

AN OVERVIEW OF JOB SATISFACTION OF EMERGENCY HEALTHCARE PROVIDERS IN NORTHERN CYPRUS

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ABSTRACT

INTRODUCTION:

Emergency calls are a challenging triangle that requires quick assessment, immediate action, and correct decision-making. The appropriate work environment and conditions of emergency healthcare workers result in this triangle's flawless functioning. This study aims to evaluate and overview the job satisfaction of the personnel working in emergency healthcare in Northern Cyprus.

METHODS:

This descriptive study was conducted to evaluate the job satisfaction of the personnel working in emergency healthcare in Northern Cyprus. This research involved nurses, paramedics, and EMTs, who intervene in an emergency call. The participants' job satisfaction was evaluated by the scale developed by Güneri (2011). The scale score range was 47-235. A high score was considered as increased job satisfaction.

RESULTS:

132 personnel who work in emergency healthcare in Northern Cyprus participated in this study. 31.82% were aged between 36 and 49 years, 81.6% were women, and 42.42% were undergraduates. 31.6% had worked for more than ten years. 39.39% (52) declared that they had occupational disease/accidents. 43.18% said they had received training more than two years ago. The participants' mean job satisfaction score was moderate (143.59 ± 26.86). Job satisfaction was higher in emergency call center personnel, high school graduates, and head nurses, working 40-50 hours a week, with seniority 1-4 years, and had integration training ($p < 0.05$).

CONCLUSION:

Emergency healthcare personnel in Northern Cyprus are primarily nurses. Most of them have not received updated training recently. Studies in which most participants are paramedics will reflect the current situation more objectively. Therefore, structuring emergency health services as a separate unit within the Ministry of Health and the necessary regulations can increase job satisfaction even more.

KEYWORDS

Emergency healthcare, EMT, job satisfaction, nurse, paramedic

INTRODUCTION

The job or the employee's characteristics alone are not enough for individual success in the workplace. Success is a definition that is affected by external factors and is accepted in continuity. Many factors affect personal success, including the employee's environment, wages, working hours, and relationships with colleagues. All of these factors are cornerstones for job satisfaction. High job satisfaction means high job quality. [1-3]

In the last 20 years, authors have examined job satisfaction and its scientific definition.[4] Price reviewed the studies from 1972, and job satisfaction was defined for the first time on a scale in 2001. According to this scale, staff can be connected and affected emotionally by their job.[5] Among the factors that will cause low job satisfaction in healthcare are increased workload, caring for patients with a fatal disease, over shift work. [6,7] Being at work at frequent intervals limits the social life of the personnel and causes both physical and mental fatigue. In addition, excessive working hours may increase the possibility of making mistakes, and legal problems may arise. Workload should not be thought of only as working hours per employee. Suppose the workload per employee in a shift is higher than usual; in that case, even if the working hours are suitable, the personnel's job satisfaction decreases due to physical and mental fatigue and increased responsibility. Even if the personnel are satisfied with the payment due to the increased working hours, the probability of malpractices may arise. In addition, making rapid and correct decisions in succession is the most significant stress factor, especially in emergency health services. If the working environment and other conditions are inconvenient, job satisfaction may decrease considerably.[8,9] Health institution managers can achieve high job satisfaction by removing the differences between working hours, job definition, and emergency healthcare personnel conditions, especially paramedics. [10-12]

In Northern Cyprus, five centers and 17 ambulance service networks provide emergency health services connected to the central station. Most of the personnel are nurses. Two of these units are linked to the hospital emergency services. In other words, the health personnel goes to intervene in the case directed by the dispatch center by ambulance and then returns to the place of duty. The primary responsibility of the health personnel

working in this group is the hospital emergency service, and they only go to emergency health service by ambulance when needed. In health centers, emergency health services are provided only at certain hours. On the other hand, a group of personnel works directly under the dispatch center, and their only duty is to respond to incoming emergency calls. In 2005, the first paramedic started at the Ministry of Health. Paramedics and EMTs participating in this study declared working as nursing staff. Since 2018, the Ministry of Health defined a paramedic profession for the first time in its recruitment.[13]

METHODS

This descriptive study was conducted to evaluate the job satisfaction of the personnel working in emergency healthcare in Northern Cyprus. At the time of the study, there was one head nurse, 123 nurses, 12 paramedics, and 3 EMTs providing emergency health services in Northern Cyprus.

After obtaining permission, research data were collected between October 20, 2016, and November 10, 2016 (Near East University Ethics Committee, 2016/40). This research involved nurses, paramedics, and EMTs, who intervene in an emergency call.

In the first part of the questionnaire used, there were 20 questions directed to determine the participants' sociodemographic characteristics, such as age, gender, marital status, seniority in emergency health care, and vocational training. In the second part of the questionnaire, the participants' job satisfaction was evaluated by the scale developed by Güneri. [14] The questionnaire consisted of 7 sub-dimensions.

The section about the nature of work investigated subjects such as workload, training related to the job, and providing the necessary environments for the participant to express and develop themselves. The Relations with Co-workers and Supervisors section were evaluated by sharing information, respect, and positive behaviors in the working environment. Vocational training and the content of the workouts were assessed in the updated training part. In addition, for the capacity of consumables, researchers evaluated equipment, safety, and environmental conditions at the workplace. Finally, in the job's social, cultural, and economic dimensions, the participants' opinions were considered on issues such as the opportunity

to be promoted in the workplace, satisfaction with salaries, and social solidarity.

The scale is a 5-point Likert type, and a score of 1-5 was used. The scale score range was 47-235. A high score was considered as increased job satisfaction. After evaluating the research data, the Cronbach alpha coefficient was 0.94 on the whole scale and between 0.75-0.95 in the sub-dimensions. In a similar study by Güneri, Cronbach's alpha coefficient for the overall scale was found to be 0.81.

In this study, the researchers used the SPSS 21.0 statistics program for analysis and checked the data set for errors from the data set entry. Frequency analysis was used to analyze the participants' sociodemographic characteristics. Researchers used descriptive statistics such as minimum and maximum value, the mean, and standard deviation to evaluate the scale's score and sub-dimensions. The participants' scores from the scale were analyzed according to independent variables. In this study, researchers used the Kolmogorov-Smirnov test and the QQ plot graph for the data analysis. According to the results obtained, the data set distribution was expected. The scale scores were then evaluated according to independent variables.

In comparing job satisfaction scores according to the participants' characteristics, such as gender and marital

status, a t-test was used since the independent variable consists of two categories. ANOVA test was used to compare the participants' scores if the independent variable such as age group and professional seniority consisted of more than two categories. The Tukey test determined which groups the dispute originated if there was a difference between the independent variable types due to ANOVA.

RESULTS

In this study, 132 of 138 personnel working in emergency health services Northern Cyprus were reached. Four remaining personnel were on long-term leave and two did not accept.

Table 1 shows the sociodemographic characteristics of respondents. Of the participants, 31.82% were in the 36-49 age range, 81.06% were women, 75% were married, 82.5% had children, and 42.42% had undergraduate degrees. Most participants were nurses, had worked for more than ten years, and worked 40-50 hours per week. Also, only 16 (12%) participants worked in the dispatch center. The rest worked in hospital emergency services (59, 44.7%) and healthcare centers (57, 43%).

TABLE 1. DESCRIPTIVE CHARACTERISTICS OF PARTICIPANTS (N=132)

Age	n (%)
30 and below	23(17.42)
31-35	38(28.79)
36-49	42(31.82)
50 and above	29(21.97)
Gender	
Female	107(81.06)
Male	25(18.94)
Education	
High school	18(13.64)
Undergraduate	43(32.58)
Graduate	56(42.42)
Postgraduate	15(11.36)
Marital status	
Married	99(75)
Single	33(25)
Child	
None	23(17.42)

1	38(28.79)
2	61(46.21)
More than 3	10(07.58)
Occupation	
Head nurse	12(09.09)
Nurse	105(79.55)
Paramedic/EMT**	15(11.36)
Workplace in emergency healthcare	
Emergency Call Center	15(12.12)
Hospital	59(44.70)
Health Center	57(43.18)
Seniority (healthcare)	
1-4	11(08.33)
5-9	18(13.64)
10-14	44(33.33)
15-19	21(15.91)
More than 20	38(28.79)
Seniority (emergency healthcare)	
1-3	36(27.27)
4-7	35(26.52)
8-10	20(15.15)
More than 10	41(31.06)
Weekly working hours	
40-44	53(40.15)
45-49	34(25.76)
50-54	10(07.58)
55-59	35(26.52)
Total	132(100)

EMT: Emergency Medicine Technicia

Fifty-two participants (39.39%) declared that they had occupational disease/accidents. However, only 14 of them (10.61%) had a report related to this condition. Ninety-seven participants stated that they received integration training because of the recruitment standards by the Ministry of Health in Northern Cyprus. Also, 68.8% of the participants said they had been educated on updated emergency guides throughout the year. Unfortunately, nearly half of those who received ongoing update training said they had received training more than two years ago (Table 2).

TABLE 2. DISTRIBUTION OF PARTICIPANTS' OCCUPATIONAL DISEASE/ACCIDENT AND TRAINING (N=132)

Occupational disease/accident	n(%)
Yes	52(39.39)
No	80(60.61)
Occupational disease /accident report	
Yes	14(10.61)
No	118(89.39)
Integration training	
Yes	97(73.48)
No	35(26.52)
Update training	
Yes	90(68.18)
No	42(31.82)
Last training	
1-4 months ago	13(9.85)
5-9 month ago	11(8.33)
1 year ago	51(38.64)
More than 2 years	57(43.18)
Total	132(100)

Table 3 presents descriptive statistics related to job satisfaction and sub-dimension levels of the health personnel participating in the study. The mean score of the participants on the scale was 143.59 ± 26.86 . Researchers obtained the lowest score from the sub-dimension of the capacity of consumables with 11.51 ± 4.97 , and the highest score was achieved from the sub-dimension of the nature of work with 34.96 ± 7.46 .

TABLE 3. PARTICIPANTS' JOB SATISFACTION AND SUB-DIMENSIONS' SCORES (N=132)

Job satisfaction	\bar{x}	s	Min	Max
Nature of work	34.96	7.46	10	50
Relations with co-workers	19.63	4.04	5	25
Integration training	16.73	4.33	5	25
Relations with supervisors	28.25	9.07	9	45
Economic and cultural aspect	17.75	5.17	6	30
Social aspect	14.76	5.56	7	35
Capacity of consumables	11.51	4.97	5	25
Total	143.59	26.86	47	235

By variance analysis and T-test, researchers compared the participants' overall satisfaction scores according to their sociodemographic characteristics. Table 4 statistically evaluated the job satisfaction scores of the participants according to their sociodemographic characteristics. When the participants were assessed according to their age, the number of children, and weekly working hours, no significant difference was found in their job satisfaction scores ($p > 0.05$).

However, high school graduates had higher scores than graduate and undergraduate participants, which was considered statistically significant. In addition, the head nurse and other participating nurses' job satisfaction score was significantly higher than paramedics/EMTs. Also, the job satisfaction score of the emergency call center participants was considerably higher than the other participants working in the hospital or health center. Finally, although there was no significant difference according to seniority in emergency healthcare scores, those with seniority in healthcare 1-4 years had higher scores than all other groups. This result was considered statistically significant ($p < 0.05$) (Table 4).

TABLE 4. VARIANCE ANALYSIS OF JOB SATISFACTION ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS (N=132)

Age	n	\bar{x}	s	Min	Max	F	p	Difference
30 and below	23	148,39	31,76	95	226	0,91	0,44	
31-35	38	139,82	26,59	94	188			
36-49	42	141,12	28,27	62	187			
50 and above	29	148,31	20,21	94	185			
Education								
High school	18	153,28	20,90	115	187	4,10	0,01*	1-3
Undergraduate	43	151,37	29,50	62	226			1-4
Graduate	56	135,27	24,50	76	187			
Postgraduate	15	140,73	25,70	95	168			
Child								
None	23	144,83	36,03	88	226	0,19	0,90	
1	38	140,87	29,91	62	188			
2	61	144,92	20,72	86	187			
More than 3	10	143,00	27,28	95	187			
Occupation								
Head nurse	12	143,58	24,20	95	175	4,13	0,02*	1-3
Nurse	105	140,99	25,60	62	188			2-3
Paramedic / EMT**	15	161,80	31,92	114	226			
Workunit in emergency health care								

Emergency Call Center	16	159,31	28,83	114	226	5,04	0,01*	1-2
Hospital	59	137,00	28,28	62	217			1-3
Health Center	57	146,00	22,69	86	187			
Seniority in health care (year)								
1-4	11	162,45	36,95	103	226	3,44	0,01*	1-2
5-9	18	140,11	21,87	95	168			1-3
10-14	44	134,98	29,07	62	188			1-4
15-19	21	142,24	24,55	76	171			1-5
More than 20	38	150,50	20,22	103	187			
Seniority in emergency health care (year)								
1-3	36	149,31	30,71	94	226	0,76	0,52	
4-7	35	142,26	22,06	94	171			
8-10	20	140,65	30,72	62	187			
More than 10	41	141,15	25,19	76	187			
Weekly working hours								
40-44	53	147,51	25,49	76	226	1,47	0,23	
45-49	34	146,35	27,67	62	217			
50-54	10	134,90	29,51	95	171			
55-59	35	137,46	26,84	86	187			

**EMT: Emergency Medicine Technician, *p<0,05

When the participants were evaluated according to their gender, marital status, occupational disease, and even updated training status, no statistically significant difference was found in their job satisfaction scores

(p>0.05). However, the job satisfaction of 97 participants who had the integration training in recruitment was significantly higher than 35 participants who did not receive this training (p<0.05) (Table 5).

TABLE 5. T-TEST OF JOB SATISFACTION ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS (N=132)

Gender	n	\bar{x}	s	t	p
Female	107	144,75	25,87	1,02	0,31
Male	25	138,64	30,84		
Marital status					
Married	99	144,19	24,51	0,44	0,66
Single	33	141,79	33,33		
Occupational disease/accident					
Yes	52	140,10	25,76	-1,21	0,23
No	80	145,86	27,48		
Integration training					
Yes	97	147,10	25,90	2,55	0,01*
No	35	133,86	27,45		
Update training					
Yes	90	145,10	28,51	0,94	0,35
No	42	140,36	22,92		

*p<0,05

DISCUSSION

This study was conducted to investigate the job satisfaction of the personnel working in emergency health services in Northern Cyprus. 132 of the 138 staff included were reached for this study. 81.06% of the participants were female, and 31.82% were in the 36-49 age. In our study, similar to the literature, 11.36% were paramedics and EMTs; most participants were female and under 35. [15-17] When job satisfaction was evaluated according to in own occupational groups in studies, nearly half of the participants were paramedics or EMTs. [14, 18,19] We believe that paramedics' and EMTs' low rate in our study is because they worked under another nurse's status. Paramedics started working in the public sector in their occupation group in 2018 in Northern Cyprus. The first recruitment as a paramedic in Northern Cyprus in the Ministry of Health occurred in 2005. [13] However, despite the increased workload due to the pandemic, emergency health services are still not structured as separate units. It is believed that with the increase in recruitment, the government will further modernize the institutional organization. This study collected data from 3 groups: hospital emergency services, healthcare centers, and emergency call centers. Although the first recruitment of paramedic personnel was in 2005, this situation does not appear statistically in the records. The most crucial problem in Northern Cyprus is still the definition of the paramedic profession and the institutional structuring of the emergency health services as a separate department. For this reason, it was not forgotten that the majority of the participants in this study were nurses and that patient care, treatment, and practice were at the forefront rather than emergency health services in their vocational training.

According to the results, 12.12% of the participants were working in the emergency call center, and the rest were working in the hospital emergency services and healthcare centers. There are currently five government hospitals, 15 healthcare centers, and 12 more limited health facilities in Northern Cyprus. Also, there are 17 ambulance networks in healthcare centers and limited healthcare facilities. The total number of admissions (outpatient examination + emergency) to government hospitals in 2010 was 512,545. However, according to the 2018 records, the number of hospital applications (outpatient examination + emergency) increased to 905,917. [20]

Regardless of profession, working in emergency health services is a considerable risk factor for stress. Emergency calls must be responded to in a short time. Responding to these calls and assessing the cases requires many medical initiatives. In addition, all these processes must be completed in a short time. The main problem here is the necessity of successive correct decision-making and implementation. In such cases, the fact that the emergency health personnel is in one-to-one communication with both the patient and the patient's relatives, the diversity of the patients carries the risk of many diseases or accidents in occupational diseases. Injury, violence, infection, and musculoskeletal disorders are healthcare workers' most common causes of occupational disease/accidents. [21,22] Emergency services are one of the places where these risks increase the most. [22,23] When weekly working hours are added, risk increases, job satisfaction decreases, and burnout syndrome becomes common. More than half of our study participants had no occupational disease/accident. 90% of those with an occupational disease/accident did not receive a report. According to these results, the relationship between job satisfaction and occupational disease/accident was not statistically significant. On the contrary, those with high weekly working hours have higher job satisfaction. However, the literature supports the exact opposite. [8,24,25]

Although there is no research on emergency healthcare providers' job satisfaction in Northern Cyprus, when the sub-dimensions of overall job satisfaction and satisfaction levels are evaluated, the highest score is obtained from the nature of work and the lowest score from the capacity of consumables. In other research on healthcare personnel in Slovenia and Iceland, the satisfaction rate related to the job's economic aspect, updated training, and relations with co-workers was low. [26,27] According to our study results, job satisfaction of high school graduates, nurses and head nurses, and emergency call center personnel was significantly higher than in other groups ($p < 0.05$). Also, participants with occupational seniority by 1-4 years and integration training had high job satisfaction. However, when all sub-dimensions are evaluated, the participants' job satisfaction is moderate. A similar scale with seven sub-dimensions was used in a study evaluating the job satisfaction of nurses and doctors working in the same health facility. It was concluded that the motivation of the nurses on the job was higher. According to this study, even if researchers couldn't find any statistical difference between education level and job satisfaction, at the same

time, they found that age and seniority significantly affect job satisfaction. In our research, the job satisfaction of high school graduates and those working in the profession for 1-4 years was higher than the other participants. [28]

In a study in which the job satisfaction of emergency ambulance personnel was evaluated, even though the participants stated that superiors did not consider their opinions regarding the nature of work and environment, job satisfaction was found high. However, our study found that job satisfaction is moderate in relationships with superiors and co-workers. This result shows that the participants have reservations about communicating with their co-workers and supervisors. [15]. On the other hand, Eiche et al., in a study evaluating the job satisfaction of paramedics working in emergency health services in Germany, stated that although the overall dissatisfaction rate was low, more importance should be paid to the ratio of qualified personnel. Similarly, in that study, the participants stated that supervisors should consider their employees' opinions more. [12]

Job satisfaction is synonymous with quality in health services. Regardless of their departments, all healthcare providers are exposed to intense stress at work. These conditions increase, especially among emergency, intensive care units, and oncology services.[3] The most common problems are admission prevalence, high mortality rate, frequent communication with colleagues and patients, and maximum working hours. [25,29] The literature supports that although emergency healthcare providers' sociodemographic data vary, job satisfaction is generally moderate.[30]

In this study, 31.82% of the nurses are between the ages of 36-49, and the majority are women, married, and undergraduate. The average seniority is 10-14 years; 97% of them received integration training, and 43.18% of the last received update training more than two years ago. In addition, the job satisfaction of the participants was moderate. However, the fact that the study was carried out in a single institution is a research limitation. Moreover, it only reflects the opinions of the emergency personnel of the Ministry of Health.

According to the results, the researchers believed that job conditions should be modernized, regular update training should be given to the emergency health personnel, and the duties, authorities, and responsibilities of the personnel working in the 112 unit should be re-established. For

example, suppose uncertainties eliminate, and more paramedics recruitment in the emergency system are employed in the 112 system. In that case, modernization can be achieved to a certain extent by accelerating the legal studies to separate the benefits from the existing system.

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