVA) results for the educational backgroundvariable were examined because it was considered that the significance of the common effects of educational background and marital status variables was derived from the educational backgroundvariable. According to the results of variance analysis, the educational background of police officers affected both internal and external motivation significantly.

4) Is there a meaningful difference between the average scores of factors (internal, external) of the job satisfaction scale of police officers?

Table 13. T test results of managers' internal and external factor score averages

Measurement	N	\bar{X}	S	Df	t	p
Internal	49	40.65	9.64	48	4.39	.000
External	49	36.39	7.42			

When Table 13 is examined, it is seen that the difference between the factor scores of job satisfaction scale of the police managers is significant $t(48)=4.39$, $p<.01$. In other words, the internal dimension score average (= 40.65) is significantly higherthan the external dimension score average (= 36.39) of the job satisfaction of the police managers . According to this finding, it can be said that the internal motivation of the police officers has increased the job satisfaction more.

5) Is there a meaningful difference between the average scores of factors (internal, external) of job satisfaction scale for the police?

Table 3.1. T test results of the average scores of internal and external factors of police

Measurement	N	\bar{X}	S	Df	t	p
Internal	474	38.78	8.95	473	10.12	.000
External	474	36.07	7.70			

When the Table3.1 is examined, it is seen that the difference between the factor scores of job satisfaction scale of the police is meaningful $t(473)=10.12$, $p<.01$. In other words, the internal dimension score average (= 38.78) of the job satisfaction scale of the police is significantly higher than the external dimension score average (= 36.07).In the light of this finding, it can be said that the internal motivation of the police increases the job satisfaction more.

Conclusion and Discussion

The motivation seems to be a current issue, but it seems to be an aspect that needs to be elucidated. In this sense, it can be said that while Herzberg's two-factor motivation theory remains insufficient to explain the motivation of the police, it can help us to prepare some conscious activities about the motivation of the police. In this research, the perceptions of internal and external motivational factors in job satisfaction of police officers and managers and the effect of independent variables like gender, age, rank, status, educational background and marital status were examined.

When the perceptions of internal and external motivational factors in police officers' and managers' job satisfaction are evaluated together, it can be said that "responsibility" items that measure internal motivation are the most important internal motivation source for both police managers and officers and the success is the lowest internal motivation source. On the other hand, it can be said that the most important external motivation for both the managers and the police is the relationship between the supervisors and the friends. In addition, police managers and police officers reported opinions to those items that measure internal and external motivation with the similar means.

If we examine some variables of the motivational factors, it can be stated that while educational background, age or marital status doesn't effect the motivation of the police managers, the superiority has an important role in job satisfaction. On the other hand, if we examine the police officers, there is no significant difference between the demographic characteristics and job satisfaction, as Azizoğlu and Özyer (2010) have studied before. It was determined that there is a difference between the job satisfaction scores only according to the type of school they graduated from. It is clear that the educational background effects both their internal and external motivation.

Not only in this research but also in Magny's results (2012), police managers got the highest scores of agreement related to both the internal and external motivational statements. This may be an important point as they have more autonomy and power at work than the police officers. Also, the leadership properties of the police managers will develop if their motivation level increases. They will behave their subordinate officers in a positive way and that will effect the police officers' motivation directly as a chain.

Also, police officers value their relationships with their colleagues. They trust each other as they can understand each other's issues and problems (Gilmartin, 2002; Toch, 2002).

The employees of the police department has some problems about their physical working conditions of the police stations such as hygiene, parking problem etc. (Erdağ, 2010). Also, if we suppose that the police officers has safety

problems, we can state that the employees of the police department are affected by their physical and psychological working conditions in a negative way.

In the light of the results obtained from this study, if all the external factors that are effective in for the police officers are identified and the improvement is made in a positive way, it can be ensured that they perform their duties better and willingly. This will increase their job satisfaction and reduce physical and mental occupational burnout levels. Studies on job satisfaction that plays an important role in the quality of human life is increasing. It is also possible to determine the internal and external sources of motivation of the police with this scale adapted to the police who has an important place in today's society. This study, which may be an example in terms of selected sample and applied scales, can be developed in the future studies by identifying the factors that affect job stress, job satisfaction and burnout levels on police officers.

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Summary

Examining Internal and External Motivational Factors in Job Satisfaction of Public Institution Managers and Employees

Tugay Dikmen

Near East University, Cyprus

Dudu Duygu Yıldırım

Near East University, Cyprus

Aykut Yıldırım

Near East University, Cyprus

Serap Ozbash

Near East University, Cyprus

Management and leadership are the most debated topics in recent times. Effective leadership is in the hands of individuals with high job satisfaction. It is certain that a manager with a high level of job satisfaction is more productive, more self-sacrificing and leading. Motivation plays a major role among the factors that affect job satisfaction. Motivation can be expressed as meeting the expectations and needs of the individuals to achieve organizational goals. The aim of the research is to examine the internal and external motivational factors in the job satisfaction of the police officers and their managers, who are important not only in ensuring public order and a safe society but also in reaching the objectives of the Police Department as a public institution. The universe in the research is the police and the managers who work in the Bursa Police Department. The data were obtained using the Internal and External Motivation Scale, based on Herzberg's Hygiene and Motivation Theory, prepared by Magny (2012). The scale consists of two parts. The scale was rated on the 6th Likert type. After the scale was adapted to Turkish, it was distributed to the police and managers via the internet. The results obtained are discussed in the article.

Key Words: Manager, leadership, motivation, job Satisfaction

The effects of the Immigration on Women's health

Gulkan Ay

Selahittin Ay

Introduction

The values of society are shaped by individuals. The values of individuals are also influenced by their attitudes towards the world. Health consciousness and well-being in many societies are a reflection of people's social group or their group membership. Values, behaviors, opinions, attitudes are conditioned and shaped by the social group that has existed since childhood. Health and healthcare practices differ in different ethnic, racial, religious, social classes (Duran, 2012).

Along with globalization in almost all regions of the world wars, ethnic conflicts, environmental crises, repressive regimes, economic collapse causing many people to intentionally or compulsively migrate to their country or to other countries as immigrant asylum seekers. In this case, multicultural populations of individuals, families and groups from different cultures and subcultures are emerging in the world (Temel, 2008).

International human rights aimed at protecting the concept of human rights, which express fundamental rights and freedoms that all people are born equal and free in terms of dignity and rights. Everyone has equal opportunity and equal rights regardless of freedom equality and the inadmissibility principles of sex-based discrimination have been accepted. However, when evaluated in the historical process there is always a clear distinction between the existence and the use of rights against women and this distinction continues today in different areas and dimensions (Erşen, 2006).

Being healthy is the basic right of every person, maintenance of health and ensuring its continuity is the main goal of the individual as far as health professionals. The health level of a community is assessed by the presence of healthy individuals. For this reason, the family is closely related to the health of society, therefore, women's health must be addressed, protected and promoted. In

order to fulfill her motherhood and social duties for women, it is important to be healthy and practice health promotion behaviors (Bilgili, Ayaz 2009).

Women have been the main component of every society since the beginning of humanity. They have provided fertility and increased health and contributed to the economy with their productivity. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity defined by World Health Organization (WHO) in 1948 and still accepted by the whole world. When examining the situation of women's health in terms of illness and disability it is also necessary to examine the completely well-being situation (Medline).

A fact known accepted by everyone nowadays is the linear relationship between women's social status and their health. Conditions also increases the risk of the migrant women's health such as not working in a paid job which means economically dependent, violence in the society especially in the households, being unable to have a word on their own body (controlling and maintaining sexual and reproductive health), lack of education, regional inequalities and not accessing the health services (Gökkaya 2009).

Being a refugee or immigrant in a country affects women's health negatively. In many countries of the world, the status of immigrant women is low. Due to they both women and immigrants may face problems such as sexual harrasment, rape and violence. The highest risk group for violence against women are the elderly people, homelesses, refugees, immigrants and ethnic minorities (Nandi, Platt 2010).

Immigrant women are at risk for preventable diseases but it is very difficult to deal with this population in health improvement efforts. The greatest factor is the language problem in providing healthcare services. Furthermore, inadequate social security, economic troubles, infrastructure problems of the region, and the distance from health centers immigrant women do not access and utilize the healthcare services sufficiently. As a consequence of this situation, they are at risk for any health problem. Many of hospitals, community health organizations, and health departments are trying to provide health care services to the immigrant population. Implementation of health development programs and providing health care services are expensive and can not be improved due to the high attrition rate (Dornelas ve ark 2007, Topçu, Beşer 2006).

One of the factors that negatively affect the immigrant women's health is the inability to access health services or the lack of benefiting from existing services. The main reasons for the inability of immigrant women to reach health services are language problems, insufficient education, insufficient job opportunities and inadequate income levels. Education is crucial for individuals to be decisive for future job and income opportunities and to facilitate one's access to information. Immigrant women are not adequately trained in the countries they live in because of economic difficulties, cultural differences and language problems. As a result,

job opportunities are limited and hard and they have to work in jobs with little financial income and without social security. As a result of this situation, violence against women may encounter situations that affect health negatively such as not receiving reproductive health services, unwanted pregnancies, teenage pregnancies, abortions in unhealthy conditions, sexually transmitted diseases, delays in diagnosis. Consequently, violence against women may encounter situations that affect health negatively such as not receiving reproductive health services, unwanted pregnancies, teenage pregnancies, abortions in unhealthy conditions, sexually transmitted diseases, delays in diagnosis (Şimşek 2011).

Although the concept of disease and health differs according to ethnic differences, it is necessary to consider the age, family, education, religion, social structure, emotional and social status of women while evaluating and providing healthcare. Women's health is closely related to the social, political, economic and technological development level of societies. Women's health should be considered and evaluated including socioeconomic components of disease and health the process from mother's womb to childhood and womanhood (Duran, 2012).

In migrant women, giving birth depending on the traditional culture is considered very important in terms of the continuity of their status but due to their beliefs, utilization of family planning services are low. Migrant women do not benefit from antenatal care services adequately; birth rates in hospitals are low due to sociocultural and psychological factors such as economic situation, environment, fear, and birth rates are higher without health personnel at home. It is a known fact that giving birth on unhealthy conditions with unauthorized person affect the maternal and infant health and increase the mortality rates (Topçu, Beşer).

In addition to these factors that affect the health of migrant women negatively, lack of healthcare services in the areas where they live and low utilization of existing services also causes health problems to increase. Preventive health centers are numerically inadequate and insufficient to identify the problems of the population at risk, provides more polyclinic services instead of preventive health services. This leads to inability of utilizing the health services for immigrant women and ultimately to face preventable health risks. Besides the inadequacy of health services, it is a fact that immigrant women are not able to utilize the health services because of the economic conditions, lack of health insurance, failure of local services to respond their needs, foreignness, laws, economic reasons, transportation, unable to find someone to look after children for working women, working hours and language problem (Şimşek, 2011).

It is a fact known that immigrants accept issues such as to be a part of the community and finding jobs where they live in and having better living conditions as more important than their health behavior. It has been observed that migrant individuals are not utilizing these services sufficiently in terms of maternal infant health and family planning services which are part of primary health care. Immigrant women are unable to reach and use effective family planning methods,

due to cultural differences, inappropriate use of counseling are experiencing unwanted pregnancies because of the cultural pressure for birth to women. The woman, who can not prevent pregnancy, is directed at willful abortions in this case. (Topçu, Beşer 2006).

Immigrant families in developing countries are generally at greater risk of unwanted pregnancies and domestic violence compared to the general population due to their poor living in shanty towns. In addition, women are at risk of sexual exploitation, sexually transmitted diseases and sexual violence. Women are usually forced into prostitution. This situation endanger women at risk for unwanted pregnancies, sexually transmitted diseases and HIV infection. Furthermore, factors such as the belief that more than one sexual partner increase the social status of men, tattooing, using of family planning method accepted as a sin causes risk for sexually transmitted diseases in some cultures (Aksu, Sevil 2010).

Culture is an important factor in shaping identity. Due to the differences between their own cultures and the cultures of the countries where they live, various problems can emerge in migrants. These problems that may arise as a consequence of accepting new culture, or accepting or influencing both cultures. This situation can cause significant mental health problems especially in young people. The young people who adapt to the new culture are being oppressed and even violent by the families who are dependent on traditional values. Young people who do not accept the new culture are exposed to critical approaches to social exclusion. In all this vacillation, young people stand alone and suffer spiritually in this difficult periods. Especially in young girls problems such as drug addiction, smoking and drinking alcohol, unsafe sexual behaviors and eating disorders can occur (Gül, Kolb 2009).

The most frequently health problems occurred in migrant women can be summarized as; infectious diseases, not using family planning services, inability to utilize prenatal care services, low rate of births at the hospital, high rates of births without health personnel at home, abortions that sometimes occur spontaneously, wide range of pregnancies in short intervals (Aksu, Sevil 2010).

Consequently, health and health care practices vary in different ethnic, racial, religious, and social classes. Immigration has many effects on health and health behaviors. Immigrant women are at risk for preventable diseases, but it is difficult to deal with this population in health improvement efforts. The biggest factor is the language problem in providing health care services. Also, inadequate social security, economic difficulties, infrastructure problems of the region, and the distance from health centers immigrant women do not access and utilize the healthcare services sufficiently.

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Summary

The effects of the Immigration on Women's health

Gulkan Ay

Selahittin Ay

A lot of people intentionally or forcefully migrate within own country or abroad as asylum seekers with effects of globalisation because of situations such as wars, ethnic conflicts, environmental crisis, oppressive regimes, economical depression in almost every regions of the World. Thus, multicultural populations come forward individuals with different cultures and subcultures, families and groups. Health and and Heallth care differentiate between different ethnic, religious, social levels. There are a lot of effects of being migrant on health and healthcare sytems.

The health level of a society can evaluate with existence of healthy individuals. The woman health needs to discuss, preserve and enhance primarily due to relation with health of family with reference to society.

The term of migration, effects of migration on women's health and difficulties to promote health levels of migrant women are discussed in this study.

Keywords: Migration, Migrant Women, Women's Health, Health

Examination of Control Focus and Psychological Endurance Levels by Various Variables According to Sports Activity

Hande Baba Kaya
Sakarya University, Sakarya

Fikret Soyer
Sakarya University, Sakarya

Murat Sarıkabak
Bartın University, Bartın

Atike Yılmaz
Bilecik Sheyh Edebali University, Bilecik

Introduction

The individual is exposed to the influence of his/her family and community from the moment of birth. He/she shapes the causes of the behaviors he/she exhibits and how they relate to these causes and what results they will produce, according to the structure of the family and the society in which they grow (Rotter, 1975; Wong-McDonald and Gorsuch, 2004). It is assumed that individuals have the expectation that the behavior exhibited by the individual will reach the desired result and these expectations are the most important indicators of the behaviors exhibited by individuals. The concept of control focus developed by Rotter to explain this process appears (Dağ, 1991; Dilmaç, 2008:3; Kırıl, 2012:51; Şahin et al., 2009).

The control focus is a concept regarding on which people the individuals lay burden of the the reasons for the events they face. It refers to the life of the person, the events they encounter, and the assessments that guide the outcome of these events.

In other words, the control focus is the extent to which a person has control over the events (Özmen et al., 2008: 126; Çınar and Karcıoğlu, 2012:286; Rotter, 1966; Yeşilyaprak, 2014:244) In the studies, the concept of control focus was considered as a dimension of personality and it was stated that it shows two different characteristics as internal control and external control focus in the individual (Dağ, 2002; Ören, 1991; Phares, 1976; Rouse and Cashin, 2000). Individuals with higher levels of internal control focus believe that the consequences of events they experience are the result of their own behaviors and responsibilities. External control-oriented individuals, however, associate events and consequences with factors outside of them (Özmen et al., 2008: 126; Kırıl, 2012: 58; Tümkaya, 1998:1; Battle and Rotter, 1963; Rotter and Mulry, 1965; Stipek, 1993).

Another concept related to the concept of control focus is psychological endurance. When the literature is examined, it is seen that psychological endurance is related to the concepts of self-esteem (Fergusson and Lynskey, 1996), self-control (Baumeister and Exline, 2000) and control focus (Cowen et al., 1990).

Psychological endurance is defined as a personality trait that expresses the individual's ability to maintain his/her health and mood positively even under stress and pressure (Maddi, 1994). In other words, psychological endurance can be defined as the positive psychological potential of the individual, which can be developed to change back by having the power of self-recovery in positive developments such as mishaps, failures, conflicts, and development, progress, and increased responsibilities (Luthans, 2002).

Although many factors affecting psychological endurance are mentioned, they are collected in three basic categories and these categories are listed as family harmony and support, personal structural features and external support systems (Haase 2004). It is emphasized that in family harmony and support, relationship with at least a family member is important. In personal, structural features, the competences and abilities demonstrated in the fields of physical, cognitive and spiritual development are at the forefront. External support systems include other people, such as friends, teachers, neighbors, who help individuals cope with the challenges they face in their daily lives. (Olsson et al. 2003, Hawley and DeHaan 1996; Brooks 1994).

The emotional state of the athletes influences their performance. This can be positive or negative (Trotter and Endler, 1999). It is important to deal with the excitement, stress and pressure experienced by athletes in sports competitions as much as fighting against an opponent. Experienced situations such as the extended duration of the match, fatigue, decreased endurance, and injuries put pressure on athletes both physiologically and psychologically (Fauvel and Ducher, 2009; Li et al., 2009; Christian et al., 2013). The fact that the athletes are able to deal with these situations which affect and control them positively reveals the importance of psychological endurance and control focus in order to be successful. In this study,

starting from this point, it is aimed to examine the levels of control focus and psychological endurance in terms of various variables according to the sportsactivities of the individuals.

Method

Research Method

The research was carried out using a screening model, one of the quantitative research methods. The screening model allows quantitative or numerical description of trends, attitudes, or views in the population through studies on a sample selected within a population, where the researcher makes inferences about the sample. In this study, the purpose of using the screening pattern is in this respect. The psychological endurance, control foci and demographic characteristics of the participants will be determined by this method. This method is an advantageous method in terms of quick data collection, economy and at the same time the determination of large-population characteristics using a small number of individuals (Creswell, 2012).

Population and Sample

The sample of the study consists of a total of 296 participants, 110 female and 186 male, who study in the Faculty of Sports Sciences, in Sakarya University.

Data collection tools

Personal information form

It is information from that includes questions such as age, gender, monthly income, working status, sports activity, and sports branch to determine the demographics of the participants.

Control Focus Scale

Rotter's "Internal-External Control Focus Scale" (Adapted from 1966: Dağ, 1991) was used to measure the control foci of individuals. The scale was developed to measure the position of the persons on the internality or externality dimension of the generalized control expectations. The scale with no time limitation is composed of 29 items. Each item consists of two options "a" and "b", and participants are asked to choose the appropriate one from these options.

The adaptation of the scale to Turkish was done by Dağ (1991) and the scale is named as "Rotter's Internal-External Control Focus Scale". The scale was reviewed

and translated by experts in the field of psychometry and clinical psychology, and it was put into the final form, taking cultural suitability into consideration. In the reliability studies performed, Cronbach alpha internal consistency coefficient calculated of scale from 532 samples, where item-total correlations vary between .08 and .41, is .71, and KR-20 reliability coefficient for 99 samples is .68.

Psychological Endurance Scale for Adults

Psychological Endurance Scale for Adults consists of the dimensions of 'personal power', 'structural style', 'social competence', 'family adjustment' and 'social resources' developed by Friberg et al.(2003). Confirmatory factor analysis was conducted with the validity and reliability study of the scale by Basım and Çetin (2011) and the six-factor structure explained a total of 57% variance. Internal consistency values of the structural equation model for reliability of the scale were found to be 0.80 for 'Self-perception', 0.75 for 'Perception of the Future', 0.82 for 'Social Competence', 0.86 for 'Family Harmony', 0.84 for 'Social Resources' and 0.76 for 'Structural Style'(Basım and Çetin, 2011).

Analysis of data

The demographic characteristics of the participants and the scores obtained from the control focus and psychological endurance scales were explained using percentage, frequency, arithmetic mean, standard deviation from descriptive statistical methods. Independent T-test and one-way ANOVA test were used to determine whether scores of control focus and psychological endurance differ according to demographic variables.

Findings

Table 1. Demographic information distribution of participants

Factor	Variable	f	%
Age	17-20	45	15,2
	21-25	198	66,9
	26-30	46	15,5
	30 and over	7	2,4
Gender	Famale	110	37,2
	Male	186	62,8
Monthly income	Low	29	9,8
	Medium	212	71,6
	High	55	18,6
Working status	Working	86	29,1
	Not working	210	70,9
Sports activity	Doing	152	51,4
	Not doing	144	48,6
Sports branch	Team sports	148	50,0
	Individual sports	148	50,0
	Total	296	100,0

Table 1 gives the distribution of personal information of the participants. According to the data, it was concluded that 66.9% of the participants (n=198) were in the "21-25" age group and 62.8% (n=186) were "Male", monthly income status of 71.6% (n=212) is medium, 70,9% (n=210) do not work, 51,4% actively do sports and 50% (n=148) do team sports.

Table 2. T-test results of participants' control focus and psychological endurance subscale scores by gender

	Gender	N	X	S	sd	t	p
Control focus	Famale	110	11,09	2,90	294	2,36	,019
	Male	186	10,34	2,44			
Structural Style	Famale	110	12,49	2,66	294	,882	,379
	Male	186	12,20	2,72			
Perception of the Future	Famale	110	12,24	2,54	294	1,45	,146
	Male	186	11,76	2,82			
Family harmony	Famale	110	19,17	3,35	294	2,15	,032
	Male	186	18,26	3,58			
Social Resources	Famale	110	19,84	3,97	294	,072	,943
	Male	186	19,81	3,86			
Self-perception	Famale	110	17,75	3,61	294	-,235	,814
	Male	186	17,85	3,49			
Social Competence	Famale	110	18,90	3,54	294	1,59	,111
	Male	186	18,16	4,08			

There is a significant difference in the family harmony dimension [$t(294)=2,15$, $p<.05$] from the control focus [$t(294)= 2,36$, $p<.05$] and psychological endurance subscales when the participants' control focus and psychological endurance subscale scores were compared by gender. In the family harmony subscale, it is seen that the scores of women ($X = 19,17$) are higher than that of men ($X = 18,26$). Regarding the control focus scores, it can be said that women ($X = 11,09$) have higher scores than men ($X = 10,34$) and therefore are externally controlled.

Table 3. T-test results of participants' control focus and psychological endurance subscale scores by working status

	Working status	N	X	S	sd	t	p
Control focus	Working	86	10,51	2,52	294	-,457	,648
	Not working	210	10,66	2,69			
Structural Style	Working	86	12,47	2,70	294	,676	,500
	Not working	210	12,24	2,70			
Perception of the Future	Working	86	12,05	3,08	294	,452	,651
	Not working	210	11,90	2,57			
Family harmony	Working	86	18,37	3,74	294	-,716	,475
	Not working	210	18,69	3,43			
Social Resources	Working	86	20,00	4,08	294	,495	,621
	Not working	210	19,75	3,83			
Self-perception	Working	86	17,55	3,54	294	-,807	,420
	Not working	210	17,92	3,53			
Social Competence	Working	86	19,02	3,70	294	1,653	,099
	Not working	210	18,20	3,96			

There is no significant difference between participants' control focus and psychological endurance subscale scores when compared to their working status.

Table 4. T-test results of participants' control focus and psychological endurance subscale scores by sports activity

	Active sports	N	X	S	sd	t	p
Control focus	Doing	15 2	10,73	2,48	294	,769	,443
	Not doing	14 4	10,50	2,80			
Structural Style	Doing	15 2	11,98	2,76	294	-2,17	,030
	Not doing	14 4	12,65	2,59			
Perception of the Future	Doing	15 2	11,84	2,88	294	-,630	,529
	Not doing	14 4	12,04	2,55			
Family harmony	Doing	15 2	18,11	3,66	294	-2,44	,015
	Not doing	14 4	19,11	3,30			
Social Resources	Doing	15 2	19,64	3,88	294	-,813	,417
	Not doing	14 4	20,01	3,92			
Self-perception	Doing	15 2	17,84	3,64	294	,155	,877
	Not doing	14 4	17,78	3,43			
Social Competence	Doing	15 2	18,32	3,84	294	-,529	,597
	Not doing	14 4	18,56	3,97			

When the participants' control focus and psychological endurance subscale scores were compared according to the sports activity, there is a significant difference in the structural style [$t(294) = -2,17, p < .05$] and family harmony [$t(294) = -2,44, p < .05$] dimension from the psychological endurance subscales. In the family harmony subscale, it is seen that those who do not do sports actively ($X = 19,11$) have higher scores than those who do ($X = 18,11$). Structural style dimension also shows that those who do not do sports actively ($X = 12,65$) have higher scores than those who do ($X = 11,98$).

Table 5. Anova results of participants' control focus and psychological endurance subscale scores by age

Source of variance		Sum of squares	sd	Squares average	f	p	Meaning differences
Control focus	Between groups	21,96	3	7,32	1,045	,373	-
	In groups	2045,65	292	7,00			
	Total	2067,62	295				
Structural Style	Between groups	30,89	3	10,29	1,417	,238	-
	In groups	2122,51	292	7,26			
	Total	2153,40	295				
Perception of the Future	Between groups	34,39	3	11,46	1,551	,202	-
	In groups	2158,74	292	7,39			
	Total	2193,13	295				
Family harmony	Between groups	65,02	3	21,67	1,760	,155	-
	In groups	3595,93	292	12,31			
	Total	3660,95	295				
Social Resources	Between groups	236,10	3	78,70	5,401	,001	3-1
	In groups	4254,75	292	14,57			3-2
	Total	4490,86	295				3-4
Self-perception	Between groups	65,66	3	21,88	1,762	,154	-
	In groups	3626,48	292	12,41			
	Total	3692,14	295				
Social Competence	Between groups	31,90	3	10,63	,696	,555	-
	In groups	4459,00	292	15,27			
	Total	4490,90	295				

The results of the analysis show that there is a significant difference between the age variables of the participants in the social resources subscale from the psychological endurance subscales [$F(3-292)= 5.401$, $p<.05$]. There is no significant difference observed between other dimensions and control focus and age variable. According to the results of scheffe test performed to find out which groups have difference in terms of age, it was determined that the social resources level of 3rd group (age 26-30) ($X=21,63$) is higher than 2nd group (age 21-25) ($X=19,69$) and 4th group (age 30 and higher) ($X=17,14$).

Table 6. T-test results of participants' control focus and psychological endurance subscale scores by branch

	Branch	N	X	S	sd	t	p
Control focus	team sports	148	10,58	2,58	294	-,219	,827
	individual	148	10,65	2,71			
	sports						
Structural Style	team sports	148	11,86	2,42	286	-2,87	,004
	individual	148	12,75	2,88			
	sports						
Perception of the Future	team sports	148	11,75	2,73	294	-1,19	,233
	individual	148	12,13	2,71			
	sports						
Family harmony	team sports	148	18,20	3,50	294	-1,95	,050
	individual	148	19,00	3,50			
	sports						
Social Resources	team sports	148	19,79	3,77	294	-,119	,905
	individual	148	19,85	4,03			
	sports						
Self-perception	team sports	148	17,45	3,27	294	-1,78	,076
	individual	148	18,18	3,76			
	sports						
Social Competence	team sports	148	18,37	3,78	294	-,297	,766
	individual	148	18,50	4,03			
	sports						

When the participants' control focus and psychological endurance subscale scores were compared according to the active sports branches, it was found that there is a significant difference in the structural style [$t(294) = -2,87$, $p<.05$] and family harmony [$t(294) = -1,95$, $p<.05$] dimension from the psychological endurance subscales, but in the self-perception dimension [$t(294) = -1,78$, $p>.05$], this difference is not significant. In the family harmony subscale, it is seen that those who do individual sports activities ($X = 19.00$) have higher scores than those who do team sports ($X = 18.20$). In the structural style dimension, it is seen that those

who do individual sports activities ($X = 12,75$) are higher than those who do team sports ($X = 11,86$).

Discussion and Conclusion

In the data obtained from the research; according to the gender variable of the participants, there is a significant difference in the family harmony from the control focus and psychological endurance subscales, and no significant difference was found according to the working status. According to sports activity and sports branches; there is a significant difference in the structural style and family harmony dimension from the psychological endurance subscales. There is a significant difference in social resources from psychological endurance subscales among age variables.

When examined in terms of gender, the level of psychological endurance of female students is higher than that of male students. In the studies conducted, it was stated that gender variable has an effect on psychological endurance (Önder and Gülay, 2008; Cole et al., 2004; Oktan, 2008). It was pointed out that men are affected more by psychological troubles, domestic disputes and the risky situations brought about than women (Benard, 1993; Garmezy, 1993). The results of the studies made support the findings of our study.

In addition, studies that relate psychological endurance to variables such as gender and age have indicated that there are also inconsistent results (Hannah and Morrissey, 1987; Shepperd and Kashani, 1991).

In the control focus scores according to the gender variable, it can also be said that women ($X = 11,09$) are more externally controlled because they have a higher score than men ($X = 10,34$).

In the literature; it was indicated that individuals with internal control focus believe less in chance and coincidence, feel better, have better coping skills, have higher internal motivations, are more successful on tasks and responsibilities, and have higher academic success than externally controlled individuals (Jansenn and Carton, 1999; Park and Kim, 1998; Ozolins and Stenstrom, 2003; Fazey and Fazey, 2001; Elise et al., 1998).

It was observed that individuals with high external control focus have problem solving and inadequate self-perception tendencies (Malki, 1998). In their study, Martin et al. (2005) found that control focus is effective in human relations and social skills, and that externally controlled individuals are weaker in human relations and social skills.

According to sports activity and sports branches; there is a significant difference in the structural style and family harmony dimension from the psychological endurance subscales. This difference is in favor of those who do sports actively.

While sports serve for the purpose of participation in healthy lifestyles and sports activities for sedentary individuals, their performance is the most important factor for them as it is a profession for active athletes. Because the goal for the athlete is not only to be physically healthy, but also to achieve success, mentally and psychologically, with physical performance. Childs and Wit (2014) stated that regular exercise prevents the negative effects on the individual's mental development. In addition, it can be said that the support of these individuals by their families to be successful and their care affect positively both the family relations and the dynamics within the family, in the high scores of family harmony of those who continue to do sports actively. This supports the findings of our study.

Significant differences were found in social resources from psychological endurance subscales among age variables in the study. Hjemdal et al. (2006) stated that the dimension of social resources includes the perception of social support by the interest and closeness shown by the individual's environment. As a result, it was observed that actively doing sports creates a significant difference in some of the control focus and psychological endurance subscales. In this context, sedentary individuals can be encouraged to actively do sports, to increase their psychological endurance and to strengthen their focus.

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Summary

Examination of Control Focus and Psychological Endurance Levels by Various Variables According to Sports Activity

Hande Baba Kaya
Sakarya University, Sakarya

Fikret Soyer
Sakarya University, Sakarya

Murat Sarıkabak
Bartın University, Bartın

Atike Yılmaz
Bilecik Sheyh Edebalı University, Bilecik

This study was carried out with the aim of examining the levels of control focus and psychological endurance of the students who are studying at Sakarya University, Faculty of Sports Sciences according to various variables. The general screening model was used in the study. The 'Personal Information Form' developed by researchers, 'Internal-External Control Focus Scale' adapted to Turkish by Dağ (1991) and 'Psychological Endurance Scale for Adults' adapted to Turkish by Basım and Çetin (2011) were used in the collection of the data. Independent T-test and one-way ANOVA tests were used in the analysis of the data. In the findings obtained, subscales of control focus and psychological endurance scale, significant differences were found in control focus and family harmony according to gender variables, structural style and family harmony according to sports activities variables, social resources dimension in age variable, structural style and family harmony subscales according to the branch variable. As a result of the research, it has been observed that the levels of personal characteristics and family harmony of the students who actively do sports in the sport sciences faculty are higher than those who do not.

Key words: Control Focus, Psychological Endurance, Sport