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Opinion of the Hospital Personnel Regarding the Unionization of Public Hospitals

Musa Özata^a

Ali Yılmaz^b

Çetin Bebe^c

Hilal Akman^d

Abstract

The aim of the current study was to evaluate the opinion of the hospital employees about the unionization of the public hospital system. The sample of this study included 333 people who work at the Konya Numune and Beyhekim hospitals, which operate under the general secretary of the Konya public hospital union. The researchers conducted a survey that consisted of 22 questions. The data was analyzed with descriptive statistical methods using SPSS. The Cronbach's alpha coefficient for the survey was calculated at .949. The results of the research showed that participants believe that the unionization of public hospitals has increased officialism and has failed to promote productivity; indeed, there has been no positive development in personal rights or positive change in organizational structure and there is no emphasis on qualifications regarding management appointments.

Keywords: Ministry of Health • Union of Public Hospitals • Hospital staff • Satisfaction levels • Health management

a Corresponding author

Assoc. Prof. Musa Özata, Ph.D., Department of Health Management, Faculty of Health Sciences, Selçuk University, Konya Turkey

Research areas: Health services management; Patient relationship management; Health management; Sociology of health; Biostatistics

Email: musaozata@gmail.com

b Assist. Prof. Ali Yılmaz, Ph.D., Department of Health Management, Faculty of Health Sciences, Kırıkkale University Kırıkkale Turkey

Research areas: Health services management; Medical documentation; Hospital information systems; Medical terminology; Health management

Email: aliyilmaz69@gmail.com

c Res. Assist. Çetin Bebe, Department of Health Management, Faculty of Health Sciences, Selçuk University, Konya Turkey

Research areas: Health management; Cost accounting in health care; Financial analysis in health institutions; Management accounting; Hospital

Email: cetinbebe@hotmail.com

d Res. Assist. Hilal Akman, Department of Health Management, Faculty of Health Sciences, Selçuk University, Konya Turkey

Research areas: Sociology of Health; Patient; Hospital; Health management; Health services management

Email: akmanhilal@hotmail.com

Several major programs under the title of Transition in Health Program (THP) have taken effect in Turkey since 2003. The THP program aims to organize health services in an effective and equitable manner and eliminate financial problems (Yıldırım, 2013, p. 12). This program is structured on the basis of essential principles, namely, human-centeredness, sustainability, continuous quality enhancement, participation, conventionalism, voluntariness, division of powers, decentralization, and competition in service. The basic components of THP include structuring the Ministry of Health that fulfills the role of a planner and auditor; transitioning the nation into a general health insurance system that covers all individuals under a single cater and is an extensive and easy-to-access welcoming health service system; strengthening basic health services and family practice; creating an efficient and gradual logistic chain; managing health institutions more efficiently in terms of administrative and financial perspectives; staffing the system with a competent and knowledgeable health labor force. THP is highly motivated to do health staff and is trained by education and science institutions that support the system, offer high-quality programs, and are accredited to train people to provide qualified and efficient health services; structuring institutions to provide rational medical and material management; and accessing effective information during the decision-making process (T.R. Ministry of Health, 2003). Additionally THP's deals with only the first of the components listed above, the title of our most recent study was "Establishing a structure for the Ministry of Health as a planner and auditor;" we also recently published a paper titled "Health institutions managed more efficiently in terms of administrative and financial dimensions." To achieve these principles, the structure of the Ministry of Health was re-established in 2011 through Delegated Legislation (DL) Serial Number 663.

Before DL Bill Serial Number 663, the Turkish health system had a rather complicated structure, which was the result of historical processes instead of rational planning processes. Therefore, the form, structure, and targets of the bodies, which were the decision maker and executor in that period were quite different from one another (Savaş, Karahan, & Saka, 2002, p. 23). During this period, it was possible to observe that, in terms of the financing of health services, the government and private sectors were in cooperation. The Ministry of Finance, Pension Fund, Social Security Institution (SSI), Bağ-Kur, Private Pensions Funds, Foundations, and Private Insurance Companies were the primary financing institutions. It is

possible to classify the institutions that provided health services into three groups: government (Ministry of Health, Universities, SSI, etc.); private sector (private hospitals, minority hospitals, private polyclinics, laboratories, diagnosis centers, etc.); and NGOs and foundations. The Ministry of Health was in charge of and responsible for the general management of the health services. The Ministry of Health, as a centralized institution, was obliged to make general decisions as well as determine and execute general policies concerning health services. At the local level, there was a City Directorate of Health in every municipality that was both administratively liable to the local governor and technically responsible to the Ministry of Health. While the City Director of Health's administrative responsibility included personnel and administration of the region, his technical responsibilities included decisions regarding the coverage and volume of the provided health services. The Ministry of Health appointed each City Director of Health based on the approval of the local governor. Thus, the Ministry of Health was the main institution responsible for providing first- and second-degree health services as well as protective health services. First-degree health services were provided by the Ministry of Health through community health clinics, health centers, maternity health and family planning centers, tuberculosis control dispensaries, malaria centers, and cancer centers, while second -exp: public hospitals- and third degree -exp: training and research hospital- health services were provided by other public organizations, NGOs, foundations, private individuals and the Ministry of Health (Aktan, n.d, pp. 6–7).

DL Serial Number 663 concerning the Organization and Duties of the Ministry of Health and the Relevant Organizations, as its title suggests, regulates the organization, duty, authority, and responsibility of the Ministry of Health and related organizations. Together with the new organization law, the Ministry's duties and responsibilities were determined according to three core functions. In this regard, the first function is policy formation, determining basic rules, and upper-level auditing, which will be executed through the central structure of the Ministry. The second function consists of the Turkish Medicine and Medical Equipment Institution, which carries out regulation and auditing regarding medicine and medical equipment. The third function consists of the Turkish Public Hospitals Institution, which executes hospital services, and the Turkish Public Health Institution, which executes basic health services (Resmi Gazete, 2011).

In terms of the structure of the public administration, because it is similar to other public services, health services are organized in a central, hierarchal order (Ateş & Kırılmaz, 2010, p. 220). DL Serial Number 663 concerning the Organization and Duties of the Ministry of Health and the Relevant Organizations (Resmi Gazete, 2011) requires that “According to the policies and targets of the Ministry, in order to provide second- and third-level health services, under the Ministry’s organization, the Turkish Public Hospitals Institution was founded with the duty of providing protective, diagnostic, treatment, and rehabilitation services in order to establish, operate, monitor, evaluate, and audit the activities of hospitals, dental health centers, and similar health institutions” (Article 29). Under Article 30 of DL Serial Number 663, “with the purpose of utilizing resources efficiently and at the best possible level by the institution, the second- and third-level health institutions under the institution’s control shall be operated at the city level through the establishment of public hospital unions.” As a result of this article, 87 public hospital unions have been established so far (Yıldırım, 2013, p. 70). As entities of the institution that governs them, the second- and third-level health institutions were organized under the umbrella of independent public hospital unions that possess public legal entity (Erençin & Yolcu, 2008, p. 129). The conventional role of the government within the health services domain thus transformed into a manufacturer and financier of health services (Ateş & Kırılmaz, 2010, p. 223).

When one takes the extensive size of the service into consideration, it is easy to see that it is possible to establish multiple unions in one city, refuse to allow any of the health institutions to remain outside union coverage, and assign one of the unions, in cities or districts that host multiple unions to play the role of coordinator (Bıyık, 2014, p. 32).

In regards to the provision of services, while the central organization of the institution comprises the Institution Deputy Directorates that are organized as the main service, consultancy, and auditor divisions, the national branch is organized as the General Secretariat of the Public Hospitals Union in cities and as hospitals and dental care centers in provinces (T.R. Ministry of Health, 2014, p. 18).

The purpose of the Public Hospitals Union is to ensure that hospitals provide superior quality health services by organizing hospitals under unions that are responsible for their individual resources, utilize current resources efficiently and productively, and monitor employees’ performance through evaluations

that are required by the Ministry of Health (Sülkü, 2011, p. 12). Within the framework of this new organization, although unions transformed into health sector businesses, the Ministry of Health intended them to be self-sustaining and ultimately, profitable. Thus, public financing of public hospitals from the reserve budget ceased and new regulations were adopted so that they would be financed through collections made from general health insurance, private insurance companies, and other payments made by patients in exchange for the services the hospitals provided (Ataay, 2008, p. 178). Together with the new organization, the status of the managers, specialists, and officers working under the umbrella of the hospitals and their associated unions was transformed into that of contract-based employees; the head physicians who were formerly responsible for the management of hospitals were now responsible for the medical and physician services provided (Birinci, 2013, p. 19).

Through this policy, the Ministry of Health aimed to determine general policies and conduct the duties of organizing and auditing the sector instead of manufacturing health services.

The Ministry thus transferred the duty of manufacturing health services at the first level, which it was formerly responsible for, to the family physicians under the supervision of the Turkish Public Health Institution and to the public hospital unions, in terms of hospital business, through the Turkish Public Hospitals Institution (Diren, 2014, p. 46).

Although the Public Hospital Union System has commissioned a new model in regard to the operation of hospitals, this situation introduced problems, especially concerning employees' private rights and pushing hospital administrations to the secondary position in the decision-making process. The present study aimed to determine the employees' satisfaction level with the new system and their opinions regarding the system.

Method

The purpose of this study was to determine the opinions of hospital personnel regarding the Public Hospital Union System. The research was conducted at two large hospitals that operated, in 2003, within the General Secretariat of

what is now the Konya Public Hospitals Union. In the scope of this research, a survey consisting of 22 items developed by the researchers was administered to 333 hospital employees, who agreed to participate in the study. Participants were provided three options for responses to each question: “yes,” “no,” and “partially.” As we selected the participants, we were careful to ensure that we received opinions from all occupational classes. The surveys were conducted by means of face-to-face inquiry. In an effort to test the reliability of the survey, the Cronbach Alpha coefficient was calculated and was determined as .949. Descriptive statistical studies were conducted on the collected data.

Findings

The findings acquired as a result of the study are summarized in Table 1 below. Information on the socio-demographical characteristics of the participants and their responses to the questions in the survey, respectively, are displayed below.

Table 1
Sociodemographic Characteristics of the Participants

Gender	<i>N</i>	Percentage (%)	Marital Status	<i>N</i>	Percentage (%)
Female	180	54.1	Married	228	68.5
Male	153	45.9	Single	105	31.5
Educational Status	<i>N</i>	Percentage	Employer Hospital	<i>N</i>	Percentage
High school	123	36.9	Numune Hospital	117	35.1
College	76	22.8	Beyhekim Hospital	216	64.9
Undergraduate	121	36.3	Age	<i>N</i>	Percentage (%)
Graduate	13	3.9	20–29	133	39.9
Service Period (years.)	<i>N</i>	Percentage (%)	30–39	127	38.1
1–10	210	63.1	40+	73	21.9
11–20	91	27.3	<i>Average Age</i>		<i>32.58±8.08</i>
21–30	32	9.6	Total	333	100

According to Table 1, the survey was conducted on 333 respondents; 180 (54.1%) are male and 153 (45.9%) are female. In terms of the participants' educational status, 123 (36.9%) have a high school diploma, 76 (22.8%) are college graduates, 121 (36.3%) hold a bachelor's degree, and 13 (3.9%) have a master's degree. In terms of their service experience, 210 participants (63.1%) have 1–10 years of service, 91 (27.3%) are in the range of 11–20 years, and 32 (9.6%) have 21–30 years of service. Regarding their marital status, we found that 228 participants (68.5%) are married and 105 (31.5%) are single. Of the

respondents, 117 (35.1%) are employed by Konya Numune Hospital, while 216 (64.9%) are employed by Konya Beyhekim Public Hospital. In terms of the participants' ages, the average age of the participants is 32.58 ± 8.08 ; 133 of respondents (39.9%) are 20–29 years old, 127 (38.1%) are in the 30–39 age group and 73 are ≥ 40 .

Table 2
Participants' Occupational Information

Title	N	Percentage (%)	Title	N	Percentage (%)
ATT	20	6.0	Health Officer	41	12.3
Doctor	27	8.1	Social Worker	1	0.3
Pharmacologist	2	0.6	Chief	3	0.9
Physiotherapist	2	0.6	Driver	4	1.2
Security	4	1.2	Medical Secretary	36	10.8
Nurse	101	30.3	Technician	15	4.5
Janitor	13	3.9	Mechanic	8	2.4
Laboratorian	3	0.9	DOCO	51	15.3
Psychologist	2	0.6	Total	333	100.0

As shown in Table 2, the research was conducted on 17 different occupational groups. The majority consisted of 101 nurses (30.3%) and 51 DOCO officers (15.3%). The smallest groups in the general population were one social worker (0.3%) and two psychologists (0.6%).

Table 3
General Opinions of Employees Regarding the PHU (Public Hospitals Union) System

Statements	Yes		Partially		No		Mean	Std. Deviation
	N	%	N	%	N	%		
The PHU system increased bureaucracy.	134	40.2	132	39.6	67	20.1	2.20	0.752
The PHU system increased efficiency in institutions.	47	14.1	129	38.7	157	47.1	1.67	0.711
The PHU system improved internal communication in the organization.	49	14.7	121	36.3	163	48.9	1.66	0.722
PHU enhanced the quality of the health services we provide.	59	17.7	141	42.3	133	39.9	1.78	0.727
PHU facilitated material procurement.	45	13.5	126	37.8	162	48.6	1.65	0.707
The PHU system improved employees' performance levels.	85	25.5	133	39.9	115	34.5	1.91	0.771

According to Table 2, in terms of our goal of determining employees' opinions about the effects of the PHU system on bureaucracy, institutional efficiency, internal communication throughout the organization, service quality, material procurement, and employees' performance, six statements were included in the

survey and participants were expected to provide their opinions regarding the relevant question by responding “yes,” “partially,” or “no.” Based on the collected answers, 134 of the employees (40.2%) were of the opinion that the PHU system elevates bureaucracy; 157 (47.1%) think that it does not increase organizational efficiency; 163 (48.9%) think that it does not improve communication within the organization; and 141 (42.3%) were of the opinion that the system has only “partially” made positive contributions to the quality of the health service their workplace provides, while 133 of them (39.9%) think that it does not make any contribution at all. Regarding the statement “PHU facilitates procurement of the required materials,” although 162 of the respondents (48.6%) said “no;” only 45 (13.5%) said “yes.” Finally, regarding the statement “The PHU system improved employees’ performance levels,” although 133 of respondents (39.9%) said “partially;” 115 (34.5%) said “no.”

Table 4
Opinions of Employees Regarding the Effect of the PHU System on Organizational Climate

Statements	Yes		Partially		No		Mean	Std. Deviation
	N	%	N	%	N	%		
The PHU system enhanced employees’ economic situation.	36	10.8	107	32.1	190	57.1	1.54	.683
The PHU system introduced novelties concerning personnel rewards.	46	13.8	105	31.5	182	54.7	1.59	.721
The PHU system enhanced employees’ institutional loyalty.	43	12.9	119	35.7	171	51.4	1.62	.705
The PHU system ensured employees are treated more fairly.	31	9.3	115	34.5	187	56.2	1.53	.661
The PHU system attached more importance to employees’ opinions.	39	11.7	116	34.8	178	53.5	1.58	.692
The PHU system increased opportunities for employees to develop themselves in their professions.	45	13.5	107	32.1	181	54.4	1.59	.717
PHU increased peace in the workplace.	42	12.6	118	35.4	173	52.0	1.61	.702
The PHU system increased employees’ job satisfaction.	44	13.2	111	33.3	178	53.5	1.60	.712

According to Table 4, in order to determine the effects of the PHU system on organizational climate, the employees were expected to provide their opinions on eight relevant statements by responding “yes,” “partially,” or “no.” According to the given answers, regarding the statement “The PHU system enhanced employees’ economic situation,” 190 of the participants (57.1%) said “no;” regarding the statement “The PHU system introduced novelties concerning personnel

rewards,” 182 (54.7%) said “no;” and, regarding the statement “The PHU system enhanced employees’ institutional loyalty,” 171 (51.4%) said “no.” Additionally, regarding the statement “The PHU system ensured employees are treated more fairly,” 187 of the participants (56.2%) said “no;” regarding the statement “The PHU system attached more importance to employees’ opinions,” 178 (53.5%) said “no;” regarding the statement “The PHU system increased opportunities for employees to develop themselves in their profession,” 181 (54.4%) said “no;” regarding the statement “PHU increased peace in the workplace,” 173 (52%) said “no;” and, finally, regarding the statement “The PHU system increased employees’ job satisfaction,” 178 participants (53.5%) said “no.” As can be clearly observed, “no” answers are significantly dominant in all statements.

Table 5
Employees’ Opinions Concerning Competency at Job Appointments in the PHU System

Statements	Yes		Partially		No		Mean	Standard Deviation
	N	%	N	%	N	%		
Managers in the PHU system are appointed appropriately according to the competency system.	54	16.2	125	37.5	154	46.2	1.70	.732
Specialists in the PHU system are appointed appropriately according to the competency system.	43	12.9	122	36.6	168	50.5	1.62	.703
In determining personnel positions in the PHU system, there is no equitable and fair way to do so.	36	10.8	141	42.3	156	46.8	1.64	.669
Personnel appointments in the PHU System are made based on principles of transparency.	45	13.5	124	37.2	164	49.2	1.64	.708

According to Table 5, there are four statements to determine participating employees’ opinion regarding whether personnel appointments in the PHU system are appropriately implemented for a competency-based system. In consideration of their answers to these statements, 154 of the participants (46.2%) said “no” to the statement “Managers in the PHU system are appointed appropriately according to the competency system;” 168 of them (50.5%) said “no” to the statement “Specialists in the PHU system are appointed appropriately according to the competency system;” 156 of them (46.8%) said “no” to the statement “In determining personnel positions in the PHU system, there is no equitable and fair way to do so;” and 164 of them (49.2%) said “no” to the statement “Personnel appointments in the PHU System are made based on principle of transparency.”

Table 6
Opinion of Employees Concerning Safety of the PHU System for Patients and Employees

Statements	Yes		Partially		No		Mean	Standard Deviation
	N	%	N	%	N	%		
The PHU system allows us to pay more attention to patients' safety.	112	33.6	117	35.1	104	31.2	2.02	.806
The PHU system allows us to pay more attention to employees' safety.	43	12.9	108	32.4	182	54.7	1.58	.709
The PHU system is patient-oriented.	61	18.3	96	28.8	176	52.9	1.65	.771
The PHU system is employee-oriented.	46	13.8	163	48.9	124	37.2	1.77	.676

According to Table 6, within the scope of the research, there are four statements to determine the participants' opinions concerning the safety of patients and employees. According to the answers given to these statements, 117 participants (35.1%) said "partially" to the statement "The PHU system allows us to pay more attention to patients' safety," while 112 (33.6%) said "yes;" meanwhile, 182 participants (54.7%) said "no" to the statement "The PHU system allows us to pay more attention to employees' safety." Similarly, 176 participants (52.9%) said "partially" to the statement "The PHU system is patient-oriented," while 163 participants (48.9%) said "partially," and 124 participants (37.2%) said "no" to the statement "The PHU system is employee-oriented."

Results

In the present study, we aimed to determine the opinions of employees of two different public hospitals in Konya concerning the Public Hospital Union System. In this regard, a survey consisting of 22 statements was administered on randomly selected personnel who agreed to participate in the study.

Within the scope of the study, the survey was conducted on 333 individuals: 180 males (54.1%) and 153 (45.9%) females from 17 different occupational groups. Of the respondents, 117 (35.1%) were employees of the Konya Numune Hospital, while 216 (64.9%) were employees of the Konya Beyhekim Public Hospital. In the research, opinions of these employees concerning the PHU System were classified within four main categories: "General opinions of employees concerning the PHU System," "Effects of the PHU System on organizational climate," "Competency factors regarding personnel

appointments in the PHU System,” and “Effects of the PHU System on the safety of patients and employees.”

Based on the answers collected, it was observed that respondents have an overwhelmingly negative opinion concerning the PHU System in general. The vast majority of the participants stressed that the established system increased the bureaucratic process and claimed that the system does not positively contribute to developing either employees’ performance or organizational efficiency. Furthermore, participants stated that the system does not have a positive effect on the employees’ economic condition, personnel job satisfaction, or organizational loyalty. Moreover, respondents are of the opinion that individual competency is not taken into consideration during managerial appointments and that there is no transparent and fair application for determining employees’ working positions. Finally, participants think that the PHU System has had positive results in regard to developing service quality and attaching more significance to patients’ safety.

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