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Marko Bašković

Samopoštovanje i kvaliteta života vezana za posao – iskustvo tercijarnog centra

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Zahvaljujem svim profesorima
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UVOD

Dobro je poznata činjenica da uspjeh svake organizacije, pa tako i bolnice, ovisi o tome kako privlači, zapošljava i motivira svoje zaposlenike. Posljedično tome, svaka ozbiljna organizacija mora imati razvijenu strategiju za poboljšanje kvalitete života svojih zaposlenika. Strategije se najčešće razvijaju unutar odjela za kvalitetu koji služi zadovoljenju organizacijskih ciljeva i potreba zaposlenika. Nepovoljna priroda rada unutar organizacije, nepovoljne organizacijske promjene i pritisak na poslu doprinose lošoj kvaliteti života, što rezultira lošim psihičkim zdravljem zaposlenika uz visoku razinu odsutnosti što posljedično rezultira lošim radom zaposlenika i lošom kvalitetom skrbi za pacijente (1-3). Kako bi organizacija učinkovito podigla razinu kvalitete života vezanu za posao mora istražiti čimbenike koji doprinose lošoj kvaliteti. Na temelju dobivenih čimbenika organizacija mora provesti odgovarajuće intervencije (4,5). Prije svega, važno je suočiti se s ključnim čimbenicima koji utječu na kvalitetu života zaposlenika, što se ogleda u kvaliteti usluga i organizacijskoj učinkovitosti. Kvaliteta života vezana za posao (QWL) odnosi se na proces humanizacije rada i radne okoline. Jedan od glavnih ciljeva ovog procesa briga je o zaposlenicima i isticanje njihovih vrijednosti kao ljudskih bića, dok je drugi cilj uspostaviti prikladno radno okruženje za dugoročnu organizacijsku učinkovitost i produktivnost (6). Istraživanja o kvaliteti života u zdravstvenim ustanovama pokazala su da na kvalitetu uglavnom utječu neadekvatno radno vrijeme, nedostatak smještaja za zdravstvene radnike, nemogućnost usklađivanja radnih i obiteljskih potreba, neodgovarajući broj radnika, neodgovarajući godišnji odmori, loše upravljanje ustanovom, nedostatak mogućnosti profesionalnog razvoja i neprikladno radno okruženje (7). Čimbenici svakako variraju u odnosu na organizacijski stupanj pojedine organizacije unutar određenog društva. Menadžeri uvijek trebaju uzeti u obzir samopoštovanje i zadovoljstvo poslom kao dva važna elementa u mentalnoj higijeni svojih zaposlenika (8). Zaposlenici s niskim samopoštovanjem pokazuju simptome kao što su fizičke tegobe, depresija, anksioznost, smanjeno opće zdravlje, stav pripisivanja svojih poraza drugima, nezadovoljstvo poslom, smanjen učinak, nedostatak obrazovnih postignuća i međuljudski problemi. Postoji značajan i smislen odnos između samopoštovanja i zadovoljstva poslom. To pokazuje da

zaposlenici s visokim samopoštovanjem imaju više zadovoljstva poslom od zaposlenika s niskim samopoštovanjem (9).

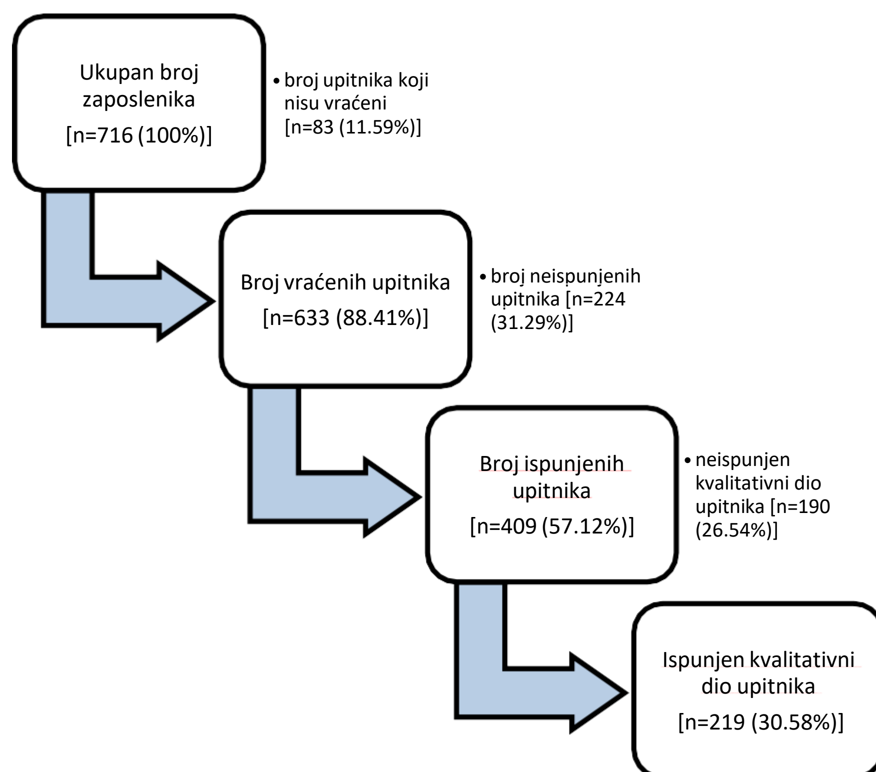
CILJ

Cilj ovog istraživanja bio je utvrditi razinu kvalitete života vezanu za posao i razinu samopoštovanja zdravstvenih i nezdravstvenih zaposlenika tercijarne zdravstvene ustanove. Nakon utvrđivanja razina, sljedeći je cilj bio utvrditi postoji li među njima korelacija. Svrha kvalitativnog istraživanja bila je utvrditi koji čimbenici utječu na nezadovoljstvo zaposlenika.

ISPITANICI I METODE

Populacija i uzorak

Ovim istraživanjem pokušali su se obuhvatiti svi zdravstveni i nezdravstveni zaposlenici Klinike za dječje bolesti Zagreb, te stoga nije izvršeno uzorkovanje. U anonimnoj anketi mogli su sudjelovati svi zaposlenici koji su bili u bolnici u vrijeme istraživanja (od 7. do 27. rujna 2020.). U navedenom razdoblju istraživanja 409 zaposlenika od ukupno 716 zaposlenih ispunilo je anonimnu anketu (57,12%). U kvalitativnom istraživanju sudjelovalo je 219 zaposlenika (30,58%) (grafikon 1).



Grafikon 1: Dijagram toka sudjelovanja zaposlenika u anketi

Etičko odobrenje

Istraživanje je odobrilo Etičko povjerenstvo Klinike za dječje bolesti Zagreb (klasa; 02-23 / 19-1-20). Utvrđeno je da se istraživanje temelji na načelima medicinske etike i deontologije.

Prikupljanje podataka

Kao alat za prikupljanje podataka u ovom istraživanju korišten je pisani upitnik koji se sastojao se od četiri dijela; osobnih podataka koji je uključivao pitanja o osobnim karakteristikama, Rosenbergovog upitnika samopoštovanja, upitnika kvalitete života vezanog za posao (WRQoL) i kvalitativnog dijela upitnika koji se sastojao od dva pitanja; 1. "*Molimo da u nastavku napišete čime ste točno nezadovoljni u svom radnom okruženju*" / 2. "*Molimo Vas da iz Vaše perspektive napišete moguća rješenja Vaših problema u odnosu na prethodne komentare*". Ispunjavanje upitnika bilo je dobrovoljno. Ispunjenim upitnikom smatralo se da je zaposlenik želio sudjelovati u anketi, a neispunjenim upitnikom da nije želio sudjelovati. Prosječno vrijeme za popunjavanje iznosilo je 10-20 minuta. Upitnik je bio potpuno anoniman, a svi podaci su bili strogo povjerljivi. Ako je upitnik bio djelomično popunjen, podaci su se također maksimalno iskoristili (npr. ako je zaposlenik ispunio samo kvalitativni dio upitnika, upitnik je također obrađen). Ako im je neko pitanje iz upitnika bilo nejasno, zaposlenici su se mogli obratiti na posebno otvoren e-mail Odjela za kvalitetu i unaprjeđenje zdravstvene zaštite (anketa@kdb.hr).

Za mjerenje razine samopoštovanja korištena je Rosenbergova ljestvica samopoštovanja (1965.). Ljestvica se sastoji od 10 izjava koje mjere samopoštovanje mjerenjem pozitivnih i negativnih osjećaja prema sebi. Na sve stavke se odgovara u obliku četverostupanjske Likertove skale u rasponu od eksplicitnog slaganja do eksplicitnog neslaganja. Ukupan rezultat zbroj je bodova na 10 izjava, od kojih su neke pozitivne, a druge negativne (izjave s obrnutim bodom). Na svaku izjavu potrebno je odgovoriti brzo, bez pretjeranog razmišljanja. Prva sklonost ispitanika je ono što bi isti trebalo odabrati. Ukupna ocjena na ljestvici iznosi od 10 do 40 bodova. Izvorni uzorak na kojem je ljestvica razvijena 1960-ih sastojao se od 5024 učenika srednjih škola i maturanata iz 10 nasumično odabranih škola u državi New York i ocijenjen je kao Guttmanova ljestvica. Ljestvica općenito ima visoku pouzdanost: korelacije

test-retest obično su u rasponu od .82 do .88, a Cronbach alfa za različite uzorke je u rasponu od .77 do .88.

Ljestvica kvalitete života vezane za posao (WRQoL) mjera je kvalitete temeljene na dokazima i pruža ključne informacije potrebne za procjenu zadovoljstva zaposlenika u svrhu planiranja intervencija, praćenju iskustva zaposlenika i procjeni utjecaja organizacijskih promjena (10). Na WRQoL zaposlenika utječe njegovo radno iskustvo te izravni i neizravni čimbenici koji utječu na to iskustvo, kao što su zadovoljstvo poslom i drugi čimbenici koji u velikoj mjeri odražavaju zadovoljstvo životom i opći osjećaj dobrobiti (11). WRQoL ljestvica pokazala se kao psihometrijski snažna ljestvica s dobrom pouzdanošću i valjanošću. Temelji se na 6 subskala s 23 izjave (12); posao i zadovoljstvo karijerom (JCS) (pouzdanost od 0,86), opća dobrobit (GWB) (pouzdanost od 0,82), stres na poslu (SAW) (pouzdanost od 0,81), kontrola na poslu (CAW) (pouzdanost od 0,81), međudjelovanje posao-kuća (HWI) (pouzdanost od 0,82), radni uvjeti (WCS) (pouzdanost od 0,75).

GWB odražava opće aspekte fizičkog zdravlja i psihičke dobrobiti. Osjećaj opće dobrobiti može biti više-manje neovisan o radnoj situaciji. Opća dobrobit može utjecati na posao, ali može biti i pod utjecajem posla. HWI subskala opisuje stupanj do kojeg mislite da organizacija razumije i pokušava vam pomoći s pritiscima izvan posla. HWI je povezan s ravnotežom poslovnog života i odnosi se na mjeru kontrole nad tim kada, gdje i kako radite. JCS subskala odražava stupanj do kojeg ste zadovoljni svojim poslom i izgledima na poslu. Način na koji postižete rezultat na JCS subskali odnosi se na to osjećate li da vam radno mjesto pruža najbolje stvari na poslu - stvari zbog kojih se osjećate dobro, kao što su: osjećaj postignuća, visoko samopoštovanje, ispunjenje potencijala itd. CAW subskala pokazuje koliko osjećate da ste uključeni u odluke koje utječu na vas. Kontrola na poslu odražava razinu do koje osoba osjeća da može utjecati na ono što smatra odgovarajućom razinom kontrole svog poslovnog okruženja. Stupanj u kojem ste zadovoljni uvjetima u kojima radite ocjenjuje se WCS subskalom. Rezultat na WCS subskali pokazuje u kojoj mjeri je osoba zadovoljna temeljnim resursima, radnim uvjetima i potrebnom sigurnošću za učinkovito obavljanje posla. SAW subskala procjenjuje u kojoj mjeri dnevne radne pritiske i zahtjeve smatrate prihvatljivim, a ne pretjeranim ili „stresnim“.

Ispitanici su dužni odgovoriti na pitanja na petostupanjskoj ljestvici koja se sastoji od sljedećih izjava: uopće se ne slažem, ne slažem se, niti se slažem niti se ne slažem, slažem se, potpuno se slažem. Podaci su obično kodirani od uopće se ne slažem = 1 do potpuno se slažem

= 5. Viši rezultati označavaju više slaganja. Bodovi za tri negativno formulirane izjave (pitanja 7, 9, 19) dodjeljuju se obrnutim redoslijedom. Ukupni rezultat WRQoL ljestvice određuje se zbrojem bodova svih 23 izjava (ne uključujući 24. izjavu). Osobni profil omogućuje tumačenje WRQoL subskala u tri raspona (visoko, prosječno i nisko) u usporedbi s podacima uzorka norme.

Statistička analiza

Dobiveni podaci analizirani su pomoću softverskog programa Microsoft Excel®(XLSTAT®) za Windows, verzija 2020.5.1 (Microsoft Corporation, Redmond, Washington, SAD).Podaci su prikazani kao srednja vrijednost (standardna devijacija) i medijan (interkvartilni raspon). Pearsonov koeficijent korelacije korišten je za izračunavanje korelacije između vrijednosti rezultata dobivenih na Rosenbergovoj ljestvici samopoštovanja i WRQoL ljestvici. *P*-vrijednost od .05 ili manja smatrala se statistički značajnom.

REZULTATI

Od ukupno 409 ispunjenih upitnika (57,12%) (tablica 1) većina ispitanika bile su žene (n=338; 82,64%). Prema dobi, najveći broj ispitanika bio je u dobnoj skupini od 35 do 54 godina (n=217; 53,06%). Što se tiče obrazovanja, približan broj ispitanika imao je završenu srednju školu (n=168; 41,08%) ili viši stupanj obrazovanja (n=194; 47,43%). U odnosu na zanimanje najviše su sudjelovale medicinske sestre (n=185; 45,23%), zatim nezdravstveni radnici (n=84; 20,54%) i liječnici (n=58; 14,18%). Najveći broj ispitanika imao je radni staž od 20 do 35 godina (n=142; 34,72%). Zanimljivo je da se 120 ispitanika (29,34%) nije očitovalo po pitanju daljnjeg obrazovanja, ali većina njih se nije dodatno obrazovalo u trenutku ispunjavanja upitnika (n=196; 47,92%). Većina ispitanika bilo je u braku (n=211; 51,59%) te su bili roditelji (n=253; 61,86%). Od onih koji su uzdržavali članove obitelji najviše ih je uzdržavalo jednog ili dvoje (n=149; 36,43%). Većina ispitanika imala je ugovor o radu na neodređeno vrijeme (n=364; 89%). Bio je podjednak broj korisnika kredita (50,37%) i onih koji to nisu (44,25%). Većina ispitanika imala je vlastitu nekretninu u kojoj žive (n=336; 82,15%).

Tablica 1: Karakteristike ispitanika

Karakteristike		N	Postotak (%)
Spol	Ž	338	82,64
	M	61	14,91
	N/A	10	2,45
Dob (godine)	18-24	25	6,11
	25-34	81	19,80
	35-44	104	25,43
	45-54	113	27,63
	>55	63	15,41
	N/A	23	5,62
Obrazovanje	NKV	18	4,40
	KV	9	2,20
	VKV	2	0,49
	SSS	168	41,08
	VŠS	81	19,80
	VSS	113	27,63
	N/A	18	4,40
Zanimanje	Liječnik	58	14,18
	Medicinska sestra / tehničar	185	45,23
	Magistar farmacije	1	0,25
	Farmaceutski tehničar	3	0,73
	Fizioterapeut	15	3,67

	Magistar medicinske biokemije	6	1,47
	Nutricionist	3	0,73
	Medicinsko laboratorijski tehničar	20	4,89
	Radiološki tehnolog / inženjer	7	1,71
	Socijalni radnik	1	0,25
	Radni terapeut	2	0,49
	Psiholog	3	0,73
	Nezdravstveni radnik	84	20,54
	N/A	21	5,13
Radni staž u struci (godine)	<1	14	3,42
	1-4	52	12,71
	5-10	56	13,69
	11-19	80	19,56
	20-35	142	34,72
	>35	49	11,98
	N/A	16	3,92
Daljnje obrazovanje uz rad	Da	93	22,74
	Ne	196	47,92
	N/A	120	29,34
Bračni status	Neoženjen / neudana	105	25,67
	Oženjen / udana	211	51,59
	Udovac / udovica	14	3,42
	Razveden / razvedena	27	6,60
	Izvanbračna zajednica	19	4,65
	Ostalo	15	3,67
	N/A	18	4,40
Roditelj sam	Da	253	61,86
	Ne	132	32,27
	N/A	24	5,87
Broj uzdržavanih članova obitelji	0	147	35,94
	1	69	16,87
	2	80	19,56
	3	38	9,29
	4	22	5,38
	>5	9	2,20
	N/A	44	10,76
Ugovor o radu	Određeno vrijeme	31	7,58
	Neodređeno vrijeme	364	89,00
	N/A	14	3,42
Kreditno zadužen	Da	206	50,37
	Ne	181	44,25
	N/A	22	5,38
Stambeno zbrinut	Da	336	82,15
	Ne	54	13,20
	N/A	19	4,65

Broj ispunjenih upitnika po odjelima prikazan je u tablici 2. Od zdravstvenih odjela, najveći broj ispitanika bio je iz Klinike za dječju kirurgiju (19,07%), Klinike za pedijatriju

(18,82%) te Zavoda za anesteziologiju, reanimatologiju i intenzivnu medicinu (11%). Od nezdravstvenih odjela, najveći broj ispitanika bio je iz Odsjeka čišćenja (9,05%).

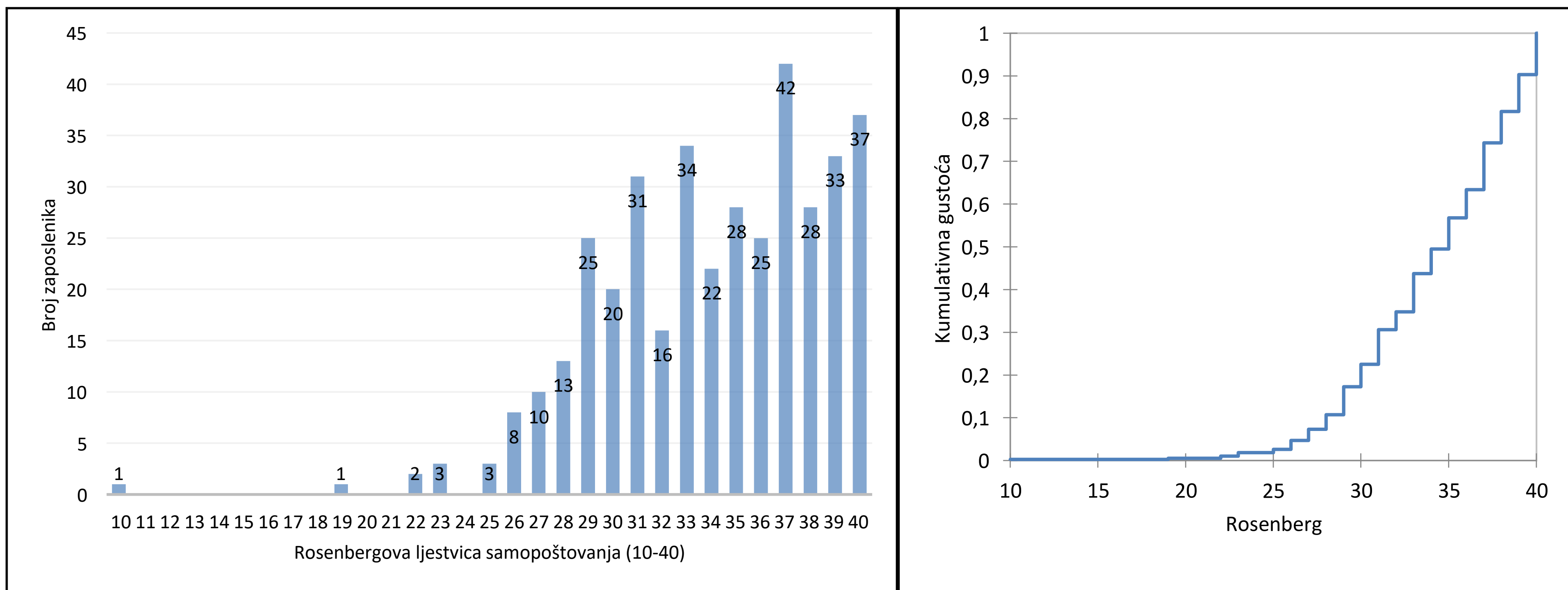
Od ukupno ispunjenih upitnika, vrijednosti samopoštovanja prema Rosenbergovoj ljestvici mogle su se odrediti za 382 ispitanika (93,39%). Srednja vrijednost na skali od 10-40 bila je 34,01 (±4,46), a medijan 35 (grafikon 2). Analogno vrijednostima unutar bolnice, zaposlenici na sljedećim odjelima imali su najviše samopoštovanje; Odjel za podršku pacijentima, Objedinjeni hitni bolnički prijem, Odjel ekonomsko-financijskih poslova, Odjel pravnih, kadrovskih i općih poslova, Odjel za dječju ortopediju i Ured ravnatelja. Najniže samopoštovanje imali su zaposlenici Zavoda za dječju hematologiju i onkologiju te Odjela za kliničku mikrobiologiju (tablica 2).

Što se tiče rezultata WRQoL upitnika, oni su prikazani na grafikonu 3. Prosječna vrijednost bila je 71,88, dok je medijan iznosio 72. Od ispunjenih upitnika za koje se mogao izračunati ukupan WRQoL rezultat (n=359), ukupan rezultat u nižim percentilima imalo je 48,75% ispitanika, u srednjim percentilima 25,35% ispitanika te u visokim percentilima 25,90% ispitanika. Srednje vrijednosti i medijani po subskalama prikazani su u tablici 3. Vrijednosti subskala JCS, CAW i WCS bile su u donjem percentilu, dok su vrijednosti subskala GWB, HWI i SAW bile u srednjem percentilu. Nizak WRQoL (WRQoL (23-71) / WRQoL (23-115) x 100 // >50%) imali su zaposlenici sljedećih odjela; Odjel pravnih, kadrovskih i općih poslova, Bolnička ljekarna, Klinika za dječju kirurgiju, Odjel za medicinsku biokemiju i hematologiju, Odjel ekonomsko-financijskih poslova, Klinika za pedijatriju, Odjel za kliničku mikrobiologiju, Odsjek čišćenja. Visoki WRQoL (WRQoL (83-115) / WRQoL (23-115) x 100 // >50%) imali su zaposlenici sljedećih odjela; Ured ravnatelja, Odjel za sigurnost i zaštitu zdravlja, imovine i okoliša, Zavod za dječju radiologiju, Odjel za dijetetiku i prehranu, Zavod za dječju anesteziologiju, reanimatologiju i intenzivnu medicinu, Odjel tehničkih poslova te Odjel za dječju ortopediju.

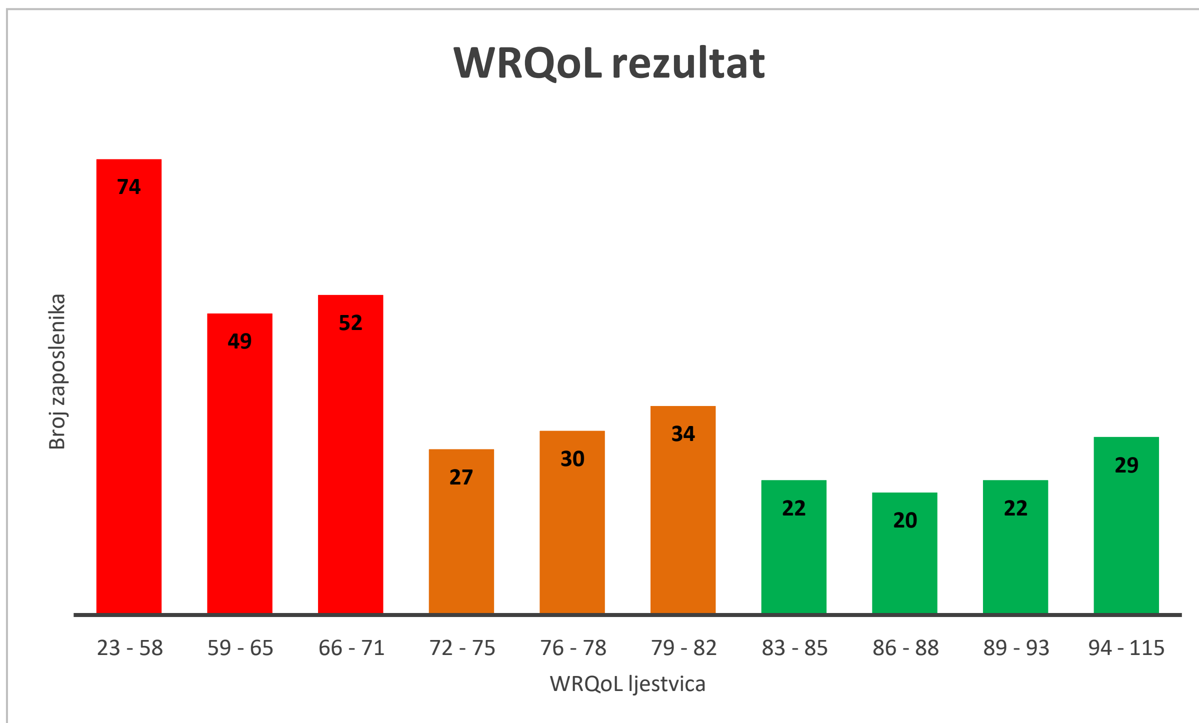
Na uzorku od 345 ispitanika za koje se mogla odrediti vrijednost na Rosenbergovoj skali samopoštovanja i vrijednost ukupnog WRQoL-a, Pearsonov koeficijent korelacije iznosio je 0,165 (p=0,002), što znači da korelacije nije bilo (grafikon 4).

Tablica 2: Srednje vrijednosti i medijani Rosenbergovog upitnika samopoštovanja i WRQoL upitnika po odjelima (zeleno; vrijednosti iznad / crveno; vrijednosti ispod / narančasto; vrijednosti iste kao bolničke srednje/centralne vrijednosti)

		Rosenbergova ljestvica samopoštovanja						Ljestvica kvalitete života vezane za posao (WRQoL)					
	n	Mean	SD	Mdn	Q1	Q3	IQR	Mean	SD	Mdn	Q1	Q3	IQR
Objedinjeni hitni bolnički prijem	17	36,412	2,658	37,000	35,000	38,000	3,000	74,313	11,168	75,000	70,000	78,750	8,750
Klinika za pedijatriju	77	33,737	4,677	34,000	31,000	37,000	6,000	69,268	16,436	70,000	61,500	79,500	18,000
Zavod za pedijatrijsku hematologiju i onkologiju	25	30,522	6,317	31,000	28,000	35,000	7,000	73,667	11,227	76,500	66,250	82,500	16,250
Klinika za dječju kirurgiju	78	34,243	4,016	35,000	31,000	38,000	7,000	66,500	15,511	65,500	54,000	79,250	25,250
Odjel za dječju ortopediju	27	35,480	4,119	37,000	33,000	39,000	6,000	77,957	15,136	76,000	68,000	91,500	23,500
Zavod za dječju anesteziologiju, reanimatologiju i intenzivnu medicinu	45	33,886	4,603	34,000	30,000	38,250	8,250	78,375	17,615	81,000	67,250	91,250	24,000
Zavod za dječju radiologiju	10	34,500	3,294	34,500	33,000	36,750	3,750	81,000	13,772	80,500	72,750	89,000	16,250
Odjel za medicinsku biokemiju i hematologiju	25	33,348	3,996	33,000	30,000	36,500	6,500	68,560	12,756	70,000	61,000	76,000	15,000
Odjel za kliničku mikrobiologiju	3	30,667	2,055	31,000	29,500	32,000	2,500	69,500	8,500	69,500	65,250	73,750	11,500
Odjel za dijetetiku i prehranu	13	32,889	3,755	31,000	30,000	37,000	7,000	80,333	11,368	81,500	75,500	88,250	12,750
Odsjek čišćenja	37	33,935	3,528	34,000	31,500	37,000	5,500	67,815	14,767	65,000	53,500	80,500	27,000
Odjel tehničkih poslova	9	33,250	3,832	31,000	30,750	36,750	6,000	80,222	9,998	78,000	74,000	84,000	10,000
Odjel za podršku pacijentima	7	37,167	2,409	38,000	35,750	38,750	3,000	78,286	16,438	79,000	65,500	87,000	21,500
Odjel za sigurnost i zaštitu zdravlja, imovine i okoliša	4	31,500	6,265	30,500	25,750	36,250	10,500	84,500	11,281	86,000	77,750	92,750	15,000
Služba za informatiku	1	*uspjeli smo odrediti ukupnu ocjenu za jednog zaposlenika						*uspjeli smo odrediti ukupnu ocjenu za jednog zaposlenika					
Bolnička ljekarna	4	34,250	3,961	34,500	31,250	37,500	6,250	66,000	10,840	61,500	57,750	69,750	12,000
Odjel nabave	3	36,000	2,000	36,000	35,000	37,000	2,000	*uspjeli smo odrediti ukupnu ocjenu za jednog zaposlenika					
Odjel pravnih, kadrovskih i općih poslova	8	36,429	2,665	37,000	34,500	38,500	4,000	57,333	11,629	56,500	48,000	61,250	13,250
Odjel ekonomsko-financijskih poslova	8	35,571	3,923	37,000	33,000	38,500	5,500	70,714	13,134	71,000	68,500	80,500	12,000
Ured ravnatelja	8	34,625	4,091	36,000	30,500	37,500	7,000	86,875	14,487	89,000	82,750	94,750	12,000



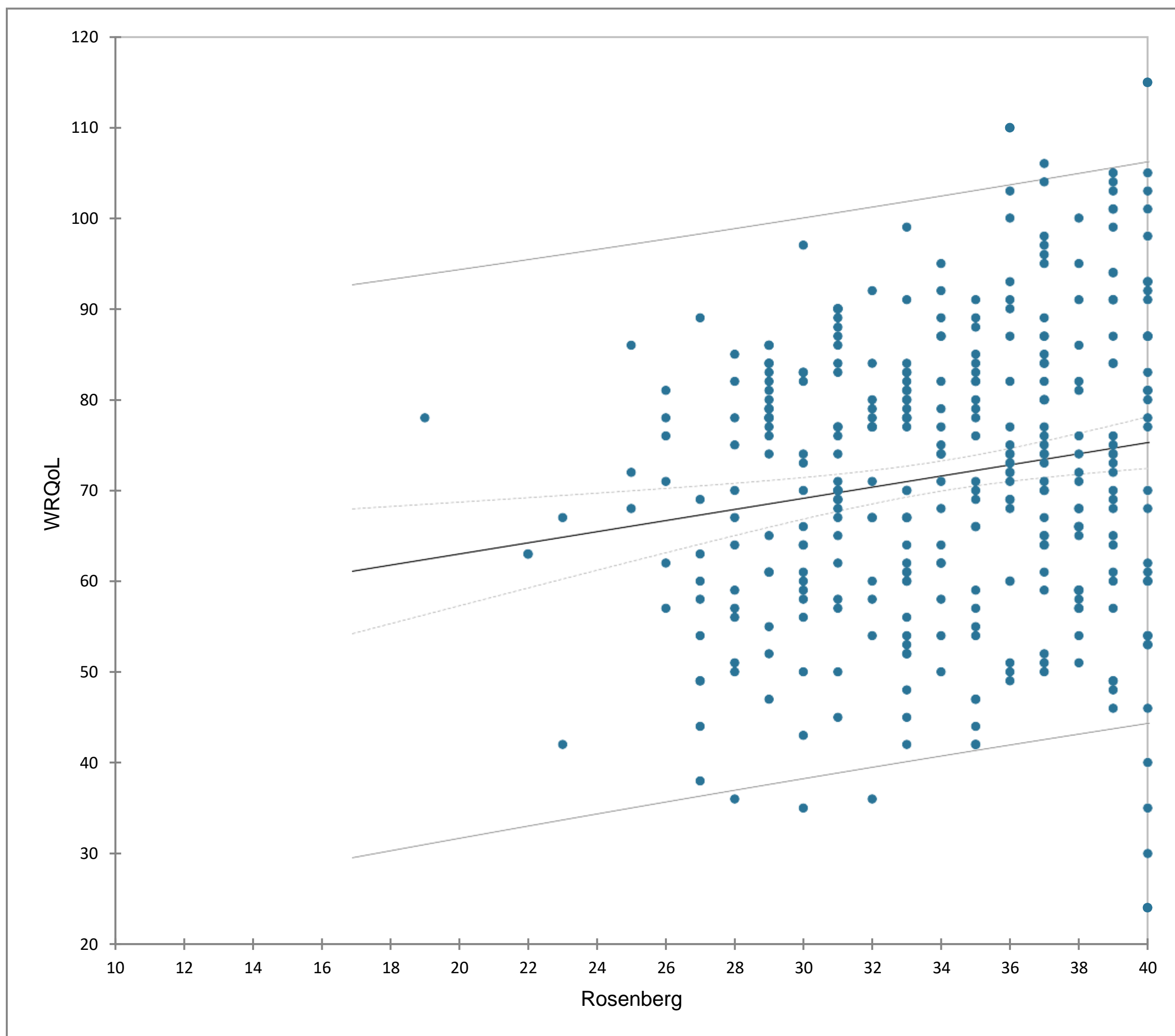
Grafikon 2: Kumulativni histogram – Rosenbergova ljestvica samopoštovanja



Grafikon 3: Distribucija ispitanika u odnosu na rezultate WRQoL upitnika (crveno = niski QoWL, narančasto = prosječni QoWL, zeleno = visoki QoWL)

Tablica 3: Srednje vrijednosti i medijani subskala (crveno = niski QoWL, narančasto = prosječni QoWL, zeleno = visoki QoWL)

	Mean	SD	Mdn	Q1	Q3	IQR
GWB	21.938	4.684	23	19	25	6
HWI	10.214	3.139	11	8	12	4
JCS	17.526	4.959	18	14	21	7
CAW	8.225	2.997	8	6	10	4
WCS	9.122	3.003	9	7	12	5
SAW	5.103	2.062	5	3.5	6	2.5



Grafikon 4: Rosenberg-WRQoL korelacija

RASPRAVA

Nekoliko studija pokazalo je da visoko samopoštovanje ima pozitivan učinak na uspješnost vezanu za posao. Danas mnogi menadžeri, unutar svojih organizacija, daju veliki imperativ pronalaženju zaposlenika s visokim samopoštovanjem, kako bi njihovi zaposlenici kroz bolji učinak učinili organizaciju uspješnijom. Pokazalo se da menadžeri, koji preferiraju zaposlenike s visokim samopoštovanjem i koji vjeruju da će biti cijenjeni, imaju bolje rezultate u svojoj organizaciji od onih koji ne preferiraju takve zaposlenike. Posljedično, menadžeri bi trebali kontinuirano uspostavljati otvorenu komunikaciju sa svojim zaposlenicima i poštivati njihova mišljenja (13-16). Teorija samodosljednosti (17) pretpostavlja da su zaposlenici motivirani za rad u skladu sa vlastitom slikom o sebi. Kako bi zadržali pozitivnu sliku o sebi, učinkovito će obavljati i radne zadatke koji su pred njih postavljeni. U globalu, na Rosenbergovoj ljestvici samopoštovanja od 10-40, smatra se da rezultat veći od 30 ide u prilog visokom samopoštovanju osobe. Analogno tome, uprava naše bolnice može biti iznimno ponosna na ljudske resurse koje posjeduje. Od ispunjenih upitnika u kojima je bilo moguće izračunati ocjenu samopoštovanja (n=382), čak 82,72% (n=316) zaposlenika imalo je ocjenu 30 ili veću. Unatoč navedenom, kako bismo dobili još bolji uvid u to koji odjeli imaju zaposlenike s višim ili nižim samopoštovanjem, izračunali smo srednju vrijednost za našu bolnicu i izvukli zaključke u odnosu na nju. Ustanovili smo da zaposlenici Zavoda za dječju hematologiju i onkologiju imaju nisku ocjenu (srednja vrijednost=30,52). Dobro je istraženo da su upravo zaposlenici koji rade u tako zahtjevnom okruženju izrazito pogođeni stresom, te da menadžment mora razviti programe otpornosti za te zaposlenike kako bi im se omogućilo da se nose sa stresorima s kojima se svakodnevno suočavaju (18).

Kada smo utvrdili da imamo zaposlenike s visokom razinom samopoštovanja, istražili smo njihovu kvalitetu života vezanu za posao. Unatoč tome što smo svjesni činjenice da zaposlenici s visokim samopoštovanjem imaju veće zadovoljstvo poslom i veću uspješnost, rezultati ankete su nas razočarali. Često se može čuti da su zaposlenici nezadovoljni sobom i niskim samopoštovanjem ujedno nezadovoljni i kvalitetom života vezanog za posao koji obavljaju. To je opovrgnuto našim istraživanjem koje jasno daje do znanja da uzroke ne treba tražiti u zaposlenicima nego u organizacijskim problemima koje treba rješavati na razini

bolnice i zdravstvenog sustava u cjelini. Naše istraživanje je prvo koje je istražilo korelaciju između ljestvice samopoštovanja i ljestvice kvalitete života vezane za posao. Ustanovili smo da korelacija ne postoji ($r_p = 0,165$, $p = 0,002$), što jasno ukazuje na organizacijske probleme.

Gledajući WRQoL rezultate moramo biti ozbiljno zabrinuti zbog činjenice da 48,75% sudionika ima nizak rezultat. Također, u 3 (JCS, CAW, WCS) od 6 subskala, srednja vrijednost se nalazi u nižim percentilima. Slijedom toga, zaposlenici naše ustanove prvenstveno su nezadovoljni činjenicom da im radno mjesto ne daje osjećaj postignuća i ne doživljavaju radno mjesto kao mjesto gdje mogu u potpunosti ostvariti svoj potencijal. Kada je WRQoL ljestvica spojena s mjerama zadovoljstva poslom, faktor JCS je subskala s najvećom korelacijom. Subskala WCS ukazuje na činjenicu da su zaposlenici nezadovoljni osnovnim resursima, radnim uvjetima i potrebnom sigurnošću za učinkovito obavljanje svog posla. Faktor WCS konceptualno je povezan s JCS. JCS odražava stupanj do kojeg posao pojedincu pruža najbolje stvari na poslu – stvari zbog kojih se osjeća dobro (postizanje osobnog razvoja, ciljeva, napredovanja, itd.), dok WCS faktor, nasuprot tome, odražava stupanj u kojem radno mjesto ispunjava osnovne zahtjeve pojedinca. Rezultati CAW subskale pokazuju da zaposlenici smatraju da ne mogu ili ne mogu u dovoljnoj mjeri utjecati na odluke vezane za posao koje izravno utječu na njih. Rezultati ove tri subskale se svakako mogu poboljšati organizacijskim promjenama od strane uprave bolnice. Kako bismo točno identificirali probleme s kojima se suočavaju zaposlenici naše ustanove, proveli smo kvalitativno istraživanje.

Generalno, kvalitativnim istraživanjem identificirani su sljedeći problemi; neadekvatna komunikacija, neodgovarajuća edukacija od strane poslodavca, nepriznavanje obrazovanja, nejednakost među zaposlenicima, neravnomjerno opterećenje, neodgovarajući uvjeti rada, neodgovarajući prostori za zaposlenike, nedostatak sastanaka s voditeljima odjela, nedostatak protokola, količina administracije koju obavljaju zdravstveni radnici, organizacija rada, nenapredovanje prema kompetencijama, način izbora voditelja odjela (bez natječaja), nepostojanje reizbora na određena rukovodeća mjesta, dvostruki kriteriji, nejasni ciljevi, nejednaka raspodjela sredstava za edukaciju, nedovoljna psihološka podrška zdravstvenim radnicima, slaba informatička podrška, nedovoljna implementacija novih metoda u svakodnevnom radu.

Somsila i sur. (19) ispitivali su kvalitetu radnog života specijalizanata. Utvrdili su da 76,6% ima prosječnu ocjenu, dok 21,9% ima dobar rezultat, što je i više nego dobro u usporedbi s našim rezultatima. Subskale koje su zabilježile najgore rezultate bile su HWI i SAW. Stres na poslu pripisali su dugom radnom vremenu (Mdn=74 sata/tjedno) i nerealnim vremenskim pritiscima. Zanimljivo je i pozitivno primijetiti da su imali priliku iskoristiti svoje vještine u radu te da su mogli sudjelovati u donošenju odluka koje utječu na njihov rad, što je u potpunoj suprotnosti s našim rezultatima. To što nemamo izrazito loše rezultate na HWI i SAW subskalama može se pripisati činjenici da naši zaposlenici nemaju toliko radnih sati tjedno. Specijalizanti opće kirurgije u Sjedinjenim Američkim Državama zabilježili su najviše prosječne rezultate na JCS i WCS subskalama. Izrazili su zadovoljstvo osnovnim resursima i ispunjenim potrebama koje im pruža njihova organizacija za siguran i učinkovit posao, no 72% specijalizanata izjavilo je da se često osjećaju pod pritiskom na poslu (20). Istraživanje Abbasijai sur. (21) uključivalo je 750 medicinskih sestara. Prosječna WRQoL ocjena bila je 75,7 (raspon0-100), dok je u našem istraživanju prosječna ocjena bila 71,87 (raspon 23-115). Dok je za njihovu distribuciju to značilo da je srednja vrijednost bila prosječna, u našem slučaju srednjavrijednost bila je u nižim percentilima. Otkrili su da postoji pozitivna povezanost između radnesposobnosti i QWL-a na način da medicinske sestre s većom radnom sposobnošću također imaju viši QWL. Razlozi rezultata u toj studiji mogu se pripisati otvorenoj i iskrenoj komunikaciji, jasnoći uloge, sudjelovanju u donošenju odluka te okruženju za učenje i poboljšanu kliničku kompetenciju medicinskih sestara. Također su zaključili da povećanje kvalitete radnog života medicinskih sestara dovodi do bolje zdravstvene skrbi, što je u konačnici dobrobit za samog pacijenta. Na uzorku od 271 iranske medicinske sestre čak 57,5%imalo je visok QWL (22). Čitajući istraživanja iz različitih zemalja svijeta može se zaključiti da QWL varira od niskog, iznadprosječnog do dobrog (7, 23-26). Uzrok ovakvog raspona rezultata vezan je za različite uvjete u radnom okruženju. Oppolo i sur. (27) su zaključili da je razumijevanje individualnih i institucionalnih čimbenika ključno za informiranje o budućim intervencijama na radnom mjestu. Identificirana potreba za jačanjem sustava upravljanja i potpore menadžmentu za rješavanje organizacijskih problema, ima značajne implikacije na zaposlenike. Ove smjernice trebale bi voditi svaku organizaciju koja ima zaposlenike s niskomkvalitetom života vezanu za posao.

ZAKLJUČAK

Svjedoci smo kako konkurentnost u svim aspektima društva tjera ljude na podizanje standarda kvalitete. Iako u našoj državi, što se bolničkih sustava tiče, to još nije toliko vidljivo, neizbježno je da će se uprave bolnica uskoro morati ozbiljno pozabaviti negativnim čimbenicima svojih organizacija. Ako se negativni aspekti ne riješe, imat će nezadovoljne zaposlenike koji će biti prisiljeni tražiti posao u drugim organizacijama. Također, za nove potencijalne zaposlenike takve će organizacije postati neprivlačne. Uprave bolnica moraju biti svjesne da sa nezadovoljnim zaposlenicima imaju lošiju kvalitetu usluga što se onda ogleda u nezadovoljstvu pacijenata čime imaju dodatni problem. Slijedom toga, uprava bolnice mora uložiti napore da osigura uvjete koji će podići kvalitetu života vezanu za posao. Što se prije otklone negativni čimbenici, prije će postati konkurentniji i privlačniji novim potencijalnim zaposlenicima, dok će postojećim zaposlenicima podići kvalitetu života čime će pacijenti biti zadovoljniji jer će imati bolju skrb.

SAŽETAK

Naslov: Samopoštovanje i kvaliteta života vezana za posao - iskustvo tercijarnog centra

Cilj svake organizacije je imati zaposlenike s visokim samopoštovanjem i zaposlenike s dobrom kvalitetom života vezanu za posao, s obzirom da su takvi zaposlenici zadovoljniji čime pružaju bolju uslugu, što je u konačnici dobrobit za samu organizaciju. Kako bi zaposlenici imali što bolju kvalitetu života vezanu za posao, odgovornost je u administraciji i zdravstvenom sustavu određene zemlje, koji su dužni unaprijediti organizaciju u svim aspektima. Na uzorku od 409 ispitanika u Klinici za dječje bolesti Zagreb ispitano je njihovo samopoštovanje i kvaliteta života vezana za posao. Istraživanjem su obuhvaćeni zdravstveni i nezdravstveni djelatnici. Za potrebe istraživanja korištena je Rosenbergova ljestvica samopoštovanja i ljestvica kvalitete života vezane za posao (WRQoL ljestvica). Izračunat je Pearsonov koeficijent korelacije između ove dvije varijable, što je prva takva studija. Rezultati su pokazali da imamo zaposlenike s visokom razinom samopoštovanja, što je izvrstan resurs s obzirom na činjenicu da visoko samopoštovanje ima pozitivne implikacije na zadovoljstvo poslom i radnu uspješnost. Za razliku od samopoštovanja, zaposlenici su izrazito nezadovoljni kvalitetom života vezanom za posao, posebno u sljedećim kategorijama; radni uvjeti, posao i zadovoljstvo karijerom, kontrola na poslu. Slijedom navedenog i kvalitativnog istraživanja, utvrđeni su ključni čimbenici kojima se menadžment bolnice mora pozabaviti kako bi se podigla kvaliteta života zaposlenika na radnom mjestu.

Ključne riječi: samopoštovanje, kvaliteta života vezana za posao, menadžment bolnice, zaposlenici

ABSTRACT

Title: Self-esteem and work-related quality of life - tertiary center experience

The goal of any organization is to have employees with high self-esteem and employees with a good work-related quality of life, given that such employees are more satisfied and provide better service, which is ultimately a benefit for the organization. In order for employees to have the best possible work-related quality of life, the responsibility is in the administration and health system of a particular country, which are obliged to improve the organization in all aspects. On a sample of 409 participants in the Children's Hospital Zagreb was examined their self-esteem and work-related quality of life. The research included both health and non-health employees. For the purpose of the research, the Rosenberg self-esteem scale and the WRQoL scale were used. The Pearson correlation coefficient between these two variables was calculated, which is the first such study. The results showed that we have employees with a high level of self-esteem, which is an excellent resource given the fact that high self-esteem has positive implications for job satisfaction and job performance. In contrast to self-esteem, employees were extremely dissatisfied with the work-related quality of life, especially in the following categories; Working Conditions, Job and Career Satisfaction, Control at Work. Following the above, and qualitative research, key factors have been identified that the hospital management needs to address in order to raise the work-related quality of life of employees.

Keywords: self-esteem, work-related quality of life, hospital management, employees

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Kratki životopis autora

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Abstract

The goal of every organisation is to have employees with high self-esteem and employees with a good work-related quality of life (WRQoL), given that such employees are more satisfied and provide better service, which is ultimately a benefit for the organization. In order for employees to have the best possible WRQoL, the responsibility lies with the administration or health system of a particular country, which is obliged to improve the organisation in all aspects. A sample of 409 participants in the Children's Hospital Zagreb examined their self-esteem and WRQoL. The research included both health and non-health employees. For the purpose of the research, the Rosenberg self-esteem scale and the WRQoL scale were used. The Pearson correlation coefficient between these two variables was calculated, which is the first such study. The results showed that we have employees with a high level of self-esteem, which is an excellent resource given the fact that high self-esteem has positive implications for job satisfaction and job performance. In contrast to self-esteem, employees were extremely dissatisfied with the quality of life-related to work, especially in the following categories; Working Conditions, Job and Career Satisfaction, and Control at Work. Following the above, and qualitative research, key factors were found that the management needs to address to raise the WRQoL of employees.

Keywords

Self-esteem, work-related quality of life, hospital management, employees

Introduction

It is a well-known fact that the success of any organisation, including hospitals, depends on how it attracts, employs, motivates and sustains its workforce. Consequently, every serious organisation must have a developed strategy for improving the quality of the working life of employees. Most often, strategies are developed within the quality and improvement departments that serve to meet the organisational goals and needs of employees. The nature of work within the organisation, organisational changes and pressure at work contribute to poor quality of working life, resulting in the poor psychological health of employees with a high level of absence resulting in poor employee performance and poor quality of patient care (Cox & Griffiths, 1995; Knox & Irving, 1997; Michie & Williams, 2003). In order for an organisation to effectively raise the level of quality of working life, it must investigate the factors that contribute to poor quality of working life. Based on the obtained factors, if it wants to raise the quality of working life, the organisation must implement appropriate interventions (Hsu & Kernohan, 2006; Loscocco & Roschelle, 1991). First of all, it is crucial to face the key factors that can affect the quality of the working life of employees, which is reflected in the quality of services and organisational efficiency. Quality of work life (QoWL) refers to the process of humanising work and the work environment. One of the main goals of this process is to care for workers and emphasise their value as human beings, while the other

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goal is to establish a suitable work environment for long-term organisational efficiency and productivity (Barutçugil, 2004). Research on the quality of working life in health services reported that the quality of working life is mainly affected by inadequate working hours, lack of accommodation for health workers, inability to balance work and family needs, inadequate number of workers, inadequate vacations, management and supervision practices, lack of professional development opportunities and an inappropriate work environment (Almalki et al., 2012). Factors certainly vary in relation to the organisational development of an individual organisation within a particular society. Managers should always consider self-esteem and job satisfaction as two important elements in the mental hygiene of their employees (Saatchi, 2001). Employees with low self-esteem show symptoms such as physical complaints, depression, anxiety, decreased general health, an attitude of attributing their defeats to others, job dissatisfaction and decreased performance, lack of educational achievement, and interpersonal problems. There is a significant and meaningful relationship between self-esteem and job satisfaction. This shows that staff with high self-esteem have more job satisfaction than staff with low self-esteem (Alavi & Askaripur, 2003).

Methodology

The purpose of this research is to determine the level of quality of working life and the level of self-esteem of health and non-health employees of a tertiary health institution. After determining the levels, the purpose is to determine if there is a correlation between them. It is also the purpose of qualitative research to determine which factors influence employee dissatisfaction and based on the results to suggest appropriate interventions.

Population and Sample

This research tried to include all health and non-health employees of the Children's Hospital Zagreb, and therefore no sampling was performed. All employees who were in the hospital at the time of the research (from 7 to 27 September 2020) were able to participate in the anonymous survey. In the mentioned research period, 409 employees out of 716 total employees completed an anonymous survey (57.12%). Two hundred nineteen employees (30.58%) participated in the qualitative research (Figure 1).

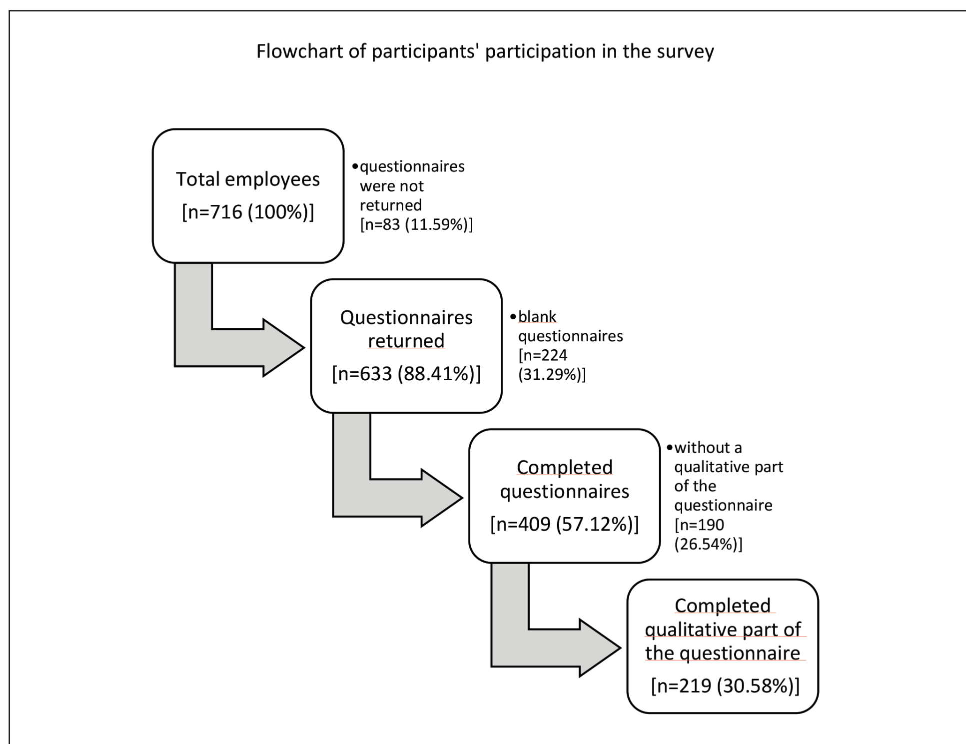

Figure 1. Flowchart of Participants' Participation in the Survey.

Source: The authors.

Ethical Approval

The research was approved by the Ethics Committee of the Children's Hospital Zagreb (classification; 02-23/19-1-20). The research was found to be based on the principles of medical ethics and deontology.

Data Collection

A written survey form was used as a data collection tool in this research. It consists of four sections; a personal data form that includes questions about personal characteristics (Table 1), the Rosenberg Self-Esteem Questionnaire, the work-related quality of life (WRQoL) Questionnaire, and a qualitative part of the questionnaire consisting of two questions: 1. 'Please write below what exactly you are dissatisfied with in your work environment'/2. 'Please write possible solutions to your problems in relation to the previous comments from your perspective'. Completion of the questionnaire is voluntary. The completed questionnaire considered that the employee wanted to participate in the survey, and the blank questionnaire considered that he did not want to participate. The average time to fill in all the fields was 10–20 min. The questionnaire is completely anonymous, and all data is strictly confidential. If a questionnaire is partially completed, the data are used to the maximum (e.g., if the employee filled in only the qualitative part of the survey, the questionnaire was also processed). If the employees had a question, if any question in the questionnaire was unclear to them, they could contact a specially constructed e-mail by the Department for Quality and Improvement of Healthcare.

The Rosenberg Self-Esteem Scale (1965) was used to measure self-esteem levels. The scale consists of 10 items that measure global self-esteem by measuring both positive and negative feelings towards oneself. All items are answered in the form of a 4-point Likert scale ranging from explicit agreement to explicit disagreement. The total score is the result of the sum of the points on the 10 items it consists of, some of which are positive and others are negative, reverse-scored items. Each item should be answered quickly, without over-thinking. The respondent's first inclination is what he should put down. The total score on the scale is from 10 to 40 points. The original sample on which the scale was developed in the 1960s consisted of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State and was scored as a Guttman scale. The scale generally has high reliability: test-retest correlations are typically in the range of 0.82 to 0.88, and Cronbach's alpha for various samples is in the range of 0.77 to 0.88.

The WRQoL is an evidence-based measure of quality of working life and provides key information needed to assess employee satisfaction for use in planning interventions, monitoring workforce experience, and assessing the impact of organisational change (Edwards et al., 2008). A person's QoWL is influenced by his direct work experience and the direct and indirect factors that affect that experience, such as job satisfaction and other factors that largely reflect life satisfaction and a general sense of well-being (Danna & Griffin, 1999). The WRQoL scale proved to be a psychometrically strong scale with good reliability and validity. It is based on six subfactors (Van Laar et al., 2007). These six factors were used to develop the 23-item WRQoL scale, and are Job and Career Satisfaction (JCS) (reliability of 0.86), General Well-Being (GWB) (reliability of 0.82), Stress at Work (SAW) (reliability of 0.81), Control at Work (CAW) (reliability of 0.81), Home-Work Interface (HWI) (reliability of 0.82) and Working Conditions (WCS) (reliability of 0.75).

GWB reflects general aspects of physical health and psychological well-being. The sense of GWB can be more or less independent of the work situation. General well-being can affect work, but it can also be influenced by work. The HWI subscale describes the degree to which you think the organisation understands and tries to help you with pressures outside of work is measured by this subscale. HWI is related to work-life balance, and is about having a measure of control over when, where and how you work. JCS subscale reflects the extent to which you are content with your job and prospects at work. How you score on the JCS subscale relates to whether you feel the workplace provides you with the best things at work—the things that make you feel good, such as a sense of achievement, high self-esteem and fulfilment of potential. CAW subscale shows how far you feel you are involved in decisions that affect you at work. Control at Work reflects the level to which a person feels they can exercise what they consider to be an appropriate level of control in their work environment. The extent to which you are satisfied with the conditions in which you work is assessed by the WCS subscale. The result for the WCS sub-scale indicates the extent to which a person is satisfied with the fundamental resources, working conditions and security necessary to do your job effectively. SAW subscale assesses the extent to which you see daily work pressures and demands as acceptable and not excessive or 'stressful'. Respondents are required to answer the questions on a 5-point scale comprising of: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. The data are usually coded such that Strongly Disagree = 1 and Strongly Agree = 5. Higher scores indicate more agreement. The scores of the three negatively phrased items (questions 7, 9 and 19) are reversed. The overall WRQoL factor score is determined by finding the average of all 23 WRQoL items (not including the 24th 'Overall' item). The personal profile sheet allows interpretation of the WRQoL sub-scales into three ranges (higher, average and lower) when compared to the norm sample data.

Table 1. Characteristics of Participants (*N = 409*).

Characteristics		Frequency	Percentage (%)
Gender	Female	338	82.64
	Male	61	14.91
	N/A	10	2.45
Age (years)	18–24	25	6.11
	25–34	81	19.80
	35–44	104	25.43
	45–54	113	27.63
	>55	63	15.41
	N/A	23	5.62
Education	Unskilled worker	18	4.40
	Skilled worker	9	2.20
	Highly skilled worker	2	0.49
	Secondary school education	168	41.08
	Non-university college degree	81	19.80
	University degree	113	27.63
	N/A	18	4.40
Profession	Physician	58	14.18
	Nurse	185	45.23
	Master of pharmacy	1	0.25
	Pharmacy technician	3	0.73
	Physiotherapist	15	3.67
	Master of medical biochemistry	6	1.47
	Nutritionist	3	0.73
	Medical lab technician	20	4.89
	Radiologic technician	7	1.71
	Social worker	1	0.25
	Occupational therapist	2	0.49
	Psychologist	3	0.73
	Non-health worker	84	20.54
	N/A	21	5.13
Professional length of service (years)	<1	14	3.42
	1–4	52	12.71
	5–10	56	13.69
	11–19	80	19.56
	20–35	142	34.72
	>35	49	11.98
	N/A	16	3.92
Along with work, I continue my education	Yes	93	22.74
	No	196	47.92
	N/A	120	29.34

(Table 1 continued)

(Table 1 continued)

Characteristics		Frequency	Percentage (%)
Marital status	Unmarried	105	25.67
	Married	211	51.59
	Widower	14	3.42
	Divorced	27	6.60
	Extramarital union	19	4.65
	Other	15	3.67
	N/A	18	4.40
I am a parent	Yes	253	61.86
	No	132	32.27
	N/A	24	5.87
Number of dependent family members	0	147	35.94
	1	69	16.87
	2	80	19.56
	3	38	9.29
	4	22	5.38
	>5	9	2.20
	N/A	44	10.76
Employment contract	Specific duration	31	7.58
	Indefinite duration	364	89.00
	N/A	14	3.42
Consumer credit	Yes	206	50.37
	No	181	44.25
	N/A	22	5.38
Personal housing	Yes	336	82.15
	No	54	13.20
	N/A	19	4.65

Source: The authors.

Statistical Analysis

The obtained data were analysed using the Microsoft Excel® software program (XLSTAT®) for Windows, version 2020.5.1 (Microsoft Corporation, Redmond, Washington, USA). Data are presented as mean (standard deviation) and median (interquartile range). The Pearson correlation coefficient was used to calculate the correlation between the Rosenberg self-esteem scale and the WRQoL scale. A p value of .05 or less was considered statistically significant.

Results

Out of a total of 409 completed questionnaires (57.12%), in Table 1, the participants were distributed according to a set of individual characteristics. The majority of participants were women (n = 338; 82.64%). According to the age range, the largest number of respondents is in the age structure of 35 to 54 years (n = 217; 53.06%). In terms of education, the approximate number of participants is high school (n = 168; 41.08%) or higher (n = 194; 47.43%). In terms of occupation, nurses participated the most (n = 185; 45.23%), followed by non-health workers (n = 84; 20.54%) and doctors (n = 58; 14.18%). The largest number of participants has a length of professional experience of 20–35 years (n = 142; 34.72%). It is interesting to note that 120 participants (29.34%) did not comment on the issue of further education, but most of them are still not further educated at the time of completing the questionnaire (n = 196; 47.92%). The majority of participants are married (n = 211; 51.59%) and are parents (n = 253; 61.86%). Of those who support family members, one or two support them the most (n = 149; 36.43%). Most participants have an employment contract for an indefinite period (n = 364; 89%). An equal number of credit users (50.37%) and those who are not (44.25%). The majority of participants have personal property in which they live (n = 336; 82.15%).

The number of completed questionnaires by departments is shown in Table 2. Of the health departments, the largest number of participants came from the Department of Pediatric Surgery (19.07%), the Department of Pediatrics (18.82%) and the Department of Anesthesiology, Resuscitation and Intensive Medicine (11%). Of the non-health departments, the largest number of participants came from the cleaning department (9.05%).

Of the total completed questionnaires, the values of self-esteem according to the Rosenberg self-esteem scale could be determined for 382 participants (93.39%). The mean value on a scale of 10−40 was 34.01 (±4.46), and the median was 35 (Figure 2). Analogous to the values within the hospital, employees in the following wards have the highest self-esteem; Patient Support Service Division, Emergency Department, Department of Economic and Financial Affairs, Department of Human Resources and Legal Affairs, Division of Pediatric Orthopedics and Director's Office. Employees in the Division of Pediatric Hematology-Oncology and the Department of Clinical Microbiology have the lowest self-esteem (Table 2).

Regarding the results of the WRQoL Questionnaire, they are shown in Figure 3. The mean value is 71.88, while the median is 72. Of the completed questionnaires for which the total WRQoL score could be calculated (n = 359), the total score in the lower percentiles has 48.75% of

Table 2. Mean and Median Values of the Rosenberg Self-esteem Questionnaire and the WRQoL Questionnaire by Departments.

		Rosenberg Self-Esteem Scale						Work-related Quality of Life Scale					
	n	Mean	*SD*	Mdn	Q1	Q3	IQR	Mean	*SD*	Mdn	Q1	Q3	IQR
Emergency Department	17	36,412	2,658	37,000	35,000	38,000	3,000	74,313	11,168	75,000	70,000	78,750	8,750
Department of Pediatrics	77	33,737	4,677	34,000	31,000	37,000	6,000	69,268	16,436	70,000	61,500	79,500	18,000
Division of Pediatric Hematology-Oncology	25	30,522	6,317	31,000	28,000	35,000	7,000	73,667	11,227	76,500	66,250	82,500	16,250
Department of Paediatric Surgery	78	34,243	4,016	35,000	31,000	38,000	7,000	66,500	15,511	65,500	54,000	79,250	25,250
Division of Pediatric Ortho-paedics	27	35,480	4,119	37,000	33,000	39,000	6,000	77,957	15,136	76,000	68,000	91,500	23,500
Department of Anesthesiology, Resuscitation and Intensive Medicine	45	33,886	4,603	34,000	30,000	38,250	8,250	78,375	17,615	81,000	67,250	91,250	24,000
Division of Pediatric Radiology	10	34,500	3,294	34,500	33,000	36,750	3,750	81,000	13,772	80,500	72,750	89,000	16,250
Department of Medical Biochemistry and Haematology	25	33,348	3,996	33,000	30,000	36,500	6,500	68,560	12,756	70,000	61,000	76,000	15,000
Department of Clinical Microbiology	3	30,667	2,055	31,000	29,500	32,000	2,500	69,500	8,500	69,500	65,250	73,750	11,500
Department of Dietetics and Nutrition	13	32,889	3,755	31,000	30,000	37,000	7,000	80,333	11,368	81,500	75,500	88,250	12,750
Cleaning department	37	33,935	3,528	34,000	31,500	37,000	5,500	67,815	14,767	65,000	53,500	80,500	27,000
Technical Affairs Department	9	33,250	3,832	31,000	30,750	36,750	6,000	80,222	9,998	78,000	74,000	84,000	10,000
Patient Support Service Division	7	37,167	2,409	38,000	35,750	38,750	3,000	78,286	16,438	79,000	65,500	87,000	21,500
Office of Occupational Safety and Health	4	31,500	6,265	30,500	25,750	36,250	10,500	84,500	11,281	86,000	77,750	92,750	15,000
Informatics Service	1	*we were able to determine the overall score for one employee						*we were able to determine the overall score for one employee					
Hospital pharmacy	4	34,250	3,961	34,500	31,250	37,500	6,250	66,000	10,840	61,500	57,750	69,750	12,000
Procurement Department	3	36,000	2,000	36,000	35,000	37,000	2,000	*we were able to determine the overall score for one employee					
Department of Human Resources and Legal Affairs	8	36,429	2,665	37,000	34,500	38,500	4,000	57,333	11,629	56,500	48,000	61,250	13,250
Department of Economic and Financial Affairs	8	35,571	3,923	37,000	33,000	38,500	5,500	70,714	13,134	71,000	68,500	80,500	12,000
Director's Office	8	34,625	4,091	36,000	30,500	37,500	7,000	86,875	14,487	89,000	82,750	94,750	12,000

Source: The authors.

The meaning of * is that we were able to determine the overall score for only one employee.

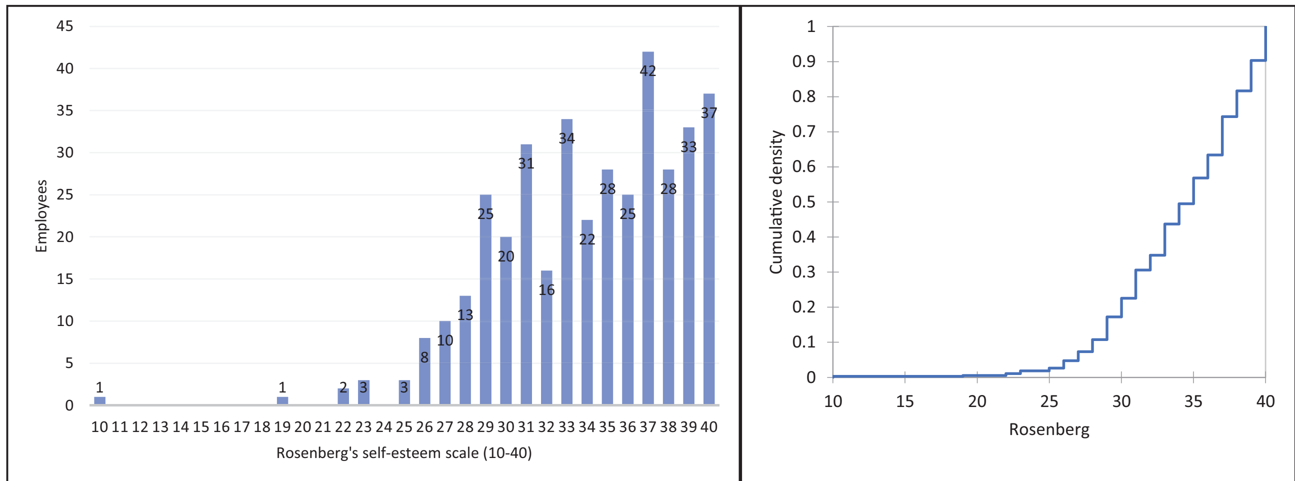

Figure 2. Cumulative Histogram: Rosenberg's Self-esteem Scale.

Source: The authors.

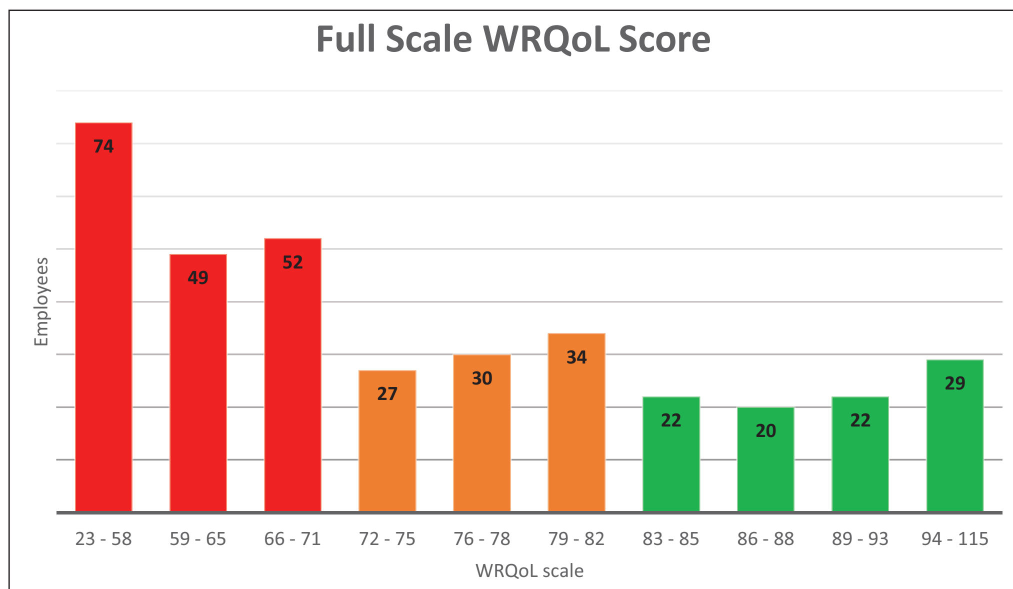

Figure 3. Distribution of Participants in Relation to the Results of the WRQoL Questionnaire.

Source: The authors.

Note: Red = lower QoWL, orange = average QoWL, green = higher QoWL.

participants, in the middle percentiles 25.35% of participants and in the high percentiles 25.90% of participants. Mean and median values by subscales are shown in Table 3. The values of the JCS, CAW and WCS subscales are in the lower percentile while the GWB, HWI and SAW subscales are in the average percentile of QoWL. Low WRQoL (WRQoL [23-71]/WRQoL [23-115] x 100 < 50%) have employees in the following departments; Department of Human Resources and Legal Affairs, Hospital pharmacy, Department of Pediatric Surgery, Department of Medical Biochemistry and Haematology, Department of Economic and Financial Affairs, Department of Pediatrics, Department of Clinical Microbiology, Cleaning department. High WRQoL (WRQoL [83-115])/WRQoL [23-115] x 100 > 50%) have employees in the following departments; Director's Office, Office of Occupational Safety and Health, Division of Pediatric Radiology, Department of Dietetics and Nutrition.

Table 3. Mean and Median Values of the Subscales.

	Mean	*SD*	Mdn	Q1	Q3	IQR
GWB	21.938	4.684	23	19	25	6
HWI	10.214	3.139	11	8	12	4
JCS	17.526	4.959	18	14	21	7
CAW	8.225	2.997	8	6	10	4
WCS	9.122	3.003	9	7	12	5
SAW	5.103	2.062	5	3.5	6	2.5

Source: The authors.

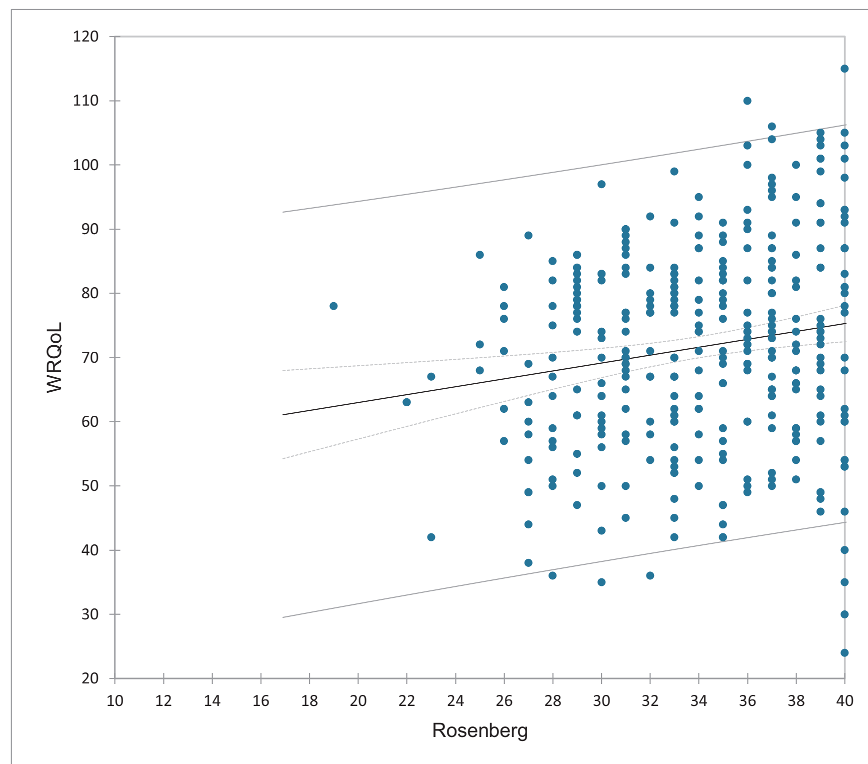

Figure 4. Rosenberg-WRQoL Correlation.

Source: The authors.

In a sample of 345 participants for whom both the value on the Rosenberg self-esteem scale and the value of the total WRQoL could be determined, Pearson's correlation coefficient is 0.165 ($p = 0.002$), which means that there is no correlation (Figure 4).

Discussion

Several studies have shown that higher self-esteem has a positive effect on job performance. Many managers, within their organisations, today give a great imperative to find employees with high self-esteem, for their employees, through better performance, to make the organisation more successful. Managers, who prefer employees with high self-esteem and who believe they will be valued, have been shown to have better outcomes within their organisation as opposed to those who do not prefer such employees. Consequently, managers should continuously establish open communication with their employees and respect their opinions (Akgunduz, 2015; Judge & Bono, 2001; Song & Chathoth, 2011, 2013). The theory of self-consistency

(Korman, 1970) assumes that employees are motivated to work in accordance with their self-image. In order to maintain a positive image of themselves, they will also effectively perform the work tasks set before them. Globally, on the Rosenberg self-esteem scale of 10−40, it is considered that a score higher than 30 is in favour of a person's high self-esteem. Analogously, the management of our hospital can be extremely proud of the resource it possesses. Of the completed questionnaires in which it was possible to calculate the self-esteem score ($n = 382$), as many as 82.72% ($n = 316$) of employees have a score of 30 or higher. Despite the above, in order to get an even better insight into which departments have employees with higher or lower self-esteem, we calculated a mean value for our hospital and drew conclusions in relation to it. We found that employees at the Division of Pediatric Hematology-Oncology have a low score (mean = 30.52). It has been well researched that it is the staff working in such a demanding department who are extremely affected by stress, and that management must develop resilience programs for these employees, enabling them to cope with stressors (Slater et al., 2018).

When we found that we had employees with a high level of self-esteem, we researched the WRQoL. Despite being aware of the fact that employees with high self-esteem have greater job satisfaction and performance, the survey results disappointed us. It is often heard that dissatisfied employees with themselves and employees with low self-esteem are also dissatisfied with the quality of life-related to the work they perform. It was our research that refuted the same, which makes it clear that the causes should not be sought in employees but in organisational problems that need to be addressed at the level of the hospital and the entire health system. Our research is the first to investigate the correlation between a scale that examines self-esteem and a scale that examines the WRQoL. We found that the correlation does not exist (rp = 0.165, p = 0.002), which clearly indicates organisational problems.

Looking at the WRQoL results we have to be seriously concerned about the fact that 48.75% of the participants have a low score. Also, in three (JCS, CAW, WCS) of the six subscales, the mean value is located in the lower percentiles. Consequently, the employees of our hospital are primarily dissatisfied with the fact that the workplace does not give them a sense of achievement and they do not see the workplace as a place where they can fully fulfil their potential. When the WRQoL scale is coupled with measures of job satisfaction, the JCS factor is the most highly correlated sub-scale. The WCS subscale points to the fact that employees are dissatisfied with the basic resources, working conditions, and security necessary to do their jobs effectively. The WCS factor is conceptually related to JCS. JCS reflects the degree to which a job provides an individual with the best things at work—things that make him or her feel good (achieving personal development, goals, advancement, etc.), while the WCS factor, in contrast, reflects the degree to which a job meets an individual's basic requirements. The results of the CAW subscale indicate that employees feel that they cannot or cannot sufficiently influence work-related decisions that directly affect the employee. The results of these three subscales can certainly be improved by organisational change by management. In order to accurately identify the problems faced by our hospital staff, we conducted a qualitative survey.

Qualitative research has identified the following problems; inadequate communication, inadequate education by the employer, non-recognition of education, inequality among employees, uneven workload, inadequate working conditions, inadequate premises for employees, lack of meetings with department heads, lack of certain protocols, amount of administration performed by health workers, work organisation, non-advancement according to competencies, manner of electing department heads (without competition), non-re-election to certain managerial positions, double criteria, unclear goals, unequal distribution of funds for education, insufficient psychological support to health workers, poor IT support, insufficient implementation of new methods in everyday work.

Somsila et al. (2015) examined the quality of working life in residents. They found that 76.6% have an average score while 21.9% have a good score, which is more than good compared to our results. The scales that recorded the worst scores were HWI and SAW. Stress at work is attributed to long working hours (mdn = 74 hours/week) and unrealistic time pressures. It is interesting and positive to note that they had the opportunity to use their skills at work and that they were able to participate in decisions that affect their work, which is in stark contrast to our results. That we do not have extremely poor results in the HWI and SAW subscales can be attributed to the fact that our employees do not have as many working hours per week. Residents in general surgery in the United States recorded the highest mean scores in the JCS and WCS subscales. They expressed satisfaction with the basic resources and needs provided to them by their organisation to do their job safely and efficiently. 72% of residents reported that they often feel pressured at work (Zubair, 2017). The research of Abbasi et al. (2017) included 750 nurses. The mean WRQoL score was 75.7 (range 0−100), while in our study the mean score was 71.87 (range 23−115). While for their distribution this meant that the mean value was on average, in our case the mean value was in the lower percentiles. They found that there is a positive association between workability and QoWL in a way that nurses with higher work ability also have higher Q0WL. Of the reasons for the desirability of quality of working life in that study, they can refer to the open and honest communication, role clarity, participation in decision-making, learning environment and improved clinical

competency of nurses. They also concluded that increasing the quality of the working life of nurses leads to better health care, which is ultimately a benefit for the patient. In a sample of 271 Iranian nurses, as many as 57.5% had a high QoWL (Lebni, 2020). Reading research from various countries of the world it can be concluded that QoWL varies from low, over average to good (Almaki, 2012; Hesam, 2012; Moradi, 2014; Navidian, 2014; Shafipour, 2016). The cause of this range of results is related to different conditions in the work environment. Oppolo (2012) concluded that understanding individual and institutional factors is crucial for informing about future workplace interventions. The identified need to strengthen the management system and support management, to solve organisational problems, has significant implications for employees. These guidelines should guide any organisation that has employees with low QoWL.

Conclusion

We are witnessing how competitiveness in all aspects of society forces people to raise quality standards. Although in our state, as far as hospital systems are concerned, this is not yet so visible, it is inevitable that hospital management will soon have to start seriously addressing the negative factors of their organisations. If the negative aspects are not addressed, they will have dissatisfied employees who will be forced to look for work in another organisation. Also, for new potential employees, such organisations will become unattractive. Hospital management must be aware that with dissatisfied employees they have poorer quality of services which is then reflected in patient dissatisfaction and thus have an additional problem. Consequently, the hospital management must make efforts to ensure conditions that will raise the WRQoL. The sooner the negative factors are removed, the sooner they will become more competitive and attractive to new potential employees, while they will raise the quality of life of existing employees which will make patients more satisfied because they will have better care.

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