

Vol No: 4, Issue: 1

Received Date: Jun 21, 2019

Published Date: Jul 23, 2019

Orhan Derman

Hacettepe University Medical School, Department
of Pediatrics Adolescent Medicine, Turkey

The Conflict Between Formel and Informel Structures of the Emergency Departments That Effect the Occupational Satisfaction of Staff

Keywords: Emergency Department Officials; Formel and Informal Structures; Occupational Satisfaction.

CASE REPORT

This study addresses the factors that effect the occupational satisfaction of staff working at the emergency department of hospital in Ankara, Turkey. Five differencet district hospital joined to the study. We make face to face interview with 110 participants to the study. As high occupational satisfaction directly reflects work gratification this will then directly increase the satisfaction of the patients that apply to the emergency department of the hospitals. Making the emergency department more functional in the health system leads to the formation of an ordered and more compatible sub-system. Everywhere around the World emergency departments are the most difficult to administer hospital services. At these centers the satisfaction level is ususally below that of the hospitals average.

In this study to measure the level of work gratification the occupation satisfaction scale was applied. Professions, age, sex, marital status, working hours, working hours in the emergency department were questioned.

In the study only those working in the emergency ward according to the occupational group was statistically significant when the occupation satisfaction scale evaluated.

When evaluated according to occupational group, having a high income caused the most occupation satisfaction among specialist's doctors and nurse's aides, taking marginal benefit from patients and accepting gifts after their service were nurse's aides, those most accepting of their occupations nature were the nurses and secretaries, those most satisfied with promotion were specialist's doctor's, those with the best communication skills were the nurses and those with the worst residents, the group with the highest satisfaction were the nurses and nurse's aides. None of the groups expressed any discomfort when working with the other groups.

Marital status age was statistically significant for staff working at the hospital, the study showed there were more single staff between the ages of 20-29.

Corresponding Author:

Orhan Derman

Hacettepe University Medical School, Department
of Pediatrics Adolescent Medicine, Turkey

According to the satisfication scale, occupational satisfication is related to the informel interest which mostly getting the extra money as a tip. These are very common attitude among nurse's aides who are working into the emrgency departments. It shows that the system does not work properly by the following this approach.

The another outcome is that counselling is not important for reaching the satisfaction of occupational among doctors. This situation pointed out that the abstract consepts is not important among doctors, mostly of them accept to earning money more important than the the other interest.

This study shows that as the time spent working in the emergency department increases this also increases exhaustion when compared to those working in other parts of the hospital.

Only when conflict between formel and informel structures of the emergency department are solved will occupational satisfaction of emergency staff increase, this will in turn lead to an increase in gratification in the work place and cause an increase in the quality of service.

Our study showed a diffirence of total occupational and the most important factor affecting this was found to be occupation.

In the end of study we are able to say that have to train the all personel who are working in the emergency department, the medicine is for human. We have to focus teaching conscious to the all workers into the emergency departments.

REFERENCES

1. Bernerd J and Thompson L. (1970). Nurses and their patients in a modern society in sociology (8th ed.). St. Louis, MO; The C.V. Mosby Company.
1. Berneburg JG. (2002). Anomie, Social Change and Crime, A Theoretical Examination of Institutional Anomie Theory. Br J Criminol. 42: 729-42.
2. Graber TB. (2004). Structure and function of the emergency department: Matching emergency department choices to the emergency department mission. Emerg Med Clin North Am. 22(1): 47-72.
3. Hodson R. (1999). Organizational anomie and worker consent. Work and Occupation. 26: 292-323.
4. Irvine DM, Leatt P, Gevans M and Baker GR. (2000). Cognitive and behavioral outcomes of quality improvement teams: The influences of leadership and the work unit environment. J Qual Manag. 4(2): 167-184.
5. Kathleen K, Ferris GR, Hochwarter WA, Douglas C, et al. (2004). Leader political skill and team performance. J Manag. 30(3): 309-327.
6. Kuokkanen L, Leino-Kilpi H and Katajisto J. (2002). Do nurses feel empowered? Nurses' assessments of their own qualities and performance with regard to nurse empowerment. J Prof Nurs. 18(69): 328-335.
7. Lu h, While A and Barriball K. (2005). Job satisfaction among nurses: A literature review. Int J Nurs Stud. 42(2): 211-227.
8. Shally CE and Gilson LL. (2004). What leaders need to know: A review of social and contextual that can foster or hinder creativity. The leadership Quarterly. 15(1): 33-53.
9. Souminen T, Leino-Kilpi H, Merja M, Doran DI, et al. (2001). Staff empowerment in finnish intensive care units. Intensive Crit Care Nurs. 17(34): 341-347.
10. Turkdogan O. (2006). Toplumsal Yapı ve Saglik-Hastalık Sistemi. IQ Kultur Sanat Yayıncılık.