



An Examination of In-Service Training Attitudes and Job Satisfaction Levels of Employees in Healthcare Institutions: A Public Hospital Case

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ABSTRACT

The quality of service delivery in healthcare institutions is largely associated with employees' professional competence and their attitudes toward the institution. The attitudes of healthcare personnel working in public hospitals toward in-service training reflect their openness to professional development, willingness to follow innovations, and motivation for self-improvement. These training programs not only enhance professional competence but also have a direct impact on employees' levels of job satisfaction. Developing a positive attitude toward in-service training among healthcare workers is a significant factor that may contribute to increased job satisfaction. While job satisfaction refers to an individual's positive attitude toward their job, job dissatisfaction represents the opposite. In this study, differences in in-service training attitudes and job satisfaction levels of employees working in healthcare institutions were examined. The aim is to enhance job satisfaction by fostering positive attitudes toward in-service training within healthcare institutions. The research was conducted on 500 healthcare professionals working in a public hospital in Istanbul. The study adopts a quantitative research design. As data collection tools, an in-service training scale and a job satisfaction scale were utilized.

Keywords: Inservice Training, Attitude, Job Satisfaction, Health Facilities, Health Personnel

JEL Clasifications: : I18, J28, M53, O15

Sağlık Kurumlarında Çalışanların Hizmet İçi Eğitim Tutumları ile İş Tatmin Düzeylerinin İncelenmesi: Kamu Hastanesi Örneği¹

ÖZET

Sağlık kurumlarında hizmet sunumunun kalitesi, büyük ölçüde çalışanların mesleki yeterliliği ve kuruma yönelik tutumlarıyla ilişkilidir. Kamu hastanelerinde görev yapan sağlık çalışanlarının hizmet içi eğitime yönelik tutumları, mesleki gelişime açık olma, yenilikleri takip etme ve kendini geliştirme motivasyonunu yansıtmaktadır. Bu eğitimler, yalnızca mesleki yeterliliği artırmakla kalmayıp, çalışanların iş tatmini düzeyleri üzerinde de doğrudan etkili olabilmektedir. Sağlık çalışanlarının hizmet içi eğitime yönelik olumlu tutum geliştirmeleri, işlerinden aldıkları doyum da artırabilecek önemli bir faktördür. İş tatmini, bireyin yaptığı işe karşı geliştirdiği olumlu tutumu ifade ederken; iş tatminsizliği ise bu tutumun olumsuz yönde olmasıdır. Bu çalışmada, sağlık kurumlarında çalışanların hizmet içi eğitim tutumu ile iş tatmin düzeyleri için farklılıklar incelenmiştir. Sağlık kurumlarında hizmet içi eğitime karşı tutum geliştirilerek bu hedef doğrultusunda iş tatmini düzeyinin artırılması amaçlanmıştır. İstanbul'da bir kamu hastanesinde 500 sağlık çalışanı üzerinde araştırma gerçekleştirilmiştir. Araştırma, nicel bir araştırmadır. Araştırmada veri toplama aracı olarak, hizmet içi eğitim ölçeği ve iş tatmini ölçeği kullanılmıştır.

Anahtar Kelimeler: Hizmet içi eğitim, Tutum, İş tatmini, Sağlık kurumları, Sağlık çalışanları

JEL Sınıflandırması: I18, J28, M53, O15

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I. Introduction

In today's healthcare institutions, the professional development of employees is among the key factors that directly influence the quality of the services provided. The quality and sustainability of healthcare services largely depend on the knowledge, skills, and motivation levels of the personnel working in these institutions (Biçer ve Yurtsal, 2021:751-753). The effective delivery of healthcare services is directly associated with the continuous improvement of healthcare professionals' knowledge and skills. In this context, in-service training programs emerge as a crucial strategy for enhancing staff competencies and contributing to institutional objectives (Saygı, 2015:36). The effectiveness of in-service training is closely linked not only to the content and delivery of the programs but also to employees' attitudes toward these trainings. While positive attitudes enhance the success of such programs and support professional development, negative attitudes may limit their impact. Therefore, understanding healthcare workers' attitudes toward in-service training is essential for improving the effectiveness of educational programs (Tekin ve Duran, 2018:7). Job satisfaction, on the other hand, is a concept associated with the extent to which individuals feel valued and fulfilled within their workplace. In the healthcare sector, the effective planning and implementation of in-service training programs play a critical role in enhancing service quality and ensuring employee satisfaction (Kırdemir, 2021:45). The aim of this study is to examine the relationship between healthcare employees' attitudes toward in-service training and their levels of job satisfaction, thereby contributing to healthcare management practices (Kılınç, 2020:353-361).

II. Conceptual Framework

2.1. In-Service Training

Continuous education for adults is considered a fundamental need to adapt to the rapid and ongoing changes in society. Specifically for healthcare professionals, the primary aim of continuous education is to ensure the delivery of high-quality and effective healthcare services to the community (Duman vd., 2016:118-123). In-service training is a planned educational process aimed at equipping employees working in public or private institutions with the knowledge, skills, attitudes, and behaviors necessary to perform their duties more effectively and efficiently (Dönmez, 2020:6). In-service training encompasses all educational and instructional activities designed to facilitate employees' adaptation to their profession and to meet the needs that arise in line with professional development and career advancement (Bayar, 2019:52). In other words, in-service training can be defined as the process that enables an individual entering the workforce to acquire the knowledge and skills needed throughout their career until retirement (Tan ve Koç, 2014:321-347). These trainings can be planned in various forms. Types of training such as orientation, induction, development, promotion, and rotation are considered within this scope. In-service trainings can be conducted both during working hours and outside of them, either within the institution or externally (Deniz ve Kumru, 2022: 325-329). In general terms, in-service training can be defined as a continuous learning process carried out throughout an individual's working life, aimed at personal development, keeping up with professional innovations, adopting and applying them, and maintaining effectiveness in their role (Tan ve Koç, 2014:321-347).

In-Service Training Practices in Healthcare Institutions

Aligning the objectives of in-service training with the organization's overall policies and strategic goals contributes to maximizing the benefits derived from training programs. The primary aim of training programs organized by healthcare institutions is to ensure that all healthcare personnel demonstrate effective teamwork skills that contribute to the patient's recovery process and master new techniques that facilitate practical implementation (Kartoğlu, 2007:65). In the public sector, in-service training practices are based more heavily on data and regulations compared to the private sector. In Turkey, legal regulations and implementations regarding in-service training have intensified particularly since the 1960s. During this period, the establishment of units responsible for conducting in-service training activities in institutions, in accordance with Article 215 of the Civil Servants Law (No. 657), played a significant role in institutionalizing and expanding training activities (Öztürk ve Sancak, 2007:761-794).

In public institutions, in-service training activities are carried out in accordance with annual training plans and programs, and this process is supported by legal regulations (Civil Servants Law No. 657 [CSL], 1965, Art. 215). In-service training processes within the Ministry of Health are planned and implemented by the Training Board and the General Directorate of Personnel. Although Ministry staff



are primarily assigned to training activities, external expert support may also be provided when necessary (Ministry of Health In-Service Training Regulation, 2020, Art. 5). In Turkey, the legal framework for in-service training in public institutions is primarily based on the Civil Servants Law No. 657. Article 1 of this law regulates the rights and obligations of personnel working in specific public institutions, while also providing a general framework that serves as a reference for legal regulations concerning personnel outside its scope. Examining this law and the regulations developed in line with it is essential for understanding the legal infrastructure of in-service training in public institutions (CSL, 1965, Art. 215). These training activities are carried out within the framework of annual in-service training plans prepared by institutions affiliated with the Ministry of Health (Ministry of Health In-Service Training Regulation, 2020, Art. 5). In-service training programs encompassing all healthcare personnel have been initiated to enhance the quality and efficiency of services provided by healthcare staff, improve their reliability and performance, and thereby support employee motivation (Dağlı, 2010:27). The Ministry of Health places great importance on in-service training processes and supports these programs through various legal regulations and circulars to ensure their continuity and systematic implementation. The implementation, management, and coordination of in-service training programs are carried out under the responsibility of Provincial Health Directorates (Dönmez, 2020:68).

2.2. Job Satisfaction

Employee satisfaction with their work and the organization they work for reflects the concept of job satisfaction. Simply defined, job satisfaction is a general attitude that emerges from the balance of various positive and negative experiences related to one's job (Okumuş vd., 2022:119-138). Job satisfaction among employees in healthcare institutions is becoming increasingly important due to its impact on service quality and efficiency (Tekingündüz ve Tengilimoğlu, 2013:77-103).

Job satisfaction fundamentally refers to an individual's overall attitude toward the work they perform. Employees' perceptions of their jobs can be shaped positively or negatively. In this context, job satisfaction describes a positive emotional state resulting from experiences in the workplace, whereas negative attitudes and feelings are referred to as job dissatisfaction (Gilik, 2015:28).

In the healthcare sector in particular, employees' alignment of the organization's goals with their personal objectives, the development of organizational commitment, and the enhancement of job satisfaction contribute to improving the quality of healthcare services and positively impact patient satisfaction (Bilgin, 2020:32). In conclusion, an employee's satisfaction within their organization is a critical factor for both success and productivity and is also a fundamental component of overall life satisfaction. An individual who finds fulfillment in their organization not only adds meaning to their own life but also contributes to the development of the institution through positive energy and productivity. In summary, achieving psychological satisfaction in the workplace is an essential requirement (Erdoğan, 2011:40).

Job Satisfaction in Healthcare Institutions

Healthcare institutions are organizations where service production heavily relies on human labor and are also considered open systems. Both the inputs and outputs of these systems are largely composed of human elements. In these institutions, which operate to meet the health needs of society, employees' job satisfaction or dissatisfaction plays a decisive role in achieving the set objectives (Söyük, 2007:39). In today's highly competitive environment, healthcare institutions consider employees' job satisfaction and organizational commitment levels to ensure sustainability and achieve competitive advantage, and they develop the necessary strategic measures accordingly. This is because employees' job satisfaction and organizational commitment play a crucial role in enhancing institutional productivity and service quality. (Bilgin, 2020:34).

A fundamental characteristic that distinguishes healthcare institutions from other sectors is their human-centered service delivery. The physically and mentally demanding nature of this work, combined with the need to provide uninterrupted 24-hour services—including during official and religious holidays—results in healthcare employees requiring higher levels of motivation compared to workers in other sectors. Therefore, it is crucial that sector-specific dynamics are taken into account when implementing practices aimed at enhancing job satisfaction among healthcare staff (İncedağ ve Aksoylu, 2021: 1923–1934.). While job satisfaction is an important factor across all professions, it becomes even



more critical for individuals working in the healthcare sector. This is because healthcare services are directly related to human life, requiring employees in this field to demonstrate high levels of attention, dedication, and continuous effort; consequently, the significance of job satisfaction is markedly heightened in the healthcare sector (Aktay, 2010:54).

Healthcare employees with high job satisfaction provide higher quality and more effective services to patients, thereby positively contributing to the institution's reputation and credibility in the eyes of the public. In a competitive healthcare environment with a growing number of hospitals, the positive communication and interactions between employees and patients encourage satisfied individuals to return to the same institution, playing a significant role in securing a competitive advantage for the organization (Özen, 2017:41). Accordingly, to ensure effective and efficient service delivery in healthcare institutions, priority should be given to human resources, the organization's most fundamental asset. Investments in qualified human resources will not only enhance employee satisfaction but also positively influence communication processes with the service recipients. Consequently, this human-centered approach will play a decisive role in the overall success of the institution (Bilgin, 2020:63).

III. Materials and Methods

3.1. Purpose and Significance of the Study

In-service training provides employees with the opportunity to learn about new developments, technologies, and current practices. However, one of the key factors determining the effectiveness of these trainings is employees' attitudes toward them. Employees who approach in-service training positively are more open to professional development and can more easily apply what they have learned in the workplace. Healthcare workers' attitudes toward in-service training are not limited to updating knowledge; they also play a decisive role in job satisfaction. Job satisfaction is a fundamental indicator of an employee's contentment and commitment to their work. An employee who views trainings positively feels valued by the organization and experiences a strengthened professional identity. This, in turn, can enhance motivation and reduce the risks of workplace stress and burnout. In the healthcare sector, high job satisfaction directly reflects on employee performance and the quality of services provided to patients. Numerous studies have shown that in-service training contributes not only to employees' professional competencies but also to their psychological well-being. This study will help to gain a deeper understanding of the professional development processes of employees in the healthcare sector and the psychological outcomes of these processes. While the literature generally emphasizes the contribution of in-service training to knowledge and skill enhancement, the relationship between employees' attitudes toward these trainings and job satisfaction has been less explored. Moreover, this type of research will provide concrete recommendations to healthcare institutions, contributing to the design of more effective and employee-centered training programs.

3.2. Hypotheses and Model of the Study

The main hypothesis of the study is that in terms of demographic and general characteristics, there are significant differences in both in-service training and job satisfaction.

H₁: Significant differences in in-service training attitudes and job satisfaction levels were observed with respect to gender, age, marital status, educational background, income, position within the institution, total professional experience, tenure at the institution, work type, overtime status, job satisfaction, participation in in-service training, type of training, satisfaction with training adequacy, perception that in-service trainings enhance job satisfaction, and mode of training participation.

3.3. Population and Sample of the Study

The population of the study consists of employees working at a public hospital in Istanbul. This hospital employs 1,300 staff in various positions. The sample comprises 500 volunteers who participated in the study. According to the table developed by Yazıcıoğlu and Erdoğan (2004), the required sample size drawn from the main population was determined as 297 for a sampling error of 0.05 with $p=0.50$ and $q=0.50$. A total of 542 responses were received for the survey, and 42 participants who did not fully complete the scale questions were excluded from the sample. Participants were reached via Google Forms. The study employed a convenience sampling method.



3.4. Data Collection Instruments

The survey used in the study consists of two sections. The first section includes demographic and general characteristics such as gender, age, marital status, educational background, income, and tenure at the institution. The second section comprises scales measuring in-service training attitudes and job satisfaction.

In-service Training Scale: The scale developed to assess attitudes toward in-service training was originally created by Konya (2013) in the master's thesis entitled "*The Effect of In-service Training on Employee Motivation in Banks.*" The validity and reliability of the instrument were established, and it was initially composed of 12 items. Since items 2 and 4 were found to negatively affect the internal consistency of the scale, they were removed from the study. Consequently, the instrument was applied as a unidimensional scale with 10 items. The overall reliability coefficient of the scale was reported as $\alpha = 0.880$.

Job Satisfaction Scale: Within the scope of this study, the short form of the Job Satisfaction Scale, originally developed by Brayfield and Rothe (1951) and later reduced to a five-item version by Judge, Locke, Durham, and Kluger (1998), was employed. The Turkish adaptation of the short form was conducted by Keser and Bilir (2019). The unidimensional five-item structure was found to explain 62.32% of the total variance, and the Cronbach's alpha reliability coefficient of the scale was reported as 0.8535.

Research Method

The survey conducted in this study was designed as a *non-experimental quantitative research*. In terms of its implementation, it followed the *survey method*. Specifically, a *field survey model* was employed to collect data from the sample. Within this model, the questionnaire technique—where participants' opinions are obtained in written form—was utilized as the data collection tool. The data obtained from the scale were analyzed using the statistical software packages IBM SPSS 27.0 and AMOS 24.0. In the first stage, the percentage and frequency distributions of the demographic and general information included in the initial section of the questionnaire will be presented. In addition, the percentage and frequency distributions of the responses to the scales, along with the mean scores and standard deviation values, will be reported. The selection of analytical methods was determined based on whether the data distribution was normal. For this purpose, Kolmogorov–Smirnov and Shapiro–Wilk tests of normality were conducted on the scale dimensions. Since the data did not conform to a normal distribution, the Mann–Whitney U test was applied for pairwise group comparisons, while the Kruskal–Wallis test was employed for comparisons involving three or more groups.

Reliability Analysis of the Study

The reliability tests employed for the questionnaire included Cronbach's Alpha (CA), Split-Half, Parallel, and Strictly Parallel methods. Internal consistency and reliability are considered satisfactory when the results of all applied criteria exceed 70%. As shown in Table 2, the results of all four criteria surpassed the 70% threshold, indicating that reliability was achieved. Consequently, it was concluded that the analysis outputs could be considered reliable.

Table 1. Results of the Reliability Analysis of the Questionnaire

Criteria	Reliability Results of the Questionnaire
Cronbach Alpha	0.929
Split	0.926-0.932
Parallel	0.928
Strict	0.929

IV. Findings

This section of the study presents the percentage distributions of demographic and general information, the percentage distributions of questionnaire responses, and the results of group difference and correlation analyses conducted to test the study's hypotheses.



4.1. Findings on the Demographic Characteristics of the Participants

Table.2 Demographic Characteristics

VARIABLE	FREQUENCY	PERCENTAGE
Gender		
Male	170	34,0
Female	330	66,0
Total	500	100,0
Age		
19-28	189	37,8
29-38	191	38,2
39-48	90	18,0
49-58	29	5,8
59 years and older	1	0,2
Total	500	100,0
Marital Status		
Married	263	52,6
Single	219	43,8
Divorced	18	3,6
Total	500	100,0
Educational Level		
Primary Education	16	3,2
High School	65	13,0
Associate Degree	131	26,2
Bachelor's Degree	216	43,2
Master's Degree	67	13,4
Doctorate / PhD	5	1,0
Total	500	100,0

According to Table 1, 66.0% of the participants were female and 34.0% were male. In terms of age, 38.2% were between 29 and 38 years old. Regarding marital status, 52.6% were married, and in terms of educational level, 43.2% held a bachelor's degree.

4.2. Findings Based on the Job-Related Characteristics of the Participants

Table.3 Job-Related Characteristics

VARIABLE	FREQUENCY	PERCENTAGE
Occupation		
Doctor	20	4,0
Nurse	183	36,6
Administrative Staff	49	9,8
Medical Services	46	9,2
Technical Staff	13	2,6
Other	189	37,8
Total	500	100,0
Work Experience		
0-5 years	231	46,2
6-10 years	102	20,4
11-15 years	75	15,0
16-20 years	41	8,2
21 years and above	51	10,2
Total	500	100,0
Tenure in the Institution		
0-5 years	322	64,4



6-10 years	83	16,6
11-15 years	53	10,6
16-20 years	21	4,2
21 years and above	21	4,2
Total	500	100,0
Shift Type		
Day Shift	343	68,6
Night Shift	13	2,6
Rotating Shift (Day–Night)	144	28,8
Total	500	100,0
Overtime		
No Overtime (0)	370	74,0
1-8 hours	49	9,8
9-16 hours	43	8,6
17-24hours	10	2,0
25 hours and above	28	5,6
Total	500	100,0
Perceived Monthly Income		
My income equals my expenses	195	39,0
My income exceeds my expenses	91	18,2
My income is less than my expenses	214	42,8
Total	500	100,0
Job Satisfaction		
Yes	318	63,6
No	61	12,2
Partially	121	24,2
Total	500	100,0
Trainings Completed		
1	65	13,0
2	79	15,8
3	68	13,6
4	18	3,6
5 and above	270	54,0
Total	500	100,0
Type of Training		
Orientation Training	295	28,6
Job-Related Certified Trainings	188	18,2
Basic Trainings	321	31,1
Training under Supervisor's Guidance	88	8,5
Other	139	13,5
Total	1031	100,0
Training Adequacy		
Not at all satisfied	27	5,4
Dissatisfied	50	10,0
Partially Satisfied	178	35,6
Satisfied	206	41,2
Very Satisfied	39	7,8
Total	500	100,0
Mode of Participation in Trainings		
Voluntary	188	37,6
Mandatory	172	34,4
Semi-Voluntary	140	28,0
Total	500	100,0



Effect of Trainings on Job Satisfaction		
Strongly Disagree	41	8,2
Disagree	80	16,0
Neutral	155	31,0
Agree	177	35,4
Strongly Agree	47	9,4
Total	500	100,0

According to Table 2, 37.8% of the participants worked in “other” positions, 46.2% had 0–5 years of professional experience, and 64.4% had 0–5 years of tenure in the institution. Regarding work schedule, 68.6% worked continuous day shifts, and 74.0% reported not working overtime (0). In terms of perceived income, 42.8% indicated that their income was less than their expenses, and 63.6% expressed satisfaction with their workplace. Additionally, 54.0% had received five or more trainings, with a total of 1,031 training reports collected. Of these, 31.1% were basic trainings, 41.2% expressed satisfaction with the trainings, 37.6% participated voluntarily, and 35.4% indicated that the trainings had a positive effect on their job satisfaction.

4.3. Findings Related to the Scales Used in the Study

As the selection of the analyses to be performed depends on the results of the normality tests, Table 3 presents not only the descriptive statistics for each dimension but also the outcomes of the normality tests. As can be seen, since the p-values for both normality tests were less than 0.05, the data did not meet the assumption of normal distribution. Consequently, non-parametric methods were employed for the group difference analyses.

Table.4 Results of the Kruskal-Wallis Test by Age

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	19-28	189	245,2	2,92	5,063	0,281
	29-38	191	261,0	2,96		
	39-48	90	250,5	2,79		
	49-58	29	224,1	2,72		
	59 yaş ve üzeri	1	11,0	1,20		
In-service Training Scale	19-28	189	268,4	3,44	11,013	0,026*
	29-38	191	227,5	3,16		
	39-48	90	265,8	3,34		
	49-58	29	245,4	3,22		
	59 years and above	1	37,0	1,40		

The overall dimension of the In-service Training Scale showed a significant difference across age groups ($p < 0.05$). Examination of the mean rank values revealed that participants aged 19–28 had significantly higher scores on the overall dimension of the In-service Training Scale.

Table.5 Results of the Kruskal-Wallis Test by Educational Level

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	Primary Education	16	224,4	2,60	5,409	0,368
	High School	65	282,2	2,98		
	Associate Degree	131	245,9	2,87		
	Bachelor's Degree	216	241,3	2,87		



In-service Training Scale	Master's Degree	67	262,5	3,00	16,052	0,007*
	Doctorate / PhD	5	280,2	2,80		
	Primary Education	16	228,2	3,01		
	High School	65	295,0	3,49		
	Associate Degree	131	262,7	3,35		
	Bachelor's Degree	216	233,7	3,22		
	Master's Degree	67	254,3	3,43		
	Doctorate / PhD	5	98,5	1,94		

Hizmet içi eğitim ölçeği genel boyutu eğitim düzeyi grupları açısından anlamlı bir farklılık göstermektedir ($p < 0.05$). Farkın kaynağı için ortalama sıra değerlerine bakıldığında; hizmet içi eğitim ölçeği genel boyutu eğitim düzeyi “Lise” arasında olan katılımcıların anlamlı şekilde yüksek skor değerine sahip olduğu belirlenmiştir.

Table.6 Results of the Kruskal-Wallis Test by Total Work Experience

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	0-5 years	231	254,5	2,95	1,622	0,805
	6-10 years	102	235,8	2,85		
	11-15 years	75	253,5	2,85		
	16-20 years	41	263,0	2,89		
	21 years and above	51	247,4	2,82		
In-service Training Scale	0-5 years	231	267,4	3,42	10,231	0,037*
	6-10 years	102	216,7	3,09		
	11-15 years	75	233,4	3,16		
	16-20 years	41	263,0	3,38		
	21 years and above	51	256,6	3,32		

The overall dimension of the In-service Training Scale demonstrated a significant difference across total professional experience groups ($p < 0.05$). Examination of the mean rank values indicated that participants with 0–5 years of total professional experience had significantly higher scores on the overall dimension of the In-service Training Scale.

Table.7 Results of the Kruskal-Wallis Test by Length of Service in the Institution

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	0-5 years	322	259,0	2,96	3,712	0,446
	6-10 years	83	233,4	2,83		
	11-15 years	53	232,5	2,70		
	16-20 years	21	227,7	2,71		
	21 years and above	21	255,6	2,88		



In-service Training Scale	0-5 years	322	259,4	3,37	9,614	0,047*
	6-10 years	83	215,8	3,10		
	11-15 years	53	227,7	3,07		
	16-20 years	21	262,8	3,39		
	21 years and above	21	296,2	3,50		

The overall dimension of the In-service Training Scale showed a significant difference across groups based on tenure in the institution ($p < 0.05$). Examination of the mean rank values revealed that participants with 21 years or more of tenure in the institution had significantly higher scores on the overall dimension of the In-service Training Scale.

Table.8 Results of the Kruskal-Wallis Test by Job Location Satisfaction

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	Yes	318	289,9	3,05	78,052	0,000*
	No	61	129,6	2,34		
	Partially	121	207,8	2,75		
In-service Training Scale	Yes	318	282,0	3,49	42,367	0,000*
	No	61	182,6	2,85		
	Partially	121	202,0	3,02		

Significant differences were observed across workplace satisfaction groups for both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale ($p < 0.05$). Examination of the mean rank values indicated that participants who reported being satisfied with their workplace ("Yes") had significantly higher scores on both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale.

Table.9 Results of the Kruskal-Wallis Test by Number of Trainings

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	1	65	200,1	2,70	9,608	0,048*
	2	79	262,0	2,94		
	3	68	253,6	2,86		
	4	18	240,9	2,86		
	5 and above	270	259,1	2,94		
In-service Training Scale	1	65	232,2	3,18	4,412	0,353
	2	79	227,6	3,17		
	3	68	254,4	3,30		
	4	18	250,5	3,29		
	5 and above	270	260,6	3,36		

A significant difference was observed across training number groups for the overall dimension of the Job Satisfaction Scale ($p < 0.05$). Examination of the mean rank values revealed that participants who had attended two trainings had significantly higher scores on the overall dimension of the Job Satisfaction Scale.

Table.10 Results of the Mann-Whitney U Test by Participation in Profession-Related Certified Trainings

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	No	312	244,9	2,87	27566,0	0,257
	Yes	188	259,9	2,93		



In-service Training Scale	No	312	238,6	3,22	25619,0	0,018*
	Yes	188	270,2	3,43		

The overall dimension of the In-service Training Scale showed a significant difference across groups based on participation in job-related certified trainings ($p < 0.05$). Examination of the mean rank values indicated that participants who had received job-related certified trainings (“Yes”) had significantly higher scores on the overall dimension of the In-service Training Scale.

Table.11 Results of the Mann-Whitney U Test by Receiving Training under Supervisor’s Guidance

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	No	412	244,7	2,86	15717,5	0,048*
	Yes	88	277,9	3,03		
In-service Training Scale	No	412	240,5	3,23	13985,5	0,001*
	Yes	88	297,6	3,64		

Significant differences were observed across groups based on participation in supervisor-guided trainings for both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale ($p < 0.05$). Examination of the mean rank values revealed that participants who had received training under supervisor guidance (“Yes”) had significantly higher scores on both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale.

Table.12 Results of the Kruskal-Wallis Test by Training Competency

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	Not at all satisfied	27	200,9	2,62	20,295	0,000*
	Dissatisfied	50	187,5	2,62		
	Partially satisfied	178	246,1	2,91		
	Satisfied	206	266,8	2,93		
	Very satisfied	39	299,9	3,16		
In-service Training Scale	Not at all satisfied	27	85,7	2,03	125,619	0,000*
	Dissatisfied	50	134,4	2,58		
	Partially satisfied	178	225,3	3,22		
	Satisfied	206	298	3,54		
	Very satisfied	39	377,4	4,16		

Significant differences were observed across groups based on perceived training adequacy for both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale ($p < 0.05$). Examination of the mean rank values indicated that participants who reported being very satisfied with the training had significantly higher scores on both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale.

Table.13 Results of the Kruskal-Wallis Test by Type of Training Participation

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	Voluntary	188	275,5	2,97	9,696	0,008*
	Mandatory	172	230,1	2,83		
	Semi-voluntary	140	242,0	2,87		
In-service Training Scale	Voluntary	188	304,3	3,59	50,224	0,000*
	Mandatory	172	196,9	2,97		
	Semi-voluntary	140	244,2	3,32		



Significant differences were observed across groups based on the type of participation in trainings for both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale ($p < 0.05$). Examination of the mean rank values indicated that participants who participated in trainings voluntarily had significantly higher scores on both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale.

Table.14 Results of the Kruskal-Wallis Test on the Effect of Trainings on Job Satisfaction

Dimensions	Group	n	Mean Rank	Mean Score	Kruskal-Wallis Test	p
Job Satisfaction Scale	Strongly disagree	41	194,1	2,61	29,919	0,000*
	Disagree	80	208,7	2,71		
	Neutral	155	241,1	2,86		
	Agree	177	271,0	2,97		
	Strongly agree	47	324,5	3,26		
In-service Training Scale	Strongly disagree	41	151,2	2,52	120,545	0,000*
	Disagree	80	157,0	2,73		
	Neutral	155	223,0	3,19		
	Agree	177	306,8	3,61		
	Strongly agree	47	374,7	4,10		

Significant differences were observed across groups based on the perceived effect of trainings on job satisfaction for both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale ($p < 0.05$). Examination of the mean rank values indicated that participants who responded “Strongly Agree” regarding the effect of trainings on job satisfaction had significantly higher scores on both the overall dimension of the Job Satisfaction Scale and the overall dimension of the In-service Training Scale.

V. Discussion and Conclusion

This study was conducted to examine the relationship between in-service training attitudes and job satisfaction levels among personnel working in healthcare institutions. The questionnaire used in the study consisted of two sections. The first section included demographic and general characteristics such as gender, age, marital status, educational level, income, and tenure in the institution. The second section comprised the scales measuring attitudes toward in-service training and job satisfaction.

In the dataset, which primarily consisted of female healthcare workers, participants’ perceptions of the necessity of in-service training were measured at a high level. According to the Job Satisfaction Scale, healthcare workers’ overall satisfaction with their work was also measured at a high level. Regarding specific items on the Job Satisfaction Scale, participants were neutral about finding their work enjoyable or perceiving it as unpleasant. When evaluating the data in terms of levels of neutrality, the highest mean score was observed in the dimension related to the necessity of in-service training. This may be attributed to the fundamental importance of training and the fact that healthcare workers deal with human life. The lowest mean score was observed in the dimension related to work being unpleasant, which can be explained by individual differences in perception.

Konya (2013) applied the attitude toward in-service training scale to employees of private banks in Istanbul. The analysis indicated that the highest mean scores reflected a highly positive attitude toward in-service training. The findings of the present study show partial similarity with these results. Aba and Demir (2023) applied the in-service training attitude and job satisfaction scales to healthcare workers at Hospital X. Their analysis revealed that participants with longer tenure in the hospital reported higher levels of job satisfaction. No significant similarity was observed between these findings and the results of the present study. Doğançay (2018) focused on the relationship between in-service training and job satisfaction among bank employees, with the highest education level among the participants being the bachelor’s degree group. The findings of the present study show a high degree of similarity with these results. In contrast, Grujić et al. (2018), in a study examining job satisfaction among nurses and physicians, found that physicians had higher levels of job satisfaction compared to nurses. This finding does not align with the results of the present study.



Tombul (2021), in a study examining healthcare workers' job satisfaction according to various variables, found that those with higher monthly incomes had significantly different levels of job satisfaction. The findings of the present study do not show similarity with these results. Erman Demir (2014), in a study on factors affecting employee job satisfaction, reported a considerably high level of job satisfaction. In contrast, the findings of the present study indicate a level of neutrality regarding job satisfaction. Hassoy and Özvrmaz (2019), in their study on job satisfaction at a public hospital, found that healthcare workers with longer weekly working hours reported lower levels of job satisfaction. In contrast, the findings of the present study did not reveal a significant difference based on working hours. This may be attributed to the fact that 68.6% of the participants worked day shifts. Therefore, the results of the present study do not align with those of Hassoy and Özvrmaz (2019).

Soyer (2017), in his study, found no significant difference between tenure in the institution and professional satisfaction. The findings of the present study are consistent with these results. In the same study, a positive relationship was observed between in-service training and professional satisfaction, which also aligns with the findings of the present study. Bayar (2019), in an examination of the effects of in-service training on motivation and performance, reported that male participants scored higher than female participants in training activities. This finding parallels the results of the present study. Furthermore, when examining the relationship between educational level and motivation, the expected gains from training were higher among employees with a high school education. This finding is also consistent with the results of the present study.

The in-service training attitudes of female and male healthcare workers were examined. Attitudes toward in-service training were found to be similar across different age groups. However, healthcare workers aged 19–28 exhibited higher perceptions of in-service training compared to those aged 29–38. The attitudes of healthcare workers with different educational levels toward in-service training were also analyzed, revealing that high school graduates had higher in-service training attitudes than participants with other educational levels. Regarding professional experience, healthcare workers with 0–5 years of experience demonstrated significantly higher attitudes toward in-service training compared to those with longer experience. Finally, the relationship between tenure in the institution and attitudes toward in-service training was examined, showing that employees with 21 years or more of institutional tenure exhibited higher in-service training attitudes.

The relationship between the department in which participants were employed and their attitudes toward in-service training was examined, with a high proportion responding positively. The relationship between participation in job-related certified trainings, a sub-dimension of in-service training, and overall in-service training attitudes was analyzed, revealing that employees with certified trainings had significantly higher attitudes. Similarly, the relationship between training under supervisor guidance, another sub-dimension of in-service training, and overall attitudes was examined, showing that participants who received supervisor-guided training had significantly higher attitudes. The relationship between perceived training adequacy and in-service training attitudes was also assessed, with a significantly higher number of participants considering the training they received as sufficient. Finally, the relationship between the type of participation in in-service and sub-dimension trainings and overall in-service training attitudes was analyzed, indicating that voluntary participation was associated with significantly higher attitudes. When examining job satisfaction perceptions, the relationship between the department in which participants were employed and their job satisfaction was analyzed. Employees who reported satisfaction with their workplace demonstrated higher levels of job satisfaction. Additionally, the relationship between the number of in-service trainings and job satisfaction was assessed, revealing that participants who had attended two trainings exhibited significantly higher levels of job satisfaction. The relationship between job satisfaction levels and participation in supervisor-guided training was examined, revealing that employees who received supervisor-guided training had significantly higher levels of job satisfaction. Additionally, the relationship between job satisfaction and perceived training adequacy was assessed, showing that healthcare workers who reported being very satisfied with the adequacy of in-service training had significantly higher job satisfaction levels.

The relationship between job satisfaction levels and the type of participation in training was examined, revealing that healthcare workers who participated voluntarily had significantly higher job satisfaction levels. Consequently, a significant positive relationship was identified between in-service training attitudes and job satisfaction in the study. Differences in the literature may be related to



variations in sample characteristics, populations, and research methodologies. Participants demonstrated that in-service training is important for healthcare workers, reflecting the perception that training constitutes a necessary component of their professional development. High levels of job satisfaction were observed regarding workplace placement. Younger healthcare workers exhibited more positive attitudes toward in-service training, whereas this attitude decreased with age. Similarly, healthcare workers with shorter tenure in the institution demonstrated more favorable attitudes toward in-service training. The number of in-service trainings received was positively correlated with both in-service training attitudes and job satisfaction. Additionally, employees who possessed job-related certifications showed higher levels of in-service training attitudes.

Positive perceptions were observed regarding supervisor-guided training in our survey. Employees who received training under supervisor guidance demonstrated high levels of in-service training attitudes and job satisfaction. Additionally, high levels were observed for employees who participated in in-service trainings voluntarily and considered the training they received to be adequate.

In conclusion, the relationship between in-service training attitudes and job satisfaction is positive. Positive relationships were also observed in the sub-dimensions of in-service training attitudes and job satisfaction. It can be inferred that a favorable attitude toward in-service training is likely associated with higher levels of job satisfaction. Given the limited research on this topic in the literature, this study is expected to contribute to the field. It is suggested that in-service trainings should be provided by professionals who are highly competent and specialized in their respective fields. The content of in-service trainings should be reorganized and detailed according to the needs of different professional groups. Trainings should be repeated frequently and designed to meet employees' needs. Moreover, prior to conducting in-service training, information should be collected from employees to tailor the training to their needs, and the content should be kept up-to-date.

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