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Tesis doctoral

**APRENDIZAJE PERMANENTE: FACTOR DE CAMBIO
PRODUCTIVO EN LA GESTIÓN DE RECURSOS
HUMANOS EN UN HOSPITAL LOCAL DE GRECIA**

**LIFELONG LEARNING: FACTOR OF PRODUCTIVE
CHANGE IN HUMAN RESOURCE MANAGEMENT AT
A LOCAL HOSPITAL OF GREECE**

Doctoranda

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Resumen

Los rápidos avances en la tecnología biomédica y los nuevos conocimientos y prácticas hacen que la educación y la formación del personal de enfermería tengan un papel clave. Uno de los procesos más importantes en primer plano es la educación y la formación del personal sanitario. Sin embargo, esta educación no solo debe incluir estudios básicos, sino también una forma de formación continua, ya que se requiere una reevaluación constante de los conocimientos y las habilidades y el reciclaje de los trabajadores debido a los rápidos e importantes cambios en la sociedad, el sistema de atención de la salud y, por lo tanto, en la enfermería.

La educación permanente en enfermería ayuda a aumentar la productividad al proporcionar competencias que permiten realizar el trabajo de una manera profesional que satisfaga las necesidades siempre cambiantes de la sociedad. Además, la educación permanente en enfermería beneficia al enfrentar los desafíos de la profesión de enfermería, que están aumentando debido a los cambios constantes en las instalaciones de atención de la salud, la presión para reducir los costos y la presión para minimizar los errores principalmente debido a la carga de trabajo y las condiciones profesionales.

El propósito de este estudio fue examinar las percepciones de los trabajadores de la salud sobre el aprendizaje permanente en la productividad hospitalaria y la gestión de recursos humanos. La muestra se extrajo de 170 participantes, la mayoría mujeres, de 41 a 60 años, casadas, que trabajaban como enfermeras como empleadas permanentes con más de 15 años de experiencia laboral. La mitad de los participantes tenían una maestría o licenciatura. El análisis de los datos se realizó en IBM SPSS 26. Las estadísticas descriptivas se realizaron utilizando porcentajes y frecuencias para las variables nominales, mientras que la media y la desviación estándar se utilizaron para las variables de escala o tipo Likert. Las estadísticas inferenciales se realizaron con una significación del 5%. La confiabilidad del cuestionario se utilizó mediante el coeficiente alfa de Cronbach que mide la consistencia interna con valores satisfactorios superiores a 0,7 (Nunnaly y Bernstein, 1994).

El análisis factorial se utilizó para probar la validez del constructo del cuestionario que se refiere a la satisfacción con el trabajo (McLeod, 2013). Los intervalos de confianza del 95% del valor medio se utilizaron para generalizar los niveles de los factores. La prueba Shapiro Wilk se utilizó para probar la normalidad de los factores, que se considera que tiene la mayor precisión (Razali y Wah, 2011). Se utilizó el coeficiente de Spearman para probar la correlación de variables de escala u ordinales que no se distribuyen normalmente. Se utilizó la prueba de Mann Whitney para comparar medianas entre 2 muestras independientes que no son grandes ($n \geq 30$) y no se distribuyen normalmente. Se utilizó la prueba de Kruskal Wallis para comparar medianas entre 3 o más muestras independientes que no son grandes ($n \geq 30$) y no se distribuyen normalmente. Se utilizó la prueba de Chi cuadrado para probar la dependencia entre 2 variables nominales (Field, 2017).

La mayoría afirmó que durante su permanencia en el hospital se formaron en alguna materia relacionada con el ejercicio de sus funciones profesionales, siendo los principales organismos de formación el organismo público, el hospital y el administrador. La mitad de los participantes afirmó que el tiempo de formación era diario o corto. Los principales temas de estudio fueron la organización y gestión de la salud y el uso de nuevas tecnologías. La formación ayudó en gran medida a los trabajadores en su labor como profesionales. Sin embargo, los participantes manifestaron que se debería aumentar la duración del programa, mejorar el material educativo y el método de enseñanza, así como el espacio de formación. Casi todos los trabajadores manifestaron que existe la necesidad de una formación especializada en la gestión de los trabajadores de las unidades sanitarias. Los principales temas que les gustaría aprender son la organización y gestión sanitaria y las innovaciones. Los participantes manifestaron que la formación inicial y recurrente funcionaría mejor a través de seminarios acelerados o anuales. Las principales motivaciones para la formación son la compensación económica y el interés por los temas.

Se examinó el efecto del género en las variables del estudio. Las mujeres apoyaron más los factores que ayudan a desempeñar con éxito el trabajo (educación, conocimientos empíricos y teóricos) y mostraron una mayor satisfacción con la autoexpresión y el desarrollo, el equilibrio entre el trabajo y la vida personal y el salario, así como con la eficacia de la formación. Los hombres eran más jóvenes, tenían menos

años de experiencia y presentaban una mayor tasa de soltería, mientras que las mujeres presentaban una mayor tasa de enfermeras y trabajadores que trabajaban en un puesto fijo. Las mujeres prefirieron el hospital o el administrador o la escuela de medicina o el ministerio de salud como proveedor de formación, mientras que los hombres prefirieron la institución pública o tenían sus propias iniciativas para asistir a seminarios. Todos los hombres en su formación eligieron los temas de innovaciones, legislación sanitaria y gestión sanitaria. Los materiales y métodos de enseñanza como áreas de mejora recibieron un mayor apoyo por parte de los hombres.

Por tanto, se concluye que las enfermeras participantes en la investigación creen que, por supuesto, hay margen para mejorar su formación, tanto a nivel de métodos de enseñanza como de contenidos de la enseñanza. No obstante, el aprendizaje permanente se considera especialmente útil para mejorar la calidad de la enseñanza. Formación nacional del personal de enfermería ante los cambios sociales en curso.

Abstract

Rapid advances in biomedical technology and new knowledge and practices make the education and training of nursing staff a key role. One of the most important processes in the foreground is the education and training of health personnel. However, this education should not only include basic studies, but also a form of continuing training, as a constant reassessment of knowledge and skills and retraining of workers is required due to the rapid and major changes in society, the health care system and therefore in Nursing. Lifelong nursing education helps increase productivity by providing competencies that enable work to be performed in a professional manner that meets the ever-changing needs of society. In addition, lifelong nursing education benefits in meeting the challenges of the nursing profession, which are increasing due to constant changes in health care facilities, pressure to reduce costs and pressure to minimize errors mainly due to workload and professional conditions.

The purpose of this study was to examine healthcare workers' perceptions of lifelong learning in hospital productivity and human resource management. The sample was drawn from 170 participants, the majority being women, 41-60 years old, married working as nurses as permanent employees with more than 15 years of work experience. Half of the participants were MSc or BSc holders.

Analysis of data was performed in IBM SPSS 26. Descriptive statistics was accomplished using percentages and frequencies for nominal variables while mean and standard deviation were used for scale or Likert type variables. Inferential statistics was performed with significance 5%. Reliability of questionnaire was used using the Cronbach alpha coefficient which measures the internal consistency with satisfactory values to be those greater than 0,7 (Nunnaly, & Bernstein, 1994). Factor analysis was used to prove construct validity of questionnaire which refers to satisfaction from work (McLeod, 2013). Confidence intervals 95% of mean value were used to generalize the levels of factors. Shapiro Wilk test was used to test normality of factors, which is considered to have the highest accuracy (Razali & Wah, 2011). Spearman coefficient was used to test correlation of scale or ordinal variables that are not normally distributed. Mann Whitney test was used to compare medians between 2 independent

samples that are not large ($n \geq 30$) and are not normally distributed. Kruskal Wallis test was used to compare medians between 3 or more independent samples that are not large ($n \geq 30$) and are not normally distributed. Chi square test was used to test dependence between 2 nominal variables (Field, 2017).

The majority stated that during their tenure at the hospital, they were trained in a subject related to the exercise of their professional duties, with the main training bodies being the public body, the hospital, and the administrator. Half of the participants stated that training time was daily or short. Main subjects of study were the organization and management of health and the use of new technologies. The training helped the workers in their work as professionals to a high degree. However, the participants stated that the duration of the program should be increased, the educational material and teaching method as well as the training space should be improved.

Almost all workers stated that there is a need for specialized training in the management of workers in health units. The main topics they would like to learn are health organization and management and innovations. Participants stated that initial and recurrent training would work best through accelerated or annual seminars. The biggest motivations for training are financial compensation and interesting subject matter.

The effect of gender on the study variables was examined. Women supported more the factors that help to successfully perform the job (education, empirical and theoretical knowledge) and showed higher satisfaction with self-expression and development, work-life balance and payment as well as more satisfied with the effectiveness of training. Men were younger, had fewer years of experience, and had a higher rate of being single, while women had higher rates of nurses and workers working in a permanent job. The women preferred the hospital or administrator or medical school or the ministry of health as the training provider, while the men preferred the public institution or had their own initiatives to attend seminars. All the men in their education chose the subjects of innovations, health legislation and health management. Teaching materials and teaching method as areas for improvement were supported more by males.

Thus, it is concluded that the participating nurses in the research believe that there is of course scope for improving their education and training, either at the level of teaching methods or in terms of teaching content. Nevertheless, lifelong learning is considered particularly useful for additional training of nursing staff given the ongoing social changes.

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Introduction

In a time of radical reorganization and change, nurses are called upon to consolidate the scientific practice of Nursing while improving the quality and effectiveness of health care services. Rapid advances in biomedical technology and new knowledge and practices make education and training of staff a key role. One of the most important processes that are at the forefront is the education and training of health staff. By education we mean basic, postgraduate, and continuing education. No educational system, however perfect it is, can guarantee the enduring ability of its graduates. Continuous reassessment of knowledge and skills and retraining of workers are needed due to rapid and major changes in society, in the healthcare system, and therefore in Nursing (Morgan et al., 2008).

Lifelong education is supposed to be the lifelong systematic maintenance, development and growth of knowledge and capabilities. It is the key, which helps to offer high-quality healthcare, with the combination of better care and satisfaction from nursing staff. Lifelong nursing education helps to rise productivity by way of providing abilities that enable the work to be carried out in a professional manner that responds to the ever-changing needs of society. In addition, lifelong nursing education benefits to address the challenges of the nursing profession, which are increasing due to the constant changes in healthcare facility, the compression to reduce costs and the compressions to minimize errors mainly due to workload and professional conditions (Mangaoang, 2011).

Health care services are intertwined with the high standards that can be ensured through lifelong education, as it promotes teamwork, contributes to the personal and professional development of staff and improves existing knowledge. The additional skills are acquired, including taking on new positions and tasks and better managing organizational and social change within a department, leading to better and more effective functioning.

The work is divided into two parts, a literature review and a research approach. Regarding the theoretical part, it initially contains introductory information concerning

the concept of health and opportunities that have health professionals, so they obtain more knowledge in their labour.

The first chapter refers to the basic elements of job satisfaction, especially in the health sector. Also, there is a reference to the factors that are positively related to nurses' professional satisfaction, such as empowerment, supporting environment and life - long learning and continuous professional development.

The second chapter refers to human resource management policy and to what extent strategies of upper executives' effect on job performance of employees. In addition will be analyzed the methods that attract health professionals to love their work and cooperate with other health colleagues in a good environment without problems existing in their relations. Also, it will be analyzed criteria that related to promotion health professionals to promote to their work and factors that affect their job productivity.

The second part includes primary research conducted in this work. The aim is to investigate the relationship between lifelong education of nursing staff and the better functioning of health care system management. Specifically, the opportunities of improving the productivity of human resources in a local Greek Hospital at Trikala. This research will be also helpful for future references to compare this to other hospitals.

Theoretical Part

Chapter 1. Professional satisfaction

Professional satisfaction is defined as the positive emotional response of the individual to the particular work he/she is doing, provided that his/her professional values are fulfilled, that is, his/her way of acting in order to acquire or maintain something of the individual (Locke, 2005).

For many years and under the influence of the School of Human Relations (Mayo, 1927), from the perspective of anthropocentric management, professional satisfaction almost monopolized the interest of specialists. Since 1980, both labor market conditions (e.g., rising unemployment, economic downturn) and the link between job satisfaction and other attitudes and behaviors at work have led to the weakening of the concept of dominance. This change seems to be related to the more general developments in the wider socio-economic area, but also to cultural changes at the level of the working culture, on issues such as the separation of work and leisure, public and private life. In this way, social developments have led to a reassessment of the value and role of work, which has been redefined with respect to the value and role of leisure time in the life of the modern worker.

As a result, the issue of satisfaction that one derives from one's work is now dealt with, not in the context of the global satisfaction it receives, but in the individual facets of satisfaction that relate to both aspects of one's work, as well as the lifestyle of each person. Also, the transition from the perception of work as an end in itself, to the view of work as a game and creative occupation, in Rifkin's (1994) view, the emergence of 'workmanship' and the need to solve the problem of reconciling work and family life had the effect of bringing the issue of job satisfaction to new bases, but without losing its direct link to job motivation theories.

Job satisfaction is therefore one of the most important issues in organizational and industrial psychology today, as it is related both to the individual employee and his

mental health as well as to the management of human resources in business / services (Cooper, 2009). The disengagement of work from the realm of economic necessity and its transformation into an instrument of individual and social self-realization brings the issue of occupational satisfaction back to the forefront of modern individual and social reality (Siu, 2002).

The efforts made in recent years, mainly in the services of the private employment sector, are characteristic in this regard. In modern business, exploring the degree of employee satisfaction is often the basis of practices in the process of organizing and managing staff by management. In addition, business management strategies, such as bonus or profit sharing or even at the level of working conditions offer benefits, such as flexibility of hours, in-house training, and are implemented in modern companies, with the aim of empowering and maximizing work incentives of the staff. The introduction of incentive programs and payment systems is a popular tactic of human resources managers in modern businesses (Chiok Foong Loke, 2001).

One of the effects of pay incentives is the "golden handcuffs" phenomenon, where the employee is paid so well that even if she/ he is not satisfied with the job, he/ she cannot leave. Another aspect of the phenomenon relates to the commitment cultivated by employees to the company so that each employee considers the business in which he works as "his family" and identifies his personal goals with the company goals.

In this case, commitment may be negatively or positively associated with job satisfaction, that is, it may be the result of one's job satisfaction and linked to productivity and health, but may include negative indicators such as frequent absences, sabotage and violence. Finally, it is often the case that employees 'charge' success in their endeavor, when their working conditions are good, but when things are not going well, they tend to charge the company management for it. (Taliadourou, 2004).

It is a fact that job satisfaction can be an important indicator of how a person handles situations in an important area of their life. Dissatisfaction with work is often an indication of problems in personal or professional life. For an organization respectively, it is very important to have satisfied partners to keep it running smoothly.

One issue that we must note, however, is the cultivation of 'fraudulent' expectations of employees on the management side.

Any commitment by the organization to benefits (whether material or moral) to employees must be meticulous so as not to lead to excessive expectations on the part of employees or associates. Doing so would lead to adverse effects, such as underproduction and withdrawals. Organizations and employers have a moral obligation to treat employees consistently and responsibly, which is unfortunately not widely respected in the Greek reality, but also in other societies and much more at the level of informal labor relations. For this reason, the presence of work/ organizational psychologists in business has nowadays emerged as an increasing need for the smooth functioning of each organizational structure and its human resources.

1.1. The concept of Job satisfaction

Work-life balance is reducing employee stress resulting in increased quality and quantity performance, good time management and distribution, increased job satisfaction with corresponding performance results, respect, reduction of conflicts, increased creativity and productivity, lack of absences, satisfaction to all employees independently from the hierarchy and increased commitment of staff (Torrington, 2005).

Satisfaction of needs, staff commitment is a factor in meeting needs that are met through the employee's role as a staff member. In other words, the committed employee is not just a satisfied worker. The modern environment in labour markets raises the need for updating the facts about job satisfaction and commitment to the company. A person chooses to join active manpower not only for living gains but also for the satisfaction he derives from the work process itself. People are active and enter the professional market to ensure the necessary living capital as well as the moral satisfaction as a participant in something collective, such as corporate results and goals. Therefore, a company can contribute to the satisfaction of its employees through their earnings, recognition of results and their further development.

However, the commitment is more about the feeling of connecting the individual with the company, its strategic goal and its overall course. It is the bond both emotionally and spiritually. A committed employee enthusiastically participates in his / her work, enjoys a sense of confidence, while acting in a way that promotes the interests of the company at every level. Thus, employees receive job satisfaction from their labour when they are estimated as valuable people from their companies. The sense of commitment is another step that both workers and companies need to make to achieve a more devoted work environment and the achievement of goals to be taken into account (Carreón, 2015).

Consequently, it is understood that job satisfaction and company commitment are important factors not only for the employees but also for the companies. The continuously changing conditions in labor markets raise the need for updating the facts about job satisfaction and commitment to the company.

Organizational commitment is defined as the degree to which a collaborator identifies with the organization and wishes to continue participating actively in it. (Davis & Newstrom, 2001). There is a difference between job satisfaction and organizational commitment is that satisfaction is intrinsically linked to a job and certain labour aspects while commitment is a general affective response to the organization as a whole. One of the variables that can influence labor satisfaction and organizational commitment, is the contractual typology that regulates the labor relationship, usually differentiating between fixed or indefinite contracts and temporary ones (Baker & Baker, 1999)

Regarding the influence of labor instability on the level of job satisfaction expressed by employees, when an employee doesn't commit with a stable contract proves that job satisfaction is gradually diminishing in the face of high levels of job insecurity (Nikolaou et. al., 2005).

Likewise, insecurity in employment causes an increase in the intention to abandon the organization, since employees wish to look for safer jobs in the labor market (Arnold & Feldman, 1982). Also, it was proved from a study a strong relationship between perceived job insecurity and low satisfaction at work, this impact

being stronger on men, over a sample of 20 countries (Sousa-Poza and Sousa-Poza, 2000).

Another study is concluding that seasonal jobs harm the level of satisfaction compared to fixed employment except for the cases with contracts that, have a fixed term from the beginning. The explanation to this conclusion can be found in the fact that the first type of employee does not know exactly when his employment relationship will finish, thus his or her anguish is higher in comparison to obtain a safer and stable job in the organization (Booth et al., 2002)

1.2. Definition of Job satisfaction

Concerning the conceptualization of job satisfaction, although there are innumerable definitions of existing job satisfaction, most of the proposed definitions reflect a visually complex and multidimensional concept (Volkwein & Parmley, 2000).

One of the more classic definitions is that satisfaction with the job is a pleasant emotional state, a result of the evaluation of the employment that facilitates to reach the labor values of the individual (Locke, 1969).

Work-life balance issues are at the forefront of employment policies implemented by companies across Europe, both because of their increased demand from employees and the benefits of these practices for companies and their employees. Work-life balance helps to improve productivity and business results, to increase work commitment, the satisfaction that people feel about their work. In a study of the Balancing Act, over a percent of 80% of British workers at all levels believe that a good work-life balance has a positive impact on both productivity and the ability of the business to attract and retain talents (Torrington, 2005).

Besides, as shown by several surveys, workers who manage their hours of work flexibly are more likely to remain in business for at least another year. Employers who introduce the work-life balance concept and manage it effectively, find that they can improve the recruitment and retention of their people, increase loyalty and

motivation, achieve better productivity and reduce stress levels. Of course, the benefits of flexibility and the achievement of work-life balance include reduced absenteeism and disease rates, which in turn improve business efficiency. Companies with flexible working practices are often better equipped to cope with fluctuations in the economic climate.

Several benefits for companies with employees with a balanced work and personal life: "reduced levels of anxiety and absence from work, reduction of procrastination, increased productivity, improved communication throughout the organization, making more sound decisions and immediate implementation, renewed incentives, thus strengthening commitment, control and coordination of personal and professional life, better relations with family and friends, increased levels of energy and health (Duke, 2004).

1.3. Job satisfaction in the health sector

Job satisfaction is considered one of the major quality indicators in health care systems. It has long been found that job satisfaction is directly related to the quality of health provided (Lu et al., 2007).

Research shows that improved nursing satisfaction leads to good clinical outcome and reduces the length of stay in health units that are closely linked to the quality of care (Al Aameri, 2000).

Besides the quality of health care appears to improve when nurses gain autonomy and are expected to function at the level for which they are prepared. By offering more autonomy and responsibilities, it could be affected nurses' job satisfaction levels. These considerations are often included in the measurement scales that investigate nurses' satisfaction with their quality of work and working environment.

At the same time, it is believed that to help combat negative stress and promote well-being, it should be profitable to be offered nurses' programs that increasing their physically and mentally state. Welfare programs are programs designed to support

workers, reducing their health risks, increasing personal effectiveness, improving the quality of working life, increased the worker the commitment to the organization and thus benefiting in the results of the job performance. (Dubrin, 2003)

There are certain characteristics of a job that allow better employee satisfaction, such as in the health sector, during the performance of assigned activities including (Fernández, 2005):

- Cognitive elements that define the position, such as the possibilities of communication, the ability to make decisions or the tasks of processing and analysis of information which influence the worker's mental health.
- Physical elements that define the workplace, such as lighting conditions, noise, temperature. Physical elements are especially important in controlling the safety and physical health of workers.
- Variety of skills required by the employee for the correct performance of the activities assigned to the position, must be balanced in a way that is not excessively complex as it can produce stress, frustration and discouragement.
- Level of significance of labour that increases the self-esteem of workers' when they fulfill of duties with success. In case that activities are very simple and repetitive will result in dissatisfaction and disinterest of the employee due to lack of motivation.
- Identity of the position, in the sense that it requires or does not complement all the tasks involved in the conclusion of a complete work, with a visible result.
- Autonomy or freedom that the person occupying the position will enjoy when deciding how to carry out the work entrusted. The possibility of developing own initiatives to transcend the mere mechanical execution of

an exhaustive series of tasks usually provokes a feeling of self-realization and greater satisfaction in the employee.

- Feedback, providing the opportunity to employees know directly what the effectiveness and efficiency has been achieved. This information can be used to make a fair and objective assessment of the work performed and for corrective and continuous improvement.

On the other hand, the performance of a position and the organizational climate are important factors, since poor quality would lead to employee dissatisfaction and possible would decrease in productivity and have behaviors, such as absenteeism and bad performance (Chiavenato, 2007).

The job design defines what should make any individual in any specific area. Thus, the design of jobs should be an important point for any organization, like hospitals, since they must be aligned and focused on improving the work of the employee, providing them with greater comfort and security, collaborating with their satisfaction. Thus, it is also reflected in an increase in the productivity of the organization (Quinn, 2005).

1.4. Factors that are positively related to nurses' professional satisfaction

There are factors that positively influence the employee at work and help everyone feel satisfied with their work. These factors are: the employee's autonomy, his / her empowerment, the professional relationships he/ she maintains with his / her colleagues, the recognition he/ she receives in the workplace and the supportive environment that he / she provides, the education (Best & Thurston, 2004).

Some factors can raise the satisfaction of the people in the work, among them (Chiavenato, 2007):

- Providing incentives for nurses to find their work more interesting. Nurses need to take the initiatives at times to feel and involved more actively in their professional duties.
- Provision of benefits and opportunities, like good salaries, a bonus of performance.
- Adaption people to positions according to their interests and abilities. Designing positions to be challenging and satisfying. So, they should be given more responsibilities to nurses' and providing them with greater variety, meaning, identity, autonomy and feedback.

Factors to increase job satisfaction are nothing more than ways that must be adopted for employees to feel more identified with the organization, allowing them to be properly developed concerning the policy of rewards of human resources.

Employee satisfaction in the workplace occurs when employees provide the knowledge, skills, and abilities that are considered necessary and coincide with the requirements and expectations of the work environment for its smooth operation. Stress situations begin to appear when the employee is unable to offer or what they do, not coinciding with the requirements of the workplace, resulting in stressful situations that lead to symptoms of burnout. The degree of stress experienced by a person depends to a large extent on the attitude he or she has towards work, as well as the way in which stress is treated in general.

The external working conditions, for their part, are those that affect the degree of stress, but not on their own. If, for example, a workplace is particularly demanding, there is a chance for a particular worker to be satisfied and happy because there is agreement between his requirements and expectations. In particular, it is likely to accept the demands of the work environment as challenges that it must face successfully and thereby demonstrate its competences and be recognized by its colleagues.

The workplace must be designed in such a way as to achieve a perfect adaptation to the characteristics of the subjects that will occupy them. The final characteristics of the job will be decisive both for the quality of working life of the employee and for his level of productivity, that is why jobs must be enriching, aimed at fostering personal development and satisfaction, and making the employee have a greater interest and involvement and their performance in the work will be greater. (Chiavenato, 2007)

However, there is also the possibility that a worker in the same workplace is experiencing severe stress from the demands of work, resulting in a high risk of experiencing symptoms of burnout. It is thus observed that a workplace that is demanding, for some employees offers satisfaction, while for others it is a source of stress, as resilience to stress situations varies between employees and the type of services they offer. Nurses work under a state of constant stress. Stress is not always bad. Most people need a degree of pressure to be effective.

Problems arise when this pressure is high or for a long time, whenever their ability to remain active and productive to a satisfactory degree begins to decline. Due to the nature of the function, the nurse is confronted with stressful situations that can cause occupational fatigue. This is natural due to the nurse's constant exposure to the patients' pain, their sadness and even death. It would come as a surprise if someone claimed to have no stress given the excessive workload, overtime and almost permanent staff shortages. The belief that in the health sector, the functioning of the institution will not change for the better for years, that no one cares about the problems of nurses, the offer that is almost always not recognized by bosses and associates, the lack of communication and good governance, poor working conditions, low wages and low morals are factors that gradually lead to complete fatigue and disorganization of the nurse.

1.4.1. Autonomy

Employees will be more motivated to do their job well if they have ownership in their work. This requires giving workers enough freedom and power to carry out their duties so that they feel they have a better result. As employees they mature in their

jobs are provided with opportunities for additional responsibility. However, special care must be taken not to give them more work. Instead, ways must be found to add challenges and meaningful work, perhaps giving workers more freedom and authority.

The enrichment of the work involves the transfer of top-level responsibilities (vertical expansion) and the transfer of powers on the part of the supervisor, in order to promote autonomy and responsibility. Practical application of this is to assign nurses to the training of assistant nurses or nursing students and students.

Many researchers argue that a lack of autonomy contributes to burnout because management does not show proper trust in employees. On the contrary, giving confidence and giving initiatives to employees, motivates them to be more efficient in their work, boosts their self-confidence, resulting in greater efficiency in their work.

In addition, the exercise of freedom by health professionals determines the professional expectations of employees. However, if the opposite happens and they are not allowed to perform their duties by taking initiatives, then they may suffer burnout (Antoniou, 1999).

The autonomy or freedom that will be enjoyed by employees who hold various positions in the occupational health sector, in particular people who hold important positions, is considered to be largely important in terms of the performance of their professional duties and their willingness to work. The possibility of developing initiatives on their part to go beyond the simple mechanical execution of an exhausting series of professional tasks usually causes a feeling of self-realization and greater satisfaction in the employee. Therefore, it is necessary to have the appropriate planning of positions, so that they are demanding and satisfactory. Health professionals, such as nurses must take on more responsibilities and at the same time provide more variety, importance, identity, autonomy and feedback.

1.4.2. Empowerment

Empowerment is a complex and broad concept that could be defined as a process and a state of effect. It is an important method of increasing the efficiency of

workers with the ultimate goal of improving their productivity and the quality of care they provide to sufferers.

As a process, empowerment is a combination of transferring responsibilities and empowering, motivating and developing employees in order to achieve the highest possible performance and at the same time the highest possible job satisfaction. The key axes for the development of empowerment include:

- Creating a vision and challenge for employees to clearly understand the mission and strategic direction of leadership and the organization.
- Develop teamwork and collaboration so that employees can be actively involved in decision making.
- Control and discipline to clarify the responsibilities, roles, tasks, and expected outcomes of each individual/group and reduce conflicts.
- Supporting and creating a sense of security for employees to take initiatives.

As far as bosses are concerned, their role in empowerment is very important. Supervisors should reduce their supervisory and supervisory roles and strengthen roles related to human resource development, guidance and information, support and encouragement, teamwork development, and motivation.

Creativity is an important factor in the empowerment of employees, as it is characterized as the cornerstone of the economic and social development of any society. One way to achieve empowerment for health professionals is to ensure good working conditions, which will allow innovation in their work and at the same time enhance their imagination and creativity.

Creativity can take many forms, such as the artistic and the scientific. In terms of scientific creativity and especially the ability of the individual to generate new ideas, it seems to be related to problem-solving skills and scientific processing skills, such as

observation, classification, communication, estimation, prediction, inference, recognition and control of variables, hypothesis formulation, experimentation, illustration, interpretation (Dhir, 2014).

Empowerment can be achieved not only by taking initiatives in their professional duties, but also by continuously educating employees with effective programs and constant information on developments in the labour sector. Thus, they will feel safer and more confident in the performance of their professional duties, while the internal motivation of the employee affects the relationship between requirements and self-efficacy, which contributes to his empowerment, in case it is strong.

At the same time, psychotherapy can be an important factor in the empowerment of employees. The treatment through psychotherapy offers empowerment - enhancement of mental well-being and is related to the prevention (which is superior to treatment) of mental illness. Regarding work stress, it is important for the workplace itself, which has people experiencing stress, to ensure that appropriate actions are taken to empower and support health professionals.

However, the best way to deal with work stress and empower health professionals, such as nurses, is prevention, which can be done through education and information and in particular through counselling.

1.4.3. Professional relations

Man began to work first for the purpose of individual and family survival and then to acquire some goods to improve his living conditions. At this time his demands were focused on how he would strengthen his position vis-à-vis the elements of nature, as he often seemed threatening. Then, within a social organization, a person seeks and improves certain issues related to their working conditions, reduces working hours, and in the present context the worker attempts to improve all his working conditions in order to improve his standard of living, such as further reduction of working hours, consolidation of freedom of expression, respect for the personality and rights of the employee.

The element of communication is perhaps the most important part of human behavior, as it emerges as a connecting link that brings people together. Communication fosters justice, courtesy, intellectual development, but sometimes communication does not work well and its effects on and off others are a source of stress in the workplace. Hospital staff should work as a large team, where everyone should be treated as equal, non-discriminatory and respected, since each employee can provide services in their specialty better than anyone else.

Interpersonal relationships between colleagues are an essential prerequisite for providing integrated, quality and quantified personalized care. An important element in today's working environment is that employees can provide emotional support for each other to make it easier to deal with difficulties in the workplace such as misunderstandings with co-workers. These conflicts may be due to the resulting competition, the surveillance that employees may feel unjustly to complain about, and their personality differences. That is, conflicts can be attributed to causes that indicate that relationships between colleagues are also influenced by environmental factors.

Corporate solidarity -with all its elements- is disturbed by the growing criticism, lack of cooperation and isolation, where the employee prefers to spend more time with patients, minimizing communication with colleagues. Isolation causes stress in the workplace, as the employee is not able to discuss personal or professional problems and find ways to deal with them.

In the context of work, problem-solving requirements enhance employees' sense of self-efficacy. Employees' belief in their ability to be creative has a positive effect on their performance. Important, however, is the fact that the positive relationship between demands and self-efficacy exists when the employee is internally motivated and this explains why everyone reacts differently to work challenges. Therefore, high internal motivation is important for the development of creativity, but it should be associated with high work problem-solving requirements to positively affect the sense of self-efficacy, which in turn leads to creativity.

Problem-solving requirements are positively associated with creativity and creative self-efficacy, which is also positively associated with creativity. In particular,

creative self-efficacy seems to mediate the relationship between workplace problem-solving requirements and creativity.

Human and working relationships are the interaction and cooperation between members (same or different) groups (Antoniou & Athinaïou, 2015). The management of the hospital must know, but also investigate what are the factors of the job performance of the nursing staff to take the necessary actions and behaviors and at the same time to promote a positive working climate where working relationships are valued and good interaction between employees thrives (Lu et al., 2005).

Factors related to employment relationships (with bosses, subordinates, co-workers), are classified into one of six categories of psychosocial factors, which may trigger not only the occurrence of work stress but also the existence of adverse conditions such as workload. The other categories are the factors related to the work role (role ambiguity, conflicts), the factors of professional development and career of the individual, the factors of organization, structure and climate of the workplace and finally the factors related to the interconnection of family and work of life (Cooper, 1998).

1.4.4. Recognition

An introductory suggestion in Herzberg's et al., (2005) theory is that most workers sincerely want to do a good job. To achieve this, they need to be positioned in places that use their talents and not end in failure. Have clear goals and measures to achieve for each position and ensure that employees know what those goals are and what the measures are. Employees should also receive regular, timely feedback on how they do and should feel that they are adequately challenged in their work. It is important, however, not to overload employees with challenges that are very difficult or impossible, since they can be paralyzing.

Employees at all levels of the organization want to be recognized for their achievements at work. Their successes should not be monumental before they deserve recognition, but the praise given to them must be sincere. When it is noted that employees are doing something good, it is good for them to recognize their good work

immediately. It would be especially good to publicly praise anyone who handled a situation very well or -in other cases- be given a bonus, if provided. An official recognition program, such as the "employee of the month" may still be established.

Recognition is one of the three factors of organizational commitment, along with involvement and belief. Organizational commitment is a psychological state that develops between the individual and the organization, is related to the work psychological profile and the commitment of the employee to the organization. Each factor separately from these three has its involvement and weight in the completion and the degree of organizational commitment (Mayer, 1992).

At the same time, social recognition for the work of health professionals is one of the important internal motivations, along with interesting work, a sense of pride, a sense of supply and a challenge of respect. These motivations are characterized as vital in motivating employees and feeling satisfied with their profession. Certainly, a reward for professional duties, such as cash rewards, travel, technology gifts, work permits, in recognition of the contribution of employees to health professionals is considered important. Nevertheless, it is more important for employees to have ethical recognition from colleagues, management and patients and their relatives, in case we are referring to health professionals.

1.4.5. Supportive environment

National health systems around the world are facing increasing challenges as they arise through the peculiarity of health as a public and social good. The range of healthcare needs and financial constraints limit the ability of services to strengthen structures and human resources. There is a global crisis in the shortage of nurses. According to studies done in the workplace that deal with health, there are certain sections with a higher degree of occupational stress and therefore a higher rate of occupational dissatisfaction due to the stress and the consequences of this, although this may be a phenomenon that may report to all hospital staff, regardless of occupation.

These sections are also called high-risk sections because there is a great deal of responsibility for dealing with critical cases, there is a fear of dying of patients, there

is a monotony and a state of repetitive work. The aforementioned tensions, which occur, can directly or indirectly affect the quality of the climate in the workplace where staff are employed, as these departments usually do not support staff autonomy, reduce their initiative, impede freedom, and thus, its physical comfort in the space, so that the staff does not have the feeling of control and responsibility of their actions in the production of the project.

There are work environments that support excellence and have the power to attract and retain enough nurses. They are termed "Supportive Work Environments". Regardless of their practices, workplace and country of origin, nurses have one key feature in common: they are professionals committed to operating based on the holistic approach to personalized health care. Nurses as Professionals, they need a work environment that recognizes the social and health aspects of their work as well as the scope of action as defined by each country's regulatory legislation (Miller- Bader, 1998).

Kristensen's (1999) model of social and psychological well-being combines four stressors that are related to both the individual and the body. Optimal social and psychological well-being require, inter alia:

- Elements that fit the characteristics and capabilities of the individual.
- Social support from colleagues and management, access to education and career opportunities.
- Autonomy and control over programming.
- Balance between services and remuneration.

The role of the Human Resources Department is critical. Good companies are activated and adopted various programs to help employees maintain balance in their lives (Pruijt, 2000):

- Programs extra permits, flexibility in hours and working from home.

- Working mothers who work from home, flexible permits to allow workers to cope with family issues are some of the practices.
- Facilitation programs in personal matters. Time is money and if the company employs many hours the employee, all it can do is to "relax" him from thousands of little things that have to do during the day. It can provide services to dispatch public services, as employees will not busy with them and waste their valuable time.
- Wellness and health programs. Whatever is left behind is the personal attention and the company can significantly help to create a wellness environment with nutritionists, fitness and activities that promote healthy lifestyles and personal care.
- Programs for the family of employees. The worker missing many hours of family and any activity, practice or provision which brings him close to or helps to ensure the best is not only valuable for the employee, but also for his family from which he lacks.

Employees who feel that the company cares about the professional and personal balance automatically become the "ambassadors" and are those who will try to make the best, so much the growth of an organization and performance of the company (Quinn, 2005).

Among the organizational factors, there are policies for work-life balance inside and outside organizations. Bad relations with colleagues, lack of support from the boss, unclear instructions and guidelines, insufficient communication channels, competition, isolation, insecurity, non-participation in decision-making, lack of control, ambiguity in goals and business structure, vague performance evaluation system, bad climate, non-recognition or reward for good performance, prevention of take-over Initiatives, non-encouragement or assistance in balancing work and working conditions. These factors play a large role in how employees deal with organizational

values and culture as a whole, and that the level of understanding and social support provided.

At the same time, employees maybe have low morale or little incentive, avoids fulfilling their duties, gives too much attention to insignificant details. Also, their attitudes towards the job are characterized by negativity, distancing and apathy. All other employees, the human resources department and their colleagues should act to support them. It is good for management to provide effective education and mental health and wellness programs to boost morale. Colleagues discuss their problems and develop friendships. They must show respect and solidarity and to promote emulation and smooth cooperation between them.

A friendly workplace environment plays an important role in promoting appreciation for fellow human beings and recognizing values and respect for personality. Employees are the most valuable assets for organizations, so ongoing support from management is necessary. At the same time, health professionals receive support to continue their difficult work from patients, when they are told how valuable care they provide and how important it is to improve their quality of life.

1.4.6. Lifelong Learning

One of the reasons why 'lifelong learning' has become so important is the accelerated development of science and technology. Despite the increase in primary, secondary and tertiary education (14-18 years, depending on the country), the knowledge and skills acquired are usually not sufficient for a career that will last three to four decades. "Lifelong learning" is subjective and relates to whether one can be open to new ideas, decisions, skills or behaviors. Lifelong learning is important for health professionals and especially in the workplace and not just through the "official" education channels, namely Schools and Universities.

Around the world, there is a plethora of specialties and specialties that essentially reflect the socio-economic level of each country. For each country, it is necessary to systematically identify the real needs of skilled and specialized nursing staff and to adopt already tested programs of other countries in their implementation

and assessing the competence and judgment of professional nurses as specialized. The demands of citizens, service providers and education officials to ensure high quality nurses capable of responding to ever-increasing needs and changes in the health sector take place during a period of restructuring of health systems in the European Union.

With a view to improving the quality of care and patient safety at European level, it is imperative for all nurses to be actively involved in the development of knowledge and nursing practice. Nurses are individually responsible and take the lead in improving the quality of care provided. The requirements for quality improvement, accountability and effectiveness of nursing practice underline the need for nurses to demonstrate an ongoing awareness of new knowledge and techniques and developments in the profession. Thus, nurses should be able to participate in providing the best possible care with the scientific approach that characterizes Nursing. The enrichment and enlargement of the acquired knowledge, in other words continuous learning, is a key component in the improvement and development of Nursing (Marzlin, 2011).

The 21st century has diversified the aims of education to cover all activities that enable people, from childhood to adulthood, to gain a dynamic knowledge of the world, other people and themselves, thus harmoniously combining the four fundamental types of learning as defined by UNESCO (The Treasure Within, UNESCO report to the International Commission on Education for the Twenty-first Century, 1996). These "four pillars of education", as they are otherwise called, support the principle of lifelong learning and establish the learning process as a basic need that needs constant satisfaction. "How do I learn to know", "learn to act", "learn to coexist" and "learn to live" are the alpha and omega of lifelong learning (Megginson, 2008).

Adult learning is considered more important for lifelong learning because it promotes individuals to take an active role in lifelong learning, a process that will help them mature and become wiser.

1.4.6.1. Continuous Professional Development

Continuous professional development is part of lifelong learning and is defined as the continuous process of personal development to improve the competence and recognition of the maximum potential of health professionals in the workplace. All of this can be achieved through the acquisition and development of a wide range of knowledge, skills and experiences that are not usually acquired during training or daily practice and that together develop and maintain the competence required to practice the profession.

There are several reasons why continuous professional development is necessary:

- Demonstrate the ability to provide safe and documented care to perform patient care and maintain public confidence.
- Desire to develop professional knowledge and skills.
- A regime that obliges professionals to become members of a professional association / organization or even an obligation to maintain their registration in the professional register.

Continuous professional development encompasses a wide range of formal or non-formal learning activities. It can range from educational licenses for development of activities and knowledge in specialized areas of nursing, up to degree programs leading to an academic degree. Other activities, such as in-service training, studies, publications and clinical supervision, are also valuable learning opportunities.

Employee performance helps leaders create great organizations. Several factors affect the performance of the job. One is education. In the direction to having the right education can have a strong positive effect on employee job performance. There are times when a new employee is fit to fill a gap the organization needs and improve performance in that job. If one is in the right job, there is a direct link to

performance. There is more commitment, satisfaction and motivation for the employee and better overall performance for the employee (Ng & Feldman, 2009).

Performance of work is defined as a product of quality, as well as the amount of work performed, or more often in terms of how well an individual can perform tasks in his work (Peng, 2014).

Individual performance is generally determined by three factors. The motivation, the desire to do the job, the ability to do the job and the work environment, the tools, materials and information needed to get the job done.

Motivation represents the forces of an individual that have a direct effect on the three elements of motivation that are (McShane & Von Glinow, 2010):

- Direction, this can be considered as the path in which one exerts one's effort.
- Intensity, how much effort a person puts into a specific goal.
- Persistence, continuing the effort for a certain period of time.

1.4.6.2. In-Service Education

In-service training is defined as: "*the training delivered in a structured work environment that empowers the individual to become more proficient in the profession*" (Economik, 2003). Thus, the individual, that is to say in this case the healthcare professional, has the opportunity to develop more into proficiency in technical objects in order to maintain and expand educational and technical content and processes in a changing environment with a view to personal development of capabilities.

Ongoing in-service training helps healthcare providers (nurses) acquire, maintain, and improve their competencies and skills in specialized nursing areas. Continuous in-service nursing education is definitely needed in the clinical setting. Utilizing the right potential can help the most in striving to broaden the knowledge and

improve the skills of nursing staff. There are many ways to improve in-service training that should be explored based on scientific approaches, ranging from evaluating the results of each service on a regular basis (Kovner et al., 2010).

The organization must train all employees to increase efficiency if it is to keep up with the changes. People need to learn constantly and not stop when they finish compulsory education, especially when we are talking about employees. It is vital to help employees with laws and regulations, to use technology effectively, to work productively and efficiently.

Companies or organizations need to train new candidates in the organization and existing employees. Existing employees are trained to update and improve their skills and knowledge.

1.5. Lifelong nursing education

The term Lifelong Education and Lifelong Nursing Education, refers to a continuous and indefinite term in learning and refers to the effort being made by various bodies and by the individual himself, to acquiring new knowledge, beyond those acquired through basic education. It is a process that begins after the end of studies and lasts for the whole life of the individual. Lifelong Education is a moral duty of every nurse, given that 50% of our knowledge is considered obsolete after 10 years (Scheaffer et al., 1998).

Lifelong learning in nursing is definite as an active procedure, which includes both personal and professional life. This learning development is also both formal and informal. Lifelong learning includes looking for and rising new worlds or ideas in order to advance a new viewpoint as well as enquiring one's environment, knowledge, skills and relations. The most important features of a lifelong learner are: reflection, questioning, enjoying learning, understanding the dynamic nature of knowledge, and engaging in learning by actively seeking learning opportunities. Keeping the mind dynamic is important to both lifelong learning and being able to decode knowledge into the capacity to deliver high quality nursing care (Davis et al., 2014).

Improved capabilities, knowledge and skills of the talented workforce have proven to be a source of competitive advantage in a global market. Developing employees' desired knowledge, skills, and abilities to perform the job well requires effective training programs that can also affect employee motivation, commitment.

In the direction to prepare their employees to do their job at will, organizations provide training to optimize their employee potential. Most of the organizations, applying long-term planning, invest in building new skills from their workforce, allowing them to face the uncertain conditions they may face in the future, thus improving employee performance through a higher level of motivation and commitment. When employees recognize the organization's interest in them by offering training programs, they in turn, make every effort to achieve organizational goals and perform well at work.

1.5.1. Aims of Lifelong Nursing Education

The purpose of the LNE is to build on the basic training and empirical foundations of nursing staff to promote clinical, administrative, teaching, and research knowledge and skills to improve public health. It is the responsibility of the LNE trainer to ensure that the activity is primarily designed for this purpose. LNE always focuses on patients, with respect for human dignity and life, in the application of practices, methods and techniques (Pena, 2006; Morgan et al., 2008).

Education doesn't find an end, after nurses graduate university and get their license. Instead, they start on a long journey of lifelong learning that goes on through their nursing career. It's important that they keep gaining knowledge to keep up-to-date upon changes in nursing sector and satisfy their scope of practice and standards of care. It may include formal or informal educational chances such as: joining in traditional or online degree programs, participating in online webinars & videos, attending conferences, be part of nursing associations, obtaining specialty certification, take the advantage of on-the-job training, reviewing and analyzing nursing journals, articles and evidence-based literature, cooperating with other healthcare professionals, volunteering on commissions.

Healthcare is complicated and performs are always developing. A large part of the patient population is over the age of 65. Elderly patients tend to suffer from one or more chronic health diseases. Nurses must have the necessary knowledge to treat and help them managing their diseases. Lifelong learning provides nurses with critical-thinking and problem-solving abilities needed to resolve matters they may happen while taking care of patients. LNE helps nurses to be up to date on new techniques, policies and procedures, that they have the following influence on healthcare sector:

- Create strong collaborative relationships with patients and co-workers.
- Improve patient outcomes.
- Minimize mortality rates.
- Minimize the possibility of errors.
- Well-informed nurses may be happier workers and more satisfied, more confident in their nursing role, which helps with employee maintenance and higher quality service.
- Lifelong education may also help nurses develop in their careers and receive a higher salary.

Due to the rapid pace of global and technological development, companies are now facing new changes and challenges. Technological developments have shaped the need for the skills and capabilities required to perform specific tasks. Thus, addressing these challenges requires more improved and effective training programs than all businesses. Effective training programs help to create a more enabling learning environment for the workforce and to train them to meet the challenges ahead more easily and on time (Wei-Tai, 2006).

Effective training programs help employees become aware of the desired new technological advances, as well as gain full knowledge of the skills and competencies required to perform a specific job and eliminate work errors and mistakes. Training not only develops the employee's skills but also increases his thinking ability and creativity, in the direction to make better decisions on time, also in a more productive way. In addition, it allows health employees to deal effectively with the patient and respond to his or her wishes on time.

Training develops self-efficacy and results in superior performance at work, replacing traditional weak practices with effective and efficient work-related practices (Kathiravan et al., 2006).

In addition, it is suggested that training can also be an effective tool for improving job satisfaction, as better employee performance leads to appreciation by top management, so the employee feels more adapted to their job. (Rowden, 2002)

Chapter 2. Human Resource management policy

In a highly competitive economic environment, characterized by phenomena such as market globalization, changing customer demands and increasing product competition, people and the way they are managed become more important because many other sources of competitive success are less powerful. But, in order to achieve competitive success through people, we need to change the way we think about working relationships. This means that the company should successfully work with people and see the human factor as a source of competitive advantage rather than a simple cost (Mumanthi, 2014).

Human resource management is an important part of the body. This department manages all staff and employees, from recruitment, selection, training, development and retention in the organization. In this rapidly changing world, managing and achieving employee performance is gradually becoming more demanding and versatile in an organization. There are ongoing efforts and strategies found in many organizations to achieve their goals and also the achievements of excellence by gaining a competitive advantage. Employees, on the other hand, need to be creative, competent, innovative, flexible and trained to handle information effectively.

Human resource management dates back to the Stone Age when tribes chose their elders. Later in China, tests were performed to evaluate employees and the application of staff training was applied even in Ancient Greece. Lately, all these features are part of human resource management. The great industrial revolution of the late 19th century contributed to the creation of special departments which are responsible for the care and improvement of their employees, especially in organizations with more than 100 employees. The way it is performed depends on the characteristics, abilities and skills of their employees. The same is true in organizations with less than 10 employees, where the training and development of employees carried out by external partners.

Among the important functions of human resource management, one of the key functions is the development of employees through appropriate training and development programs. Employee development refers to the development of an employee's skills and abilities, and therefore of the entire organization, to meet the standard level of performance. The more developed the employees are, the more satisfied they feel with their job, thus increasing the productivity and profitability of the company (Champathes, 2006).

2.1. How employees` evaluation affects human resource management

Staff appraisal is a systematic approach to gathering information about individuals. This information is used to make employment or career decisions for applicants and employees.

Any test or procedure used to measure a person's professional or career qualifications can be considered a staff appraisal tool. There are many types of staff assessment tools. These include traditional knowledge and proficiency tests, inventories, subjective procedures, and projection tools.

Staff assessment tools differ in:

- Purpose, for example selection, placement, promotion, career counselling or training.
- What are they designed to measure, for example abilities, skills, forms of work, job values or professional interests.
- What are they designed to predict, for example job performance, managerial capacity, career success, job satisfaction or tenure.
- Form, for example paper and pencil, work sample or computer simulation.

- Level of standardization, objectivity and quantification.

The various evaluation tools and procedures differ significantly in these factors. For example, there are subjective repetition evaluations, high-structured achievement tests, interviews with varying degrees of structure, and personality inventories without specific correct or incorrect answers.

All evaluation tools used for employment decision-making, regardless of form, level of standardization or objectivity, are subject to professional and legal rules. For example, both the evaluation of a CV and the use of a highly standardized achievement test must comply with applicable laws. Evaluation tools used solely for career exploration or advice usually do not comply with the same legal standards.

A staff test or procedure provides only part of the picture for one person. The staff appraisal process, on the other hand, combines and evaluates all the information gathered about an individual to make career or employment decisions.

Some scientific state that employee evaluation has two general roles in organizations (Mathis & Jackson, 2011):

- Making administrative decisions regarding employees (compensation, promotion, dismissal, reduction of staff, dismissals, etc.).
- Identification and planning of employee development opportunities (identification of opportunities or areas for growth, career development, etc.).

When developing an employee appraisal system, it is suggested that the organization's management should make several important decisions:

- Who should design the evaluation process?
- Who should evaluate whom?
- Who should review the results of the evaluation?

- How could these results be exploited?

They also propose the evaluation criteria for the development of an employee evaluation management system for an organization grouped into the four main dimensions:

- Content of work.
- Work practices.
- Efficiency of work.
- Quality of work / Communication.

Employee performance appraisal is part of performance management that consists of these five activities (Mone et al., 2011):

- Defining performance and development goals.
- Provide continuous feedback and recognition.
- Management of employee development.
- Carrying out estimates in the middle of the year and at the end of the year.
- Building a climate of trust and empowerment.

2.1.1. Identifying needs

The design to cover the necessary positions in a hospital unit is a function of the study of general human resources needs. Investigating staffing requirements is a complicated process that is done properly only taking into account certain criteria. However, in the public sector things are simplified because of the classification of posts as organic and very specific in number but also because of legislative, budgetary constraints and well-defined financial resources. At a private level, of course hospital or public unit in which the above will not play a decisive role, it is necessary to carry out the sixth step of the encyclopedia (Ihlenfeld, 2005):

- Actions: demarcate the fields of work and be in full harmony with the respective specialties of the health professions. This also implies keeping

a ratio between healthcare professionals whether they are doctors with nurses, or they are medical with laboratory professionals.

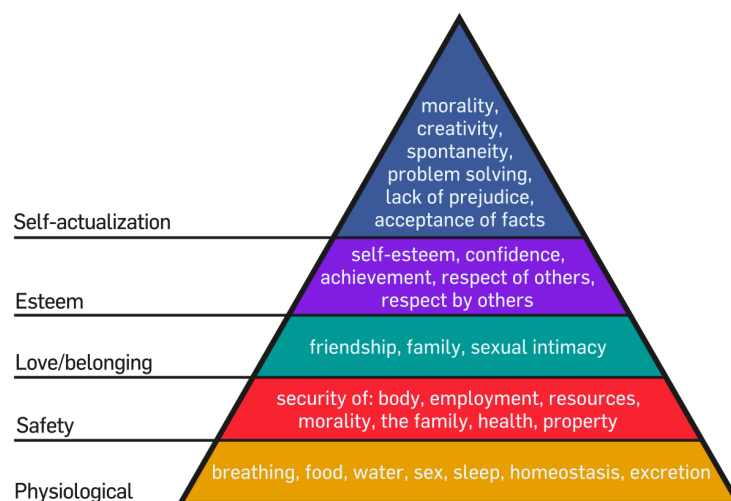
- Staff: determine the volume of services provided and the capacity of the beds and whether and to what extent there is a standardized relationship between cabinets and fitted beds.
- Calculate the quantities of imaging tests produced per machine and technologist or have an overview of the labor market and the outputs of the education system in the categories of health professionals.

At the second level, the provision of qualified staff also includes the professional rights that such persons may enjoy, as well as the conditions prevailing in the professional associations of health professions and whether and to what extent they are entitled to claim rights.

Maslow's theory of the hierarchy of needs, which is at the forefront of the most important studies of motivation, also known as the Maslow Pyramid, lists five different levels of needs (Ştefan et al., 2020) (Figure 1).

Figure 1

The Maslow Pyramid



It is important to consider the connection between Maslow's theory and employee motivation, specifically with health professionals. More specifically, labour productivity is a need, which in the first stage is limited to " where health professionals tend to work hard to earn the pay they need to survive.

In the next stage, the demands of health professionals for safe working conditions appear, especially in times of pandemic, where there is a risk of transmission of the disease and all protective measures must be taken. Therefore, it must ensure a safe working environment.

Then and if the specific needs are met, individuals are at the stage of the need for socialization and then the satisfaction of their self-esteem. Ensuring social needs in the work environment can be achieved by creating a team spirit, a sense of acceptance of employees and that they belong to the health organization they work for, in the case of health professionals.

The next step in prioritizing work needs and motivations, according to Maslow, concerns self-esteem needs. For health professionals, in particular, their role must be recognized by both the state and the citizens, as they are at the forefront of the battle. Indicatively, several offers were given for free travel, with the possibility of contributing citizens, in recognition of the offer of the work of health professionals, in times of pandemic.

Above the pyramid and the needs for self-realization, health organizations are allowed to take full advantage of the potential of health professionals, enhancing the overall productivity and efficiency of the business. Organizations have the potential to encourage and explore the greatest extent of employee creativity and innovation.

Of course, in the event of a pandemic, health professionals are required to be creative, as they must deal effectively with the pandemic. For example, those health professionals who fought for the discovery of vaccines.

2.1.2. General framework for central planning of job placement

At the state level, staff planning is done by the Ministry of Interior, Public Administration and Decentralization based on the needs of the services. In particular, for the Public Hospital Sector, the new recruitment is based on the vacancies created in the Hospital Organization either by its establishment or by subsequent modifications. These modifications sometimes create jobs, sometimes transform existing ones by redistributing all existing specialties.

More specifically, the Board of Directors of the hospital decides on the jobs, after studying the recommendations of the Directors and Heads of Departments regarding the human resources needs. Of course, existing organizational positions also play an important role in the decisions that determine the quantity but mainly the quality of staff required.

Respectively, the prevention and detection of infringements in combination with the imposition of sanctions are important elements, which presuppose the presence and strength of control mechanisms. The ultimate goal is for the control mechanisms to carry out various investigations, proving the specific misdemeanours, automating the procedures in the field of imposing sanctions for each infringement and enforcing them, to act as a deterrent for civil servants who want to commit infringements. (Larat, 2012)

The presence of the legal relationship between civil servants and the state is documented by the fact that there are special oaths for each civil servant, which indicates on the part of the employee the acceptance of his position and appointment. In addition, it is important to point out the mandatory oath of civil servants, where it is subject to the condition of the citizens' choice to join the public services, constituting a form of promise on their part to perform their duties responsibly.

In essence, the importance of the swearing-in of citizens is linked to its legal nature, if it is deemed necessary for their integration into the public sector. In addition, it has its moral dimension, because it has to do with the assumption of their duties for the fulfillment of specific obligations by the employees to the Greek state.

At the same time, since the framework of values on which the work of civil servants is based is linked to their standard of living, but also social cohesion, the exercise of management is a crucial obligation from its moral dimension. Thus, it sets restrictions on the civil liberties of officials, due to their access to forms of power, which have a direct impact on the lives of citizens. Essentially, civil servants give up some of their freedom in return for the high goals that people perform in the performance of their duties.

It is worth noting that a code of ethics should reflect the triptych of values (Palidauskaite, 2002):

- Principles of personal ethics, including honesty, sincerity, courtesy.
- Professional values of public services, including the avoidance of irregularities, violations.
- Legal rules, such as the prohibition of abuse of office for civil servants.

It is noteworthy that modern codes of conduct for public officials clearly define specific principles, such as credibility, integrity and accountability, while at the same time focusing on how they are applied in certain circumstances of the principles. (Palidauskaite, 2002)

Worth mentioning is the essential relationship between civil servants and the citizens they serve and should be linked to values of respect, solidarity and trust. Essentially, due to the promotion of the relationship of trust, there are several codes at the governmental and professional level, where they impose certain obligations on civil servants, due to their ability to exercise public authority through their profession.

Ethics proposes responsibility at the individual level, which is based on the autonomy of the will and is expressed through a constant search. For its part, ethics in the field of will autonomy is linked to constant search.

2.1.3. Attracting health professionals to work

Health sector like any other industry is trying to attract the most skilled professionals to its workplaces. However, this job advertisement, whatever its form, must adhere to some basic principles of marketing in order to achieve its goal. In particular, the job candidate must be seen as a consumer of a service in order to promote the job properly. There are a number of steps that need to be taken to create an effective ad - call of any kind. Initially, it is necessary to determine the target population (Ross & Stevens, 2013).

Next, the reader's attention should be drawn in every possible way, possibly using optical media. In addition, the application for employment must explicitly mention all the conditions to be met and the qualifications the applicant must possess. If this preliminary screening phase of the resume ends successfully, then the dialogue between the employer and the employee must come to a more personal level. This will be done drastically by conducting the interview.

The General Manager of Human Resources Management should focus on key talent management - the acquisition, hiring and retention of talented employees. The key to motivating the workforce to the fullest within an organization is to align talent management with the organization's strategy, establish consistent leadership criteria across all operational areas, and identify specific competencies (analytical, technical, training, experience), where they must be cultivated with a view to the continuous development of workers (Sunday, 2012).

It is worth noting that the talents are in a wider range of activities of companies, including health organizations, the most important acquisition that they can have with the ultimate goal of climbing in their fields of employment. At the same time, the health industry as a whole can meet the current challenges of financial and inpatient care, through the systematic promotion of leaders who will be distinguished by talent and will have the ability to help a health organization at all levels, including all levels of staff.

In order to achieve this goal, it is necessary to invest in various programs, such as training seminars, which will provide incentives and supplies to employees to contribute to the successful course of health organizations. There are industry and business models, where they can imitate health organizations to some extent, with the ultimate goal of implementing similar practices, which have proven to be very successful for their development and progress in the various branches of their activities.

Two different approaches to talent are mentioned. The first is the "objective" approach, where it was developed earlier than the second, while it is related to the personal characteristics of the talents. The second approach is the "subjective" approach and is associated with one or more talented individuals (Gallardo et al., 2013).

In the context of the objective approach to talent, a greater classification is implemented between the approaches which:

- Identify talent as physical ability.
- They liken talent based on the mastery of the systematic development of skills.
- They connect talent with commitment and motivation.
- They point out the importance of adapting between a person's talent and the environment in which he works, where it is essentially related to the organization, but also the position he holds in the organization.

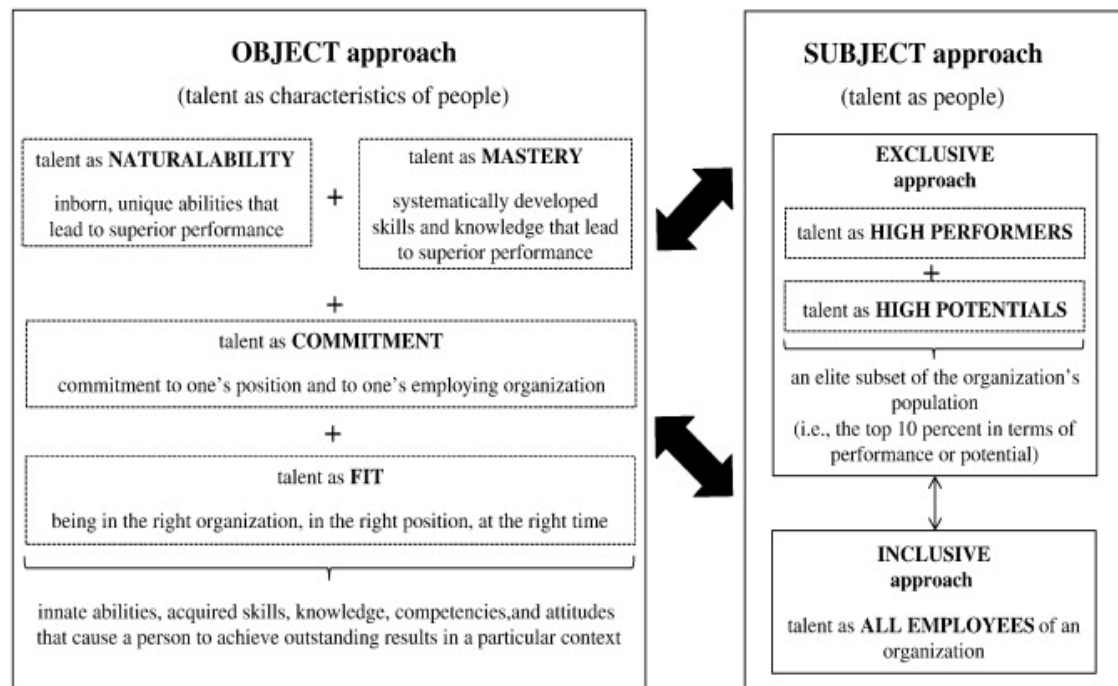
Employees with great potential are considered to be able to evolve at a faster rate compared to their colleagues and to rise to higher levels in the organization's hierarchy (Pepermans et al., 2003).

According to research, there are some health organizations, which have managed to stand on their own two feet and overcome the problems and inhibitors in difficult economic conditions, due to the use of talents. The promotion of health

organizations is of great importance for society as a whole, their operation serves the basic needs of humanity. At the same time, it is an industry with high demands on logistics infrastructure, but also on staff with the ultimate goal of being able to operate in the right context (Groves, 2011).

Figure 2

Framework for understanding talent in the world of work



Therefore, a phenomenon that was observed in Greece, but also in general on a global scale, was the under-functioning of some health organizations due to the financial crisis, resulting in the understaffing of some hospitals with the appropriate specialized staff, as well as shortages in materials and technology (Groves, 2011).

At the same time, the general cuts, including mainly the utilization and management of talent, are attributed to the prevailing perception that the direct costs of staff management departments, such as payroll and training costs, are more urgent priorities compared to the compensatory benefit results from higher employee engagement and innovative ideas (Pfeffer, 2007).

2.1.4. Selection and Certification of Tasks

The candidate's interview is a focal point in the recruitment process. This is why it is customary for the first interview to follow a second one which finalizes the employers' decision. The key to the interview is having a dedicated interviewer who is knowledgeable in human resources and will be prepared to read the candidate's personal file to ask him / her questions, as well as to answer his / her own. In particular, the content of the questions should be relevant to the employee's CV. Of course, the interview needs to be conducted in the appropriate space without constant nuisance and available all the time required. At the beginning of the interview, the person in charge must stand up from his office, stand in front of him and salute the candidate by shaking hands with his name and recommending himself to sit down. The questions to be asked are also given by interview templates, which can be copied.

The point, however, is that the examiner is treated as a professional and the answers are not accurately recorded, as this distracts both, delays the process and causes the candidate anxiety. Then, the candidate himself can ask questions and request relevant information. It is important for the interviewer to be able to answer the candidate's questions in order to build a positive, friendly relationship from the outset, in which personal opinions will be expressed and the skills and achievements of the candidate will be revealed.

In order to reach a satisfactory result within a reasonable time, the interviewer should first arrange for the following (WHO, 1993):

- Have decided in advance what he is looking for and have the appropriate one ready work proposal.
- Be clearly aware of the characteristics of the person required by the position and the individual.
- Aiming at gaining the confidence of the person who obtains at the same time a picture of the candidate's values and a picture of whether they match

the mission and the philosophy of the organization. Or to set specifications for the candidate's dress, gestures and other special features.

In particular, for the dress code, the candidate, if a man, must ensure that he is well-shaved and combed and wearing a suit with or without tie and similar footwear. The beard is only accepted if it is taken care of. If the candidate is a woman, she must also be well-combed, dressed in a suit, dress or skirt with socks and similar jewelry. Makeup and fragrance if available must be distinctive. In general, the appearance of the candidate and his body posture always should exude aesthetics and ability to make the right choices. Thus, the candidate is given weight in the interview process and a sense of uniqueness.

Of course, this does not mean that the dressing for the interviewer himself does not apply. On the candidate's side, for the interview to succeed, he must give his personal mark in a positive light. In particular, it must arouse the aura of a cooperative and pleasant person who can handle situations with subtlety and objectivity. In addition, it is advisable to be calm with no behavioral outbursts or a tendency to slaver. It goes without saying, however, that he is free to express his preferences and objections where they exist. In this context he may not answer questions affecting his personal data. The key to both parties throughout the interview is the pursuit of harmonious interaction. This implies adherence to the measure at all levels and commitment to the target (Ross & Stevens, 2013).

2.1.5. Evaluation Procedures of All Applicants for Evaluation

Evaluation is a very important process for the business. Through this it seeks to find the most suitable partners and reject those who lack specification or do not fit perfectly into the profile of the job they wish to fill. Essentially, evaluation sets the criteria for evaluating extensive interviews that present different perspectives of a candidate. It is worth noting here that for all of the above reasons both the interview process and the evaluation process must be handled by senior executives.

Specifically, interviewers and evaluators have lists of different dimensions of the task ahead to make it faster and more objective. One of these lists records the following variables (Weng et al., 2010):

- level of activity in previous service in the hospital
- adaptability
- organization flexibility in behavior
- design and stress tolerance; analysis of problems
- communication skills; solving problems by taking active decisions, sensitivity
- development existing
- categorization of administration
- delegating responsibilities/ controlling delinquency/ leadership initiative
- accessibility

The point is to look at all of these recruitment criteria, as well as many more that the employer can set on his own to drive the business into effective recruitment. Of course, there is a need for specially trained assessors at the same time. In addition, through such a process it is possible to eliminate any kind of racial discrimination, the sexually, socially or even religiously, step.

This evaluation system offers candidates with objectives and qualifications that are objectively superior and enhances the authority of management. Of course, such an in-depth evaluation takes a long time and may cause a lot of stress to the candidates, but it works best for everyone.

Three basic methods can be used in the employee performance appraisal model and they are classified into the following three groups:

- Individual evaluation methods.
- Multiple evaluation methods.
- Others based on individual and multi-person methods. The latter include performance tests and field review.

However, all these upper methods proposed have the disadvantage of subjective evaluations.

At the same time, some scientifics' deal with the evaluation of the performance model itself which consists of steps such as measuring the current performance, analyzing the measured data, interpreting the analysis results and the return of these results to the improvement of the current performance model at the target stage. In short, according to them, the evaluation of the performance model itself consists of five stages: preparation, measurement, analysis, interpretation and feedback (Leem & Injoo, 2004).

On the other hand, some state that an effective and equitable performance appraisal process is based on key building blocks, which include an agreed set of competencies, precise commitment statements, and consistent standards of practice. (Smith et al., 2010)

According to them, the first component in the evaluation process is a skill, which is a set of complementary skills, knowledge and attitudes that allow an employee to perform a task. Ability is the application of the knowledge and skills required to carry out the project. The expected level of competencies of individual employees is what is determined by their profession, their supervisory/managerial role and the responsibilities of their unit in the organization.

The second element in the evaluation process is the standards of practice, also known as performance expectations. A template is a description of a satisfactory level of performance for a specific employee task. Practice standards are necessary to reduce subjectivity in the performance appraisal process. Each standard includes some measurement criteria. To complies with a standard, all the criteria mentioned must be met. A pattern remains relatively stable over time, but measurement criteria may be revised more frequently to reflect advances in scientific knowledge and practical expectations. A template says what should be executed and how it should be executed.

The last, and third, component is a task statement that is a short and clear list of key features of tasks or areas of work for a given position running on a template. This statement states what needs to be done, not how it is going to be done, it describes the work behaviours expected of any employee. Tasks are listed in order of priority.

A good functional model for evaluating employee performance is also important for building companies that want to rely on knowledge management. In knowledge-based companies, human resource management focuses on increasing the so-called intelligence of organizations and developing the potential of employees through learning, participation, collaboration and initiative. Nowadays global markets, knowledge is an asset, but learning is a necessity (Volna et al., 2013).

2.1.6. Permanent staff recruitment

Staff selection differs as a process from the public to the private sector. Of course, this is reasonable and is explained by the fact that the State seeks the highest possible degree of standardization for the economy of time and resources. In the public sector, initially the recruitment process is carried out by a public organization for staff recruitment (called ASEP in Greece), an independent authority subject to government and other scrutiny. Specifically, ASEP conducts a public tender either in writing or, exceptionally, orally based on the strict order of priority. This method has been considered the fairest and objective because of the high bidding. However, in order to move the mechanism of this tendering procedure, those positions which require cover are first advertised.

The notice is therefore published in a special issue of the Government Gazette and a summary of it is included in the daily press. Furthermore, recruitment through ASEP plays an important role as well as the scoring that one might say an evaluation of the candidate's qualifications in molecules based on ratings approved by the Ministry. Then, when the staff member at a Hospital for example is appointed and sworn in, then their personal register is created at the Personnel Office.

This happens irrespective of his position or grade and includes his individual, family, property and finally his status. Thereafter, the Hospital Commander, together

with the responsible Director, shall place the staff where they deem necessary and the head of the department shall assume the responsibility. This is done by a designated person or office so that the controls are more thorough.

Therefore, in addition to the basic qualifications of a professional license, education, training and certification by a special committee, particular emphasis is placed on the background and the letters of recommendation that may accompany it. At a more specialized level, the candidate's 'certification' includes proof of special training and nursing procedures or special care during the inclusive step. However, the examination of the candidate does not stop there, but goes a long way. The person or committee responsible for certifying candidates is looking for indications of frequent changes of employers or of the general work environment.

In addition, graduation from overseas schools and the indication of lawsuits for offenses committed while performing their duties or the taking of professional disciplinary measures for disciplinary offenses within the organization are checked. If any indication eventually emerges of any of the foregoing then a nomination may be reviewed. At this point it is worth noting that it is common practice to outsource the process of certifying personnel selection to specialist recruitment offices. Thus, both time and money savings are achieved. However, accreditation by nursing managers contributes to raising the reputation of both nurses and themselves (Hatzipantelis & Sigalas, 2010).

It is worth to refer that both the public and the private sectors seek to the extent possible to ensure the objectivity, impartiality and integrity of professional certification. They are therefore of particular importance to this as it is well known that only valid units can make up a strong and effective set of.

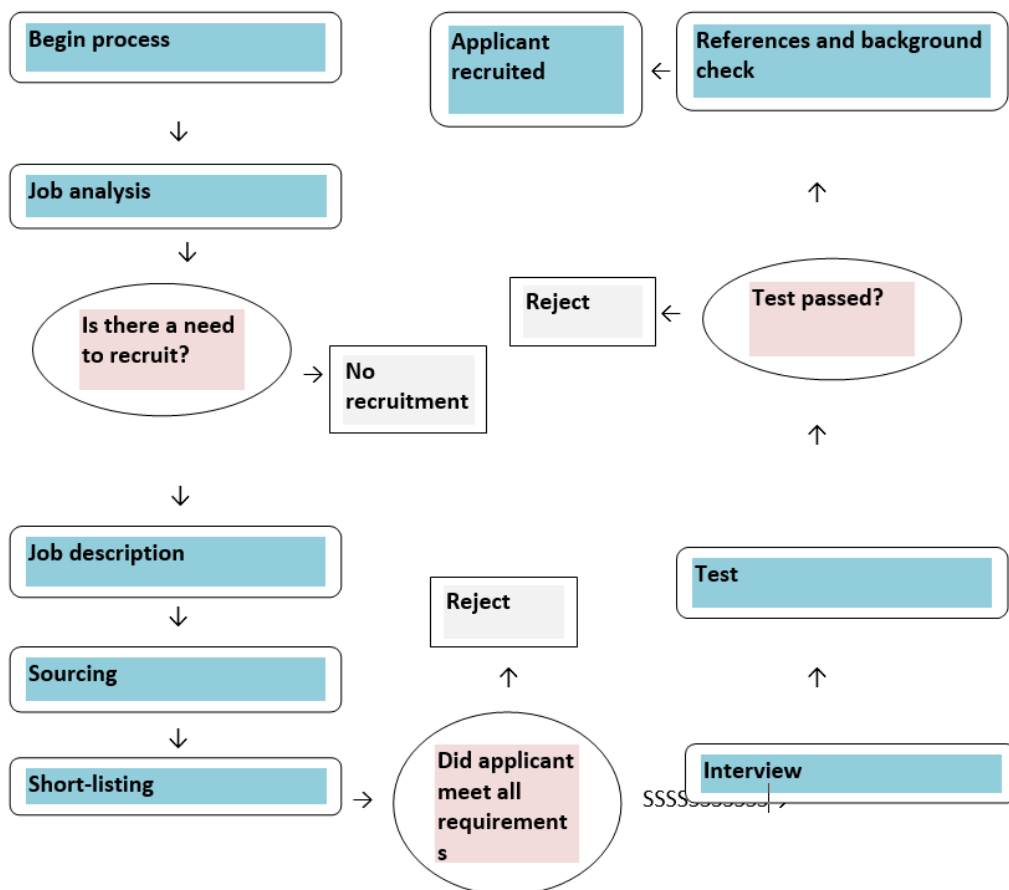
In addition, it is provided a useful overview of potential positive and negative aspects noting that: ' The recruitment and selection of employees is fundamental to the functioning of an organization, and there are compelling reasons for getting it right. Inappropriate selection decisions reduce organizational effectiveness, invalidate reward and development strategies, are frequently unfair on the individual recruit and can be

distressing for managers who must deal with unsuitable employees (Pilbeam & Corbridge, 2006)

Although recruitment and selection phases are vital for organizations' success and survival, most of them don't possess a structured recruitment and selection procedure plan to recruit the right candidates for the right job positions. The lack of such a plan frequently drives to the hiring of unqualified and underperforming personnel. This flow chart encompasses the basic steps that a company's HR department should follow in the recruiting process (Richardson, 2012).

Figure 3

Flow chart for Staff Recruitment and Selection plan



2.2. Job productivity

The need for work-life balance arises as a response to work-family conflict, which occurs when the requirements of the personal roles are mismatched with the ones of the productive roles and vice versa. This conflict generates tension in individuals, reducing their productivity level and harming organizational performance (Kossek & Distelberg, 2009).

Providing employees with a good Work-Life Balance can be a key success factor for many businesses. Work-life balance is an important issue that can help employees become happier, healthier and more productive. So it seems that it is time for organizations to think about what they can do to help their people manage their lives better both internally and externally. Given that a company's people are the most valuable asset, companies are good at making people happy and productive by helping them have a good work-life balance (Noon et. al., 2007).

Work-life balance is about creating and maintaining supportive and healthy work environments, which will enable to have a balance between work and personal responsibilities and, thus, strengthen employee loyalty and productivity." Although the ideal work-life balance is different for each individual, there are many ways in which businesses can provide people with opportunities to balance work with their personal lives not only without adversely affecting their business performance but the opposite as research shows that work-life balance programs improve productivity.

One of the core functions of Human Resource is employee training since it directly influences on productivity of the organization and employee relation of the organization. It has been long recognized that effective staff training allows an organization to improve it' s standard and quality of service. Success or failure of an organization generally depends on the quality of it' s human resources and the human resource has played a significant role in the economic development in most developed countries (Sasidaran, 2018).

Developing training programs based on real needs following motivational research is considered essential. Participation in continuing education programs helps

improve nursing care, i.e. it may reduce costs, increase productivity, minimize accidents and medical and pharmaceutical errors and reduce work stress. Progress and safety are required as a means of promoting one's health and developing a nursing culture by nurses. On the other hand, lack of both information and encouragement from the administration, lack of staff, high costs, family obligations, difficulty in accessing geographical distances and lack of time are obstacles to nurses' participation in continuing education programs (Taxtsoglou et al., 2020).

It has been argued that some people enjoy too much work because they treat it as their leisure time. Although a large number of job tasks could cause depression and feelings of fatigue, which further reduces the energy level of employees. It is well known that long working hours have a negative impact on employee productivity and thus prosperity for affected workers (Lewis et al., 2001).

It is a fact that we live in a particularly pressing period and each of us is called every day to manage situations in anxiety. More and more employees are struggling to balance the demands and obligations arising from their work and their personal lives. Although scientists agree that anxiety in small doses can be beneficial and beneficial, increasing levels of stress can affect the morale of employees, reduce their productivity and the satisfaction they feel from their work. Reduced productivity is associated with some of the stress symptoms such as frequent absenteeism, increased use of sick leave, slowness (Noon et. al., 2007)

Employees experiencing low levels of work and personal balance are more likely to suffer from anxiety, hypertension and sleep disturbances, often reporting decreased levels of energy and general physical and psychological health. Such a situation has a significant impact on business performance. Health & Safety managers' report that annual costs lost due to reduced productivity due to stress, depression and anxiety are large. Therefore, an employee's worst Work-Life Balance is also an unfavourable situation for the company.

2.2.1. Evolutionary scales of career scales

Evolutionary scales of careers differ in their orientation. On the one hand, moving to the hierarchy is essentially promoted, while on the other hand, the career ladder involves moving to other disciplines, from clinical nursing to administration, education and even research. However, in both cases of ascending the hierarchy or changing the essentials, there must be appreciable changes in salary, duties, responsibilities and skills required to motivate. In addition, the common point of reference is the personal effort needed for either development or career.

At the same time, of course, they also achieve the satisfaction of nurses and increase the productivity of the individual employer. In the evolutionary scales the criteria considered differ slightly between nursing and medical staff. The most important for the nursing staff according to the law are: the degree of admission (which is proportional to whether the employees are IP, TE, IR, HR, PhD holders, graduates of the National School of Public Administration or National Graduates Self-management), years of service, assessment reports received and formal educational qualifications. For medical staff, things are a bit different as the main developmental criteria are age, total length of service and in particular the length of time in the respective specialty. Of course, in addition to these, centralization in the evolution process continues to have the potential of medical staff (Knowles, 1998).

As far as careers are concerned, candidates are judged by a committee of professionals in the same field who are looking at promotion and other areas that have current needs. The benefits of this process are, therefore, job satisfaction, improved (clinical and not only) skills, and the creation of positive incentives to accept ongoing responsibilities in either leadership or education. The only downside to this process is the absence of vacancies at higher levels such as that of the administration. Consequently, careers or developments both nurture staff ambition and the pursuit of excellence. Therefore, they create a high-quality human resource and demanding requirements, unfortunately, at the same time enhancing unfair competition.

2.2.2. Promotion Policies Based on Criteria

Promotion like any other process must be based on some variables and not arbitrary in order to be effective. The main purpose of setting certain criteria is to have access to promotions for all categories of health professionals and equal opportunities for them. These specifications are mostly formal in the procedure, although their application has many side effects. First of all, the starting point is that all positions must be filled even when the salary or grade is unchanged. That is, it may simply be that the employee is transferred to another unit, specialty or shift. In addition, all stakeholders must submit to the Human Resources Department the necessary application requesting promotion. Finally, after submitting the application, candidates must pass an interview for which they will be ranked. Subsequently, after any promotions have been given, these should be formally announced through promotional lists (Boeehr et al., 2004).

At the same time, these tables must follow an order of assessment, from the most qualified to the least qualified, but also indicate the objective criteria that have been assessed (experience, past service, education). For those not included in these lists, the service should undertake some advisory sessions in order to identify the staff member who was late and likely to be present at the production station. In short, all of the above demonstrate the need for a promotion system to be largely fair and to be considered fair by the staff itself. This is crucial especially when the environment is very competitive as it is today with full-fledged candidates, while jobs in organizations are falling sharply each year.

Towards effective governance in public and private sector organizations, the establishment of audit committees is considered a positive factor, whose role will be to strengthen the monitoring regarding the financial and moral integrity of the organizations. At the same time, the specific audit committees must have the capacity to operate within an expanded framework of governance arrangements, depending on the specific circumstances of public bodies (Goodson et al., 2012).

Worth mentioning are the key features of rules that promote the discipline and ethics of hospital staff, including nurses, which are defined below:

- Their main purpose through the performance of their duties should be to provide quality services, while at the same time performing their duties responsibly, with the ultimate goal of achieving their goals at the individual level.
- The nature of the sanctions is linked exclusively to the presence of a special relationship at the legal level, which is based on the relationship of civil servants.
- The special administrative procedure for their enforcement takes the form of acts of an administrative nature.

Lack of transparency in organizations' activities, the absence or inefficiency of internal control systems, the abuse of power by some executives' members to make more profit, or to meet other personal goals, the lack of valid, direct, reliable information, make the internal control of an organization, like a hospital, necessary. In fact, the certification of organizations by control mechanisms, is one of the most important factors that have strengthened the confidence of companies, investors and other stakeholders in full transparency and greater control over processes, which applied by individuals or groups directly or indirectly related to an organization, such as a public or private healthcare provider (Goergen, 2012).

On the other hand, non-compliance with control mechanisms have a negative impact on the reliability of the organization. The size of the impact is directly related to the size and the reputation of an organization and probably it affects negatively on employees, with the possibility of becoming unemployed, such as in a hospital maybe become a problem for securing the position of nurses (Clarke, 2004).

2.2.3. Disciplinary Control System

Discipline Control and Discipline are the components of success for a well-organized and functional department. However, in order for these constants to exist, some penalties must also be imposed for any breach of them, and the size of those

penalties should also determine the moral standard of the workers in this area. Consequently, it becomes clear that the disciplinary system of businesses basically acts as a firewall to protect the services and their (patient) customers against staff errors and arbitrariness. Of course, it is not always possible to remain in the prevention and if the behavior is not harassed, the system goes through the process of suppressing wrongdoing with the help of law.

Disciplinary action is defined as an infringement of an official's duty by an unlawful act or omission imputed to the employee. The official duty is determined both by the obligations imposed on the official by the texts and instructions, as well as by the conduct of the official. Initially, there will be reports of disciplinary offenses mainly involving nursing staff (Rondeau et al., 2008):

- actions that deny recognition of the Constitution and abomination to Homeland and Democracy
- breach of duty under the Penal Code or other criminal offenses laws
- breach of confidentiality
- work without pay
- inappropriate behavior towards them
- use of third parties in the acquisition of service
- damage due to unusual use, abandonment or illegal use of its resources
- close social relationships in a professional environment dependency
- refusal of partnership, cooperation and public service
- reports
- Free agents
- oligarchy in the pursuit of someone
- infringement of the principle of impartiality; abstinence from performing duties; use of public service
- other information in the service of private interests
- acceptance of material favor or consideration for handling a case
- unjustified preference for newer concurrent neglect cases with older
- refusal to attend a medical examination

- refusal to perform power; or negligence in the performance of a duty; chief authority worldwide using inaccurate and inappropriate information expressions
- unjustified untimely retirement evaluation report; timely response to civil reports

Nurses because of the contact each practitioner has with patients and the responsibilities they bear with them does not apply to penalties. Disciplinary penalties are common as a general trend towards systematization and standardization is followed. In particular, the penalties provided are (Wang et al., 2010):

- the paper folding
- fine varying in size depending on its gravity error
- deprivation of promotion rights for varies interval downgrade
- pause for a while varies
- permanent discontinuance - removal of the license to practice temporarily or permanently.

The disciplinary control system is necessary for the proper functioning of the organization and to maintain order. In general, it provides for most types of infringements and imposes severe but not inhumane penalties. Of course, this also contributes to the justice system that takes the final decision.

2.2.4. Expectations and job satisfaction

The reason why nurses are highly mobile as an industry and many of them still reach the point of quitting the job is the very low job satisfaction. On the contrary, what is diffused outward is a growing dissatisfaction with different sectors of the business. In particular, the problems start with the monetary remuneration that is considered by most to be extremely inadequate. Then, they follow in the absolute order of priority the issues of not recognizing the employee's offer or even the depreciation of it, the messy and overworked working hours, the multiple responsibilities of the professional to the

client without matching both the salary and the end the excessive stress that comes from all of the above. Therefore, the problems are interdependent and interact directly.

However, these are issues and obstacles that arise in the workplace every day, but the expectations of young health professionals are very different before they enter the job market. Expectations are synonymous with ambitions that may not be low or moderate especially in a young person who begins with a passionate and dreamy career. Some of the "over-optimistic plans" of young graduate nurses below:

- full time job
- satisfactory pay
- recognition and encouragement;
- pleasant working days; working days and shifts
- the satisfaction of each employee
- the total satisfaction and feeling of success from offering the most appropriate and complete care
- work in a medium or large capacity nurse
- continuous supervision by responsible persons nursing manager
- professional autonomy, power, initiative - work in general in a healthy society with opportunities for higher education and family development.

This implies an effective education system, crime eradication, a stable economy, low tax and cost of living. Of course, if all of the above were true, it would be the perfect picture of reality that practically does not exist. This does not mean that some of these specifications are not implemented to a very satisfactory degree in many cases or that no effort is made to achieve them, but there is certainly room for improvement. In addition, when one does not have experience of real situations, one can ignore various elements, underestimate others and set meaningless criteria. In addition to what has already been said about the contradictions between expectations and the reality faced by young nurses, Drucker identifies another mistake that he claims is the source of many others. This mistake is a mentality mistake, that is, the nurses are no longer allowed by doctors to deal with the nursing and the patient but are treated as

'scrapers' and cleaners. Therefore, they are overstretched, their confidence and their value are affected, and they cannot offer what they can (Drucker & Bays, 1982).

The question then arises as to whether the expectations are finally met and whether they are fulfilled is a matter of mentality and vision. Is it when someone for various reasons does not appreciate himself and his object will never feel satisfied with whatever he accomplishes? That is, does one's satisfaction begin with imposing one's presence on one's environment?

2.2.5. Changing staff

The health care sector faces a major problem with retaining skilled professionals in various jobs. Of course, there is a general tendency to indicate changing work environments several times during active action. However, in the case of nurses with these frequent changes, long-term career goals are achieved. These changes sometimes concern the specialty of the employee and sometimes his role which differentiates himself in the existing occupational space. More specifically, because the percentage of staff that is changing - moves within an organization is very high, it is made in a short period of time to calculate both the human resources to be changed and the criteria for change.

The numbers of retired personnel usually taken into account are quite specific and relate to age, marital status, the type of program they have graduated from, their additional training, years of service, specialty, gender, The reasons for diligent change are not only qualitative, because they remove skilled and experienced professionals, but also financial ones. Staff movements create instability in the organization, as well as a significant increase in the cost of recruitment and guidance. Increasing costs in turn leads to a shrinking profit margin and a decrease in competitiveness, as it should be kept in mind that the Health System is made up of at least half of the commercial (private sector) companies.

On the other hand, changing staff when it comes to replacing them has benefits. First, salaries and allowances are saved. At another level, new knowledge and ideas are transferred to new members of the system. Nevertheless, maintaining human

resources never loses its value. There are strong incentives for management to aim for staff stability. Such are some of the financial benefits mainly of operating and training costs, flexibility in planning under difficult conditions and participatory management which is extremely efficient when implemented (Drucker & Bays, 1982).

2.2.6. Staff training

Continuous training of health professionals is a duty and necessity. In fact, this right of workers is supported by special programs from the European Union in close cooperation with the Ministry of Health. These programs are called 'lifelong learning' programs. Lifelong learning is an investment for every health care organization. It improves the skills and abilities of the human resources. Thus, for at least the last 15 years the education of hospital staff, in particular hospital staff, has been steadily increasing. Of course, this was also helped by funding from the European Social Fund and the increase in national resources made available for this purpose. Continuous training is not only concerned with the human resources of Health, but also with those of Mental Health and Welfare in order to improve the services available in all sectors.

Therefore, lifelong learning programs have clearly defined objectives. Initially, they support employment by creating opportunities and opportunities for full-time integration. Then, they significantly increase the efficiency and productivity of the services and by contributing the staff themselves to this quality upgrade. In addition, they promote equal access for citizens to health and welfare services. Finally, they link educational programs to the strategic goals of reform and harmonize the content of education with the administrative, organizational and operational changes of the National Health System and the National Social Care System, or simply link the theory with its practical application to the everyday.

However, education at all stages is also determined by the legal framework. So, beyond the European Union's prudential policy and the state's initiative to reinforce this effort, the law defines employee training, retraining and postgraduate education as a right. In particular, introductory training covering the first two years following the appointment of an official is compulsory and is intended to familiarize the person with

the objects of the service. In addition, training of employees is a mandatory process in every public service regardless of the specialty, sector or degree of employees.

At the next level, there is the retraining - specialization that aims to acquire more specialized knowledge. Postgraduate, that is, education carried out in organized programs or cycles by recognized Higher Education Institutions with the aim of obtaining a doctorate, master's degree or similar certificate. Of course, to participate in such programs the employee is entitled to a service training permit issued by the Ministry of Health or the Hospital Administration after approval of the service council. However, special permits are also granted for employee attendance at conferences, workshops, scientific symposia and seminars (Dickerson, 2010).

2.3. Evaluation of employees in healthcare sector

Staff evaluation of staff already working in a health care organization is crucial to identify any weaknesses and fight them. This process, of course, is done with a certain evaluation system which is governed by principles such as the impartiality and professional competence of the respondent. More specifically, the tools of this standard evaluation system are the evaluation reports. These reports are produced in January of each year and include professionals of all categories. Completion of these forms is, of course, compulsory and is undertaken by two supervisors or directors, generally two evaluators for each employee employed for five months. So, a formal procedure is followed for very practical and practical purposes.

The main criteria that are considered for staff placement are (Dickerson, 2010):

- qualifications - retraining - training
- the brief description of the project that has been accomplished the knowledge of the object effectiveness
- penalties if any discrimination will exist in administrative relationships
- service relationships, behavior and personality
- organizational capacity.

In fact, evaluating is anything but simple, because it is both relatively time consuming and relatively expensive. In addition, evaluation requires the existence of competent and experienced legates to be successful.

Candidate identification systems, which should be based on their leadership skills, are another principle. A means for the implementation of this procedure by the organizations are the performance evaluation, but also possibly standardized aptitude tests of the candidates. An example is a pharmaceutical company Novartis, which implements a matrix, which includes the performance and dynamics of the candidates, with the ultimate goal of aligning the management ability of the executives, who hold top positions, with the values that characterize the organization.

In an organized business, performance management should include two phases, which are the management of the annual return and the management of the projects' performance. These two processes are directly interdependent. It is proposed to use the end-of-year management cycle as a template, adding the calendar project assignment for project performance management. The model includes the following steps:

- Understanding the goals set by an organization. It is only possible if the corporate goals of the organization have been approved, written, transferred effectively at all levels of a company, and goals must be understood on an annual basis.
- Identify the basic skills required. Employees need to identify critical skills needed to achieve their goals. A plan of skills development should exist through a series of activities that will lead to the development of their skills. Skills are developed through challenges and reports of new responsibilities. The quality and the number of new skills are significantly affected by assignments. Therefore, the assignment system must provide opportunities for the development of experience and the desired skills of the talents in the organization. (Randall & Schuler, 2010)

- Performance management. The management of the calendar, the assignment of tasks are the most important activity of the administration. The person in charge of executing the redistribution decisions manages the organization, while the assignment of the activity greatly influences the direction and success of the organization. (De Waal, 2002)
- Performance evaluation. Performance is evaluated at the end of the cycle (generally on an annual basis) and all possible performance data are considered. Performance must be evaluated concerning the planned objectives.
- Reward performance. High-performance talents are recognized and rewarded. The corrective actions are located at the same point.

Research Part

Chapter 3. Methodology

Analysis of data was performed in IBM SPSS 26. Descriptive statistics was accomplished using percentages and frequencies for nominal variables while mean and standard deviation were used for scale or Likert type variables. Inferential statistics was performed with significance 5%. Reliability of questionnaire was used using the Cronbach alpha coefficient which measures the internal consistency with satisfactory values to be those greater than 0,7 (Nunnaly, & Bernstein, 1994). Factor analysis was used to prove construct validity of questionnaire which refers to satisfaction from work (McLeod, 2013). Confidence intervals 95% of mean value were used to generalize the levels of factors. Shapiro Wilk test was used to test normality of factors, which is considered to have the highest accuracy (Razali & Wah, 2011). Spearman coefficient was used to test correlation of scale or ordinal variables that are not normally distributed. Mann Whitney test was used to compare medians between 2 independent samples that are not large ($n \geq 30$) and are not normally distributed. Kruskal Wallis test was used to compare medians between 3 or more independent samples that are not large ($n \geq 30$) and are not normally distributed. Chi square test was used to test dependence between 2 nominal variables (Field, 2017).

Chapter 4. Results

4.1. Descriptive Statistics

4.1.1. Demographic characteristics

Table 1 presents the results of demographics characteristics of sample, which was conducted by 170 participants.

Table 1

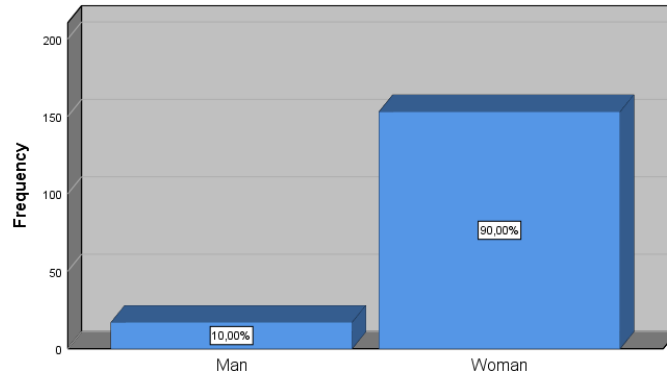
Demographic characteristics

Demographics	Category	N	%
Gender	Man	17	10.00
	Woman	153	90.00
Age	22-30	23	13.53
	31-40	25	14.71
	41-50	57	33.53
	51-60	62	36.47
	60+	3	1.8
Educational level	ATEI	42	24.71
	University	26	15.29
	MSc	60	35.29
	Other	42	24.71
Marital status	Single	37	21.76
	Married	122	71.76
	Divorced	9	5.29
	Widower	2	1.18
Specialty	Doctor	7	4.12
	Nurse	122	71.76
	Administrator	14	8.24
	Superior	2	1.18
	Other	25	14.71
Years of experience	0-5	25	14.71
	6-10	13	7.65
	11-15	23	13.53
	16-20	31	18.24
	> 20	78	45.88
Working relationship	Permanent	139	81.76
	Part- time	31	18.24

The majority of sample are women (90%, N=153) and the minority men (10%, N=10%) (Graph 1).

Graph 1

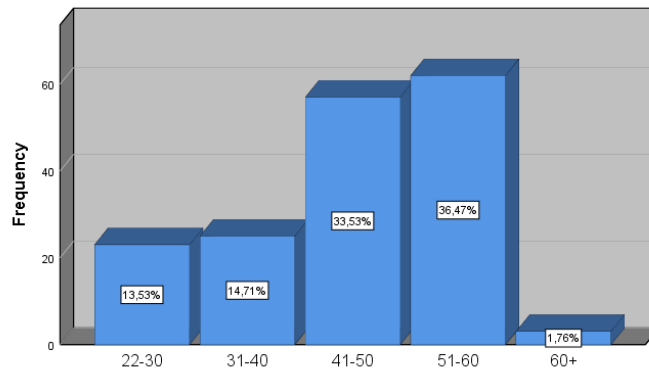
Gender



Regarding age (Graph 2), the 36.47% (N=62) are 51-60 years old, 33.53% (N=57) are 41-50, 14.71% (N=25) are 31-40, 13.53% (N=23) are 22-30 and 1.78% (N=3) are over 60 years old.

Graph 2

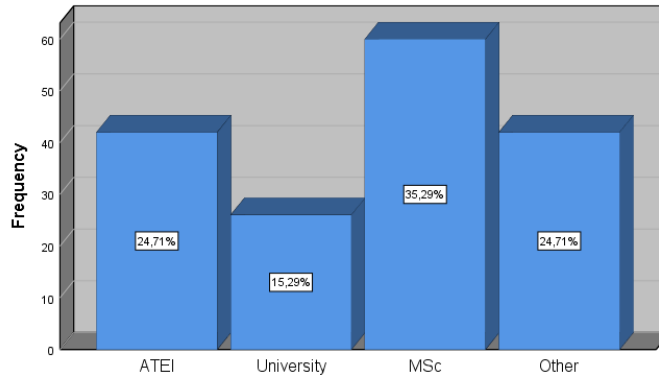
Age



Considering educational level (Graph 3), 35.29% (N=60) are holders of MSc, 24.71% (N=42) are graduates of ATEI, 15.29% (N=29) are graduates of university while 24.71% (N=42) hold other educational level.

Graph 3

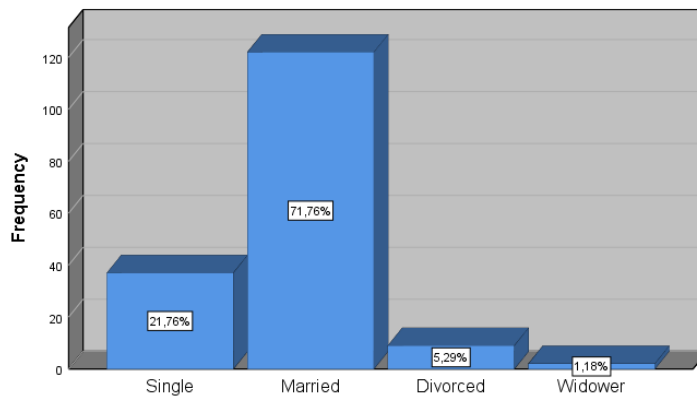
Educational level



The vast majority are married 71.76% (N=122), 21.76% (N=37) are singles, 5.29% (N=9) are divorced and 1.18% (N=2) are widowers.

Graph 4

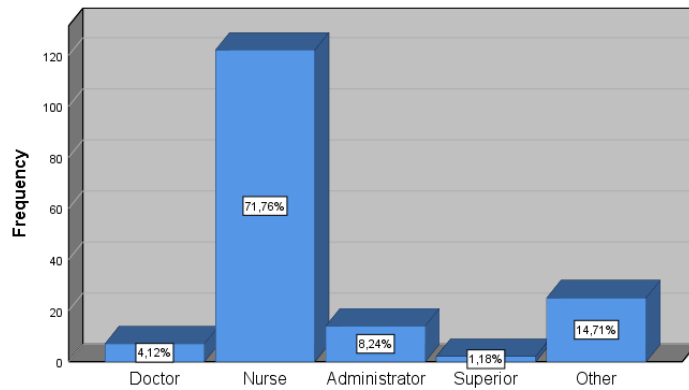
Marital status



As far as specialty is concerned (Graph 5), 71.76% (N=122) are nurses, 8.24% (N=14) administrators, 4.12% (N=7) doctors, 1.18% (N=2) are superiors and 14.71% (N=25) have other specialty.

Graph 5

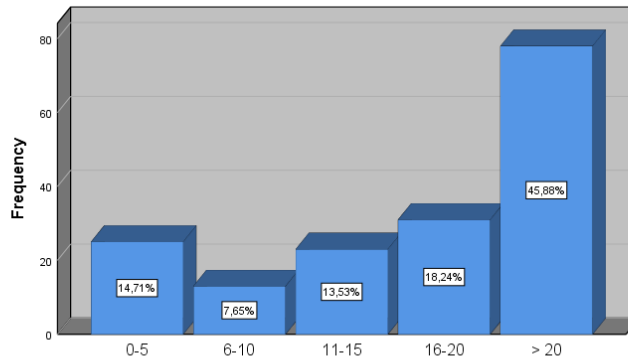
Specialty



Considering years of teaching experience (Graph 6), the 45.88% (N=78) have over 20 years of teaching experience, 18.24% (N=31) have 16-20, 14.71% (N=25) have up to 5 years, 13.53% (N=23) have 11-15 and 7.65% (N=13) have 6-10 years of teaching experience.

Graph 6

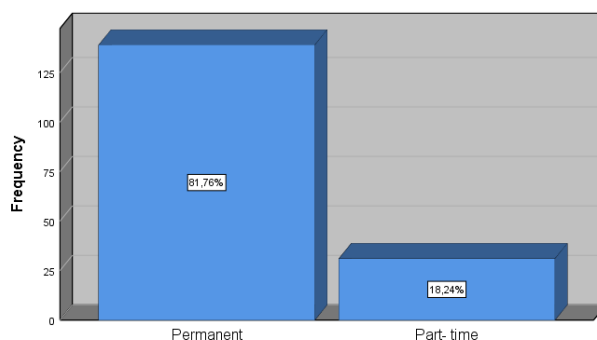
Years of teaching experience



Regarding working relationship, the 81.76% (N=139) are permanent employees while the 18.24% (N=31) work part-time.

Graph 7

Working relationship



4.2.2. Evaluation

Table 2 training related to the exercise of professional duties.

Table 2

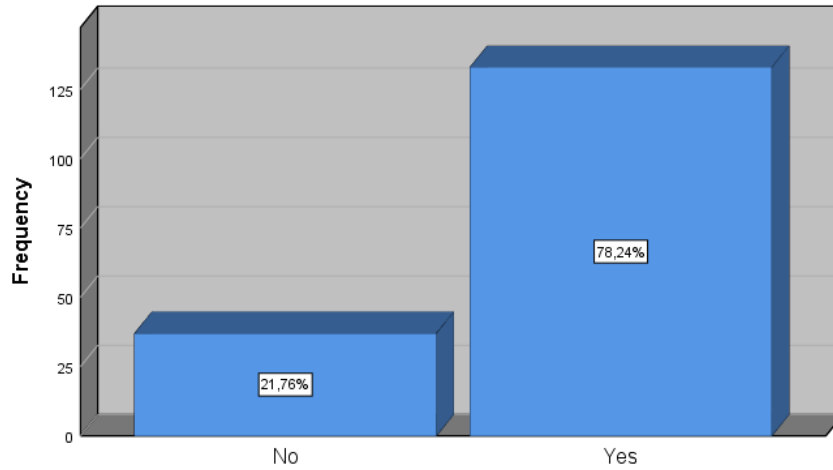
Training related to the exercise of professional duties

Question	Category	N	%
During your tenure in the hospital, did you train in a subject related to the exercise of your professional duties?	No	37	21.76
	Yes	133	78.24
Who was your training provider (s)?	Ministry of Health	4	3.77
	State / public body	35	33.02
	The Hospital	30	28.30
	Medical school	4	3.77
	Administrator	23	21.70
	It was my own initiative to attend a seminar	10	9.43
What was the training time?	Daily or Short Day	58	47.15
	Quarterly	19	15.45
	Semester	23	18.70
	Annual	23	18.70
Which of the following topics did you study?	Introduction of health changes-innovations	14	11.46
	Health legislation	13	10.66
	Use of new technologies	40	32.78
	Organization and management of health	52	42.62
	Other	3	2.46
Do you think that the training helped you in your work as a professional?	Not at all	3	2.33
	A little	27	20.83
	Enough	67	51.94
	A lot	32	24.81

The majority of participants trained in a subject related to the exercise of their professional duties (78.24%, N=133) (Graph 8).

Graph 8

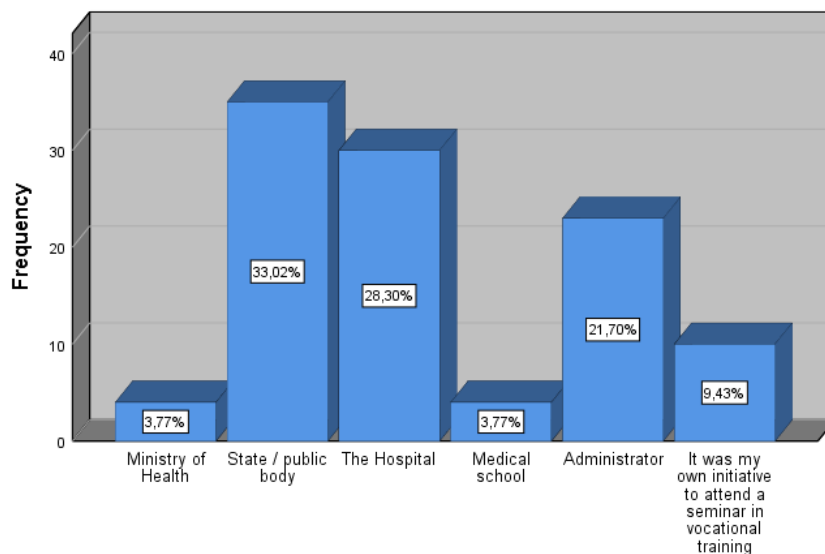
During your tenure in the hospital, did you train in a subject related to the exercise of your professional duties



Considering training provider (Graph 9), the 33.02% (N=35) had as provider the state/public body, the 28.30% (N=30) the hospital, the 21.70% (N=30) the administrator, the 9.43% (N=10) had their own initiatives to attend seminars, the 3.77% (N=4) had the medical school and the 3.77% (N=4) the ministry of health.

Graph 9

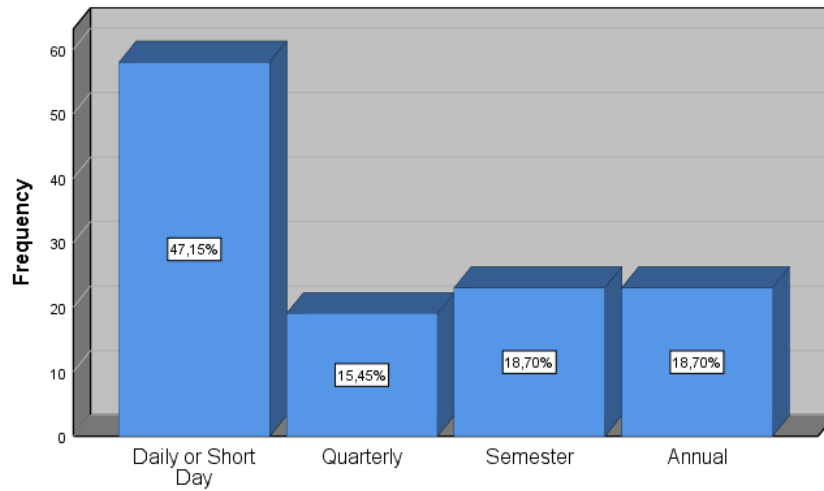
Who was your training provider (s)?



Regarding the training time (Graph 10), 47.15% (N=58) stated daily or short day, 18.70% (N=23) per semester, 18.70% (N=23) annually and 15.45% (N=19) stated quarterly.

Graph 10

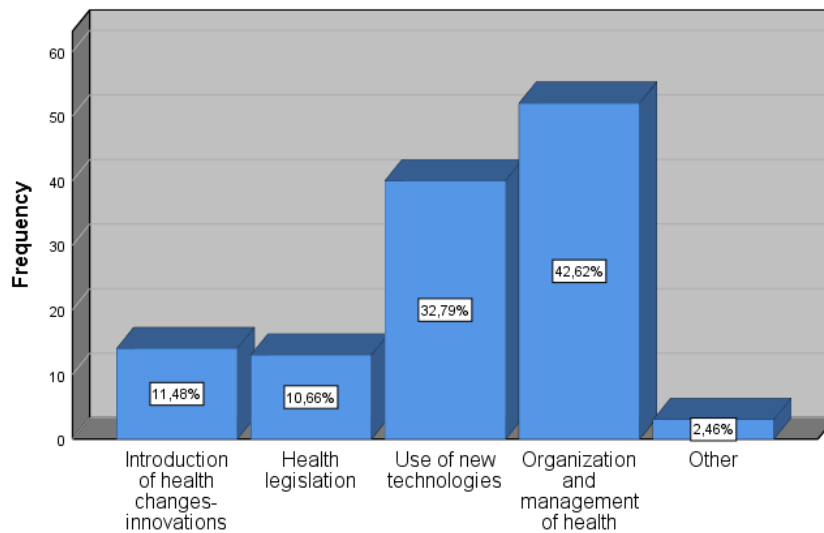
What was the training time?



As far as topics of study are concerned (Graph 11), 42.62% (N=52) referred the organization and management of health, 32.78% (N=40) the use of technology, 11.46% (N=14) the introduction of health changes-innovations, 10.66% (N= 13) to health legislation and 2.46% (N=3) to another topic.

Graph 11

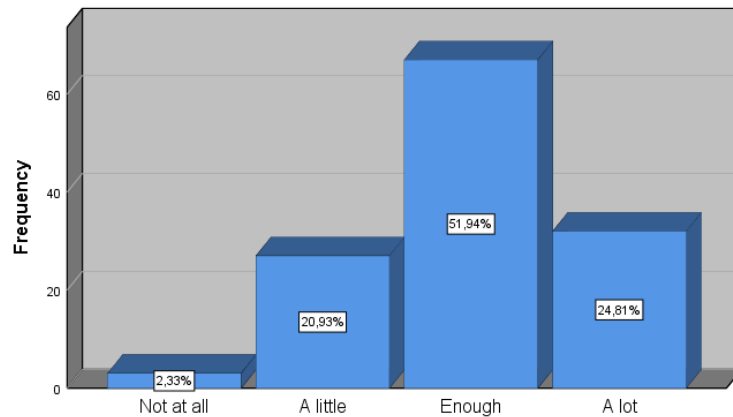
Which of the following topics did you study?



Regarding the degree that training helped the participants to work as professionals, 51.94% (N=67) stated enough, 24.81% (N=32) a lot, 20.83% (N=27) a little and 2.33% (N=3) stated not at all (Graph 12).

Graph 12

Do you think that the training helped you in your work as a professional?



According to Table 3 (Graph 13), the 35.3% (N=60) stated that the duration of training programmes should be increased, 28.6% (N=48) referred to the improvement of training material, 21.8% (N=37) to the teaching method, 19.4% (N=33) to the training area, 11.8% (N=20) to the level of trainers, 11.8% (N=20) to the content, 0.6% (N=1) referred to the reduction of duration and 4.1% (N=7) to other improvements.

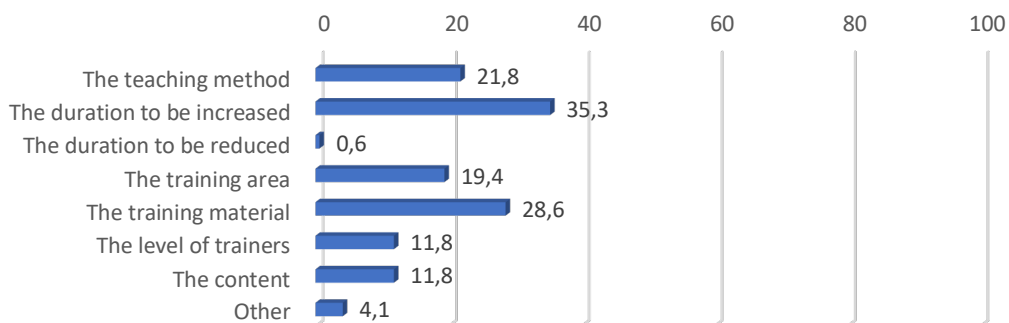
Table 3

What do you think should be improved in the training program you attended?

Areas need to be improved	N	%
The teaching method	37	21.8
The duration to be increased	60	35.3
The duration to be reduced	1	0.6
The training area	33	19.4
The training material	48	28.6
The level of trainers	20	11.8
The content	20	11.8
Other	7	4.1

Graph 13

What do you think should be improved in the training program you attended?



Regarding the ways that participants use to overcome difficulties in the health unit, the 32.35% (N=55) stated that they overcome difficulties with their experience, 30.58% (N=52) ask for help of more experienced managers, 15.88% (N=27) with self-education through books and scientific journals, 14.12% (N=24) ask for help of their superiors, and 7.06% (N=12), via their training (Table 4, Graph 14).

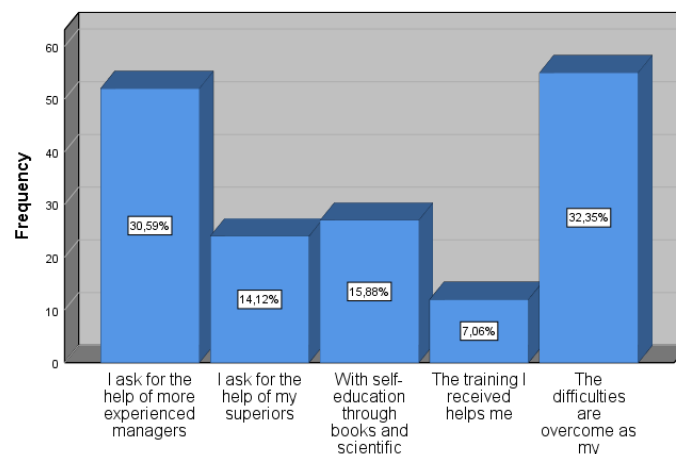
Table 4

How do you usually overcome the difficulties that arise during the exercise of your duties in the health unit?

Ways of overcoming difficulties	N	%
I ask for the help of more experienced managers	52	30.58
I ask for the help of my superiors	24	14.12
With self-education through books and scientific journals	27	15.88
The training I received helps me	12	7.06
The difficulties are overcome as my experience grows	55	32.35

Graph 14

How do you usually overcome the difficulties that arise during the exercise of your duties in the health unit?



Regarding the factors that help in the successful exercise of their work in the health unit, the most important are the training (M=4.21, SD=1.03), the empirical knowledge (M=4.18, SD=0.95) and the theoretical knowledge from self-education (M=3.84, SD=0.99) (Table 5, Graph 15).

Table 5

How much do you think the following factors help in the successful exercise of your work in the health unit?

Factor	M	SD	1	2	3	4	5
Training	4.21	1.03	1.2%	8.8%	11.2%	25.3%	53.5%
Empirical knowledge	4.18	0.95	0%	7.6%	14.1%	30.6%	47.6%
Theoretical knowledge from self-education	3.84	0.99	1.2%	11.8%	15.9%	44.1%	27.1%
Apprenticeship in the position of superior	3.40	1.18	8.2%	15.9%	20.6%	38.2%	17.1%

1: Not at all, 2: A little bit, 3: Moderate, 4: Enough, 5: Very

Graph 15

How much do you think the following factors help in the successful exercise of your work in the health unit?

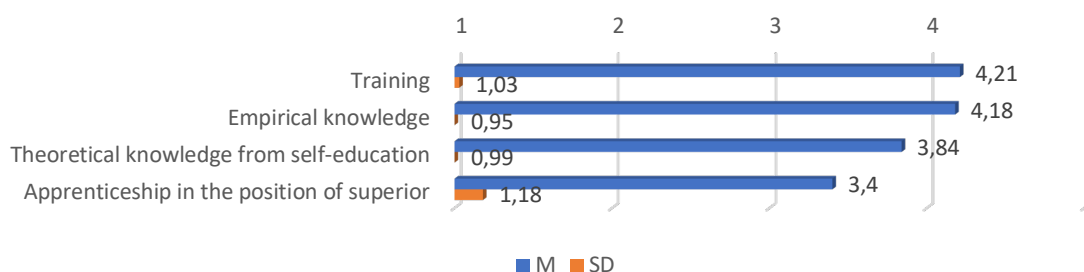


Table 6 (Graphs 16-20) represents the results for the training.

Table 6

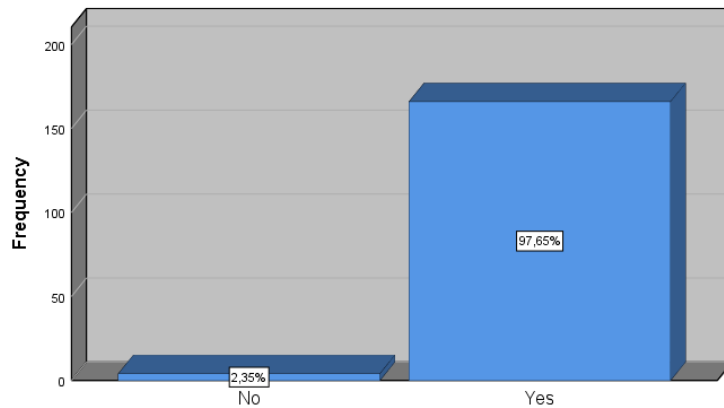
Training

Question	Category	N	%
Is there a need for specialized training in the management of employees in health units?	No	4	2.35
	Yes	166	97.65
Which of the following topics would you like to learn?	Introduction of health changes-innovations	53	31.18
	Health legislation	16	9.41
	Use of new technologies	33	19.41
	Organization and management of health	64	37.65
	Other	4	2.35
What form of training do you think will work best?	Initial training, before taking office	15	8.82
	Periodic training during the term of office	26	15.29
	Initial and periodic	129	75.88
Which form of training do you think is most suitable for healthcare workers?	Accelerated seminars	56	32.94
	Three-month training	29	17.06
	Semester training	24	14.12
	Annual training	52	30.59
	Other	9	5.29
What would be your biggest motivation for training?	An interesting subject	62	36.47
	Trainers to be recognized in their specialty	23	13.53
	Financial compensation for the time of training	81	47.65
	Other	4	2,5

The vast majority of participants think that there is a need for specialized training in the management of employees in health units (97.65%, N=166) (Graph 16).

Graph 16

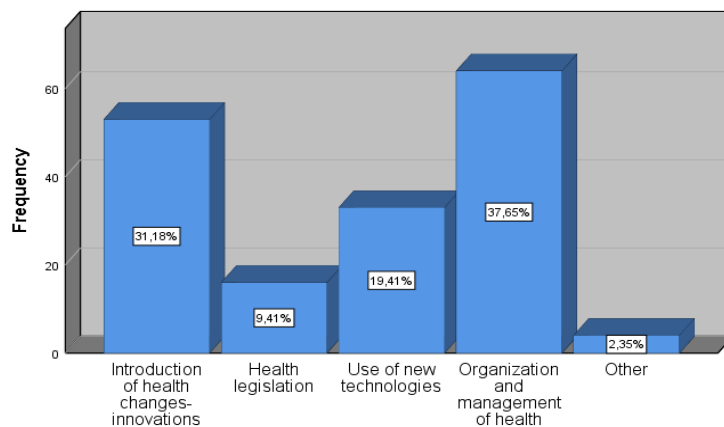
Do you think that there is a need for specialized training in the management of employees in health units?



Considering the areas of training (Graph 17), the 37.65% (N=64) referred to the organization and management of health, 31.18% (N=53) to the introduction of health changes-innovation, 19.41% (N=33) to use of new technologies, 9.41% (N=16) to health legislation and 2.35% (N=4) to other areas.

Graph 17

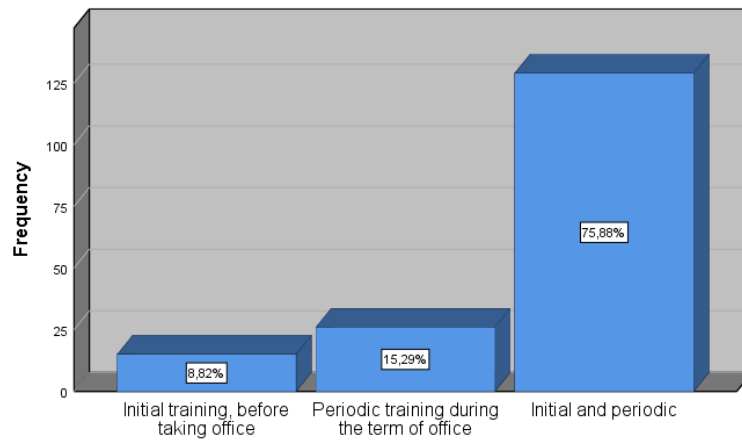
Which of the following topics would you like to learn?



Considering the forms of training (Graph 18), the 75.88% (N=129) stated the initial and periodic, 15.29% (N=26) to periodic training during the term of office and the 8.82% (N=15) to the initial training before taking office.

Graph 18

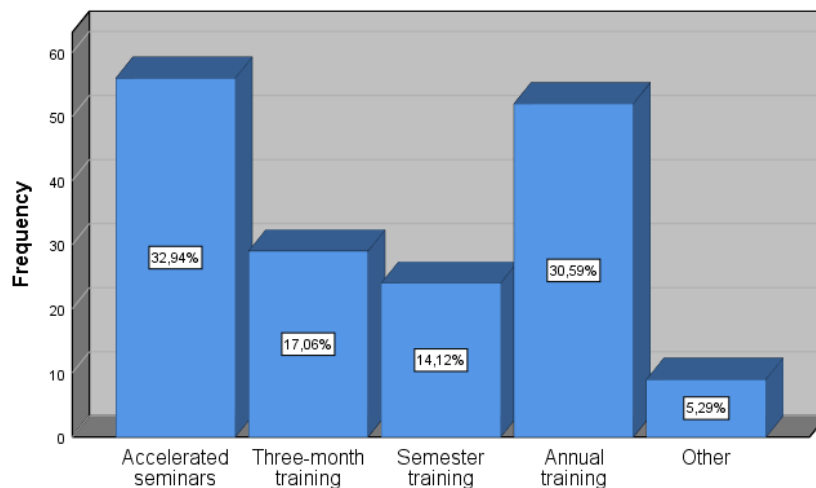
What form of training do you think will work best?



Regarding the form of training that is more suitable for healthcare workers (Graph 19), the 32.94% (N=56) referred to accelerated seminars, 30.59% (N=52) to annual training, 17.06% (N=29) to three-month training, 14.12% (N=24) to semester training, and 5.29% (N=9) to other forms.

Graph 19

Which form of training do you think is most suitable for healthcare workers?



Regarding the motivations for training (Graph 20), the 47.65% (N=81) stated the financial compensation for the time of training, 36.47% (N=62) the interesting subject, 13.53% (N=23) to trainers which are recognized in their specialty and 2.35% (N=4) to other motivations.

Graph 20

What would be your biggest motivation for training?

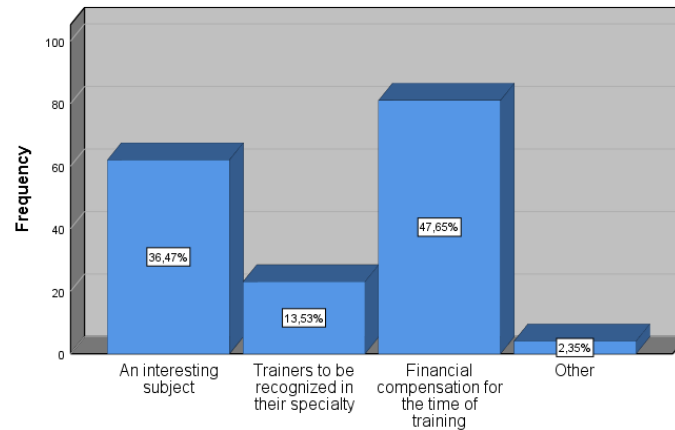


Table 7 (Graph 21) presents the results for the satisfaction from work. Participants tend to agree that they are allowed to use their knowledge ($M=3.41$, $SD=1.09$) and that work-life balance increases their productivity at work ($M=3.39$, $SD=1.32$). On the other hand, they tend to disagree that working conditions are satisfactory ($M=2.54$, $SD=1.02$), that they are satisfied with their daily workload ($M=2.48$, $SD=1.07$) while they disagree that they are well paid in relation to their effort ($M=2.02$, $SD=0.92$).

Table 7

Satisfaction from work

Statement	M	SD	1	2	3	4	5
I am allowed to use my knowledge	3.41	1.09	5.9%	12.9%	31.8%	32.9%	16.5%
Work- life balance increases my productivity at work	3.39	1.32	12.4%	12.4%	24.1%	26.5%	24.7%
I am allowed to use my abilities	3.15	1.10	5.3%	26.5%	28.2%	28.2%	11.8%
The environment in my workplace helps me have balance at work	3.11	1.15	11.2%	14.1%	40.0%	21.8%	12.9%
I am allowed to develop new skills	2.92	1.16	15.3%	17.6%	33.5%	26.5%	7.1%
I am allowed to contribute suggestions to the improvement of my work	2.74	1.16	17.6%	25.3%	27.6%	24.1%	5.3%
My job offers me a work-life balance	2.74	1.12	18.2%	20.6%	34.1%	23.5%	3.5%
I am given the ability to develop my potential through seminars-training	2.72	1.23	18.2%	28.2%	25.9%	18.2%	9.4%
I am allowed to recognize the effort I make	2.65	1.07	14.7%	29.4%	38.2%	11.2%	6.5%
I am allowed to evaluate my performance with objective criteria	2.62	1.07	16.5%	28.2%	37.6%	12.4%	5.3%
Working conditions are satisfactory	2.54	1.02	16.5%	33.5%	32.9%	14.1%	2.9%
I am satisfied with my daily workload	2.48	1.07	20.6%	31.2%	30.6%	14.7%	2.9%
I am paid well in relation to my effort	2.02	0.92	30.6%	47.1%	11.8%	10.6%	0%

1: Strongly disagree, 2: Disagree, 3: Not confident, 4: Agree, 5: Strongly agree

Graph 21

Satisfaction from work



Considering future suggestions, 10,6% (N=18) referred to seminars, 8.8% (N=15) to the training in new technology and 8.2% (N=14) to continuous training (Table 8, Graph 22).

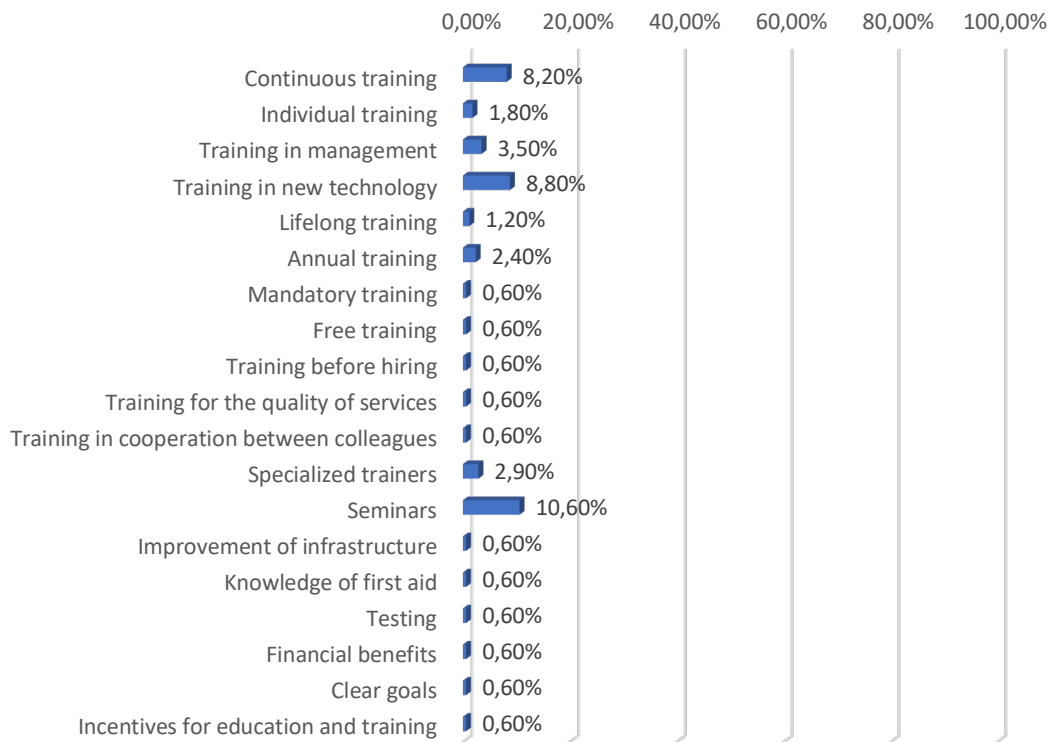
Table 8

Future suggestions which will improve the effectiveness of unit

Suggestion	N	%
Continuous training	14	8.2%
Individual training	3	1.8%
Training in management	6	3.5%
Training in new technology	15	8.8%
Lifelong training	2	1.2%
Annual training	4	2.4%
Mandatory training	1	0.6%
Free training	1	0.6%
Training before hiring	1	0.6%
Training for the quality of services	1	0.6%
Training in cooperation between colleagues	1	0.6%
Specialized trainers	5	2.9%
Seminars	18	10.6%
Improvement of infrastructure	1	0.6%
Knowledge of first aid	1	0.6%
Testing	1	0.6%
Financial benefits	1	0.6%
Clear goals	1	0.6%
Incentives for education and training	1	0.6%

Graph 22

Future suggestions which will improve the effectiveness of unit



4.2. Inferential Statistics

4.2.1. Factor analysis

Table 9 presents the results of the factor analysis for the satisfaction from work. Data were appropriate to perform factor analysis as $KMO=0.787>0.5$. The factor analysis revealed 4 factors which explain the 75.36% of the total variance. The 1st factor explains the 34.12% of the total variance and contains 7 questions which refer to the “Satisfaction from self-expression and development”. The 2nd factor explains the 17.35% of the total variance and contains 2 questions which refer to the “Satisfaction from working conditions”. The 3rd factor explains the 14.57% of the total variance and contains 3 questions which refer to the “Satisfaction from work-life balance”. The 4th factor explains the 9.32% of the total variance and contains 1 question which refer to the “Satisfaction from payment”.

Table 9*Factor analysis for the satisfaction from work*

Question	Factors (KMO=0.787)			
	1	2	3	4
I am allowed to use my knowledge	0.813			
I am allowed to develop new skills	0.804			
I am allowed to use my abilities	0.789			
I am allowed to contribute with my suggestions to the improvement of my work	0.781			
I am allowed to evaluate my performance with objective criteria	0.742			
I am allowed to recognize the effort I make	0.729			
I am given the ability to develop my potential through seminars and training programs	0.684			
I am satisfied with my daily workload		0.837		
Working conditions are satisfactory		0.787		
Work-life balance increases my productivity at work			0.908	
My job offers me a work-life balance			0.654	
The environment in my workplace helps me have balance at work			0.647	
I am paid well in relation to my effort				0.802
Variance (%)	34.12	17.35	14.57	9.32

4.2.2. Reliability Analysis

Table 10 presents the results of reliability analysis for the factors of current study using the Cronbach Alpha coefficient. In particular, “Factors helping the successful exercise of work” presented reliability $\alpha=0.829$ (high), “Satisfaction from self-expression and development” $\alpha=0.907$ (perfect), “Satisfaction from working conditions” $\alpha=0.739$ (satisfactory) and “Satisfaction from work-life balance” $\alpha=0.737$ (satisfactory).

Table 10*Reliability Analysis for factors*

Factor	Questions	Cronbach Alpha	Reliability
Factors helping the successful exercise of work	4	0.829	High
Satisfaction from self-expression and development	7	0.907	Perfect
Satisfaction from working conditions	2	0.739	Satisfactory
Satisfaction from work-life balance	3	0.737	Satisfactory
Satisfaction from payment	1	-	-

4.2.3. Descriptive Statistics and 95% c.i. of factors

Table 11 (Graph 23) presents the descriptive statistics and 95% c.i. of factors. “Factors helping the successful exercise of work” were rated high (95% c.i.= [3.78, 4.04]), while moderate the “Satisfaction from work-life balance” (95% c.i.= [2.93, 3.23]) and the “Satisfaction from self-expression and development” (95% c.i.= [2.75,

3.02]). Moderate to low was rated the “Satisfaction from working conditions” (95% c.i.= [2.37, 2.65], while low the “Satisfaction from payment” (95% c.i.= [1.88, 2.16]).

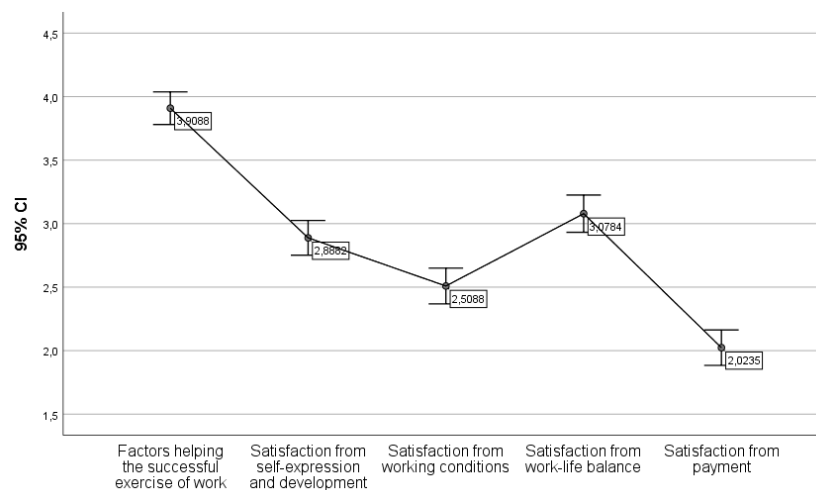
Table 11

Descriptive Statistics of Factors and 95% c.i.

Factor	M	SD	95% c.i.
Factors helping the successful exercise of work	3.91	0.85	[3.78, 4.04]
Satisfaction from self-expression and development	2.89	0.90	[2.75, 3.02]
Satisfaction from working conditions	2.51	0.93	[2.37, 2.65]
Satisfaction from work-life balance	3.08	0.97	[2.93, 3.23]
Satisfaction from payment	2.02	0.92	[1.88, 2.16]

Graph 23

Mean value and 95% c.i. of factors



4.2.4. Normality of factors

According to Table 12, normality of factors is not confirmed for all factors ($p \leq 0,009$).

Table 12

Normality of factors using Shapiro Wilk test

Factor	W (170)	p-value
Factors helping the successful exercise of work	0.894	<0.001
Satisfaction from self-expression and development	0.978	0.009
Satisfaction from working conditions	0.953	<0.001
Satisfaction from work-life balance	0.946	<0.001
Satisfaction from payment	0.818	<0.001

4.2.5. Correlation between factors

According to Table 13, factors of satisfaction were positive correlated. “Factors helping the successful exercise of work” was positive correlated with “Satisfaction from self-expression and development” and “Satisfaction from working conditions”.

Table 13

Spearman correlations between factors

Factor	1	2	3	4	5
1. Factors helping the successful exercise of work	1.000				
2. Satisfaction from self-expression and development	0.191*	1.000			
3. Satisfaction from working conditions	0.216**	0.467**	1.000		
4. Satisfaction from work-life balance	0.121	0.331**	0.334**	1.000	0.275**
5. Satisfaction from payment	-0.014	0.273**	0.409**	0.275**	1.000

4.2.6. Differences with Gender

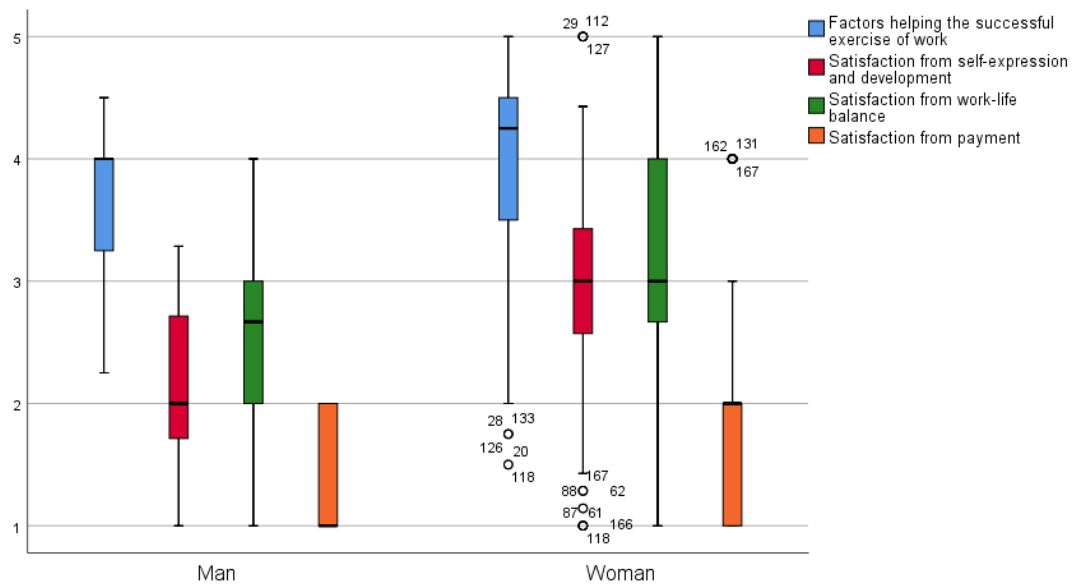
4.2.6.1. Factors

Table 14 (Graph 24) represents the results of Mann Whitney test for the factors of study with gender. It is obvious that:

- In factor “Factors helping the successful exercise of work” mean rank of men (62.71) is statistically lower ($U=913$, $p=0.042$) than mean rank of women (88.03).
- In factor “Satisfaction from self-expression and development” mean rank of men (46.24) is statistically lower ($U=633$, $p=0.001$) than mean rank of women (89.86).
- In factor “Satisfaction from work-life balance” mean rank of men (58.85) is statistically lower ($U=847.5$, $p=0.018$) than mean rank of women (88.46).
- In factor “Satisfaction from payment” mean rank of men (57.56) is statistically lower ($U=825.5$, $p=0.008$) than mean rank of women (88.60).

Table 14*Factors * Gender, Mann Whitney*

Factor	Man (N=17)	Woman (N=153)	U	p-value
Factors helping the successful exercise of work	62.71	88.03	913.000	0.042
Satisfaction from self-expression and development	46.24	89.86	633.000	0.001
Satisfaction from working conditions	81.06	85.99	1225.000	0.690
Satisfaction from work-life balance	58.85	88.46	847.500	0.018
Satisfaction from payment	57.56	88.60	825.500	0.008

Graph 24*Boxplots, Factors * Gender*

4.2.6.2. Demographics

Table 15 presents the results of chi square test for gender with the demographic characteristics where there were statistically significant results with age ($\chi^2(2)=18,152$, $p<0.001$), marital status ($\chi^2(1)=15.235$, $p<0.001$), specialty ($\chi^2(1)=12.399$, $p=0.001$), years of experience ($\chi^2(2)=15.981$, $p<0.001$) and working relationship ($\chi^2(1)=10.525$, $p=0.004$).

Table 15*Gender*Demographics, Chi square*

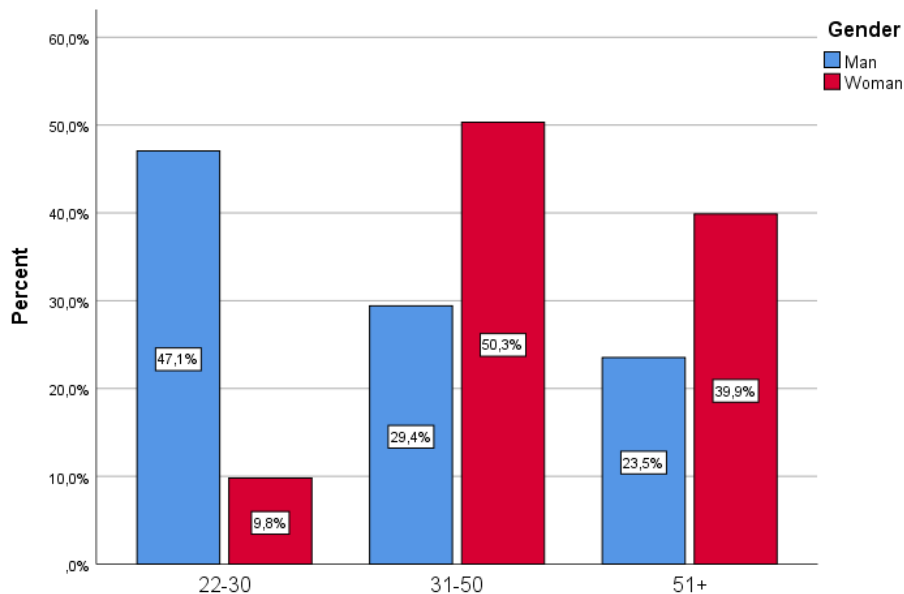
Demographic	Category	Man (N=17)	Woman (N=153)	df	X ²	p-value
Age	21-30	47.1% (N=5)	9.8% (N=15)	2	18.152	<0.001
	31-50	29.4% (N=5)	50.3% (N=77)			
	51+	23.5 % (N=4)	39.9% (N=61)			
Educational level	ATEI-Other	41.2% (N=7)	50.3% (N=77)	2	2.906	0.234
	University	29.4% (N=5)	13.7% (N=21)			
	MSc	29.4% (N=5)	35.9% (N=55)			
Marital status	Single	58.8% (N=10)	17.6% (N=27)	1	15.235	<0.001+
	Married/Divorced/Widower	41.2% (N=7)	82.4% (N=126)			
Specialty	Nurse	35.3% (N=6)	75.8% (N=116)	1	12.399	0.001+
	Other	64.7% (N=11)	24.2% (N=37)			
Years of experience	0-5	47.1% (N=8)	11.1% (N=17)	2	15.981	<0.001
	6-20	29.4% (N=5)	40.5% (N=62)			
	>20	23.5% (N=4)	48.4% (N=74)			
Working relationship	Permanent	52.9% (N=9)	85% (N=130)	1	10.525	0.004+
	Part-time	47.1% (N=8)	15% (N=23)			

+Fisher exact value

According to Graph 25, men present higher percentage in the category age 22-30 (47.1%) than women (9.8%).

Graph 25

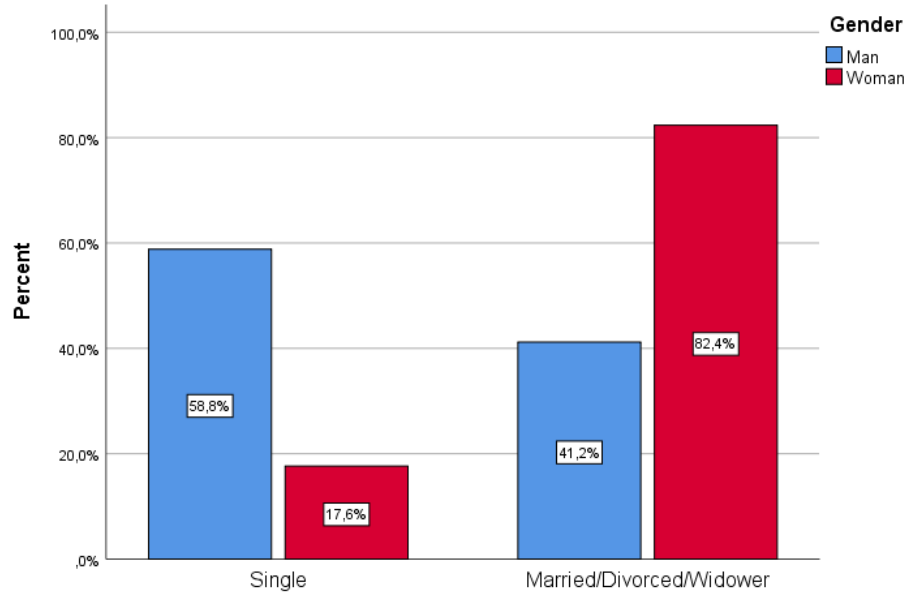
Bar charts, Gender * Age



According to Graph 26, men present higher percentage in singles (58.2%) than women (17.6%).

Graph 26

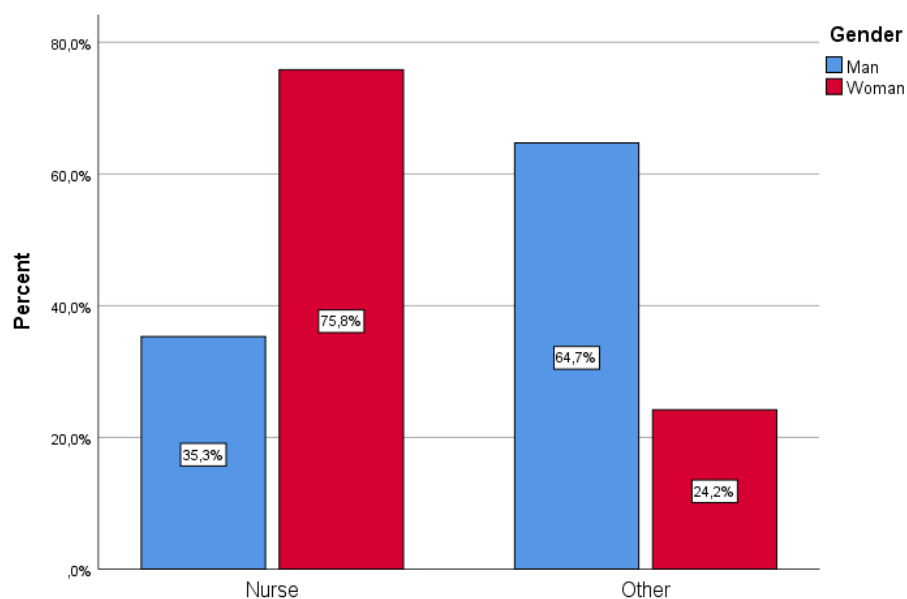
Bar charts, Gender * Marital Status



According to Graph 27, women present higher percentage in nurses (75.8%) than men (35.3%).

Graph 27

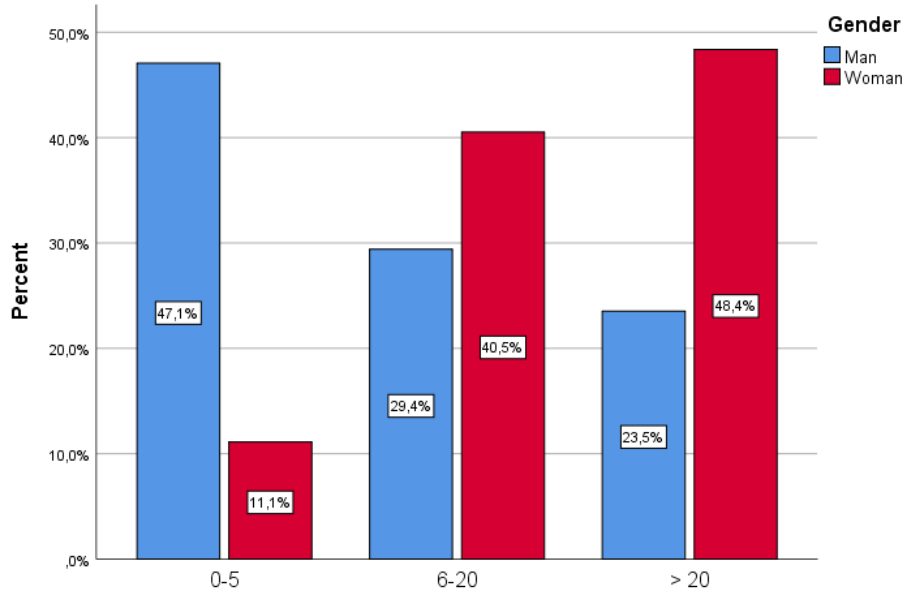
Bar charts, Gender * Specialty



According to Graph 28, men present higher percentage in years of experience category 0-5 (47.1%) than women (11.1%).

Graph 28

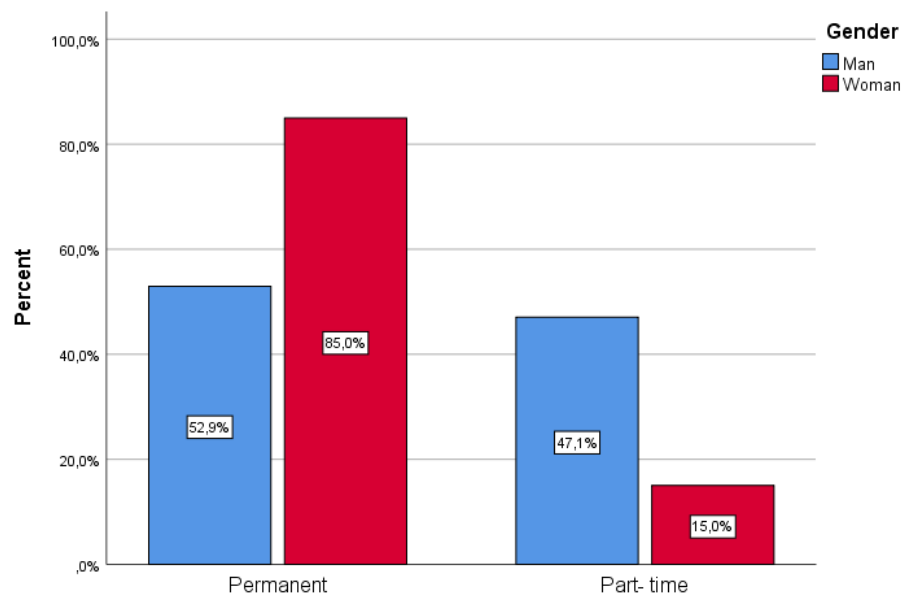
Bar charts, Gender * Years of experience



According to Graph 29, women present higher percentage in permanent employees (85%) than men (52.9%).

Graph 29

Bar charts, Gender * Working relationship



4.2.6.3. Training related to the exercise of professional duties

Table 16 presents the results of Chi square & Mann Whitney for training related to the exercise of professional duties with gender, where statistically significant results were observed with train provider ($\chi^2(1)=8,613$, $p=0,003$), topics of study ($\chi^2(1)=6,137$, $p=0,015$) and help of training ($U=526$, $p=0,021$).

Table 16

Gender Training related to the exercise of professional duties, Chi square & Mann Whitney*

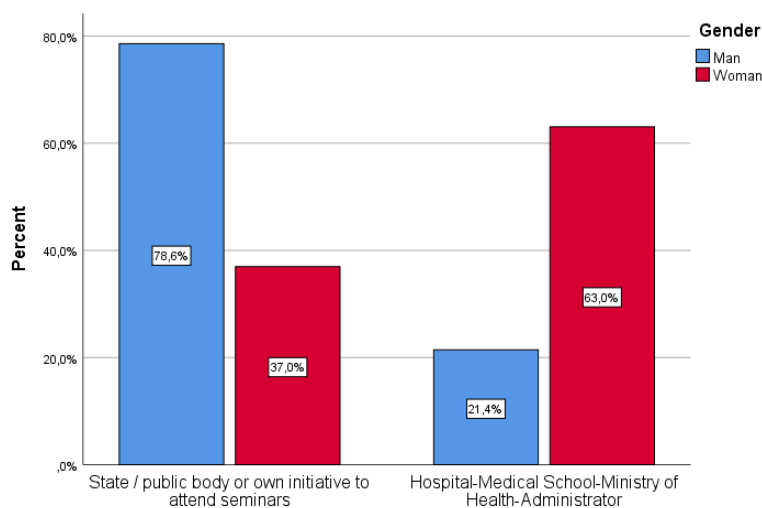
Question	Category	Man (N=17)	Woman (N=153)	Statistic	p
Training in a subject related to the exercise	No	17.6% (N=3)	22.2% (N=34)	$\chi^2(1) = 0.188$	1.000+
	Yes	82.4% (N=14)	77.8% (N=119)		
Train provider	Public body or own initiative to attend seminars	78.6% (N=11)	37% (N=34)	$\chi^2(1) = 8.613$	0.003
	Hospital-Medical School-Ministry of Health-Administrator	21.4% (N=3)	63% (N=58)		
Training time	Daily or Short Day	57.1% (N=8)	45.9% (N=50)	$\chi^2(1) = 0.633$	0.426
	Quarterly-Semester-Annual	42.9% (N=6)	54.1% (N=59)		
Topics of study	Innovations-Health Legislation-Management of health	100% (N=11)	63% (N=68)	$\chi^2(1) = 6.137$	0.015+
	Use of new technologies	0% (N=0)	37% (N=40)		
Help of training	-	45.07	67.43	U=526	0.021

+Fisher exact value

According to Graph 30, men presented higher percentage in train providers of public body or in own initiative to attend seminars than women (78.6% vs 37%) who presented higher percentage than men in train providers of hospital, medical school, ministry of health and administrator (63% vs 21.4%).

Graph 30

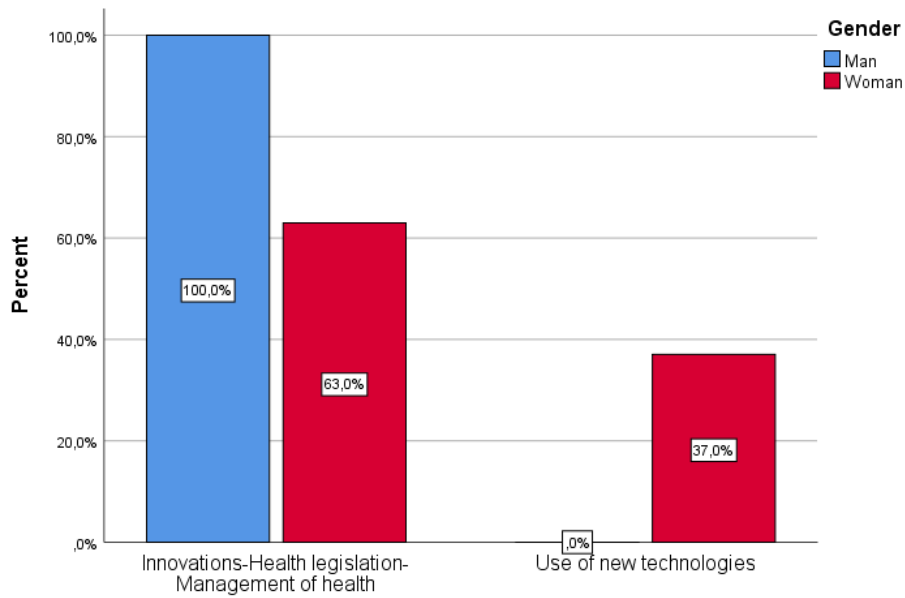
*Bar charts, Gender * Train provider*



According to Graph 31, men presented higher percentage in topics of innovations, health legislation, management of health than women (100% vs 63%) who presented higher percentage than men in use of new technologies (37% vs 0%).

Graph 31

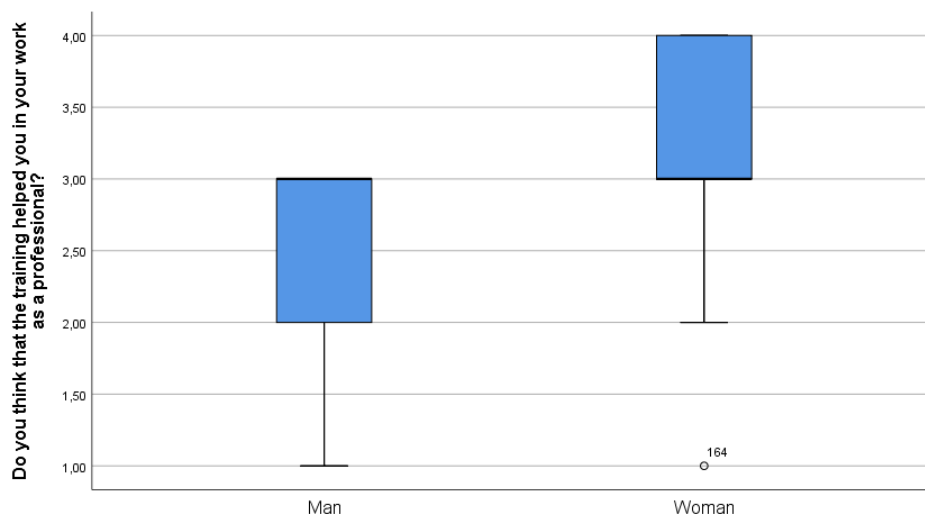
Bar charts, Gender * Topics of study



According to Table 16 and Graph 32, men presented lower mean rank (45,07) than women (67,43) in variable help of training.

Graph 32

Boxplots, Help of training * Gender



4.2.6.4. Areas that should be improved in the training program

Table 17 presents the results of chi square for the gender with the opinions regarding the areas that should be improved in the training program, where statistically significant results appeared with the teaching method ($\chi^2(1)=7.097$, $p=0.013$) and the training material ($\chi^2(1)=8.482$, $p=0.008$).

Table 17

Gender Areas that should be improved in the training program, Chi square*

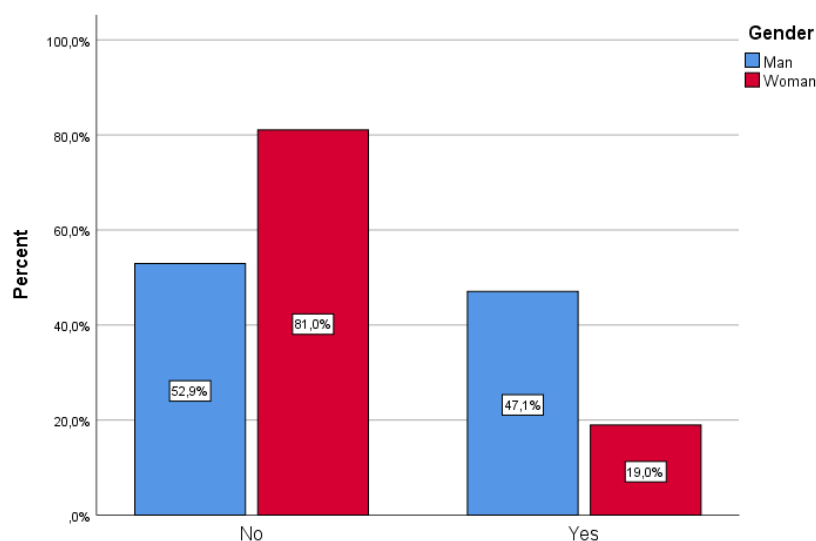
Areas need to be improved	Men (N=17)	Women (N=153)	X ² (1)	p-value
The teaching method	47.1% (N=8)	19% (N=29)	7.097	0.013+
The duration to be increased	29.4% (N=5)	35.9% (N=55)	0.286	0.593
The duration to be reduced	0% (N=0)	0.7% (N=1)	0.112	1.000+
The training area	11.8% (N=2)	20.3% (N=31)	0.706	0.531+
The training material	58.8% (N=10)	25.2% (N=38)	8.482	0.008+
The level of trainers	11.8% (N=2)	11.8% (N=18)	0.000	1.000+
The content	17.6% (N=3)	11.1% (N=17)	0.630	0.427+
Other	5.9% (N=1)	3.9% (N=6)	0.149	0.528+

+Fisher exact value

According to Graph 33, men supported in higher degree that the teaching method should be improved than women (47.1% vs 19%).

Graph 33

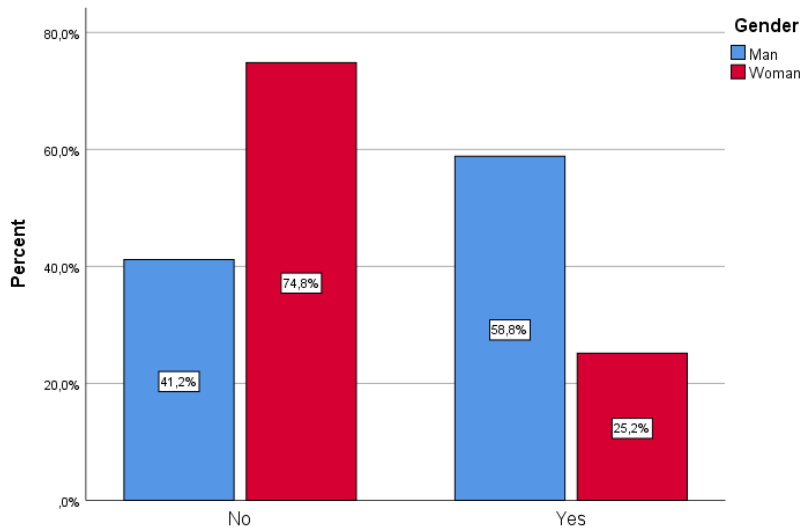
*Bar charts, Gender * The teaching method*



According to Graph 34, men supported in higher degree that the training material should be improved than women (58.8% vs 25.2%).

Graph 34

Bar charts, Gender * The training material



4.2.6.5. Ways of overcoming difficulties

According to Table 18, there is no difference ($p=0.962$) between males and females regarding the ways of overcoming difficulties.

Table 18

Gender* Ways of overcoming difficulties, Chi square

Ways of overcoming difficulties	Men (N=17)	Women (N=153)	X ² (2)	p-value
Help of more experienced managers-Superiors	47.1% (N=8)	44.4% (N=68)	0.077	0.962
With self-education and training	23.5% (N=4)	22.9% (N=35)		
The difficulties are overcome as my experience grows	29.4% (N=5)	32.7% (N=50)		

4.2.6.7. Training

Table 19 (Graph 35) represents that there is a statistically significant dependence between gender and biggest motivation for training ($\chi^2(2)=11.754$, $p=0.003$).

Table 19

Gender Training, Chi square*

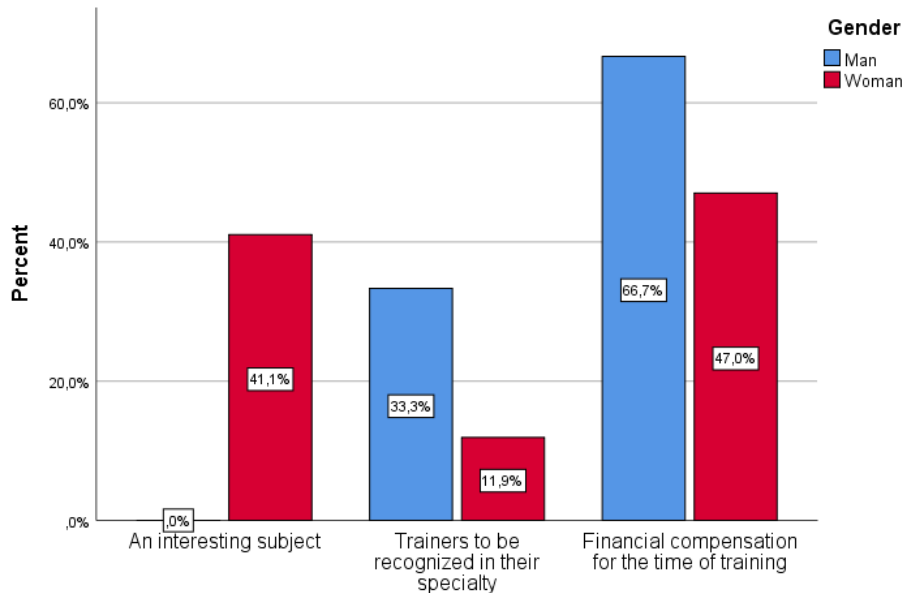
Question	Category	Men (N=17)	Women (N=153)	df	X ²	p-value
Need for specialized training in the management of employees	No	11,8% (N=2)	1,3% (N=2)	1	7,282	0,050
	Yes	88,2% (N=15)	98,7% (N=151)			
Which of the following topics would you like to learn?	Innovations-Legislation	20% (N=3)	43,7% (N=66)	2	3,812	0,149
	Use of new technologies	20% (N=3)	19,9% (N=30)			
	Organization and management	60% (N=9)	36,4% (N=55)			
Best forms of training	Initial or periodic	41,2% (N=7)	22,2% (N=34)	1	3,004	0,130+
	Initial and periodic	58,8% (N=10)	77,8% (N=119)			
Suitables forms of training	Accelerated seminars	47,1% (N=8)	33,3% (N=48)	2	2,419	0,298
	Three months training	23,5% (N=4)	17,4% (N=25)			
	Semester-Annual training	29,4% (N=5)	49,3% (N=71)			
Biggest motivation for training	An interesting subject	0% (N=0)	41,1% (N=62)	2	11,754	0,003
	Recognized trainers	33,3% (N=5)	11,9% (N=18)			
	Financial compensation	66,7% (N=10)	47% (N=71)			

+Fisher exact value

In particular, men presented higher percentage in recognized trainers (33.3% vs 11.9%) while women higher percentage in an interesting subject (41.1% vs 0%).

Graph 35

*Bar charts, Gender * Biggest motivation for training*



4.2.7. Differences with Age

4.2.7.1. Factors

Table 20 (Graph 36) represents the results of Kruskal Wallis test for the factors of study with age, where statistically significant results were observed with the factors “Satisfaction from working conditions” ($H(2)=6.669$, $p=0.036$) and “Satisfaction from payment” ($H(2)=6.807$, $p=0.033$).

Table 20

*Factors * Age, Kruskal Wallis*

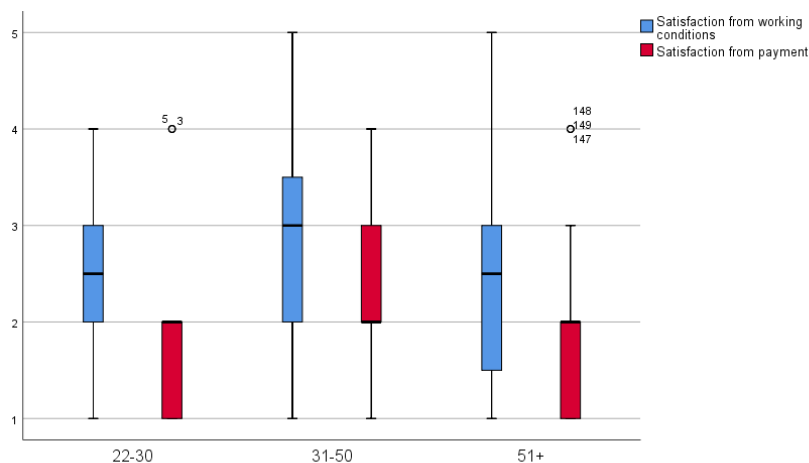
Factor	22-30 (N=23)	31-50 (N=82)	51+ (N=65)	H (2)	p-value
Factors helping the successful exercise of work	66.96	87.83	89.12	3.877	0.144
Satisfaction from self-expression and development	71.07	88.76	86.50	2.373	0.305
Satisfaction from working conditions	78.76	95.38 ^b	75.42 ^a	6.669	0.036
Satisfaction from work-life balance	66.30	87.96	89.18	4.140	0.126
Satisfaction from payment	72.80 ^a	94.82 ^b	78.24 ^a	6.807	0.033

a<b

In factor “Satisfaction from working conditions”, mean rank of participants 51 years old or older (75.42) is statistically significant lower ($p=0.013$) than mean rank of participants 31-50 years old (95.38). In factor “Satisfaction from payment”, mean rank of participants 31-50 years old (94.82) is statistically significantly higher than mean rank of participants 22-30 years old (72.80, $p=0.041$) and 51 years old or older (78.24, $p=0,029$).

Graph 36

*Boxplots, Factors * Age*



4.2.7.2. Demographics

Table 21 presents the results of chi square test for age with the demographic characteristics where there were statistically significant results with educational level ($\chi^2(9)=47.402$, $p<0.001$) marital status ($\chi^2(3)=61.380$, $p<0.001$), years of experience ($\chi^2(6)=176.598$, $p<0.001$) and working relationship ($\chi^2(3)=133.515$, $p<0.001$).

Table 21

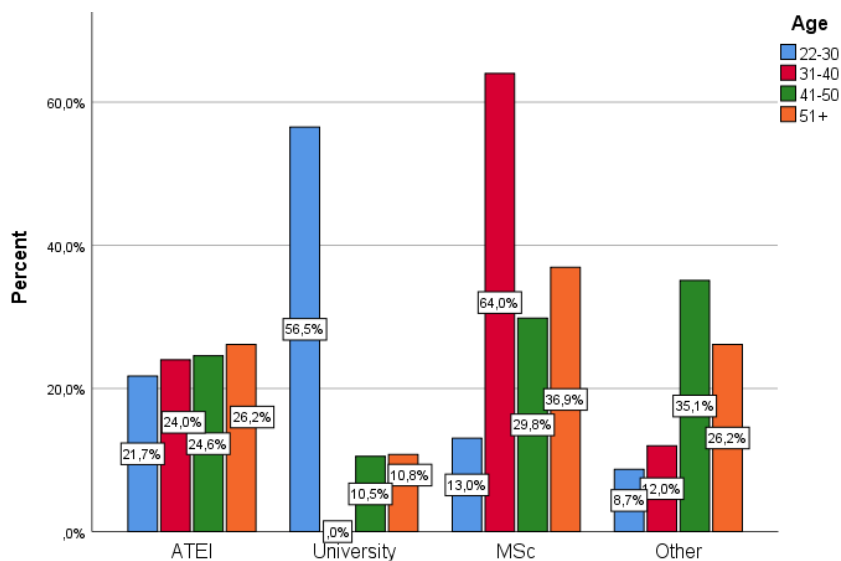
*Age*Demographics, Chi square*

Demographic	Category	22-30 (N=23)	31-40 (N=25)	41-50 (N=57)	51+(N=65)	df	X ²	p
Educational level	ATEI	21.7% (N=5)	24% (N=6)	24.6% (N=14)	26.2% (N=17)	9	47.402	<0.001
	University	56.5% (N=13)	0% (N=0)	10.5% (N=6)	10.8% (N=7)			
	MSc	13% (N=3)	64% (N=16)	29.8% (N=17)	36.9% (N=24)			
	Over	8.7% (N=2)	12% (N=3)	35.1% (N=20)	26.2% (N=17)			
Marital status	Single	82.6% (N=19)	24% (N=6)	14% (N=8)	6.2% (N=4)	3	61.380	<0.001
	Married/Divorced/Widower	17.4% (N=4)	76% (N=19)	86% (N=49)	93.8% (N=61)			
Specialty	Nurse	56.5% (N=13)	84% (N=21)	70.2% (N=40)	73.8% (N=48)	3	4.694	0.196
	Other	43.5% (N=10)	16% (N=4)	29.8% (N=17)	26.2% (N=17)			
Years of experience	0-5	87% (N=20)	12% (N=3)	3.5% (N=2)	0% (N=0)	6	176.598	<0.001
	6-20	13% (N=3)	88% (N=22)	57.9% (N=33)	13.8% (N=9)			
	>20	0% (N=0)	0% (N=0)	38.6% (N=22)	86.2% (N=56)			
Working relationship	Permanent	0% (N=0)	68% (N=17)	100% (N=57)	100% (N=65)	3	133.515	<0.001
	Part-time	100% (N=23)	32% (N=8)	0% (N=0)	0% (N=0)			

According to Graph 37, participants 22-30 years old present higher percentage of university educational level (56,5%), while participants 41-50 years old higher percentage of MSc (64%).

Graph 37

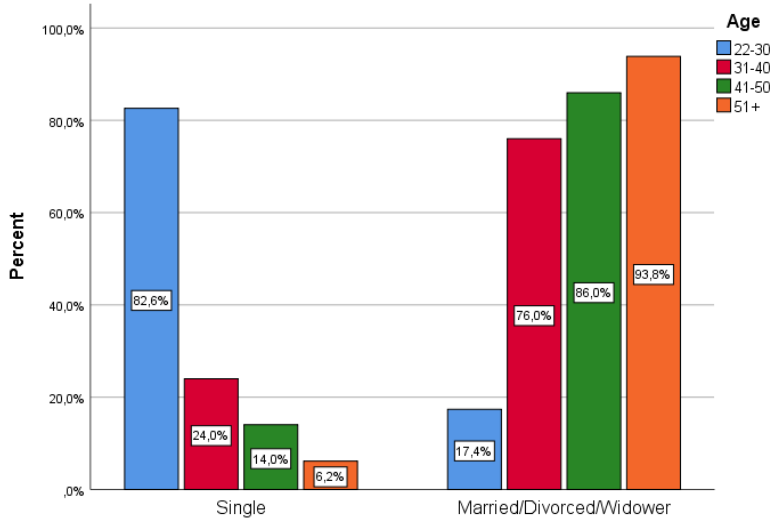
*Bar charts, Age*Educational level*



According to Graph 38, participants 22-30 years old present higher percentage of singles (82.6%).

Graph 38

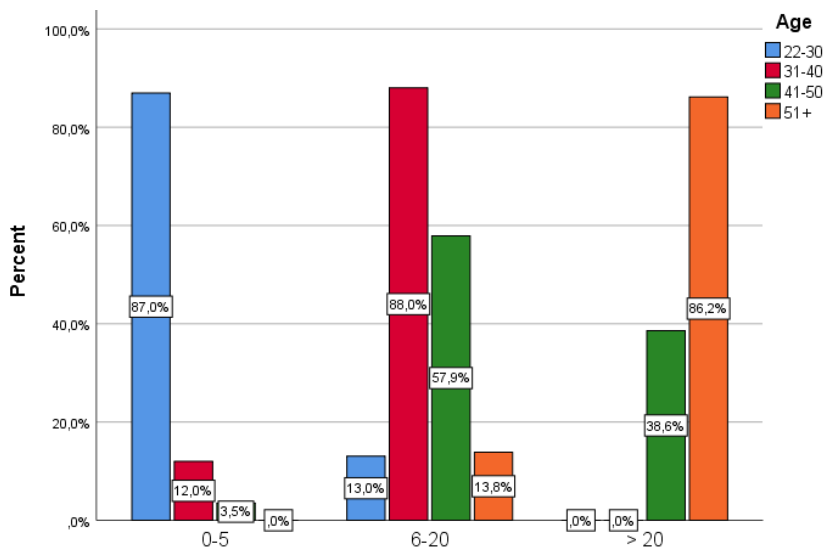
Bar charts, Age*Marital Status



According to Graph 39, participants 22-30 years old present higher percentage of 0-5 years of experience (87%), participants 31-40 years old present higher percentage of 6-20 years (88%) and participants 51 years or older present higher percentage of over 20 years' experience (86,2%).

Graph 39

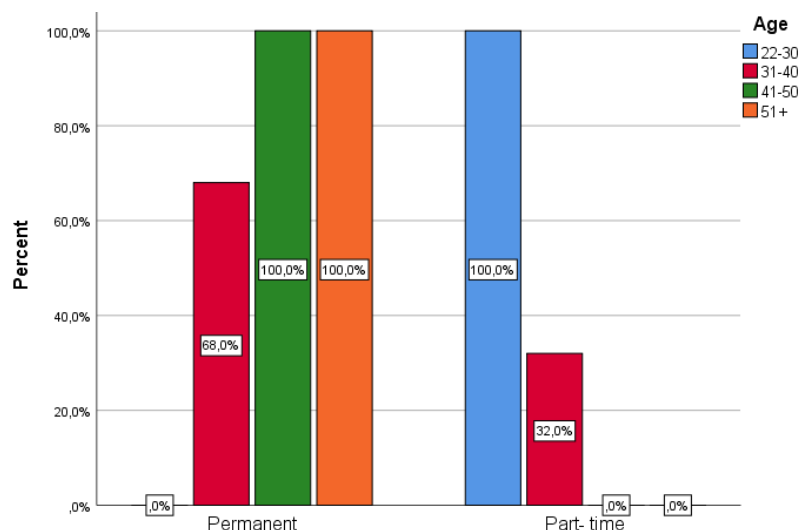
Bar charts, Age*Years of experience



According to Graph 40, participants 22-30 years old present higher percentage of part-time employees (100%), participants 41-50 years old present higher percentage of permanent employees (100%).

Graph 40

*Bar charts, Age*Working relationship*



4.2.7.3. Training related to the exercise of professional duties

Table 22 presents the results of Chi square & Kruskal Wallis for training related to the exercise of professional duties with age, where statistically significant results were observed with train provider ($\chi^2(6)=39.376$, $p<0.001$), training time ($\chi^2(3)=19.852$, $p<0.001$) topics of study ($\chi^2(6)=26.549$, $p<0.001$) and help of training ($H(3)=10.454$, $p=0.015$).

Table 22

Age Training related to the exercise of professional duties, Chi square & Kruskal Wallis*

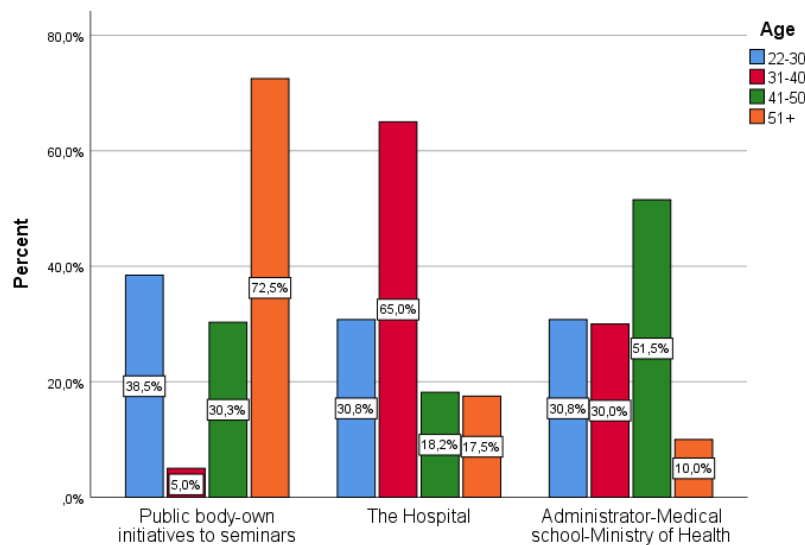
Question	Category	22-30 (N=23)	31-40 (N=25)	41-50 (N=57)	51+ (N=65)	Statistic	p
Training in a subject related to the exercise	No	26.1% (N=6)	8.0% (N=2)	21.1% (N=12)	26.2% (N=17)	$\chi^2(3)=3.786$	0.285
	Yes	73.9% (N=17)	92.0% (N=23)	78.9% (N=45)	73.8% (N=48)		
Train provider	Public body-own initiatives to seminars	38.5% (N=5)	5.0% (N=1)	30.3% (N=10)	72.5% (N=29)	$\chi^2(6)=39.376$	<0.001
	Hospital Administrator-Medical school-Ministry of Health	30.8% (N=4)	65% (N=13)	18.2% (N=6)	11.3% (N=7)		
Training time	Daily or Short Day	64.7% (N=11)	52.2% (N=12)	19.5% (N=8)	64.3% (N=27)	$\chi^2(3)=19.852$	<0.001
	Quarterly-Semester-Annual	35.3% (N=6)	47.8% (N=11)	80.5% (N=33)	35.7% (N=15)		
Topics of study	Innovations-Health Legislation	33.3% (N=4)	4.3% (N=1)	20.5% (N=8)	31.1% (N=14)	$\chi^2(6)=26.549$	<0.001
	Use of new technologies	25% (N=3)	34.8% (N=8)	59% (N=23)	13.3% (N=6)		
	Organization and management of health	41.7% (N=5)	60.9% (N=14)	20.5% (N=8)	55.6% (N=25)		
Help of training	-	38.93 ^a	73.26 ^b	67.10 ^b	67.30 ^b	$H(3)=10.454$	0.015

a<b

According to Graph 41, participants 31-40 years old, indicated higher percentage in the training provider of hospital (65%), participants 41-50 years old preferred the administrator, medical school or ministry of Health (51.5%), while participants 51 years or more the public body or own initiatives to attend seminars (72.5%).

Graph 41

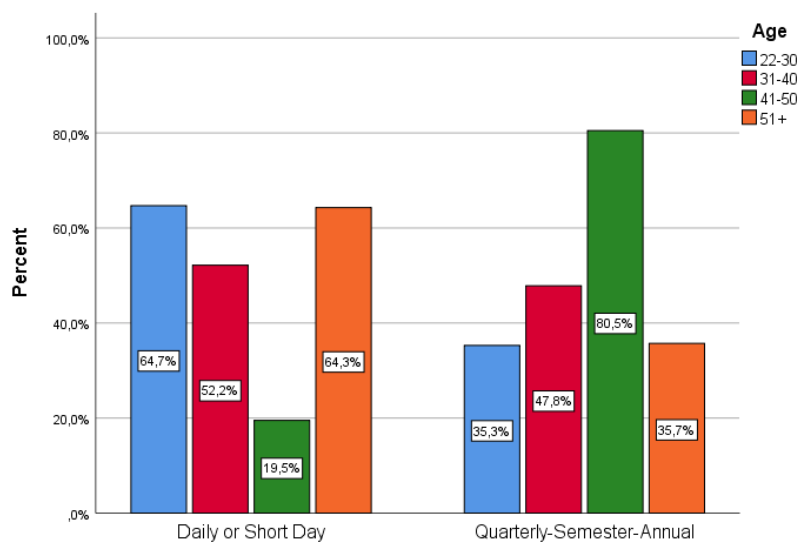
Bar charts, Age* Train provider



According to Graph 42, participants 41-50 old, preferred more the quarterly, per semester or annually training time (80.5%).

Graph 42

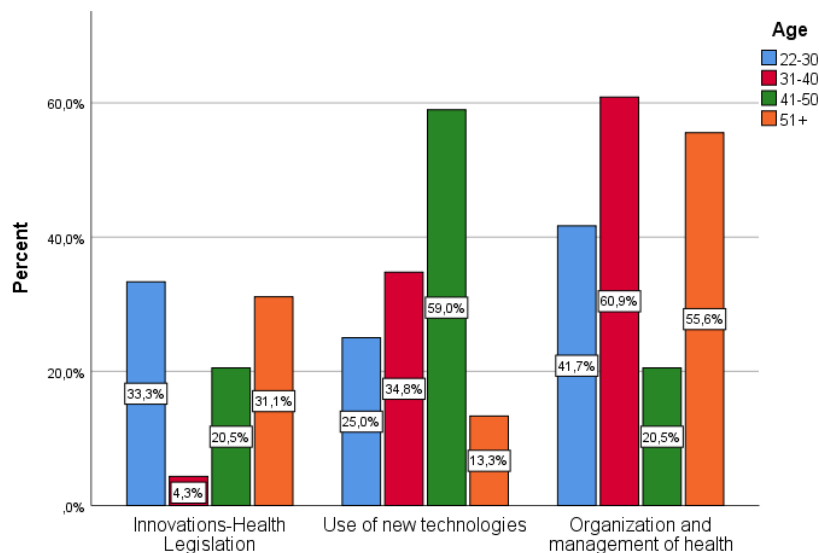
Bar charts, Age* Training time



According to Graph 43, participants 31-40 years old, preferred more the organization and management of health while participants 41-50 years old the use of new technologies (59%).

Graph 43

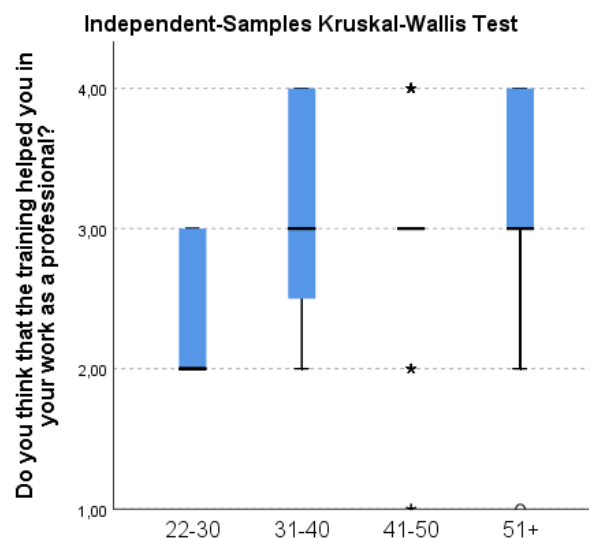
Bar charts, Age* Topics of study



According to Graph 44, in variable help of training, mean rank of participants 22-30 years old (38.93) is statistically significantly lower than mean rank of participants 31-40 (73.26, $p=0.002$), 41-50 (67.10, $p=0.006$) and 51 years old or older (67.30, $p=0.005$).

Graph 44

Boxplots, Help of training * Age



4.2.7.4. Areas that should be improved in the training program

Table 23 presents the results of chi square for the age with the opinions regarding the areas that should be improved in the training program, where statistically significant results appeared with the increase of duration ($\chi^2(2)=7.186$, $p=0.028$), the training material ($\chi^2(2)=13.097$, $p=0.001$) and the content ($\chi^2(2)=8.029$, $p=0.018$).

Table 23

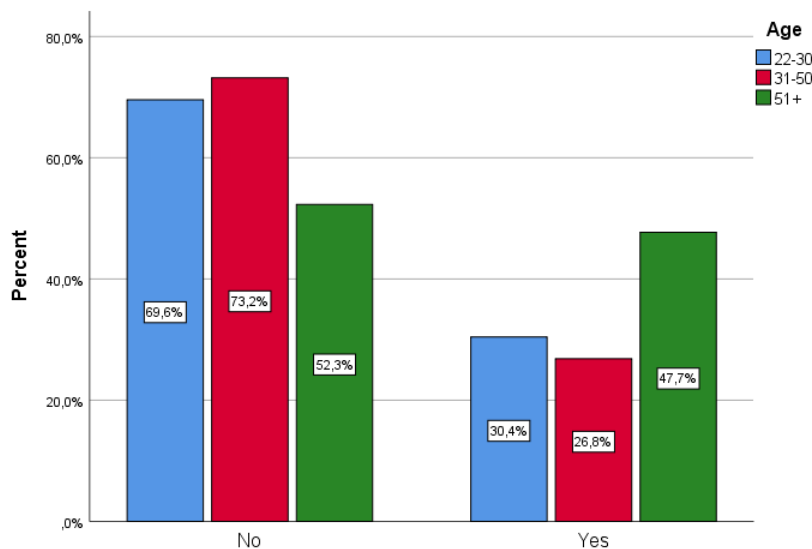
Age Areas that should be improved in the training program, Chi square*

Areas need to be improved	22-30 (N=23)	31-50 (N=72)	51+ (N=65)	X ² (2)	p-value
The teaching method	34.8% (N=8)	22% (N=18)	16.9% (N=11)	3.186	0.203
The duration to be increased	30.4% (N=7)	26.8% (N=22)	47.4% (N=31)	7.186	0.028
The training area	30.4% (N=7)	20.7% (N=17)	13.8% (N=9)	3.165	0.205
The training material	61.9% (N=13)	24.4% (N=20)	23.1% (N=15)	13.097	0.001
The level of trainers	17.4% (N=4)	15.9% (N=13)	4.6% (N=3)	5.223	0.073
The content	13% (N=3)	4.9% (N=4)	20% (N=13)	8.029	0.018

According to Graph 45, participants 51 years old or older suggested in higher degree that the duration of the training program must be increased (47.4%).

Graph 45

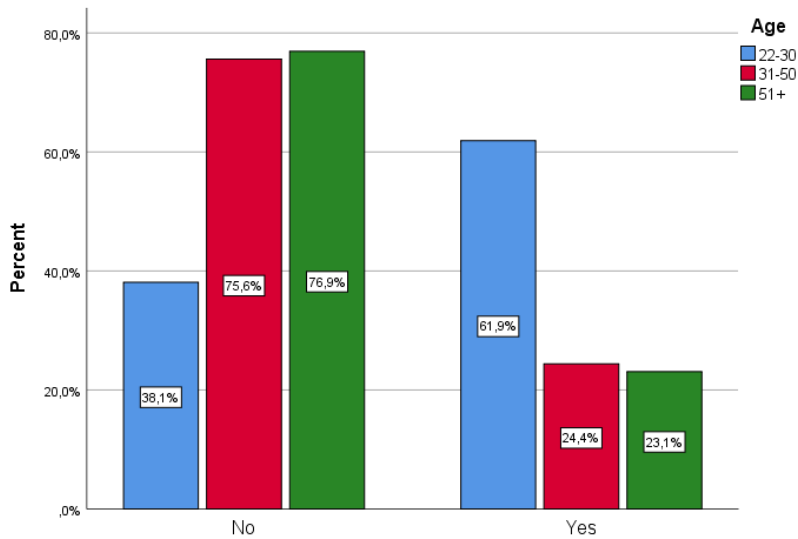
Bar charts, Age The duration to be increased*



According to Graph 46, participants 22-30 years old suggested in higher degree that the training material of the training program has to be improved (61.9%).

Graph 46

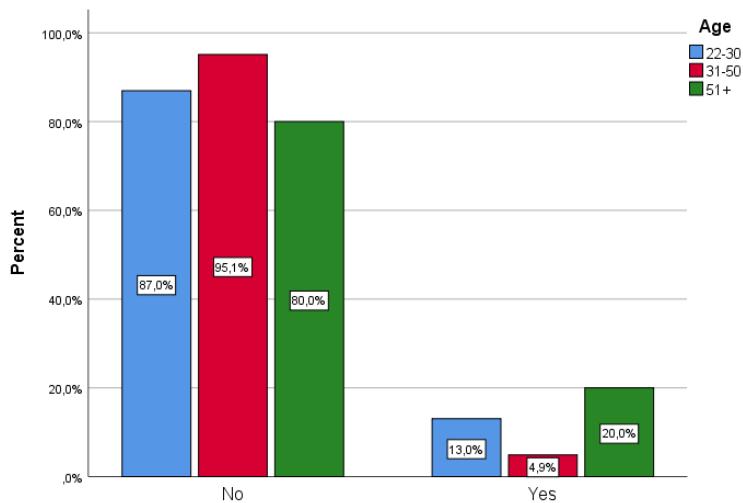
Bar charts, Age* The training material



According to Graph 47, participants 51 years old or older suggested in higher degree that the content of the training program has to be improved (20%).

Graph 47

Bar charts, Age* The content



4.2.7.5. Ways of overcoming difficulties

Ways of overcoming difficulties presented a dependence with age ($\chi^2(6)=34.497, p<0.001$). According to Table 24 (Graph 48), participants 22-30 years old ask for help of more experienced managers or superiors in higher degree (73.9%).

Self-education or training was more supported by 31-40 years old (40%), while participants 41-50 years old claim that they overcome difficulties via experience (45.6%).

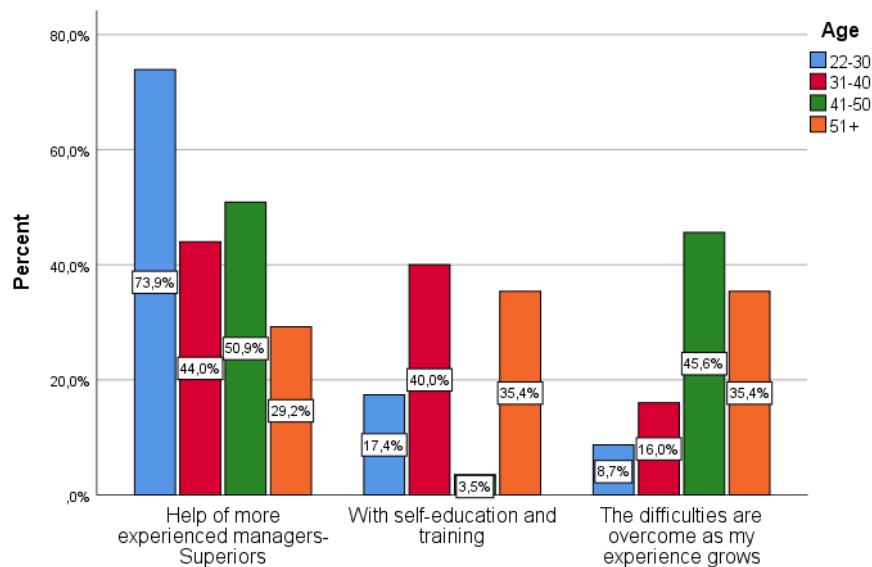
Table 24

Age Ways of overcoming difficulties, Chi square*

Ways of overcoming difficulties	22-30 (N=23)	31-40 (N=25)	41-50 (N=57)	51+ (N=65)	χ^2 (6)	p
Help of more experienced managers-Superiors	73,9% (N=17)	44% (N=11)	50,9% (N=29)	29,2% (N=19)	34,937	<0,001
With self-education and training	17,4% (N=4)	40% (N=10)	3,5% (N=2)	35,4% (N=23)		
The difficulties are overcome as my experience grows	8,7% (N=2)	16% (N=4)	45,6% (N=26)	35,4% (N=23)		

Graph 48

Bar charts, Age Ways of overcoming difficulties*



4.2.7.6. Training

Table 25 (Graph 49) represents that there is a statistically significant dependence between age and suitable forms of training (χ^2 (6) =20,734, p=0,002) as well as with biggest motivation for training (χ^2 (6) =16,363, p=0,012).

Table 25

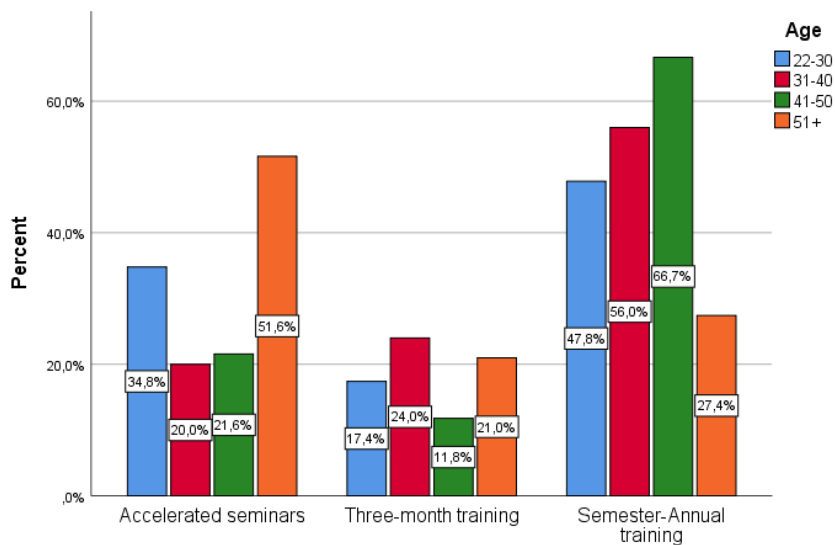
Age Training, Chi square*

Question	Category	22-30 (N=23)	31-40 (N=25)	41-50 (N=57)	51+ (N=65)	df	X ²	p-value
Which of the following topics would you like to learn?	Innovations-Legislation	21.7% (N=5)	60% (N=15)	39.6% (N=21)	43.1% (N=28)	6	10.575	0.102
	Use of new technologies	30.4% (N=7)	24% (N=6)	18.9% (N=10)	15.4% (N=10)			
	Organization and management	47.8% (N=11)	16% (N=4)	41.5% (N=22)	41.5% (N=27)			
Best forms of training	Initial or periodic	17.4% (N=4)	20% (N=5)	24.6% (N=14)	27.7% (N=18)	3	1.260	0.739
	Initial and periodic	82.6% (N=19)	80% (N=20)	75.6% (N=43)	72.3% (N=47)			
Suitables forms of training	Accelerated seminars	34.8% (N=8)	20% (N=5)	21.6% (N=11)	51.6% (N=32)	6	20.734	0.002
	Three months training	17.4% (N=4)	24% (N=6)	11.8% (N=6)	21% (N=13)			
	Semester-Annual training	47.8% (N=11)	56% (N=14)	66.7% (N=34)	27.4% (N=17)			
Biggest motivation for training	An interesting subject	39.1% (N=9)	24% (N=6)	22.6% (N=12)	53.8% (N=35)	6	16.363	0.012
	Recognized trainers	13% (N=3)	24% (N=6)	13.2% (N=7)	10.8% (N=7)			
	Financial compensation	47.8% (N=11)	52% (N=13)	64.2% (N=34)	35.4% (N=23)			

According to Graph 49, participants 41-50 years old preferred more the semester or annually training as most suitable form (66.7%) while 51 years old or older preferred the accelerated seminars (51.6%).

Graph 49

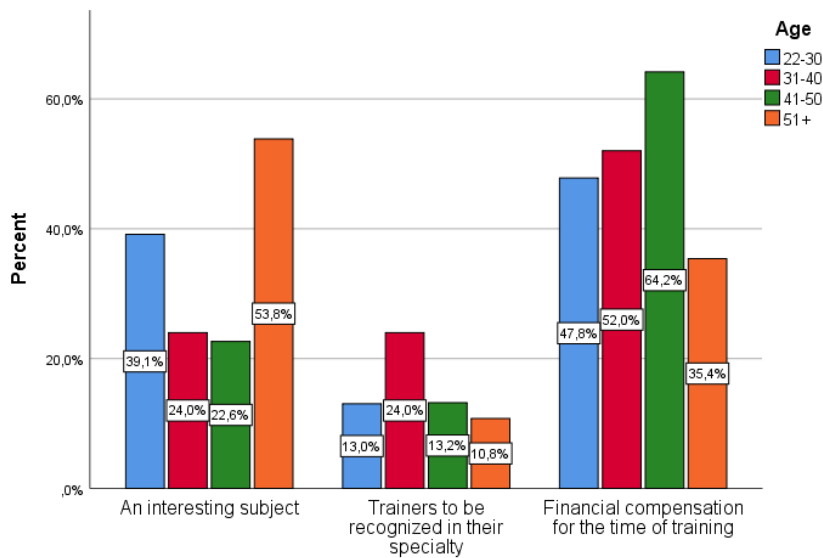
Bar charts, Age Suitables forms of training*



According to Graph 50, participants 41-50 years old stated the financial compensation as biggest motivation for training (64.2%) while 51 years old or older stated the interesting subject (53.8%).

Graph 50

Bar charts, Age Biggest motivation for training*



4.2.8. Differences with Educational level

4.2.8.1. Factors

Table 26 (Graph 51) represents the results of Kruskal Wallis test for the factors of study with educational level, where statistically significant results were observed with the factors “Factors helping the successful exercise of work” ($H(2)=8.349$, $p=0.015$) and “Satisfaction from work-life balance” ($H(2)=6.511$, $p=0.039$).

Table 26

*Factors * Educational level, Kruskal Wallis*

Factor	ATEI-Other (N=84)	University (N=26)	MSc (N=60)	H (2)	p-value
Factors helping the successful exercise of work	79.05 ^a	73.17 ^a	99.87 ^b	8.349	0.015
Satisfaction from self-expression and development	79.58	78.88	96.66	4.789	0.091
Satisfaction from working conditions	79.23	91.23	91.80	2.785	0.248
Satisfaction from work-life balance	75.88 ^a	93.13	95.67 ^b	6.511	0.039
Satisfaction from payment	83.81	85.46	87.88	0.277	0.870

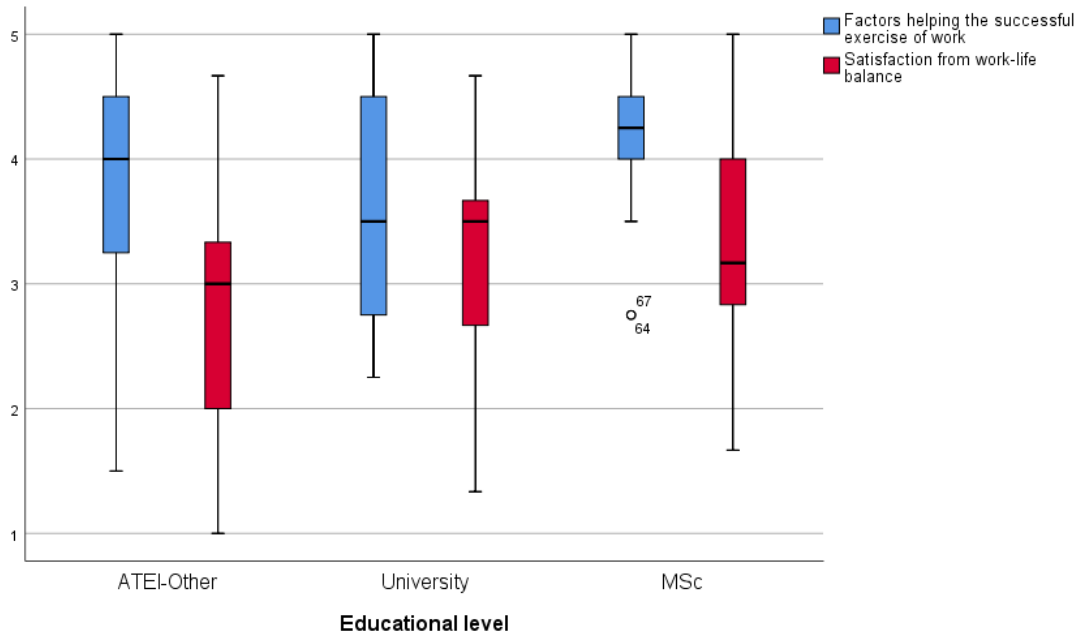
a<b

In factor “Factors helping the successful exercise of work” mean rank of MSc holders (99.87) is statistically significantly higher than mean rank of participant with educational level ATEI or other (79.05, $p=0.012$) and university degree holders (78.88, $p=0.020$). In factor “Satisfaction from work-life balance” mean rank of MSc holders

(95.67) is statistically significantly higher than mean rank of participant with educational level ATEI or other (75.88, $p=0.016$).

Graph 51

*Boxplots, Factors * Educational level*



4.2.8.2. Demographics

Table 27 presents the results of chi square test for educational level with the demographic characteristics where there were statistically significant results with marital status ($\chi^2(3)=23.664$, $p<0.001$), years of experience ($\chi^2(6)=40.960$, $p<0.001$) and working relationship ($\chi^2(3)=24.732$, $p<0.001$).

Table 27

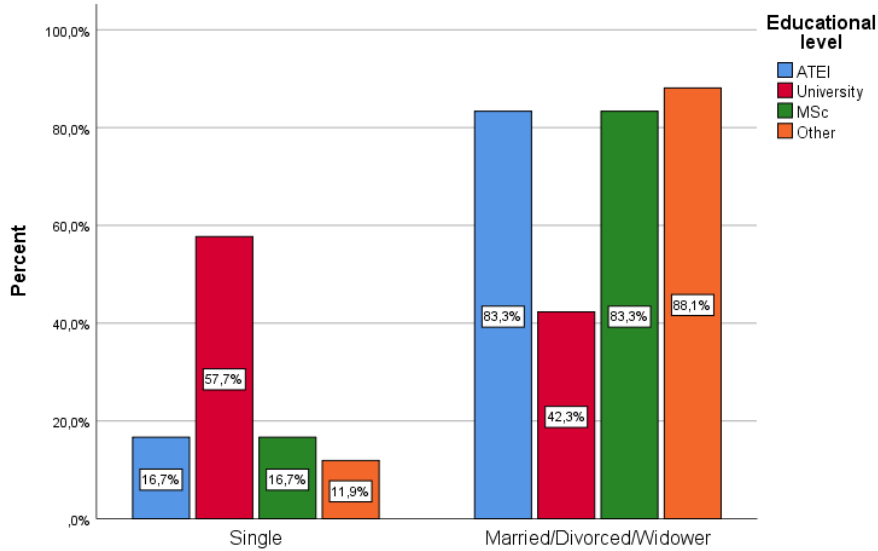
*Educational level *Demographics, Chi square*

Demographic	Category	ATEI (N=42)	University (N=26)	MSc (N=60)	Other (N=42)	df	X ²	p
Marital status	Single	16,7% (N=7)	57,7% (N=15)	16,7% (N=10)	11,9% (N=5)	3	23,664	<0,001
	Married/Divorced/Widower	83,3% (N=35)	42,3% (N=11)	83,3% (N=50)	88,1% (N=37)			
Specialty	Nurse	76,2% (N=32)	53,8% (N=14)	73,3% (N=44)	76,2% (N=32)	3	5,005	0,171
	Other	23,8% (N=10)	46,2% (N=12)	26,7% (N=16)	23,8% (N=10)			
Years of experience	0-5	7,1% (N=3)	50% (N=13)	8,3% (N=5)	9,5% (N=4)	6	40,960	<0,001
	6-20	28,6% (N=12)	42,3% (N=11)	38,3% (N=23)	50% (N=21)			
	>20	64,3% (N=27)	7,7% (N=2)	53,3% (N=32)	40,5% (N=17)			
Working relationship	Permanent	78,6% (N=33)	50% (N=13)	88,3% (N=53)	95,2% (N=40)	3	24,732	<0,001
	Part-time	21,4% (N=9)	50% (N=13)	11,7% (N=7)	4,8% (N=2)			

Graph 52, presents that university degree holders have higher percentage of singles (57.7%).

Graph 52

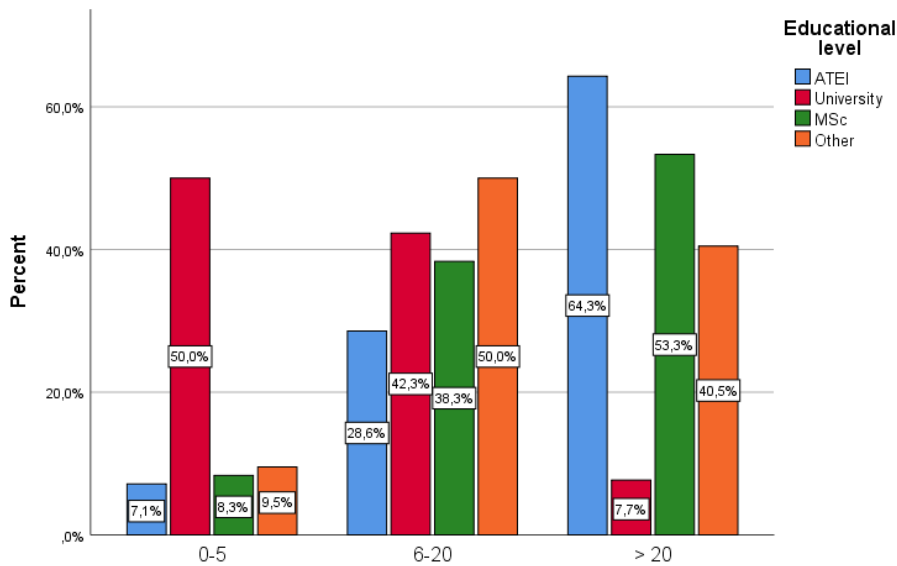
Bar charts, Educational level * Marital status



Graph 53, presents that university degree holders have higher percentage of 0-5 years of experience (50%).

Graph 53

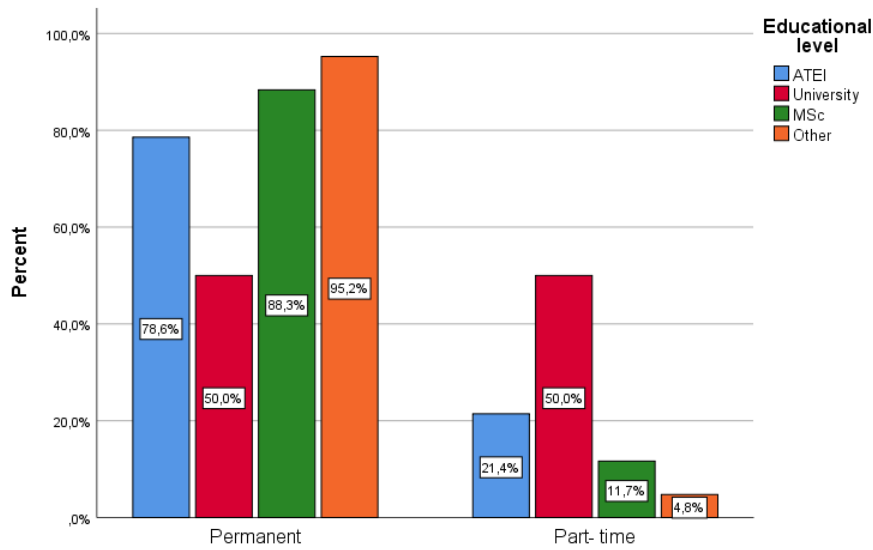
Bar charts, Educational level * Years of experience



Graph 54, presents that MSc degree holders or participants of other education have higher percentage of permanent employees (88.3% and 95.2%).

Graph 54

Bar charts, Educational level * Working relationship



4.2.8.3. Training related to the exercise of professional duties

Table 28 presents the results of Chi square & Kruskal Wallis for training related to the exercise of professional duties with educational level, where statistically significant results were observed with existence of training ($\chi^2(3)=13.334$, $p=0.004$), train provider ($\chi^2(6)=17.239$, $p=0.008$), training time ($\chi^2(6)=21.250$, $p=0.002$) and topics of study ($\chi^2(6)=19.748$, $p=0.003$).

Table 28

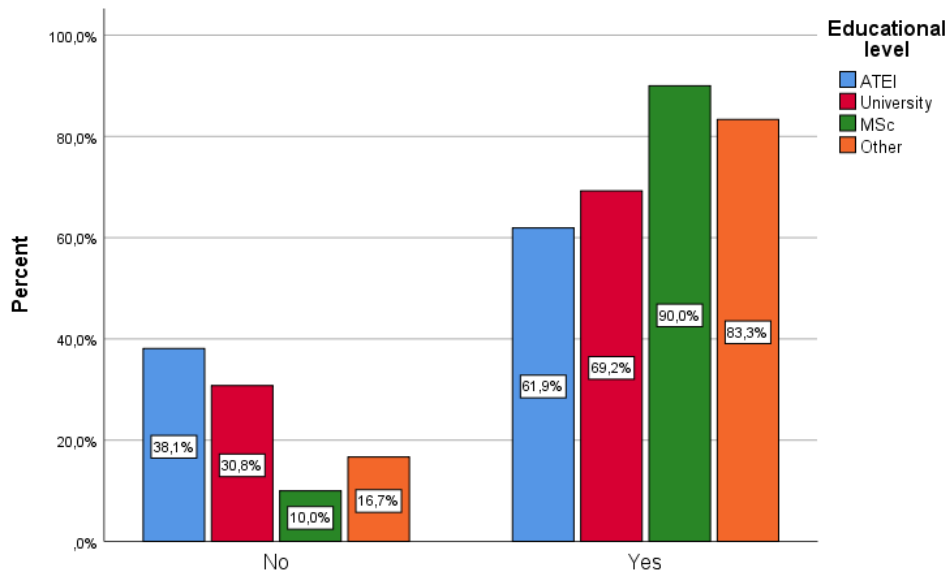
Education Training related to the exercise of professional duties, Chi square & Kruskal Wallis*

Question	Category	ATEI (N=42)	University(N=26)	MSc (N=60)	Other (N=42)	Statistic	p
Training in a subject related to the exercise	No	38.1% (N=16)	30.8% (N=8)	10% (N=6)	16.7% (N=7)	$\chi^2(3)=13.334$	0.004
	Yes	61.9% (N=26)	69.2% (N=18)	90% (N=54)	83.3% (N=35)		
Train provider	Public body-own initiatives to seminars	25% (N=6)	71.4% (N=10)	44.4% (N=20)	39.1% (N=9)	$\chi^2(6)=17.239$	0.008
	Hospital	50% (N=12)	28.6% (N=4)	15.6% (N=7)	30.4% (N=7)		
	Administrator-Medical school-Ministry of Health	25% (N=6)	0% (N=0)	40% (N=18)	30.4% (N=7)		
Training time	Daily or Short Day	30.8% (N=8)	55.6% (N=10)	57.4% (N=31)	36% (N=9)	$\chi^2(6)=21.250$	0.002
	Quarterly	34.6% (N=9)	22.2% (N=4)	11.1% (N=6)	0% (N=0)		
	Semester-Annual	34.6% (N=9)	22.2% (N=4)	31.5% (N=17)	64% (N=16)		
Topics of study	Innovations-Health Legislation	7.7% (N=2)	14.3% (N=2)	19.6% (N=10)	46.4% (N=13)	$\chi^2(6)=19.748$	0.003
	Use of new technologies	53.8% (N=14)	14.3% (N=2)	33.3% (N=17)	25% (N=7)		
	Organization and management of health	38.5% (N=10)	71.4% (N=10)	47.1% (N=24)	28.6% (N=8)		
Help of training	-	68.29	64.78	63.55	64.89	$H(3)=0.952$	0.340

According to Graph 55, MSc holders presented higher percentages in participants who were trained in a subject related to the exercise (90%).

Graph 55

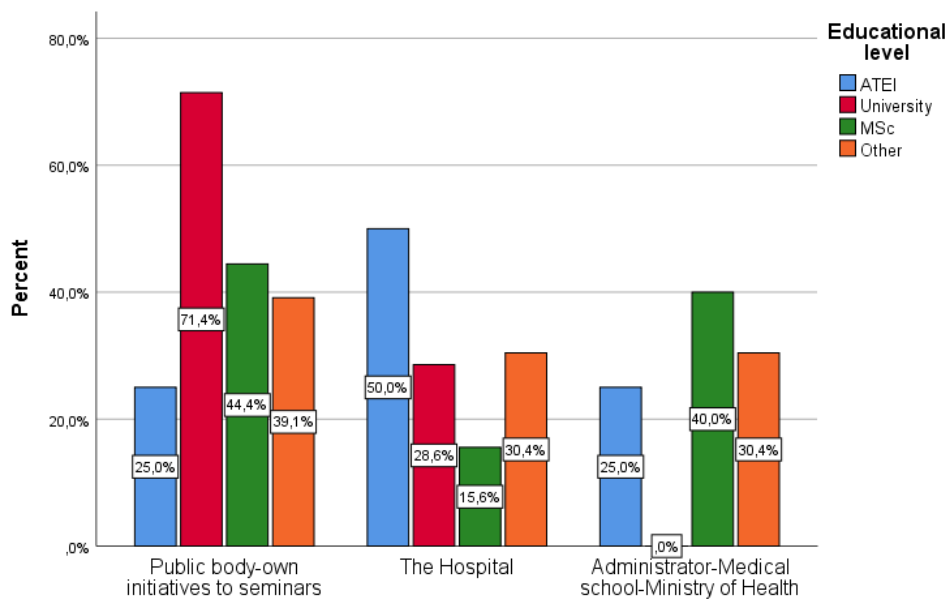
*Bar charts, Educational level * Training in a subject related to the exercise*



According to Graph 56, ATEI holders presented higher percentage in the hospital provider (50%), university graduates have higher percentage in public body train provider or in owning personal initiatives to seminars (71.4%) and MSc holders indicated higher percentages in providers of administrator, medical school and ministry of health (40%).

Graph 56

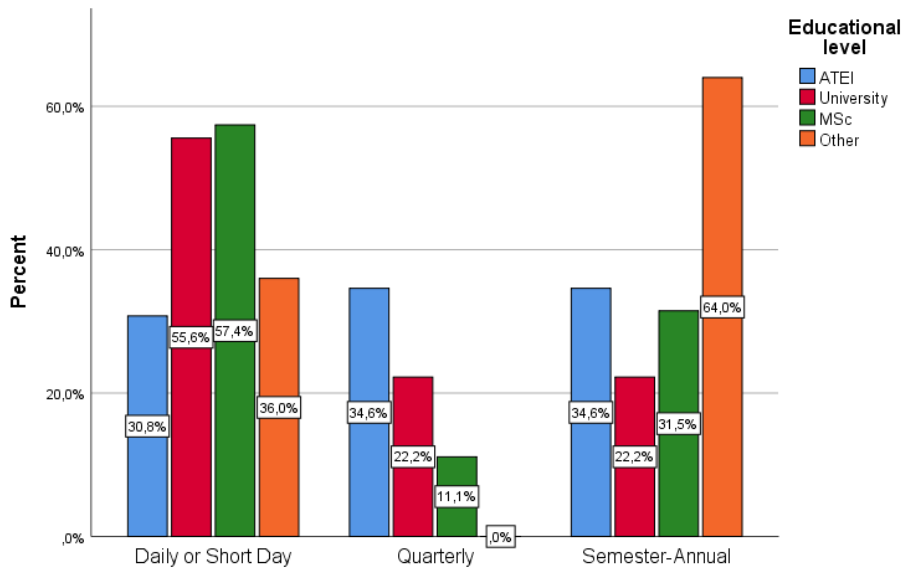
*Bar charts, Educational level * Training provider*



According to Graph 57, ATEI graduates prefer more the quarterly training time (34,6%), while participants with other educational level prefer more the semester or annual training time (64%).

Graph 57

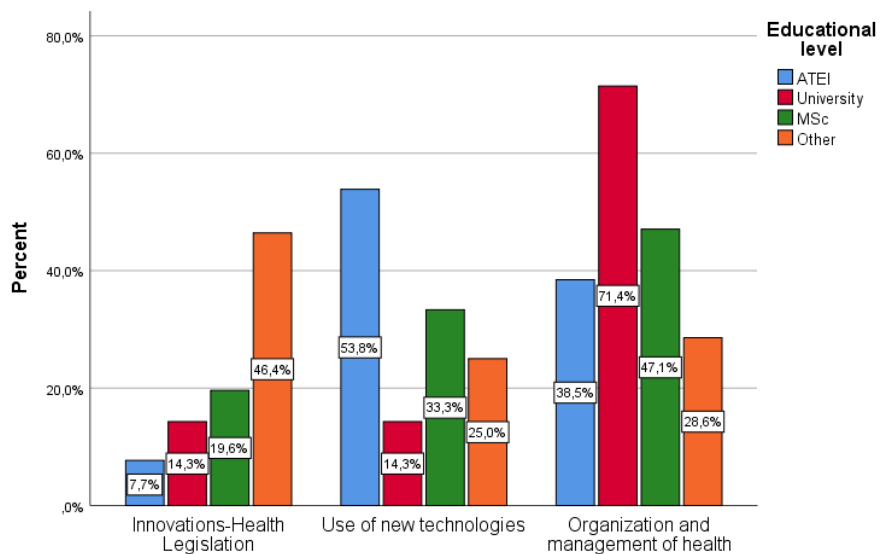
Bar charts, Educational level * Training time



According to Graph 58, university graduates prefer more the topic of organization and management of health (71.4%), while participants with other educational level prefer more the innovations and health legislation (46.4%).

Graph 58

Bar charts, Educational level * Topics of study



4.2.8.4. Areas that should be improved in the training program

Table 29 presents the results of chi square for the educational level with the opinions regarding the areas that should be improved in the training program, where statistically significant results appeared with the increase of duration ($\chi^2(2)=6.622$, $p=0.036$) and the improvement of training area ($\chi^2(2)=7.199$, $p=0.027$).

Table 29

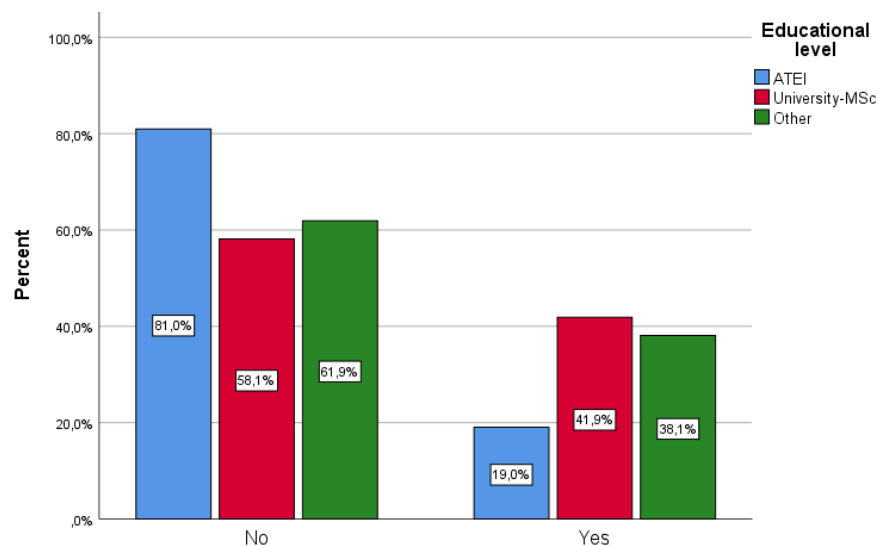
*Education*Areas that should be improved in the training program, Chi square*

Areas need to be improved	ATEI (N=42)	University-MSc (N=86)	Other (N=42)	X ² (2)	p-value
The teaching method	21.4% (N=9)	23.3% (N=20)	19% (N=8)	0.297	0.862
The duration to be increased	19% (N=8)	41.9% (N=36)	38.1% (N=16)	6.622	0.036
The training area	16.7% (N=7)	26.7% (N=23)	7.1% (N=3)	7.199	0.027
The training material	19% (N=8)	36.9% (N=31)	21.4% (N=9)	5.775	0.056

According to Graph 59, university or MSc graduates believe in a higher degree than ATEI graduates that the duration of the training program should be increased (41.9% vs 19%).

Graph 59

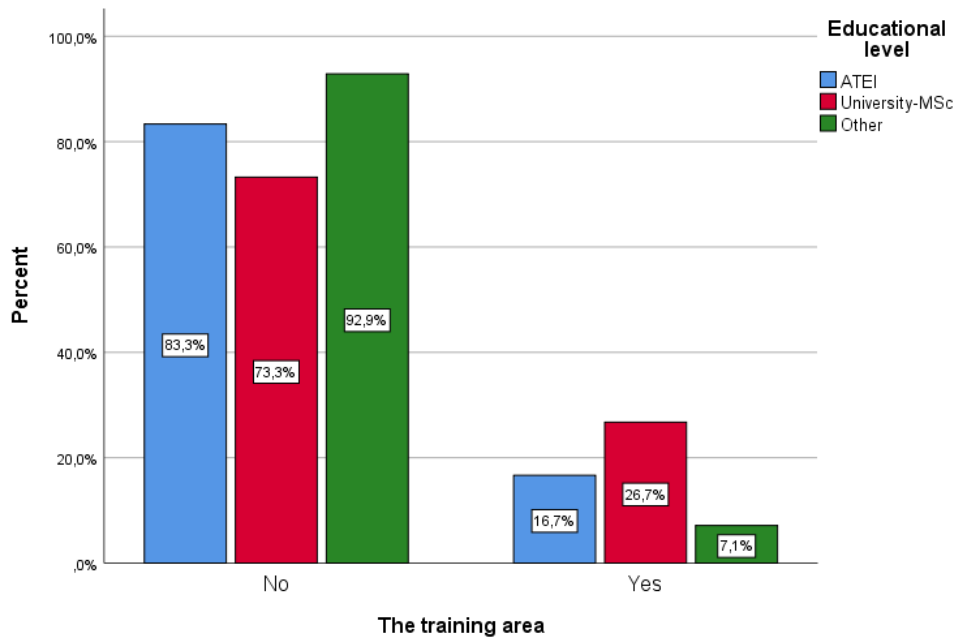
*Bar charts, Educational level * The duration to be increased*



According to Graph 60, university or MSc graduates believe in a higher degree than participants with other educational level graduates that the training area should be increased (26.7% vs 7.1%).

Graph 60

Bar charts, Educational level * The training area



4.2.8.5. Ways of overcoming difficulties

Ways of overcoming difficulties did not present a dependence with educational level ($\chi^2(6) = 7.290, p = 0.295$).

Table 30

*Educational level * Ways of overcoming difficulties, Chi square*

Ways of overcoming difficulties	ATEI (N=42)	University(N=26)	MSc (N=60)	Other (N=42)	$\chi^2(6)$	p
Help of more experienced managers-Superiors	47.6% (N=20)	46.2% (N=12)	40% (N=24)	47.6% (N=20)	7.290	0.295
With self-education and training	19% (N=8)	23.1% (N=6)	33.3% (N=20)	11.9% (N=5)		
The difficulties are overcome as my experience grows	33.3% (N=14)	30.8% (N=8)	26.7% (N=16)	40.5% (N=17)		

4.2.8.6. Training

Table 31 represents that there is a statistically significant dependence between education and topics of learning ($\chi^2(6) = 13.032, p = 0.043$), best forms of training ($\chi^2(2) = 8.996, p = 0.011$), as well as with biggest motivation for training ($\chi^2(4) = 9.691, p = 0.046$).

Table 31

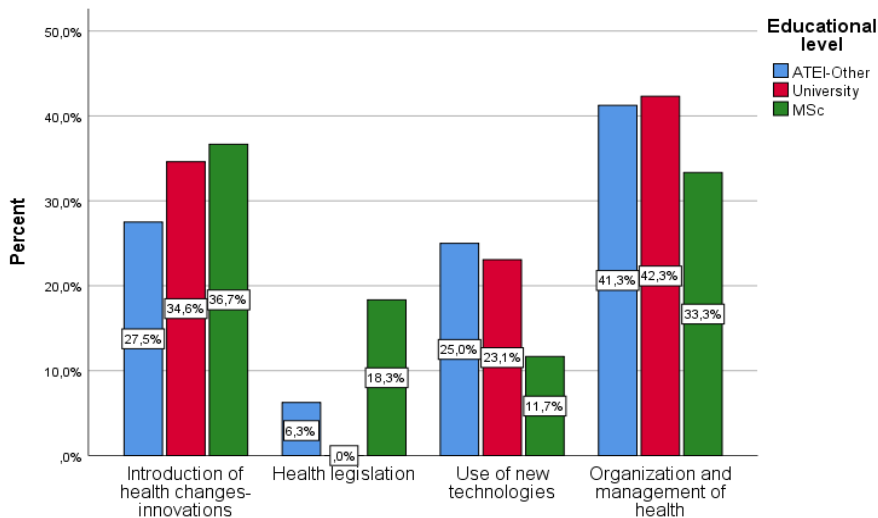
Education* Training, Chi square

Question	Category	ATEI-Other (N=84)	University(N=26)	MSc (N=60)	df	X ²	p-value
Which of the following topics would you like to learn?	Innovations	27.5% (N=22)	34.6% (N=9)	36.7% (N=22)	6	13.032	0.043
	Legislation	6.3% (N=5)	0% (N=0)	18.3% (N=11)			
	Use of new technologies	25% (N=20)	23.1% (N=6)	11.7% (N=7)			
	Organization and management	41.3% (N=33)	42.3% (N=11)	33.3% (N=20)			
Best forms of training	Initial or periodic	33.3% (N=28)	23.1% (N=6)	11.7% (N=7)	2	8.996	0.011
	Initial and periodic	66.7% (N=56)	76.9% (N=20)	88.3% (N=53)			
Suitables forms of training	Accelerated seminars	31.2% (N=24)	53.8% (N=14)	31% (N=18)	4	7.578	0.108
	Three months training	14.3% (N=11)	15.4% (N=4)	24.1% (N=14)			
	Semester-Annual training	54.5% (N=42)	30.8% (N=8)	44.8% (N=26)			
Biggest motivation for training	An interesting subject	46.3% (N=37)	15.4% (N=4)	35% (N=21)	4	9.691	0.046
	Recognized trainers	8.8% (N=7)	23.1% (N=6)	16.7% (N=10)			
	Financial compensation	45% (N=36)	61.5% (N=16)	48.3% (N=29)			

According to Graph 61, university graduates prefer more the organization and management (42.3%) as topic of learning while MSc holders the innovations (36.7%).

Graph 61

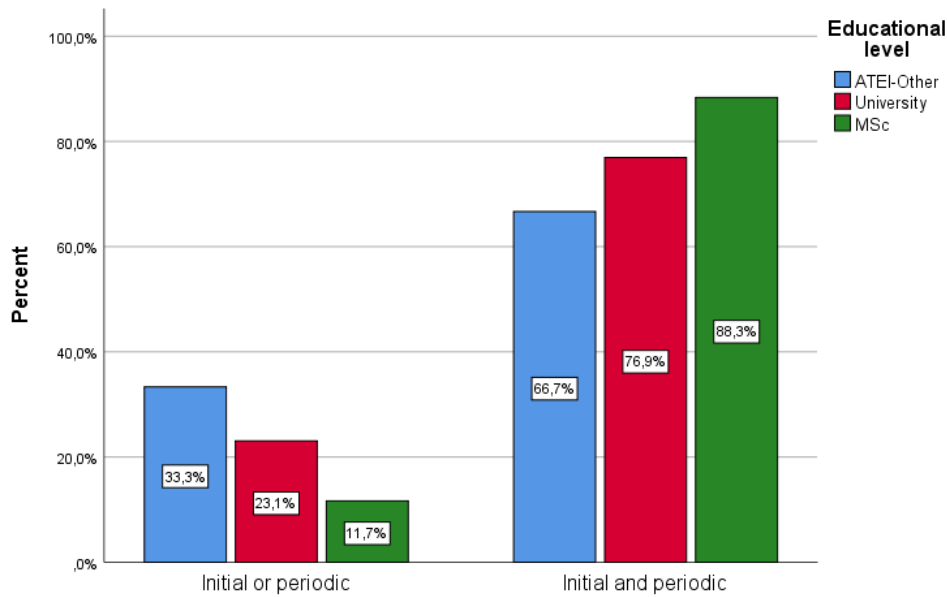
Bar charts, Educational level * Topics of learning



According to Graph 62, MSc holders preferred more the initial and periodic form of training (88.3%).

Graph 62

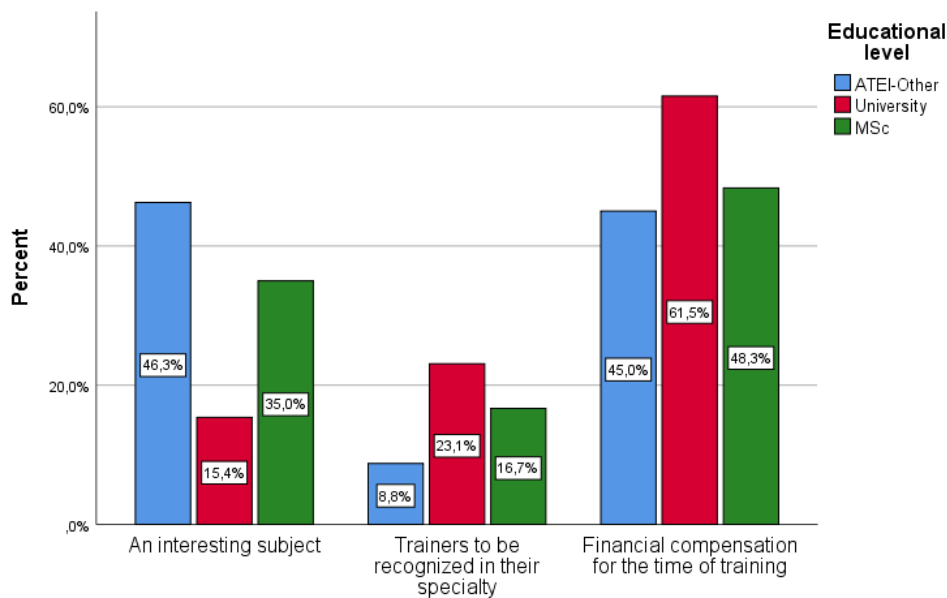
Bar charts, Educational level * Best forms of training



According to Graph 63, ATEI or participants of other educational level, stated that their biggest motivation for training is the interesting subject (46.3%).

Graph 63

Bar charts, Educational level * Biggest motivation for training



4.2.9. Differences with years of experience

4.2.9.1. Factors

Table 26 (Graph 51) represents the results of Kruskal Wallis test for the factors of study with educational level, where statistically significant results were observed with the factors “Factors helping the successful exercise of work” ($H(4) = 12,250$, $p = 0,016$) and “Satisfaction from working conditions” ($H(2) = 11,976$, $p = 0,018$) and “Satisfaction from payment” ($H(2) = 12,398$, $p = 0,015$).

Table 32

*Factors * Years of experience, Kruskal Wallis*

Factor	0-5 (N=25)	6-10 (N=13)	11-15 (N=23)	16-20 (N=31)	20+ (N=78)	H (4)	p
Factors helping the successful exercise of work	70.80 ^a	71.04 ^{ab}	110.37 ^c	97.82 ^b	80.39 ^{ab}	12.250	0.016
Satisfaction from self-expression and development	67.32	90.31	94.65	82.50	89.02	4.863	0.302
Satisfaction from working conditions	87.84 ^b	49.96 ^a	104.72 ^c	93.56 ^b	81.80 ^{ab}	11.976	0.018
Satisfaction from work-life balance	71.40	74.77	83.91	102.55	85.50	6.526	0.163
Satisfaction from payment	69.46 ^a	111.19 ^c	97.63 ^b	96.40 ^b	78.45 ^{ab}	12.398	0.015

a<b

a<c

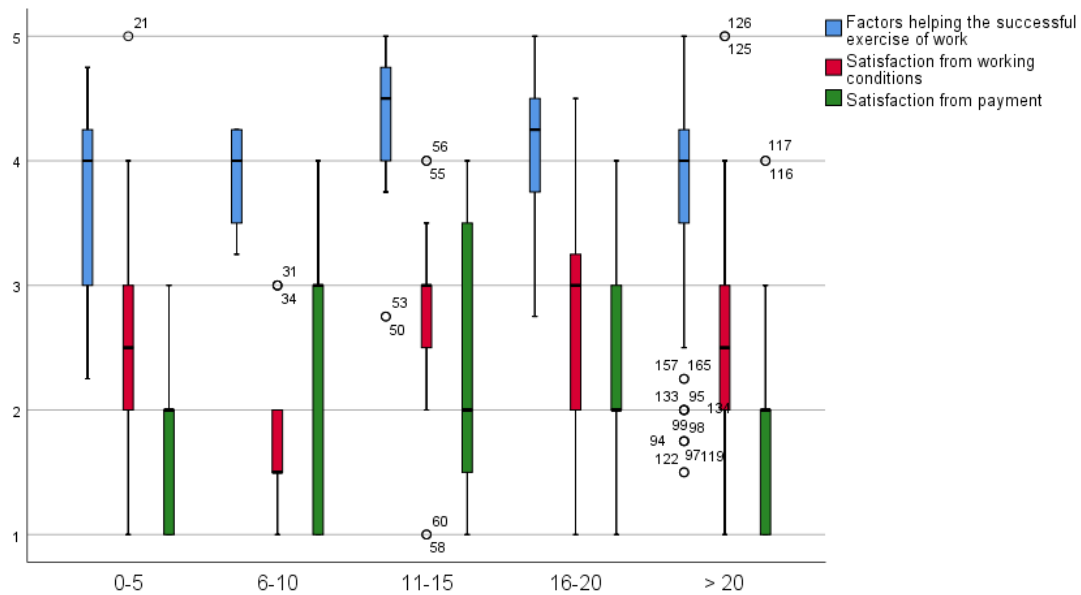
ab<c

In factor “Factors helping the successful exercise of work” mean rank of participants with 0-5 years of experience (70.80) is statistically significantly lower than mean rank of participants with 11-15 (110.37, $p = 0,005$) and 16-20 (97.82, $p = 0,039$) years of experience. In addition, in the same factor mean rank of participants with 11-15 years of experience (110.37) is statistically significantly higher than mean rank of participants with 6-10 (71.04, $p = 0,020$) and 20 or more years of experience (80.39, $p = 0,010$). In factor “Satisfaction from working conditions”, men rank of participants with 6-10 years of experience (49.96) is statistically significantly lower than mean rank of participants with 0-5 (87.84, $p = 0,022$), 11-15 (104.72, $p = 0,001$), 16-20 (93.56, $p = 0,006$) and 20 or more years of experience (81.80, $p = 0,028$). In addition, in the same factor, mean rank of participants with 11-15 years of experience (104.72) is statistically significantly higher than mean rank of participants with 20 or more years of experience (81.80, $p = 0,046$). In factor “Satisfaction from payment” mean rank of participants with 0-5 years of experience (69.46) is statistically significantly lower than mean rank of participants with 6-10 (111.19, $p = 0,008$), 11-15 (97.63, $p = 0,033$) and 16-20 years of experience (96.40, $p = 0,028$). In addition, in the same factor, mean rank of participants

with 6-10 years of experience (111.19) is statistically significantly higher than mean rank of participants with 20 or more years of experience (78.45, $p=0.017$).

Graph 64

Boxplots, Factor *Years of experience



4.2.9.2. Demographics

Table 33 presents the results of chi square test for years of experience with the demographic characteristics where there were statistically significant results with marital status ($\chi^2(2)=40.487$, $p<0.001$) and working relationship ($\chi^2(2)=100.040$, $p<0.001$).

Table 33

*Years of experience * Demographics, Chi square*

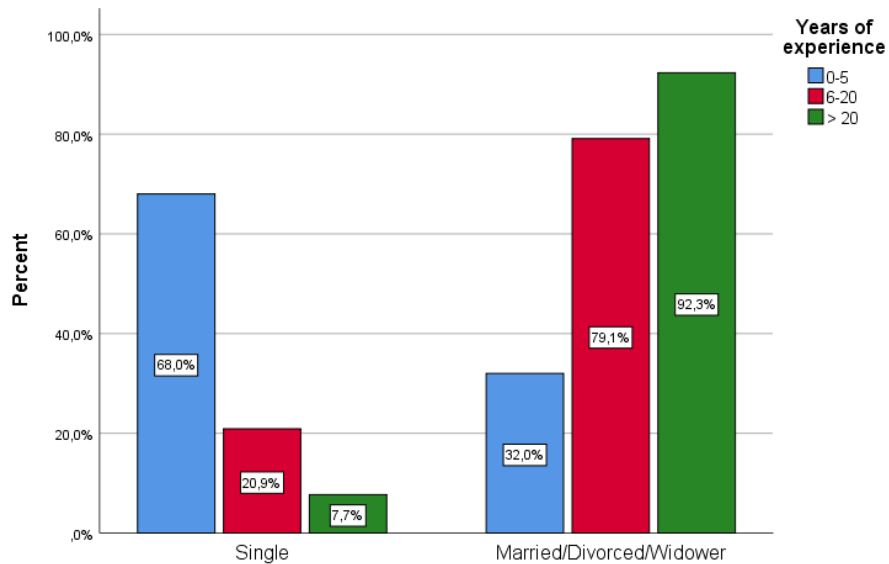
Demographic	Category	0-5 (N=25)	6-20 (N=67)	>20 (N=78)	df	X ²	p
Marital status	Single	68% (N=17)	20.9% (N=14)	7.7% (N=6)	2	40.487	<0.001
	Married/Divorced/Widower	32% (N=8)	79.1% (N=53)	92.3% (N=72)			
Specialty	Nurse	60% (N=15)	67.2% (N=45)	79.5% (N=62)	2	4.703	0.095
	Other	40% (N=10)	32.8% (N=22)	20.5% (N=16)			
Working relationship	Permanent	12% (N=3)	86.6% (N=58)	100% (N=78)	2	100.040	<0.001
	Part-time	88% (N=22)	13.4% (N=9)	0% (N=0)			

According to Graph 65. participants of 0-5 years of experience presented higher percentage in singles (68%) while participants of 6-20 and over 20 years of experience

presented higher percentage in married/divorced/widower marital status (79.1% and 92.3%).

Graph 65

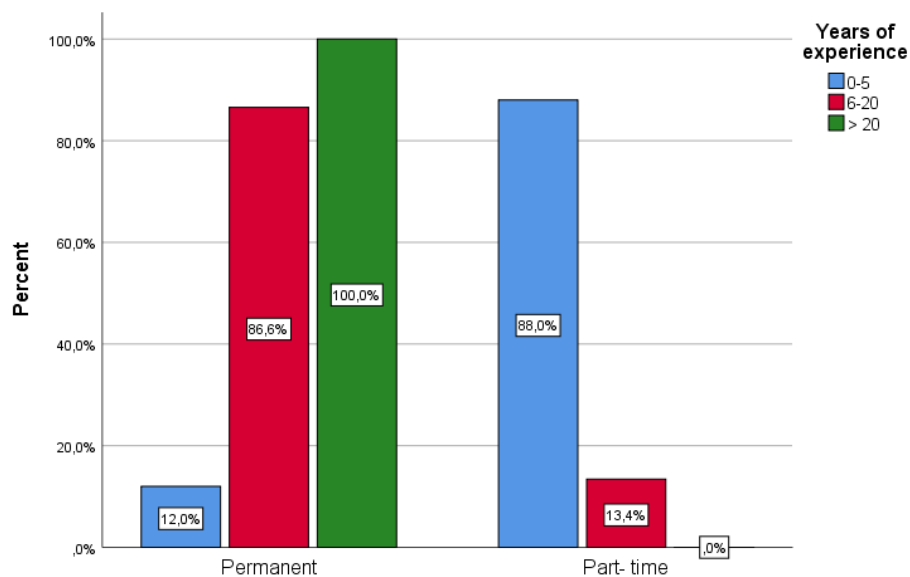
Bar charts, Years of experience * Marital status



According to Graph 66, participants of 0-5 years of experience presented higher percentage in part time working status (88%) while participants of 6-20 and over 20 years of experience presented higher percentage in full time working status (86.6% and 100%).

Graph 66

Bar charts, Years of experience * Working relationship



4.2.9.3. Training related to the exercise of professional duties

Table 34 presents the results of Chi square & Kruskal Wallis for training related to the exercise of professional duties with educational level, where statistically significant results were observed with train provider ($\chi^2(4)=19.222$, $p=0.001$), topics of study ($\chi^2(4)=14.001$, $p=0.007$) and help of training ($H(2)=7.206$, $p=0.027$).

Table 34

Years of experience Training related to the exercise of professional duties, Chi square & Kruskal Wallis*

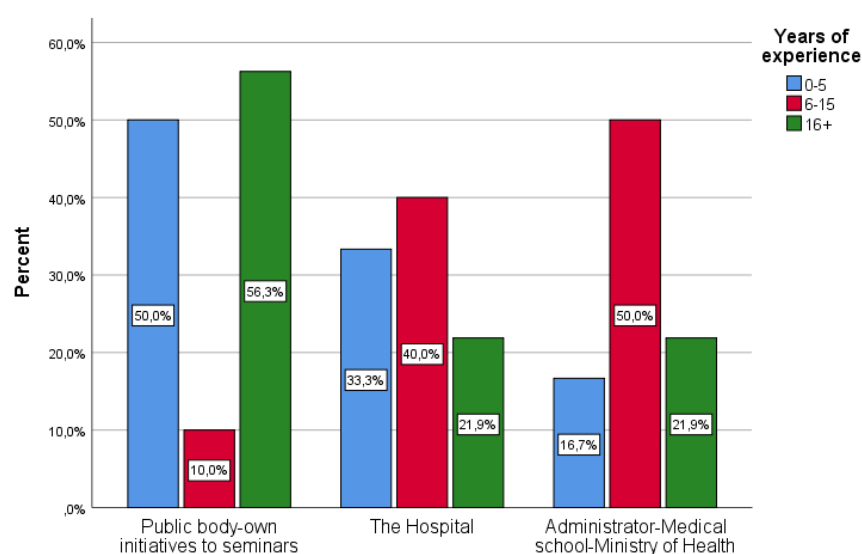
Question	Category	0-5 (N=25)	6-15(N=36)	16+ (N=109)	Statistic	p
Training in a subject related to the exercise	No	24% (N=6)	11.1% (N=4)	24.8% (N=27)	$\chi^2(2)=3.051$	0.217
	Yes	76% (N=24)	88.9% (N=32)	75.2% (N=82)		
Train provider	Public body-own initiatives to seminars	50% (N=6)	10% (N=3)	56.3% (N=36)	$\chi^2(4)=19.222$	0.001
	Hospital	33.3% (N=4)	40% (N=12)	21.9% (N=14)		
	Administrator-Medical school-Ministry of Health	16.7% (N=2)	50% (N=15)	21.9% (N=14)		
Training time	Daily or Short Day	57.9% (N=11)	50% (N=15)	43.2% (N=32)	$\chi^2(4)=3.355$	0.500
	Quarterly	21.1% (N=4)	10% (N=3)	16.2% (N=12)		
	Semester-Annual	21.1% (N=4)	40% (N=12)	40.5% (N=30)		
Topics of study	Innovations-Health Legislation	41.7% (N=5)	6.7% (N=2)	26% (N=20)	$\chi^2(4)=14.001$	0.007
	Use of new technologies	0% (N=0)	53.3% (N=16)	31.2% (N=24)		
	Organization and management of health	58.3% (N=7)	40% (N=12)	42.9% (N=33)		
Help of training	-	44.79 ^a	71.27 ^b	66.90 ^b	$H(2)=7.206$	0.027

a<b

According to Graph 67, public body or own initiatives were more referred by participants of 16 or more years of experience (56.3%) while administrator, medical school and ministry of Health by participants of 6-15 years of experience (50%).

Graph 67

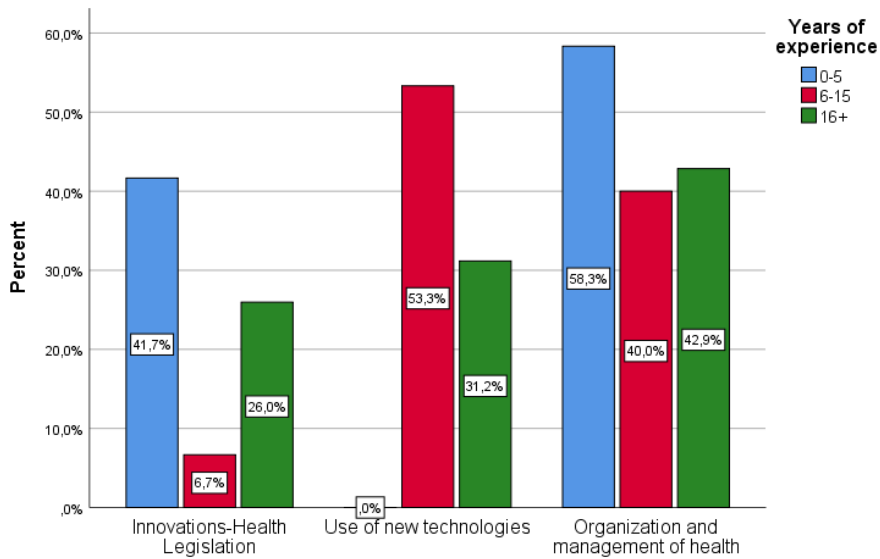
*Bar charts, Years of experience * Training provider*



According to Graph 68, Innovations and health legislation were more selected as topic of study by participants with 0-5 years of experience (41.7%), while use of new technologies by participants with 6-15 years of experience (53.3%).

Graph 68

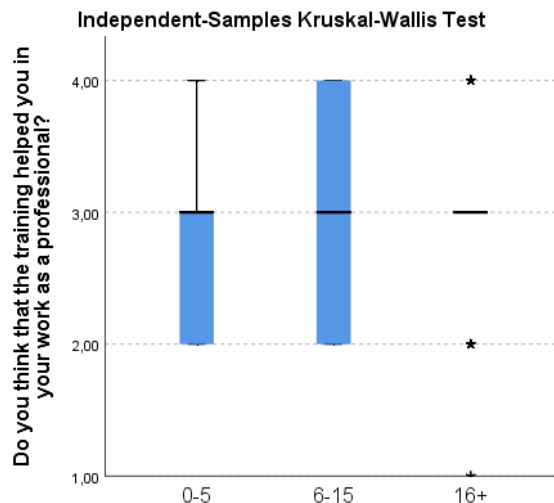
*Bar charts, Years of experience * Topics of study*



According to Graph 69, in variable help of training, mean rank of participants with 0-5 years of experience (44.79) is statistically significantly lower than mean rank of participants with 6-15 (71.27, $p=0.011$) and 16 or more years of experience (66.90, $p=0.015$).

Graph 69

*Boxplots, Help of training * Years of experience*



4.2.9.4. Areas that should be improved in the training program

Table 35 presents the results of chi square for the years of experience with the opinions regarding the areas that should be improved in the training program, where statistically significant results appeared with the improvement of the training material ($\chi^2(2) = 9.865, p = 0.007$) and the content ($\chi^2(2) = 14.755, p = 0.001$).

Table 35

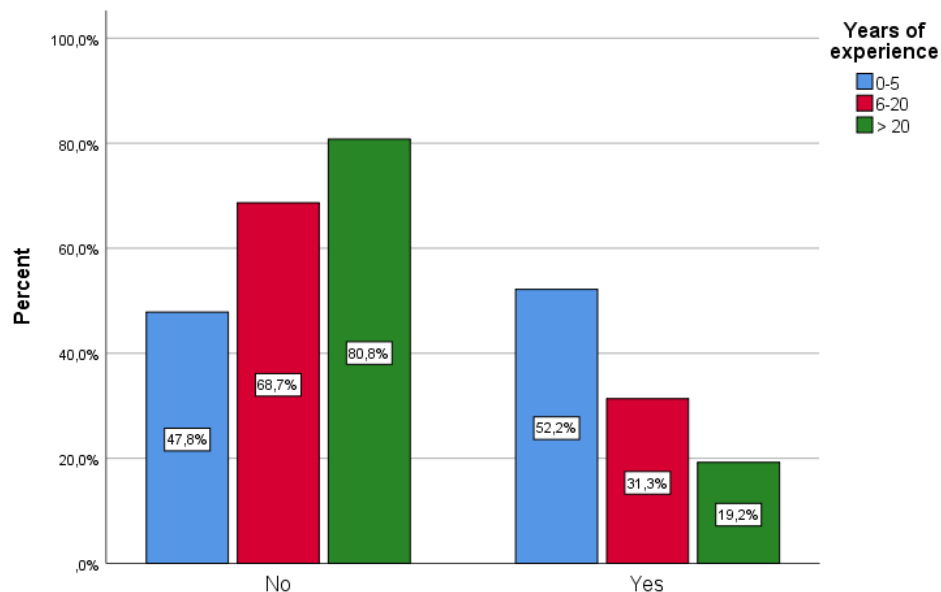
*Years of experience * Areas that should be improved in the training program, Chi square*

Areas need to be improved	0-5 (N=25)	6-20 (N=67)	>20 (N=78)	X ² (2)	p-value
The teaching method	40% (N=10)	17.9% (N=12)	19.2% (N=15)	5.761	0.056
The duration to be increased	44% (N=11)	31.3% (N=21)	35.9% (N=28)	1.300	0.522
The training area	16% (N=4)	17.9% (N=12)	21.8% (N=17)	0.566	0.754
The training material	52.2% (N=12)	31.3% (N=21)	19.2% (N=15)	9.865	0.007
The level of trainers	24% (N=6)	10.4% (N=7)	9.0% (N=7)	4.302	0.116
The content	20% (N=5)	0% (N=0)	19.2% (N=15)	14.755	0.001

According to Table 70, participants with 0-5 years of experience supported in a higher degree that the training material should be improved (52.2%).

Graph 70

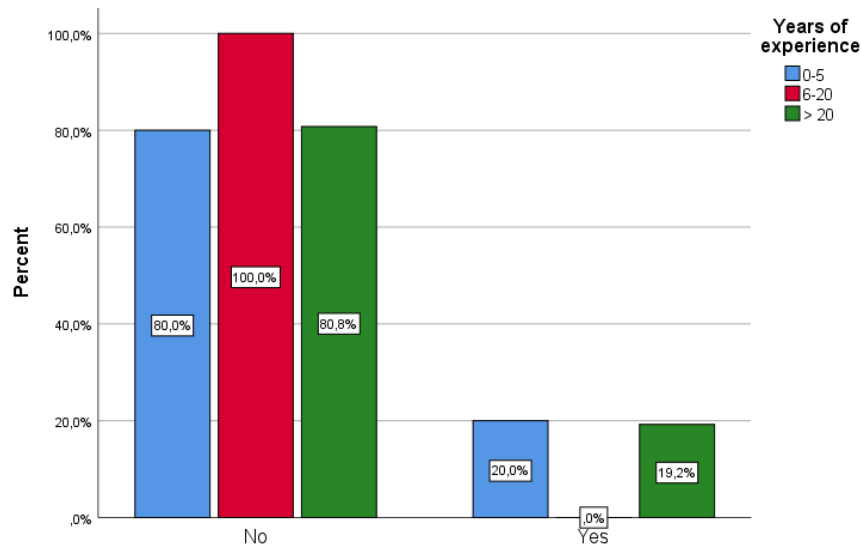
*Bar charts, Years of experience * The training material*



According to Table 71, no one participant with 6-20 years of experience refer that the content should be improved (0%).

Graph 71

Bar charts, Years of experience * The content



4.2.9.5. Ways of overcoming difficulties

Table 36 indicates that ways of overcoming difficulties presented a dependence with ways of overcoming difficulties ($\chi^2(4)=21.451$, $p<0.001$).

Table 36

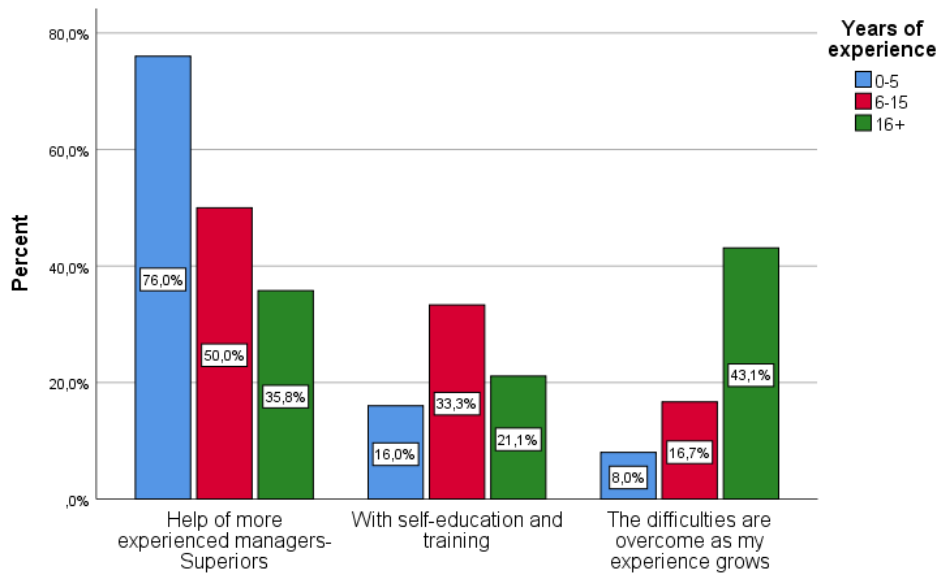
Years of experience * Ways of overcoming difficulties, Chi square

Ways of overcoming difficulties	0-5 (N=25)	6-15 (N=36)	16+ (N=109)	χ^2 (4)	p
Help of more experienced managers-Superiors	76% (N=19)	50% (N=18)	35.8% (N=39)	21.451	<0.001
With self-education and training	16% (N=4)	33,3% (N=12)	21.1% (N=23)		
The difficulties are overcome as my experience grows	8% (N=2)	16.7% (N=6)	43.1% (N=47)		

According to Graph 72, participants with 0-5 years of experience overcome their difficulties by asking for help by more experienced managers or by superiors (76%), participants with 16 or more years of experience by using their experience (43.1%).

Graph 72

Bar charts, Years of experience * Ways of overcoming difficulties



4.2.9.6. Training

Table 37 (Graph 73) represents that there is a statistically significant dependence between years of experience and topics of learning ($\chi^2(6)=36.367$, $p<0.001$), as well as with biggest motivation for training ($\chi^2(4)=13.060$, $p=0.011$).

Table 37

*Years of experience * Training, Chi square*

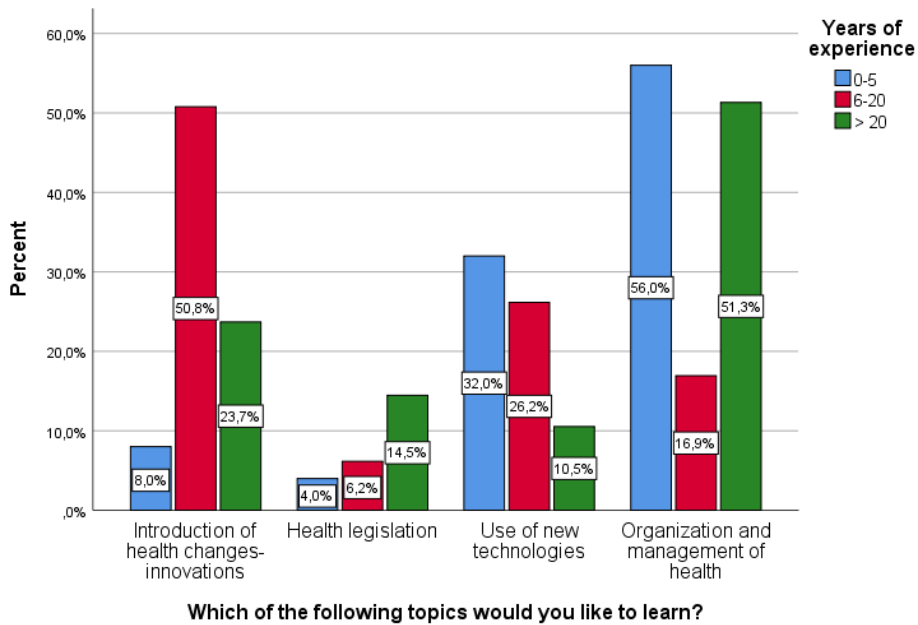
Question	Category	0-5 (N=25)	6-20 (N=67)	>20 (N=78)	df	X ²	p-value
Which of the following topics would you like to learn?	Innovations	8% (N=2)	50.8% (N=33)	23.7% (N=18)	6	36.367	<0.001
	Legislation	4% (N=1)	6.2% (N=4)	14.5% (N=11)			
	Use of new technologies	32% (N=8)	26.2% (N=17)	10.5% (N=8)			
	Organization and management	56% (N=14)	16.9% (N=11)	51.3% (N=39)			
Best forms of training	Initial or periodic	16% (N=4)	25.4% (N=17)	25.6% (N=20)	2	1.057	0.590
	Initial and periodic	84% (N=21)	74.6% (N=50)	74.4% (N=58)			
Suitables forms of training	Accelerated seminars	32% (N=8)	27% (N=17)	42.5% (N=31)	4	3.751	0.441
	Three months training	20% (N=5)	20.6% (N=13)	15.1% (N=11)			
	Semester-Annual training	48% (N=12)	52.4% (N=33)	42.5% (N=31)			
Biggest motivation for training	An interesting subject	28% (N=7)	25.4% (N=16)	50% (N=39)	4	13.060	0.011
	Recognized trainers	20% (N=5)	20.6% (N=13)	6.4% (N=5)			
	Financial compensation	52% (N=13)	54% (N=34)	43.6% (N=36)			

According to Graph 73, participants of 0-5 years of experience prefer in higher degree the organization and management of health (56%) as topic to learn. Participants

of 6-20 years of experience prefer in higher degree the innovations (50.8%), while those with over 20 years of experience prefer the organization and management of health (51.3%).

Graph 73

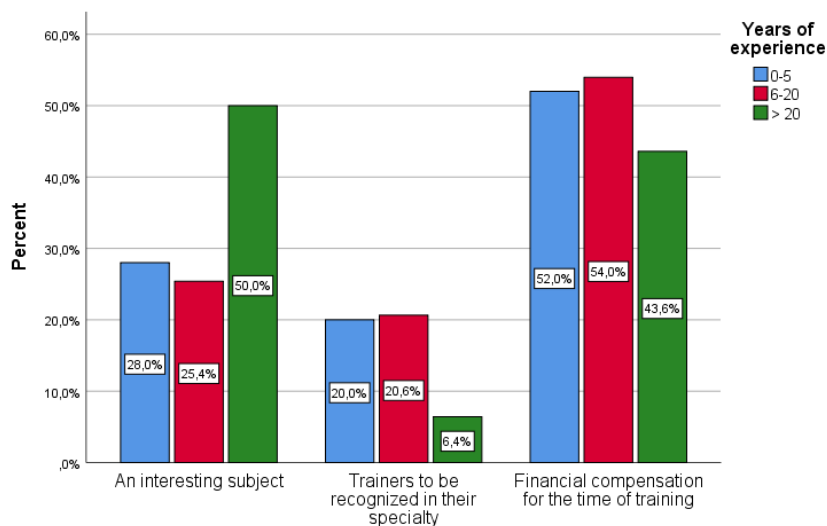
Bar charts, Years of experience * Topics of learning



According to Graph 74, participants with more than 20 years of experience would have as biggest motivation for training the interest subject (50%).

Graph 74

Bar charts, Years of experience * Biggest motivation for training



CONCLUSIONS

5.1. General conclusions

Aim of current study was to examine the perceptions of health employees about lifelong learning in the productivity and management of hospital human resources. Sample was conducted by 170 participants, with the majority to be women, 41-60 years old, married who work as nurses as permanent employees with more than 15 years of working experience. Half of participants were MSc holders or bachelor graduates.

The majority stated during their tenure in the hospital, they trained in a subject related to the exercise of their professional duties, with the main training providers to be the public body, the hospital and the administrator. The research of Kovner et al. (2010) at the theoretical part agrees with this finding because it states that continuing in-service nursing education is absolutely necessary in the clinical setting. Half of participants stated that the training time was daily or short day. Main topics of study were organization and management of health and the use of new technologies. The training helped employees in their work as professionals in a high degree. Also, Wei-Tai (2006) points out that effective training programs help create a more conducive learning environment for the workforce and train them to face challenges more easily and timely. However, participants stated that the duration of program should be increased, the training material and the teaching method should be improved as well as the training area.

The main ways that participants use to overcome difficulties is to use their experience or to ask for help by more experienced managers. Training, empirical and theoretical knowledge would help employees in the successful exercise of their work in the health unit. Kathiravan et al. (2006) agree that education and therefore the acquisition of knowledge will enhance nurses' work-related learning practices, resulting in their successful work. Almost all employees stated that there is a need for specialized training in the management of employees in health units.

The main of topics that they would like to learn are the organization and management of health and the innovations. Dickerson (2010) agrees that participation in seminars and conferences can enhance the theoretical and practical knowledge of nurses, increasing their efficiency. Participants stated that initial and periodic training would work best via accelerated or annually seminars. The biggest motivations for training are the financial compensation and the interesting subject. Considering future suggestions that will improve the effectiveness of health unit, employees referred to the seminars, training in new technology and to continuous training. Marzlin (2011) agree that enrichment and enlargement of the acquired knowledge, in other words continuous learning, is a key component in the improvement and development of Nursing. Employees expressed moderate satisfaction from work-life balance and from self-expression and development, moderate to low satisfaction from working conditions and low satisfaction from payment. Work-life balance is an important variable also mentioned by Torrington (2005), because it can benefit employees' efficiency at work.

Effect of gender to variables of study was examined. Women supported more the factors that help the successful exercise of work (training, empirical and theoretical knowledge) and presented higher satisfaction from self-expression and development, work-life balance and payment as well as they were more satisfied by the effectiveness of training. Besides, as Dubrin (2003) mentions, well-being during work helps workers, especially nurses, to perform their duties successfully. Men were younger, with less year of experience and had higher percentage of singles, while women had higher percentages of nurses and employees who work in permanent job status. Women preferred as training provider the hospital or administrator or medical school or ministry of health while men the public body or had own initiatives to attend seminars. All men in their training selected the topics of innovations, health legislation and management of health. The training material and the teaching method as areas of improvement was more supported by men. Considering biggest motivations for training, men referred mostly to financial compensation and to attend recognized trainers while females to financial compensation and to attend an interesting subject. After all, as noted by McShane & Von Glinow (2010), motivation is a particularly important factor for education, because it provides a direction towards a specific goal and at the same time strengthens the individual's persistence to achieve it.

Effect of age to variables of study was examined. Participants 31-50 years old presented higher satisfaction from working conditions and payment. Effectiveness of training program was less supported by employees 22-30 years old, who were mostly university graduates, singles with 0-5 years of experience and work in part time status. Employees 31-40 years old were mostly MSc holders, married, with 6-20 years of experience and work in permanent status. Employees 41-50 years old were mostly married, with 6-20 years of experience and work in permanent status. Employees 50 years old or older were mostly married, with over 20 years of experience and work in permanent status. In addition, employees 22-30 years old preferred daily or short time training time and topics of organization and management of health. Employees 31-40 years old preferred hospital as train provider and topic of organization and management of health. Employees 41-50 years old preferred quarterly, semester or annually training time and topic of use of new technologies. Employees 51 years old or older preferred public body as train provider or to use their own initiatives to attend seminars, daily or short time day training time. The increase of duration and the improvement of content was more supported by employees 51 years old or older, while employees 22-30 years old referred to the training material. Participants 22-30 years old ask for help of more experienced managers or superiors in higher degree to overcome difficulties while self-education or training was more supported by 31-40 years old. Participants 41-50 years old claim that they overcome difficulties via experience. Employees 41-50 years old preferred more the semester or annually training and suggested the financial compensation as biggest motivation for training. As the research of Groves (2011) mentions, health organizations are an industry with high demands on logistics infrastructure, but also on staff with the ultimate goal of being able to operate in the right context. So, financial motivations to nurses play an important role on the smooth operation of these organizations. Employees 51 years old or older preferred the accelerated seminars and suggested the interesting subject as biggest motivation for training.

Effect of educational level to variables of study was examined. MSc holder supported more the factors that help the successful exercise of work (training, empirical and theoretical knowledge) and presented higher satisfaction from work-life balance. ATEI graduates were mostly married and were conducted by permanent employees

with 20 or more years of experience. University graduates were mostly singles and equally distributed to permanent and part-time employees with less than 20 years of experience. MSc holders were mostly married, conducted by permanent employees with 6 or more years of experience and presented higher percentage of training in a subject related to the exercise. ATEI graduates preferred the hospital as train provider and use of new technology as topic of study. University and MSc graduates preferred the public body as train provider or to use initiatives to attend seminars, daily or short-day training and organization and management of health as topic of study, while both suggested in higher degree the increase of duration and the improvement of the training area of the training program. University graduates preferred more the organization and management as topic of learning. Mumanthi (2014) agree with this statement because support that the company should successfully work with people and see the human factor as a source of competitive advantage rather than a simple cost. MSc holders the innovations, who also supported more the initial and periodic form of training as best. ATEI graduates supported more the interesting subject as a motivation for training.

Effect of years of experience to variables of study was examined. Employees with 11-15 years of experience supported more the factors that help the successful exercise of work (training, empirical and theoretical knowledge). Employees with 6-10 years of experience were less satisfied by working conditions. Employees with 0-5 years of experience, mainly work in part time status, are singles, were less satisfied by payment and supported less the effectiveness of the training program. Public body or own initiatives were more referred by participants of 16 or more years of experience while administrator, medical school and ministry of Health by participants of 6-15 years of experience. Innovations and health legislation were more selected as topic of study by participants with 0-5 years of experience. while use of new technologies by participants with 6-15 years of experience. The improvement of training material was more suggested by employees with 0-5 years of experience who also suggested the improvement of content, as well as employees with over 20 years of experience. Participants with 0-5 years of experience overcome their difficulties by asking for help by more experienced managers or by superiors, while participants with 16 or more years of experience by using their experience. Employees of 0-5 or over 20 years of experience prefer in higher degree the organization and management of health as topic to learn while employees 6-20 years of experience prefer in higher degree the

innovations. Participants with more than 20 years of experience presented as biggest motivation for training the interest subject.

5.2. Limitations

Regarding with the limitations of the study, with only 170 participants, the study's sample was quite small and might not be entirely typical of all healthcare personnel. Furthermore, the study was limited in its relevance to other locations and healthcare settings due to its execution in a particular geographic area and within a certain type of healthcare facility.

5.3. Future research

This study analyzes key factors that influence the training of nursing staff, but also factors that could improve their training. However, as there are continuous societal changes and patient needs are increasing, further research should be done to ensure that nursing staff are adequately trained for all challenges. Some options for future research are suggested below:

- To improve the generalizability of the results, larger and more varied sample sizes should be the goal of future study. Incorporating diverse age cohorts, genders, occupations, and regions would yield a more all-encompassing comprehension of the need for lifelong learning in the healthcare industry.
- Furthermore, future research could examine the influence of diverse training providers, such as for-profit organizations and internet resources, may provide information about the efficacy of various training approaches. This would make it easier to determine what kinds of training programs are best for healthcare workers.
- In parallel, using qualitative research techniques like focus groups and interviews could yield more in-depth understanding of the perspectives

and individual experiences of healthcare professionals on lifetime learning. This would give a more nuanced insight of their training needs and supplement the quantitative data. Another significant future research could compare various healthcare systems, both domestically and internationally, may shed light on cutting-edge methods and best practices for lifelong learning. This would facilitate the adoption of effective tactics from many settings.

- Finally, examining how new digital tools and platforms may support healthcare personnel' lifelong learning is crucial as technology advances. One area of research may be how technology such as online courses, virtual reality, and simulation improve training results and experiences.

4.4. Contribution

The study offers insightful information about the preferred methods of training for healthcare professionals. Through the identification of desired training providers, ideal training durations, and preferred topics, it facilitates the construction of more successful training programs that are customized to meet the demands of various healthcare sector populations. Additionally, the study assists in developing incentive schemes that can motivate more healthcare personnel to take part in continuous education programs by identifying the primary drivers of training participation, such as monetary reward and engaging topic matter. Based on gender and age, the research reveals differences in training demands and preferences, which raises the possibility that individualized training methods could be more successful. For instance, women expressed more satisfaction with specific components of training, while younger employees' choices differed from those of older employees.

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RESUMEN EN ESPAÑOL

Los rápidos avances en la tecnología biomédica y los nuevos conocimientos y prácticas hacen que la educación y la formación del personal de enfermería tengan un papel clave. Uno de los procesos más importantes en primer plano es la educación y la formación del personal sanitario. Sin embargo, esta preparación no solo debe incluir estudios básicos sino también una forma de formación continua, ya que se requiere una reevaluación constante de los conocimientos y las habilidades, y el reciclaje de los trabajadores debido a los rápidos e importantes cambios en la sociedad, el sistema de atención de la salud y, por lo tanto, en la enfermería.

La educación permanente en enfermería ayuda a aumentar la productividad al proporcionar competencias que permiten realizar el trabajo de una manera profesional que satisfaga las necesidades siempre cambiantes de la sociedad. Además, la educación permanente en enfermería beneficia al enfrentar los desafíos de la profesión de enfermería, que están aumentando debido a los cambios constantes en las instalaciones de atención de la salud, la presión para reducir los costos y la presión para minimizar los errores principalmente debido a la carga de trabajo y las condiciones profesionales.

El propósito de este estudio fue examinar las percepciones de los trabajadores de la salud sobre el aprendizaje permanente en la productividad hospitalaria y la gestión de recursos humanos. La muestra estuvo configurada por 170 participantes, la mayoría mujeres, de 41 a 60 años, casadas, que trabajaban como enfermeras permanentes con más de 15 años de experiencia laboral.

La mayoría afirmó que durante su permanencia en el hospital se formaron en alguna materia relacionada con el ejercicio de sus funciones profesionales, siendo los principales organismos de formación el organismo público, el hospital y el administrador. La mitad de los participantes afirmó que el tiempo de formación era diario o corto. Los principales temas de estudio fueron la organización y gestión de la salud y el uso de nuevas tecnologías. La formación ayudó en gran medida a los trabajadores en su labor como profesionales. Sin embargo, manifestaron que se debería

aumentar la duración del programa, mejorar el material educativo y el método de enseñanza, así como el espacio de formación. Casi todos los trabajadores manifestaron que existe la necesidad de una formación especializada en la gestión de los trabajadores de las unidades sanitarias. Los principales temas que les gustaría aprender son la organización y gestión sanitaria y las innovaciones. Los participantes manifestaron que la formación inicial y recurrente funcionaría mejor a través de seminarios acelerados o anuales. Las principales motivaciones para la formación son la compensación económica y el interés por los temas.

Se examinó el efecto del género en las variables del estudio. Las mujeres apoyaron más los factores que ayudan a desempeñar con éxito el trabajo (educación, conocimientos empíricos y teóricos) y mostraron una mayor satisfacción con la autoexpresión y el desarrollo, el equilibrio entre el trabajo y la vida personal y el salario, así como con la eficacia de la formación. Los hombres eran más jóvenes, tenían menos años de experiencia y presentaban una mayor tasa de soltería, mientras que las mujeres presentaban una mayor tasa de enfermeras y trabajadores que trabajaban en un puesto fijo. Las mujeres prefirieron el hospital o el administrador o la escuela de medicina o el ministerio de salud como proveedor de formación, mientras que los hombres prefirieron la institución pública o tenían sus propias iniciativas para asistir a seminarios. Todos los hombres en su formación eligieron los temas de innovaciones, legislación sanitaria y gestión sanitaria. Los materiales y métodos de enseñanza como áreas de mejora recibieron un mayor apoyo por parte de los hombres.

Por tanto, se concluye que las enfermeras participantes en la investigación creen que, por supuesto, hay margen para mejorar su formación, tanto a nivel de métodos de enseñanza como de contenidos de la enseñanza. No obstante, el aprendizaje permanente se considera especialmente útil para mejorar la calidad de la enseñanza.

MARCO TEÓRICO

Una de las razones por las que el "aprendizaje permanente" ha cobrado tanta importancia es el desarrollo acelerado de la ciencia y la tecnología. A pesar del aumento de la educación primaria, secundaria y terciaria (14-18 años, según el país), los

conocimientos y las habilidades adquiridas no suelen ser suficientes para una carrera que durará tres o cuatro décadas. El "aprendizaje permanente" es subjetivo y se relaciona con la capacidad de uno para estar abierto a nuevas ideas, decisiones, habilidades o comportamientos. El aprendizaje permanente es importante para los profesionales de la salud y especialmente en el lugar de trabajo, y no sólo a través de los canales de educación "oficiales", es decir, escuelas y universidades.

En todo el mundo existe una plétora de especialidades que reflejan esencialmente el nivel socioeconómico de cada país. Para cada nación es necesario identificar sistemáticamente las necesidades reales de personal de enfermería especializado y calificado, adoptando programas ya probados de otros países en su implementación y evaluar la competencia y el juicio de las enfermeras tanto profesionales como especializadas. Las demandas de los ciudadanos, los proveedores de servicios y los funcionarios de la educación para garantizar enfermeras de alta calidad capaces de responder a las necesidades y los cambios cada vez mayores en el sector de la salud se produce durante un período de reestructuración de los sistemas de salud en la Unión Europea.

Con vistas a mejorar la calidad de la atención y la seguridad del paciente a nivel europeo, es imperativo que todas las enfermeras participen activamente en el desarrollo del conocimiento y la práctica de enfermería. Las enfermeras son individualmente responsables y toman la iniciativa en la mejora de la calidad de la atención prestada. Los requisitos de mejora de la calidad, rendición de cuentas y eficacia de la práctica de enfermería subrayan la necesidad de que las profesionales demuestren una conciencia constante de los nuevos conocimientos y técnicas y los avances en la profesión. Por lo tanto, las enfermeras deben poder participar en la prestación de la mejor atención posible con el enfoque científico que caracteriza a la enfermería. El enriquecimiento y la ampliación del conocimiento adquirido, en otras palabras, el aprendizaje continuo, es un componente clave en la mejora y el desarrollo de la enfermería (Marzlin, 2011).

El siglo XXI ha diversificado los objetivos de la educación para abarcar todas las actividades que permiten a las personas, desde la infancia hasta la adultez, adquirir un conocimiento dinámico del mundo, de los demás y de sí mismos, combinando

armoniosamente los cuatro tipos fundamentales de aprendizaje tal como los define la UNESCO (1996). Estos "cuatro pilares de la educación", como también se les llama, sostienen el principio de aprendizaje a lo largo de toda la vida y establecen el proceso de aprendizaje como una necesidad básica que requiere satisfacción constante. "¿Cómo aprendo a conocer?", "aprender a hacer", "aprender a convivir" y "aprender a ser" son el alfa y el omega del aprendizaje permanente (Megginson, 2008).

El aprendizaje de los adultos se considera importante para el aprendizaje a lo largo de la vida porque promueve que los individuos tomen un rol activo en este proceso, lo cual les ayudará a madurar y a volverse más sabios.

El desarrollo profesional continuo es parte del aprendizaje permanente y se define como el proceso continuo de desarrollo personal para mejorar la competencia y alcanzar el máximo potencial de los profesionales de la salud en su lugar de trabajo. Todo esto puede lograrse a través de la adquisición y el desarrollo de una amplia gama de conocimientos, habilidades y experiencias que no se adquieren habitualmente durante la formación o la práctica diaria y que, en conjunto, desarrollan y mantienen la competencia necesaria para ejercer

Hay varias razones por las cuales el desarrollo profesional continuo es necesario:

- Demostrar la capacidad de proporcionar atención segura y documentada para llevar a cabo el cuidado de los pacientes y mantener la confianza pública.
- El deseo de desarrollar conocimientos y habilidades profesionales.
- Un régimen que obliga a los profesionales a convertirse en miembros de una asociación/organización profesional o incluso la obligación de mantener su registro en el colegio profesional.

El desarrollo profesional continuo abarca una amplia gama de actividades de aprendizaje formales y no formales. Puede variar desde licencias educativas para el desarrollo de actividades y conocimientos en áreas especializadas de la enfermería, hasta programas de grado que conducen a un título académico. Otras actividades, como la formación en servicio, estudios, publicaciones y la supervisión clínica, también son valiosas oportunidades de aprendizaje.

El rendimiento individual generalmente está determinado por tres factores: la motivación, el deseo de hacer el trabajo, la capacidad de hacerlo, y el entorno laboral, las herramientas, materiales e información necesarios para realizar el trabajo.

También vale la pena mencionar que la motivación representa las fuerzas de un individuo que tienen un efecto directo en los tres elementos de la motivación, que son (McShane & Von Glinow, 2010):

- Dirección, que puede considerarse como el camino en el que uno ejerce su esfuerzo.
- Intensidad, cuánto esfuerzo pone una persona en un objetivo específico.
- Persistencia, continuar el esfuerzo durante un cierto período de tiempo.

En el campo de la salud, el individuo tiene la oportunidad de desarrollarse más en la competencia en objetos técnicos con el fin de mantener y ampliar los contenidos y procesos educativos y técnicos en un entorno cambiante, con miras al desarrollo personal de sus capacidades. Se trata de la Educación Permanente y la Educación Permanente en Enfermería.

El término Educación Permanente y Educación de Enfermería a lo Largo de la Vida se refiere a un período continuo e indefinido de aprendizaje y hace referencia al esfuerzo que realizan diversos organismos y el propio individuo para adquirir nuevos conocimientos, más allá de los adquiridos a través de la educación básica. Es un proceso que comienza después de finalizar los estudios y dura toda la vida del individuo. La

Educación Permanente es un deber moral de toda enfermera, dado que el 50% de nuestro conocimiento se considera obsoleto después de 10 años (Scheaffer et al., 1998).

El aprendizaje permanente en enfermería se define como un procedimiento activo, que incluye tanto la vida personal como la profesional. Este desarrollo del aprendizaje también es tanto formal como informal. El aprendizaje permanente incluye la búsqueda y el desarrollo de nuevos mundos o ideas para avanzar en un nuevo punto de vista, así como la investigación del entorno, el conocimiento, las habilidades y las relaciones de uno. Las características más importantes de un aprendizaje permanente son: la reflexión, el cuestionamiento, el disfrute del aprendizaje, la comprensión de la naturaleza dinámica del conocimiento y la participación en el aprendizaje mediante la búsqueda activa de oportunidades de aprendizaje. Mantener la mente dinámica es importante tanto para el aprendizaje permanente como para poder decodificar el conocimiento en la capacidad de brindar atención de enfermería de alta calidad (Davis et al., 2014).

Se ha demostrado que la mejora de las capacidades, los conocimientos y las habilidades de la fuerza laboral talentosa es una fuente de ventaja competitiva en un mercado global. Desarrollar los conocimientos, las habilidades y las capacidades deseadas de los empleados para realizar bien el trabajo requiere programas de capacitación efectivos que también puedan afectar la motivación y el compromiso de los empleados.

Con el objetivo de preparar a sus empleados para que hagan su trabajo a voluntad, las organizaciones brindan capacitación para optimizar el potencial de sus empleados. La mayoría de las organizaciones, aplicando una planificación a largo plazo, invierten en desarrollar nuevas habilidades de su fuerza laboral, lo que les permite enfrentar las condiciones inciertas que pueden enfrentar en el futuro, mejorando así el desempeño de los empleados a través de un mayor nivel de motivación y compromiso. Cuando los empleados reconocen el interés de la organización en ellos al ofrecerles programas de capacitación, ellos a su vez, hacen todo lo posible para lograr los objetivos organizacionales y desempeñarse bien en el trabajo.

El objetivo de la formación permanente en enfermería es aprovechar la formación básica y los fundamentos empíricos del personal de enfermería para promover el conocimiento y las habilidades clínicas, administrativas, docentes y de investigación con el fin de mejorar la salud pública. Es responsabilidad del formador de la LNE asegurarse de que la actividad esté diseñada principalmente para este fin. La LNE siempre se centra en los pacientes, con respeto por la dignidad humana y la vida, en la aplicación de prácticas, métodos y técnicas (Pena, 2006; Morgan et al., 2008).

La formación no termina cuando los enfermeros se gradúan en la universidad y obtienen su licencia. En cambio, comienzan un largo viaje de aprendizaje permanente que continúa a lo largo de su carrera de enfermería. Es importante que sigan adquiriendo conocimientos para mantenerse al día con los cambios en el sector de enfermería y satisfacer su ámbito de práctica y estándares de atención. Puede incluir oportunidades educativas formales o informales como: unirse a programas de grado tradicionales o en línea, participar en seminarios web y videos en línea, asistir a conferencias, ser parte de asociaciones de enfermería, obtener la certificación de especialidad, aprovechar la capacitación en el trabajo, revisar y analizar revistas de enfermería, artículos y literatura basada en evidencia, cooperar con otros profesionales de la salud, ser voluntario en comisiones.

La atención médica es complicada y los desempeños están en constante desarrollo. Una gran parte de la población de pacientes tiene más de 65 años. Los pacientes de edad avanzada tienden a sufrir una o más enfermedades crónicas. Las enfermeras deben tener el conocimiento necesario para tratarlos y ayudarlos a controlar sus enfermedades. El aprendizaje permanente proporciona a las enfermeras las habilidades de pensamiento crítico y resolución de problemas necesarias para resolver los problemas que pueden surgir mientras cuidan a los pacientes. LNE ayuda a las enfermeras a estar al día con las nuevas técnicas, políticas y procedimientos, que tienen la siguiente influencia en el sector de la atención médica:

- Crear relaciones de colaboración sólidas con los pacientes y compañeros de trabajo.

- Mejorar los resultados de los pacientes.
- Minimizar las tasas de mortalidad.
- Minimizar la posibilidad de errores.
- Las enfermeras bien informadas pueden ser trabajadoras más felices y satisfechas, con más confianza en su función de enfermería, lo que ayuda a la conservación de los empleados y a un servicio de mayor calidad.
- La educación permanente también puede ayudar a las enfermeras a desarrollarse en sus carreras y a recibir un salario más alto.

Debido al rápido ritmo del desarrollo global y tecnológico, las empresas se enfrentan ahora a nuevos cambios y desafíos. Los avances tecnológicos han dado forma a la necesidad de las habilidades y capacidades requeridas para realizar tareas específicas. Por lo tanto, abordar estos desafíos requiere programas de capacitación más mejorados y efectivos que todas las empresas. Los programas de capacitación efectivos ayudan a crear un entorno de aprendizaje más propicio para la fuerza laboral y a capacitarlos para enfrentar los desafíos futuros con mayor facilidad y a tiempo (Wei-Tai, 2006).

Los programas de capacitación efectivos ayudan a los empleados a tomar conciencia de los nuevos avances tecnológicos deseados, así como a obtener un conocimiento completo de las habilidades y competencias requeridas para realizar un trabajo específico y eliminar errores y equivocaciones en el trabajo. La capacitación no solo desarrolla las habilidades del empleado, sino que también aumenta su capacidad de pensamiento y creatividad, en la dirección de tomar mejores decisiones a tiempo, también de una manera más productiva. Además, permite a los empleados de la salud tratar eficazmente al paciente y responder a sus deseos a tiempo. La capacitación desarrolla la autoeficacia y da como resultado un desempeño superior en el trabajo, reemplazando las prácticas tradicionales débiles por prácticas laborales efectivas y eficientes (Kathiravan et al., 2006).

Por último, se sugiere que la capacitación también puede ser una herramienta eficaz para mejorar la satisfacción laboral, ya que un mejor desempeño del empleado conduce a la apreciación por parte de la alta gerencia, por lo que el empleado se siente más adaptado a su trabajo (Rowden, 2002).

Satisfacción laboral

El equilibrio entre la vida laboral y personal reduce el estrés de los empleados, lo que resulta en un aumento en la calidad y cantidad del rendimiento, una buena gestión y distribución del tiempo, mayor satisfacción laboral con resultados de rendimiento correspondientes, respeto, reducción de conflictos, mayor creatividad y productividad, ausencia de ausencias, satisfacción para todos los empleados independientemente de la jerarquía y mayor compromiso del personal (Torrington, 2005).

El compromiso del personal es un factor clave para satisfacer las necesidades que se cumplen a través del rol del empleado como miembro del personal. En otras palabras, un empleado comprometido no es solo un trabajador satisfecho. El entorno moderno en los mercados laborales plantea la necesidad de actualizar los hechos sobre la satisfacción laboral y el compromiso con la empresa. Una persona elige unirse a la fuerza laboral activa no solo por ganancias económicas, sino también por la satisfacción que obtiene del propio proceso de trabajo. Las personas son activas e ingresan al mercado profesional para asegurar el capital necesario para vivir, así como la satisfacción moral de ser parte de algo colectivo, como los resultados y metas corporativas. Por lo tanto, una empresa puede contribuir a la satisfacción de sus empleados a través de sus ingresos, el reconocimiento de los resultados y su desarrollo continuo.

Sin embargo, el compromiso está más relacionado con el sentimiento de conexión del individuo con la empresa, su objetivo estratégico y su trayectoria general. Es el vínculo tanto emocional como espiritual. Un empleado comprometido participa con entusiasmo en su trabajo, disfruta de una sensación de confianza, mientras actúa de manera que promueve los intereses de la empresa en todos los niveles. Así, los empleados reciben satisfacción laboral cuando son valorados como personas valiosas

por sus empresas. El sentido de compromiso es otro paso que tanto los trabajadores como las empresas deben dar para lograr un entorno laboral más comprometido y el cumplimiento de metas que deben ser tomadas en cuenta (Carreón, 2015).

En cuanto a la conceptualización de la satisfacción laboral, aunque existen innumerables definiciones de satisfacción laboral, la mayoría de las definiciones propuestas reflejan un concepto visualmente complejo y multidimensional (Volkwein & Parmley, 2000).

Una de las definiciones más clásicas es que la satisfacción con el trabajo es un estado emocional placentero, resultado de la evaluación del empleo que facilita alcanzar los valores laborales del individuo (Locke, 1969).

Las cuestiones de conciliación de la vida laboral y familiar están en el primer plano de las políticas de empleo implementadas por las empresas en toda Europa, tanto por su mayor demanda por parte de los empleados como por los beneficios de estas prácticas para las empresas y sus empleados. La conciliación de la vida laboral y familiar ayuda a mejorar la productividad y los resultados empresariales, a aumentar el compromiso laboral, la satisfacción que sienten las personas con su trabajo. En un estudio de *Balancing Act*, más del 80% de los trabajadores británicos de todos los niveles cree que una buena conciliación de la vida laboral y familiar tiene un impacto positivo tanto en la productividad como en la capacidad de la empresa para atraer y retener talentos (Torrington, 2005).

La satisfacción laboral se considera uno de los principales indicadores de calidad en los sistemas de atención sanitaria. Desde hace tiempo se ha comprobado que la satisfacción laboral está directamente relacionada con la calidad de la atención sanitaria prestada (Lu et al., 2007).

Además, la calidad de la atención sanitaria parece mejorar cuando las enfermeras ganan autonomía y se espera que desempeñen el trabajo al nivel para el que están preparadas. Al ofrecerles más autonomía y responsabilidades, podría verse afectado el nivel de satisfacción laboral de las enfermeras. Estas consideraciones se

incluyen a menudo en las escalas de medición que investigan la satisfacción de las enfermeras con su calidad de trabajo y el entorno laboral.

Al mismo tiempo, se cree que para ayudar a combatir el estrés negativo y promover el bienestar, sería beneficioso ofrecer a los enfermeros programas que mejoren su estado físico y mental. Los programas de bienestar están diseñados para apoyar a los trabajadores, reducir sus riesgos de salud, aumentar la efectividad personal, mejorar la calidad de vida laboral, incrementar el compromiso del trabajador con la organización y, de esta manera, beneficiar los resultados finales del rendimiento laboral (Dubrin, 2003).

Existen ciertas características de un trabajo que permiten una mejor satisfacción de los empleados, como en el sector de la salud, durante la realización de actividades asignadas, incluyendo (Fernández, 2005):

- Elementos cognitivos que definen el puesto, como las posibilidades de comunicación, la capacidad de tomar decisiones o las tareas de procesamiento y análisis de información, las cuales influyen en la salud mental del trabajador.
- Elementos físicos que definen el entorno de trabajo, como las condiciones de iluminación, ruido y temperatura. Los elementos físicos son especialmente importantes para controlar la seguridad y salud física de los trabajadores.
- Variedad de habilidades requeridas por el empleado para el correcto desempeño de las actividades asignadas al puesto. Deben estar equilibradas para no ser excesivamente complejas, ya que pueden producir estrés, frustración y desánimo.
- Nivel de significancia del trabajo, que aumenta la autoestima de los trabajadores cuando cumplen con éxito sus responsabilidades. Si las

actividades son muy simples y repetitivas, resultarán en insatisfacción y desinterés por parte del empleado debido a la falta de motivación.

- Identidad del puesto, en el sentido de si requiere o no realizar todas las tareas involucradas en la conclusión de un trabajo completo, con un resultado visible.
- Autonomía o libertad que la persona que ocupa el puesto disfrutará al decidir cómo llevar a cabo el trabajo encomendado. La posibilidad de desarrollar iniciativas propias que trasciendan la mera ejecución mecánica de una serie exhaustiva de tareas generalmente provoca un sentimiento de autorrealización y mayor satisfacción en el empleado.
- Retroalimentación, proporcionando a los empleados la oportunidad de saber directamente cuál ha sido la efectividad y eficiencia alcanzada. Esta información puede usarse para realizar una evaluación justa y objetiva del trabajo realizado, así como para la mejora continua y correctiva.

Por otro lado, el desempeño de un puesto y el clima organizacional son factores importantes, ya que una mala calidad llevaría a la insatisfacción del empleado y posiblemente disminuiría su productividad y tendría conductas, como el ausentismo y el mal desempeño (Chiavenato, 2007).

El diseño del puesto define lo que debe hacer cualquier individuo en cualquier área específica. Así, el diseño de los puestos de trabajo debe ser un punto importante para cualquier organización, como los hospitales, ya que deben estar alineados y enfocados a mejorar el trabajo del empleado, brindándole mayor comodidad y seguridad, colaborando con su satisfacción. Así, también se refleja en un aumento de la productividad de la organización (Quinn, 2005).

Existen factores que influyen positivamente en el empleado en el trabajo y ayudan a que cada uno se sienta satisfecho con su trabajo. Estos factores son: la autonomía del empleado, su empoderamiento, las relaciones profesionales que

mantiene con sus compañeros, el reconocimiento que recibe en el lugar de trabajo y el ambiente de apoyo que le proporciona, la educación (Best & Thurston, 2004).

Algunos factores pueden aumentar la satisfacción de las personas en el trabajo, entre ellos (Chiavenato, 2007):

- Ofrecer incentivos para que los enfermeros encuentren su trabajo más interesante. Los enfermeros necesitan tomar la iniciativa en ciertos momentos para sentirse más involucrados activamente en sus responsabilidades profesionales.
- Provisión de beneficios y oportunidades, como buenos salarios y bonificaciones por desempeño.
- Adaptar a las personas a los puestos según sus intereses y habilidades. Diseñar los puestos de manera que sean desafiantes y satisfactorios. Así, se les debería dar más responsabilidades a los enfermeros y proporcionarles mayor variedad, significado, identidad, autonomía y retroalimentación.

Los factores para aumentar la satisfacción laboral no son más que formas que deben adoptarse para que los empleados se sientan más identificados con la organización, permitiendo que se desarrollen adecuadamente en relación con la política de recompensas de recursos humanos.

La satisfacción de los empleados en el lugar de trabajo ocurre cuando los empleados aportan los conocimientos, habilidades y capacidades que se consideran necesarios y coinciden con los requisitos y expectativas del entorno laboral para su buen funcionamiento. Las situaciones de estrés comienzan a aparecer cuando el empleado no puede ofrecer lo necesario o lo que hace no coincide con los requisitos del lugar de trabajo, lo que resulta en situaciones estresantes que conducen a síntomas de agotamiento (burnout). El grado de estrés que experimenta una persona depende en

gran medida de la actitud que tenga hacia el trabajo, así como de la forma en que se maneje el estrés en general.

Las condiciones externas de trabajo, por su parte, son las que inciden en el grado de estrés, pero no por sí solas. Si, por ejemplo, un lugar de trabajo es especialmente exigente, existe la posibilidad de que un determinado trabajador se sienta satisfecho y feliz porque existe concordancia entre sus exigencias y expectativas. En particular, es probable que acepte las exigencias del entorno de trabajo como retos que debe afrontar con éxito y con ello demostrar sus competencias y ser reconocido por sus compañeros.

El lugar de trabajo debe estar diseñado de forma que se consiga una perfecta adaptación a las características de los sujetos que lo ocuparán. Las características finales del puesto de trabajo serán determinantes tanto para la calidad de vida laboral del trabajador como para su nivel de productividad, por eso los puestos de trabajo deben ser enriquecedores, orientados a fomentar el desarrollo y la satisfacción personal, y hacer que el trabajador tenga un mayor interés e implicación y su rendimiento en el trabajo sea mayor (Chiavenato, 2007).

Sin embargo, también existe la posibilidad de que un trabajador en el mismo lugar de trabajo esté experimentando un estrés severo por las exigencias del trabajo, lo que se traduce en un alto riesgo de experimentar síntomas de burnout. Se observa, pues, que un lugar de trabajo exigente, para algunos empleados ofrece satisfacción, mientras que para otros es una fuente de estrés, ya que la resiliencia a las situaciones de estrés varía entre los empleados y el tipo de servicios que ofrecen. Las enfermeras trabajan bajo un estado de estrés constante. El estrés no siempre es malo. La mayoría de las personas necesitan un cierto grado de presión para ser eficaces.

Los problemas surgen cuando esta presión es alta o prolongada, siempre que su capacidad para mantenerse activa y productiva en un grado satisfactorio comience a disminuir. Debido a la naturaleza de la función, la enfermera se enfrenta a situaciones estresantes que pueden provocar fatiga laboral. Esto es natural debido a la exposición constante de la enfermera al dolor de los pacientes, a su tristeza e incluso a la muerte. Sería sorprendente que alguien dijera que no tiene estrés dada la excesiva carga de

trabajo, las horas extras y la escasez casi permanente de personal. La creencia de que en el sector salud el funcionamiento de la institución no cambiará para mejor durante años, que a nadie le importan los problemas de las enfermeras, la oferta casi siempre no es reconocida por jefes y asociados, la falta de comunicación y buen gobierno, las malas condiciones de trabajo, los bajos salarios y la baja moral son factores que conducen gradualmente al cansancio total y la desorganización de la enfermera.

Productividad laboral

En un entorno económico altamente competitivo, caracterizado por fenómenos como la globalización del mercado, los cambios en las demandas de los clientes y el aumento de la competencia de productos, las personas y la forma en que se gestionan se vuelven más importantes, ya que muchas otras fuentes de éxito competitivo son menos poderosas. Sin embargo, para lograr el éxito competitivo a través de las personas, es necesario cambiar la forma en que pensamos sobre las relaciones laborales. Esto significa que la empresa debe trabajar exitosamente con las personas y ver el factor humano como una fuente de ventaja competitiva en lugar de un simple costo (Mumanthi, 2014).

La gestión de recursos humanos es una parte importante del cuerpo organizacional. Este departamento gestiona a todo el personal y empleados, desde el reclutamiento, la selección, la formación, el desarrollo y la retención en la organización. En este mundo que cambia rápidamente, gestionar y lograr el rendimiento de los empleados se está volviendo cada vez más exigente y versátil en una organización. Muchas organizaciones implementan esfuerzos y estrategias continuas para alcanzar sus objetivos y también logros de excelencia mediante la obtención de una ventaja competitiva. Los empleados, por otro lado, necesitan ser creativos, competentes, innovadores, flexibles y estar capacitados para manejar la información de manera efectiva.

La necesidad de equilibrio entre la vida laboral y personal surge como respuesta al conflicto trabajo-familia, que ocurre cuando los requisitos de los roles personales no coinciden con los de los roles productivos y viceversa. Este conflicto

genera tensión en los individuos, reduciendo su nivel de productividad y perjudicando el rendimiento organizacional (Kossek & Distelberg, 2009).

Proporcionar a los empleados un buen equilibrio entre la vida laboral y personal puede ser un factor clave para el éxito de muchas empresas. El equilibrio entre la vida laboral y personal es un tema importante que puede ayudar a los empleados a ser más felices, más saludables y más productivos. Por lo tanto, parece que es hora de que las organizaciones piensen en lo que pueden hacer para ayudar a su gente a gestionar mejor sus vidas, tanto interna como externamente. Dado que las personas de una empresa son el activo más valioso, las empresas son buenas para hacer que las personas sean felices y productivas ayudándolas a tener un buen equilibrio entre la vida laboral y personal (Noon et al., 2007).

El desarrollo de programas de formación basados en necesidades reales siguiendo la investigación motivacional se considera esencial. La participación en programas de educación continua ayuda a mejorar la atención de enfermería, es decir, puede reducir los costos, aumentar la productividad, minimizar los accidentes y los errores médicos y farmacéuticos y reducir el estrés laboral. El progreso y la seguridad son necesarios como medios para promover la propia salud y desarrollar una cultura de enfermería por parte de las enfermeras. Por otro lado, la falta de información y estímulo por parte de la administración, la falta de personal, los altos costes, las obligaciones familiares, la dificultad de acceso por las distancias geográficas y la falta de tiempo son obstáculos para la participación de las enfermeras en programas de formación continua (Taxtsoglou et al., 2020).

Los empleados que experimentan bajos niveles de equilibrio laboral y personal tienen más probabilidades de sufrir ansiedad, hipertensión y alteraciones del sueño, y a menudo informan de una disminución de los niveles de energía y de la salud física y psicológica general. Esta situación tiene un impacto significativo en el rendimiento empresarial. Los responsables de salud y seguridad informan de que los costes anuales perdidos debido a la reducción de la productividad a causa del estrés, la depresión y la ansiedad son elevados. Por tanto, el peor equilibrio entre vida laboral y personal de un empleado también es una situación desfavorable para la empresa.

Además, el empoderamiento es un concepto complejo y amplio que podría definirse como un proceso y un estado de efecto. Es un método importante para aumentar la productividad de los trabajadores con el objetivo final de mejorar su productividad y la calidad de la atención que prestan a los enfermos. El empoderamiento como proceso es una combinación de transferencia de responsabilidades, empoderamiento, motivación y desarrollo de los empleados para lograr el máximo rendimiento posible y, al mismo tiempo, la máxima satisfacción laboral posible. Los ejes clave para el desarrollo del empoderamiento incluyen:

Crear una visión y un desafío para que los empleados comprendan claramente la misión y la dirección estratégica del liderazgo y de la organización (Martos, 2009):

- Desarrollar el trabajo en equipo y la colaboración para que los empleados puedan participar activamente en la toma de decisiones.
- Control y disciplina para aclarar las responsabilidades, roles, tareas y resultados esperados de cada individuo/grupo y reducir los conflictos.
- Apoyar y crear una sensación de seguridad para que los empleados tomen iniciativas.

En lo que respecta a los jefes, su papel en el empoderamiento es muy importante. Los supervisores deben reducir sus roles de supervisión y supervisión y fortalecer los roles relacionados con el desarrollo de recursos humanos, orientación e información, apoyo y estímulo, desarrollo del trabajo en equipo y motivación.

El empoderamiento se puede lograr no solo tomando iniciativas en sus deberes profesionales, sino también educando continuamente a los empleados con programas efectivos e información constante sobre los desarrollos en el sector laboral. Así, se sentirán más seguros y confiados en el desempeño de sus deberes profesionales, mientras que la motivación interna del empleado afecta la relación entre los requisitos y la autoeficacia, lo que contribuye a su empoderamiento, en caso de que sea fuerte.

El diseño para cubrir los puestos necesarios en una unidad hospitalaria es función del estudio de las necesidades generales de recursos humanos. Investigar las necesidades de personal es un proceso complicado que se realiza adecuadamente sólo teniendo en cuenta ciertos criterios. Sin embargo, en el sector público las cosas se simplifican por la clasificación de los puestos como orgánicos y muy específicos en número pero también por restricciones legislativas, presupuestarias y de recursos financieros bien definidos. A nivel privado, por supuesto hospital o unidad pública en la que lo anterior no jugará un papel determinante, es necesario realizar el sexto paso de la enciclopedia (Ihlenfeld, 2005):

- Acciones: delimitar los campos de trabajo y estar en plena armonía con las respectivas especialidades de las profesiones de la salud. Esto también implica mantener una proporción entre los profesionales de la salud, ya sean médicos con enfermeros, o médicos con profesionales de laboratorio.
- Personal: determinar el volumen de los servicios prestados y la capacidad de las camas, así como si existe y en qué medida una relación estandarizada entre los gabinetes y las camas equipadas.
- Calcular las cantidades de pruebas de imagen producidas por máquina y tecnólogo, o tener una visión general del mercado laboral y de los resultados del sistema educativo en las categorías de profesionales de la salud.

En un segundo nivel, la provisión de personal calificado también incluye los derechos profesionales que dichas personas pueden disfrutar, así como las condiciones predominantes en las asociaciones profesionales de las profesiones de la salud y si, y en qué medida, tienen derecho a reclamar derechos. La teoría de la jerarquía de necesidades de Maslow, que está a la vanguardia de los estudios más importantes sobre la motivación, también conocida como la Pirámide de Maslow, enumera cinco niveles diferentes de necesidades (Ştefan et al., 2020).

Es importante considerar la conexión entre la teoría de Maslow y la motivación de los empleados, específicamente con los profesionales de la salud. Más específicamente, la productividad laboral es una necesidad, que en la primera etapa se limita a "donde los profesionales de la salud tienden a trabajar arduamente para ganar el salario que necesitan para sobrevivir".

En la siguiente etapa, aparecen las demandas de los profesionales de la salud de condiciones de trabajo seguras, especialmente en tiempos de pandemia, donde existe riesgo de transmisión de la enfermedad y deben tomarse todas las medidas de protección. Por lo tanto, se debe garantizar un entorno de trabajo seguro. Entonces y si se satisfacen las necesidades específicas, los individuos están en la etapa de la necesidad de socialización y luego la satisfacción de su autoestima. Garantizar las necesidades sociales en el entorno de trabajo se puede lograr creando un espíritu de equipo, un sentido de aceptación de los empleados y de que pertenecen a la organización de salud para la que trabajan, en el caso de los profesionales de la salud.

El siguiente paso en la priorización de las necesidades y motivaciones laborales, según Maslow, se refiere a las necesidades de autoestima. Para los profesionales de la salud, en particular, su papel debe ser reconocido tanto por el estado como por los ciudadanos, ya que están en primera línea de la batalla. De manera indicativa, se dieron varias ofertas de viajes gratuitos, con la posibilidad de que los ciudadanos contribuyeran, en reconocimiento a la oferta del trabajo de los profesionales de la salud, en tiempos de pandemia. Por encima de la pirámide y de las necesidades de autorrealización, las organizaciones sanitarias pueden aprovechar al máximo el potencial de los profesionales sanitarios, mejorando la productividad y la eficiencia generales del negocio. Las organizaciones tienen el potencial de fomentar y explorar al máximo la creatividad y la innovación de los empleados. Por supuesto, en caso de pandemia, los profesionales sanitarios están obligados a ser creativos, ya que deben afrontar la pandemia de forma eficaz. Por ejemplo, aquellos profesionales sanitarios que lucharon por el descubrimiento de las vacunas.

Atraer profesionales de la salud al trabajo

El sector de la salud, como cualquier otra industria, está intentando atraer a los profesionales más capacitados a sus lugares de trabajo. Sin embargo, este anuncio de empleo sea cual sea su forma, debe adherirse a algunos principios básicos de marketing para lograr su objetivo. En particular, el candidato al puesto debe ser visto como un consumidor de un servicio para promover adecuadamente el empleo. Hay una serie de pasos que deben tomarse para crear un anuncio efectivo - convocatoria de cualquier tipo. Inicialmente, es necesario determinar la población objetivo (Ross & Stevens, 2013).

A continuación, se debe captar la atención del lector de todas las maneras posibles, posiblemente mediante el uso de medios ópticos. Además, la solicitud de empleo debe mencionar explícitamente todas las condiciones que se deben cumplir y las cualificaciones que debe poseer el solicitante. Si esta fase preliminar de revisión del currículum termina con éxito, entonces el diálogo entre el empleador y el empleado debe llegar a un nivel más personal. Esto se logrará de manera drástica mediante la realización de la entrevista.

El gerente general de gestión de recursos humanos debe centrarse en la gestión del talento clave: la adquisición, contratación y retención de empleados talentosos. La clave para motivar al máximo a la fuerza laboral dentro de una organización es alinear la gestión del talento con la estrategia de la organización, establecer criterios de liderazgo consistentes en todas las áreas operativas e identificar competencias específicas (analíticas, técnicas, de capacitación, experiencia), las cuales deben ser cultivadas con miras al desarrollo continuo de los trabajadores (Sunday, 2012).

Cabe señalar que los talentos se encuentran en una gama más amplia de actividades de las empresas, incluidas las organizaciones de salud, la adquisición más importante que pueden tener con el objetivo final de escalar en sus campos de empleo. Al mismo tiempo, la industria de la salud en su conjunto puede enfrentar los desafíos actuales de la atención financiera y hospitalaria, a través de la promoción sistemática de líderes que se distinguirán por el talento y tendrán la capacidad de ayudar a una organización de salud en todos los niveles, incluidos todos los niveles de personal.

Para lograr este objetivo, es necesario invertir en varios programas, como seminarios de capacitación, que brindarán incentivos y suministros a los empleados para contribuir al rumbo exitoso de las organizaciones de salud. Existen modelos industriales y comerciales, donde pueden imitar a las organizaciones de salud en cierta medida, con el objetivo final de implementar prácticas similares, que han demostrado ser muy exitosas para su desarrollo y progreso en las diversas ramas de sus actividades.

Se mencionan dos enfoques diferentes para el talento. El primero es el enfoque “objetivo”, donde se desarrolló antes que el segundo, mientras que está relacionado con las características personales de los talentos. El segundo enfoque es el “subjetivo” y está asociado a uno o más individuos talentosos (Gallardo et al., 2013). En el contexto del enfoque objetivo del talento, se implementa una mayor clasificación entre los enfoques que identifican el talento como capacidad física, equiparan el talento con el dominio del desarrollo sistemático de habilidades, vinculan el talento con el compromiso y la motivación y señalan la importancia de la adaptación entre el talento de una persona y el entorno en el que trabaja, donde está relacionado esencialmente con la organización, pero también con el puesto que ocupa en la organización.

Se considera que los empleados con gran potencial son capaces de evolucionar a un ritmo más rápido en comparación con sus colegas y ascender a niveles superiores en la jerarquía de la organización (Pepermans et al., 2003).

Según las investigaciones, existen algunas organizaciones de salud, que han logrado valerse por sí mismas y superar los problemas e inhibidores en condiciones económicas difíciles, debido al uso de talentos. La promoción de las organizaciones de salud es de gran importancia para la sociedad en su conjunto, su funcionamiento atiende las necesidades básicas de la humanidad. Al mismo tiempo, es una industria con altas exigencias en infraestructura logística, pero también en personal con el objetivo final de poder operar en el contexto adecuado (Groves, 2011).

Por lo tanto, un fenómeno que se observó en Grecia, pero también a escala global, fue el mal funcionamiento de algunas organizaciones de salud debido a la crisis financiera, lo que resultó en la falta de personal adecuado en algunos hospitales, con

personal especializado apropiado, así como en la escasez de materiales y tecnología (Groves, 2011).

Al mismo tiempo, los recortes generales, incluidos principalmente la utilización y gestión del talento, se atribuyen a la percepción predominante de que los costos directos de los departamentos de gestión de personal, como los costos salariales y de formación, son prioridades más urgentes en comparación con los beneficios compensatorios derivados de un mayor compromiso de los empleados y de ideas innovadoras (Pfeffer, 2007).

METODOLOGÍA

La investigación, tal como se percibe actualmente, es un proceso sistemático y organizado. Es sistemático porque hay una serie de pasos a seguir para obtener resultados precisos. Es organizado porque sigue una estructura limitada y planificada, y se centra en un propósito específico. Finalmente, la investigación examina un tema importante y útil, relevante para su propósito de investigación, y encuentra respuestas a las afirmaciones que se han hecho.

Definición del problema de investigación

El propósito de este estudio fue examinar las percepciones de los trabajadores de la salud sobre el aprendizaje permanente en la productividad hospitalaria y la gestión de recursos humanos.

Diseño de investigación

El diseño empleado en esta investigación se fundamenta en una metodología de corte descriptivo, cuya finalidad se orienta a la comprensión profunda y exhaustiva de una realidad singular (Arnal et al., 1992). Su elección radica en la posibilidad que nos ofrece para obtener información básica para la toma de decisiones y aportar conocimientos sobre situaciones, actitudes y comportamientos. De forma concreta, el

diseño metodológico se sustenta en uno de los tipos de método descriptivo, el estudio tipo encuesta.

Muestra

La muestra estuvo compuesta por 170 participantes elegidas mediante un muestreo intencional no probabilístico de diferentes centros hospitalarios griegos, la mayoría mujeres de 41 a 60 años, casadas, que trabajaban como enfermeras con empleo permanente y más de 15 años de experiencia laboral. La mitad de los participantes tenían un título de maestría o licenciatura.

Estrategias de análisis de datos

El análisis de los datos se realizó en IBM SPSS 26. Las estadísticas descriptivas se lograron utilizando porcentajes y frecuencias para las variables nominales, mientras que la media y la desviación estándar se utilizaron para las variables de escala o tipo Likert. Las estadísticas inferenciales se realizaron con un nivel de significancia del 5%. La confiabilidad del cuestionario se evaluó utilizando el coeficiente alfa de Cronbach, que mide la consistencia interna, considerándose satisfactorios los valores mayores a 0.7 (Nunnally & Bernstein, 1994). Se utilizó el análisis factorial para demostrar la validez de constructo del cuestionario, que se refiere a la satisfacción laboral (McLeod, 2013). Se utilizaron intervalos de confianza del 95% del valor medio para generalizar los niveles de los factores. La prueba de Shapiro-Wilk se usó para probar la normalidad de los factores, la cual se considera que tiene la mayor precisión (Razali & Wah, 2011). El coeficiente de Spearman se usó para probar la correlación de variables de escala u ordinales que no siguen una distribución normal. La prueba de Mann-Whitney se utilizó para comparar medianas entre dos muestras independientes que no son grandes ($n \geq 30$) y no tienen una distribución normal. La prueba de Kruskal-Wallis se usó para comparar medianas entre tres o más muestras independientes que no son grandes ($n \geq 30$) y no tienen una distribución normal. La prueba de Chi-cuadrado se utilizó para probar la dependencia entre dos variables nominales (Field, 2017).

Datos demográficos

En la Tabla 1 se presentan los resultados de las características demográficas de la muestra (N=170).

Tabla 1

Datos demográficos

Demográficos	Categoría	N	%
Género	Masculino	17	10,00
	Femenino	153	90,00
Edad	22-30	23	13,53
	31-40	25	14,71
	41-50	57	33,53
	51-60	62	36,47
	60+	3	1,8
Nivel educativo	ATEI	42	24,71
	Universidad	26	15,29
	Maestría	60	35,29
	Otro	42	24,71
Estado civil	Soltero	37	21,76
	Casado	122	71,76
	Divorciado	9	5,29
	Viudo	2	1,18
Especialidad	Médico	7	4,12
	Enfermera	122	71,76
	Administrador	14	8,24
	Superior	2	1,18
	Otro	25	14,71
Años de experiencia	0-5	25	14,71
	6-10	13	7,65
	11-15	23	13,53
	16-20	31	18,24
	> 20	78	45,88
Relación laboral	Permanente	139	81,76
	Tiempo parcial	31	18,24

La mayoría de la muestra son mujeres (90%, N=153) y la minoría hombres (10%, N=10). En cuanto a la edad, el 36.47% (N=62) tiene entre 51-60 años, el 33.53% (N=57) tiene entre 41-50, el 14.71% (N=25) tiene entre 31-40, el 13.53% (N=23) tiene entre 22-30 y el 1.78% (N=3) tiene más de 60 años. Considerando el nivel educativo, el 35.29% (N=60) poseen un MSc, el 24.71% (N=42) son graduados de ATEI, el 15.29% (N=29) son graduados de universidad, mientras que el 24.71% (N=42) tienen

otro nivel educativo. La gran mayoría está casada (71.76%, N=122), el 21.76% (N=37) son solteros, el 5.29% (N=9) están divorciados y el 1.18% (N=2) son viudos. En cuanto a la especialidad, el 71.76% (N=122) son enfermeros, el 8.24% (N=14) son administrativos, el 4.12% (N=7) son médicos, el 1.18% (N=2) son supervisores y el 14.71% (N=25) tiene otra especialidad. Considerando los años de experiencia profesional, el 45.88% (N=78) tiene más de 20 años de experiencia, el 18.24% (N=31) tiene entre 16-20 años, el 14.71% (N=25) tiene hasta 5 años, el 13.53% (N=23) tiene entre 11-15 años y el 7.65% (N=13) tiene entre 6-10 años de experiencia docente. En cuanto a la relación laboral, el 81.76% (N=139) son empleados permanentes mientras que el 18.24% (N=31) trabajan a tiempo parcial.

RESULTADOS

La Tabla 2 aporta información relativa a la formación relacionada con el ejercicio de funciones profesionales.

Tabla 2

Formación relacionada con el ejercicio de funciones profesionales

Pregunta	Categoría	N	%
Durante su permanencia en el hospital, ¿se formó en alguna materia relacionada con el ejercicio de sus funciones profesionales?	No	37	21.76
	Sí	133	78.24
¿Quién(es) fue(ron) su(s) proveedor(es) de formación?	Ministerio de Salud	4	3,77
	Estado / organismo público	35	33,02
	El Hospital	30	28,30
	Facultad de Medicina	4	3,77
	Administrador	23	21,70
	Fue iniciativa propia asistir a un seminario	10	9,43
¿Cuál fue el tiempo de formación?	Diario o Jornada corta	58	47.15
	Trimestral	19	15.45
	Semestral	23	18.70
	Anual	23	18.70
¿Cuál de los siguientes temas estudió?	Introducción de cambios e innovaciones en salud	14	11.46
	Legislación sanitaria	13	10.66
	Uso de nuevas tecnologías	40	32.78
	Organización y gestión de la salud	52	42.62
	Otro	3	2.46
¿Considera que la formación le ayudó en su labor como profesional?	Nada en absoluto	3	2.33
	Un poco	27	20.83
	Bastante	67	51.94
	Mucho	32	24.81

Los datos informan que la mayoría de los participantes se formó en un tema relacionado con el ejercicio de sus funciones profesionales (78.24%, N=133).

Considerando al proveedor de la formación, el 33.02% (N=35) tenía como proveedor al estado/organismo público, el 28.30% (N=30) al hospital, el 21.70% (N=30) al administrador, el 9.43% (N=10) tenía iniciativa propia para asistir a seminarios, el 3.77% (N=4) a la facultad de medicina y el 3,77% (N=4) al ministerio de salud.

En cuanto al tiempo de formación, el 47.15% (N=58) declaró diario o en jornada corta, el 18.70% (N=23) semestral, el 18.70% (N=23) anual y el 15.45% (N=19) trimestral.

En cuanto a los temas de estudio, el 42.62% (N=52) se refirió a la organización y gestión de la salud, el 32.78% (N=40) al uso de la tecnología, el 11.46% (N=14) a la introducción de cambios-innovaciones en salud, el 10.66% (N=13) a la legislación sanitaria y el 2.46% (N=3) a otro tema.

En cuanto al grado en que la formación ayudó a los participantes a ejercer como profesionales, el 51.94% (N=67) afirmó bastante, el 24.81% (N=32) mucho, el 20.83% (N=27) poco y el 2,33% (N=3) afirmó nada.

Tabla 3

¿Qué cree usted que se debería mejorar en el programa de formación al que asistió?

Áreas que necesitan mejoras	N	%
El método de enseñanza	37	21.8
La duración a aumentar	60	35.3
La duración a reducir	1	0.6
El área de formación	33	19.4
El material didáctico	48	28.6
El nivel de los formadores	20	11.8
El contenido	20	11.8
Otro	7	4.1

Según la Tabla 3, el 35.3% (N=60) afirmó que se debería aumentar la duración de los programas de formación, el 28.6% (N=48) se refirió a la mejora del material formativo, el 21.8% (N=37) al método de enseñanza, el 19.4% (N=33) al área de

formación, el 11.8% (N=20) al nivel de los formadores, el 11.8% (N=20) al contenido, el 0.6% (N=1) se refirió a la reducción de la duración y el 4.1% (N=7) a otras mejoras.

En cuanto a las formas que utilizan los participantes para superar las dificultades en la unidad de salud, el 32.35% (N=55) afirmó que supera las dificultades con su experiencia, el 30.58% (N=52) pide ayuda de gerentes con más experiencia, el 15.88% (N=27) con la autoformación a través de libros y revistas científicas, el 14.12% (N=24) pide ayuda a sus superiores y el 7.06% (N=12) a través de su formación.

En cuanto a los factores que ayudan en el ejercicio exitoso de su trabajo en la unidad de salud, los más importantes son la formación (M=4.21, DE=1.03), el conocimiento empírico (M=4.18, DE=0.95) y el conocimiento teórico proveniente de la autoformación (M=3.84, DE=0.99).

Tabla 4

Capacitación

Pregunta	Categoría	N	%
¿Existe la necesidad de una formación especializada en la gestión de los empleados en las unidades de salud?	No	4	2,35
	Sí	166	97,65
¿Cuál de los siguientes temas le gustaría aprender?	Introducción de cambios e innovaciones en salud	53	31,18
	Legislación sanitaria	16	9,41
	Uso de nuevas tecnologías	33	19,41
	Organización y gestión de la salud	64	37,65
	Otro	4	2,35
¿Qué tipo de formación cree que funcionará mejor?	Formación inicial, antes de la toma de posesión	15	8,82
	Formación periódica durante el mandato	26	15,29
	Formación inicial y periódica	129	75,88
¿Qué tipo de formación cree que es la más adecuada para los trabajadores de la salud?	Seminarios acelerados	56	32,94
	Capacitación trimestral	29	17,06
	Capacitación semestral	24	14,12
	Capacitación anual	52	30,59
	Otro	9	5,29
¿Cuál sería su mayor motivación para formarse?	Un tema interesante	62	36,47
	Formadores que serán reconocidos en su especialidad	23	13,53
	Compensación económica por el tiempo de formación	81	47,65
	Otro	4	2,35

Haciendo referencia a la capacitación (Tabla 4), la gran mayoría de los participantes piensa que es necesaria una formación especializada en la gestión de los trabajadores de las unidades de salud (97.65%, N=166).

En cuanto a las áreas de formación, el 37.65% (N=64) se refirió a la organización y gestión de la salud, el 31.18% (N=53) a la introducción de cambios-innovación en salud, el 19.41% (N=33) al uso de nuevas tecnologías, el 9.41% (N=16) a la legislación sanitaria y el 2.35% (N=4) a otras áreas.

En cuanto a las formas de formación, el 75.88% (N=129) afirmó la inicial y periódica, el 15.29% (N=26) a la periódica durante el mandato y el 8.82% (N=15) a la inicial antes de asumir el cargo.

En cuanto a la modalidad de formación más adecuada para los trabajadores de la salud, el 32.94% (N=56) se refirió a seminarios acelerados, el 30.59% (N=52) a la formación anual, el 17.06% (N=29) a la formación trimestral, el 14.12% (N=24) a la formación semestral y el 5.29% (N=9) a otras modalidades.

En cuanto a las motivaciones para la formación, el 47.65% (N=81) manifestó la compensación económica por el tiempo de formación, el 36.47% (N=62) el tema de interés, el 13.53% (N=23) a formadores reconocidos en su especialidad y el 2.35% (N=4) a otras motivaciones.

En la Tabla 5 se presentan los resultados de la satisfacción con el trabajo. Los participantes tienden a estar de acuerdo en que se les permite utilizar sus conocimientos (M=3.41, SD=1.09) y que el equilibrio entre vida laboral y personal aumenta su productividad en el trabajo (M=3.39, SD=1.32). Por otro lado, tienden a estar en desacuerdo con que las condiciones de trabajo sean satisfactorias (M=2.54, SD=1.02), que estén satisfechos con su carga de trabajo diaria (M=2.48, SD=1.07) y que estén bien remunerados en relación con su esfuerzo (M=2.02, SD=0.92).

Tabla 5*Satisfacción en el trabajo*

Declaración	M	SD	1	2	3	4	5
Me permiten utilizar mis conocimientos	3.41	1.09	5.9%	12.9%	31.8%	32.9%	16.5%
El equilibrio entre vida laboral y personal aumenta mi productividad en el trabajo	3.39	1.32	12.4%	12.4%	24.1%	26.5%	24.7%
Me permiten utilizar mis habilidades	3.15	1.10	5.3%	26.5%	28.2%	28.2%	11.8%
El ambiente en mi lugar de trabajo me ayuda a tener un equilibrio en el trabajo	3.11	1.15	11.2%	14.1%	40.0%	21.8%	12.9%
Me permiten desarrollar nuevas habilidades	2.92	1.16	15.3%	17.6%	33.5%	26.5%	7.1%
Me permiten aportar sugerencias para la mejora de mi trabajo	2.74	1.16	17.6%	25.3%	27.6%	24.1%	5.3%
Mi trabajo me ofrece un equilibrio entre vida laboral y personal	2.74	1.12	18.2%	20.6%	34.1%	23.5%	3.5%
Tengo la posibilidad de desarrollar mi potencial a través de seminarios-capacitaciones	2.72	1.23	18.2%	28.2%	25.9%	18.2%	9.4%
Me permiten reconocer el esfuerzo que hago	2.65	1.07	14.7%	29.4%	38.2%	11.2%	6.5%
Me permiten evaluar mi desempeño con criterios objetivos	2.62	1.07	16.5%	28.2%	37.6%	12.4%	5.3%
Las condiciones de trabajo son satisfactorias	2.54	1.02	16.5%	33.5%	32.9%	14.1%	2.9%
Estoy satisfecho con mi carga de trabajo diaria	2.48	1.07	20.6%	31.2%	30.6%	14.7%	2.9%
Me pagan bien en relación a mi esfuerzo	2.02	0.92	30.6%	47.1%	11.8%	10.6%	0%

Teniendo en cuenta las sugerencias futuras, el 10.6% (N=18) se refirió a seminarios, el 8.8% (N=15) a la formación en nuevas tecnologías y el 8.2% (N=14) a la formación continua.

La Tabla 6 presenta los resultados del análisis factorial para la satisfacción laboral.

Tabla 6*Análisis factorial de la satisfacción laboral*

Pregunta	Factores (KMO=0.787)			
	1	2	3	4
Se me permite utilizar mis conocimientos	0.813			
Se me permite desarrollar nuevas habilidades	0.804			
Se me permite utilizar mis capacidades	0.789			
Se me permite contribuir con mis sugerencias a la mejora de mi trabajo	0.781			
Se me permite evaluar mi rendimiento con criterios objetivos	0.742			
Se me permite reconocer el esfuerzo que hago	0.729			
Se me da la posibilidad de desarrollar mi potencial a través de seminarios y programas de formación	0.684			
Estoy satisfecho con mi carga de trabajo diaria		0.837		
Las condiciones de trabajo son satisfactorias		0.787		
El equilibrio entre el trabajo y la vida personal aumenta mi productividad en el trabajo			0.908	
Mi trabajo me ofrece un equilibrio entre el trabajo y la vida personal			0.654	
El entorno en mi lugar de trabajo me ayuda a tener un equilibrio en el trabajo			0.647	
Me pagan bien en relación con mi esfuerzo				0.802
Diferencia (%)	34.12	17.35	14.57	9.32

Los datos fueron apropiados para realizar el análisis factorial ya que $KMO=0.787 > 0.5$. El análisis factorial reveló 4 factores que explican el 75.36% de la varianza total. El primer factor explica el 34.12% de la varianza total y contiene 7

preguntas que se refieren a la “Satisfacción con la autoexpresión y el desarrollo”. El segundo factor explica el 17.35% de la varianza total y contiene 2 preguntas que se refieren a la “Satisfacción con las condiciones de trabajo”. El tercer factor explica el 14.57% de la varianza total y contiene 3 preguntas que se refieren a la “Satisfacción con el equilibrio entre el trabajo y la vida personal”. El cuarto factor explica el 9.32% de la varianza total y contiene 1 pregunta que hace referencia a la “Satisfacción con el pago”.

La Tabla 7 presenta los resultados del análisis de confiabilidad para los factores del presente estudio utilizando el coeficiente Alfa de Cronbach. En particular, “Factores que ayudan al ejercicio exitoso del trabajo” presentó confiabilidad $\alpha=0.829$ (alta), “Satisfacción con la autoexpresión y el desarrollo” $\alpha=0.907$ (perfecta), “Satisfacción con las condiciones de trabajo” $\alpha=0.739$ (satisfactoria) y “Satisfacción con el equilibrio entre el trabajo y la vida personal” $\alpha=0.737$ (satisfactoria).

Tabla 17

Análisis de confiabilidad de los factores

	Factores	Preguntas	Alfa de Cronbach	Fiabilidad
1.	Factores que favorecen el éxito en el ejercicio del trabajo	4	0.829	Alto
2.	Satisfacción por la autoexpresión y el desarrollo	7	0.907	Perfecto
3.	Satisfacción por las condiciones de trabajo	2	0.739	Satisfactorio
4.	Satisfacción por el equilibrio entre vida laboral y personal	3	0.737	Satisfactorio
5.	Satisfacción por la remuneración	1	-	-

Según la Tabla 8, no se confirma la normalidad de los factores para todos los factores ($p \leq 0,009$).

Tabla 8

Normalidad de los factores mediante la prueba de Shapiro Wilk

Factores	W (170)	p-value
Factores que favorecen el éxito en el ejercicio del trabajo	0.894	<0.001
Satisfacción por la autoexpresión y el desarrollo	0.978	0.009
Satisfacción por las condiciones de trabajo	0.953	<0.001
Satisfacción por el equilibrio entre vida laboral y personal	0.946	<0.001
Satisfacción por la remuneración	0.818	<0.001

Correlación entre factores

Género

Según la Tabla 9, los factores de satisfacción se correlacionaron positivamente. “Factores que ayudan al ejercicio exitoso del trabajo” se correlacionó positivamente con “Satisfacción por la autoexpresión y el desarrollo” y “Satisfacción por las condiciones de trabajo”.

Tabla 9

Correlaciones de Spearman entre factores

Factores	1	2	3	4	5
1. Factores que contribuyen al éxito en el ejercicio del trabajo	1.000				
2. Satisfacción por la autoexpresión y el desarrollo	0.191*	1.000			
3. Satisfacción por las condiciones de trabajo	0.216**	0.467**	1.000		
4. Satisfacción por el equilibrio entre vida laboral y personal	0.121	.331**	0.334**	1.000	0.275**
5. Satisfacción por la remuneración	-0.014	0.273**	0.409**	0.275**	1.000

En el factor “Factores que facilitan el ejercicio exitoso del trabajo” el rango medio de los hombres (62.71) es estadísticamente inferior ($U=913$, $p=0.042$) al rango medio de las mujeres (88.03).

En el factor “Satisfacción con la autoexpresión y el desarrollo” el rango medio de los hombres (46.24) es estadísticamente inferior ($U=633$, $p=0.001$) al rango medio de las mujeres (89.86).

En el factor “Satisfacción con el equilibrio entre el trabajo y la vida personal” el rango medio de los hombres (58.85) es estadísticamente inferior ($U=847.5$, $p=0.018$) al rango medio de las mujeres (88.46).

En el factor “Satisfacción con la remuneración” el rango medio de los hombres (57.56) es estadísticamente inferior ($U=825.5$, $p=0.008$) al rango medio de las mujeres (88.60).

Respecto a los resultados de la prueba de chi cuadrado para género con las características demográficas (Tabla 10) donde hubo resultados estadísticamente

significativos con la edad ($\chi^2(2)=18.152$, $p<0.001$), estado civil ($\chi^2(1)=15.235$, $p<0.001$), especialidad ($\chi^2(1)=12,399$, $p=0,001$), años de experiencia ($\chi^2(2)=15.981$, $p<0.001$) y relación laboral ($\chi^2(1)=10.525$, $p=0.004$).

Tabla 10

*Género*Demografía, Chi cuadrado*

Demographics	Categoría	Masculino (N=17)	Feminino (N=153)	df	X ²	p-value
Edad	21-30	47.1% (N=5)	9.8% (N=15)	2	18.152	<0.001
	31-50	29.4% (N=5)	50.3% (N=77)			
	51+	23.5 % (N=4)	39.9% (N=61)			
Nivel educativo	ATEI-Otro	41.2% (N=7)	50.3% (N=77)	2	2.906	0.234
	Universidad	29.4% (N=5)	13.7% (N=21)			
	Maestría	29.4% (N=5)	35.9% (N=55)			
Estado civil	Soltero	58.8% (N=10)	17.6% (N=27)	1	15.235	<0.001+
	Casado/Divorciado/Viudo	41.2% (N=7)	82.4% (N=126)			
Especialidad	Enfermero	35.3% (N=6)	75.8% (N=116)	1	12.399	0.001+
	Otro	64.7% (N=11)	24.2% (N=37)			
Años de experiencia	0-5	47.1% (N=8)	11.1% (N=17)	2	15.981	<0.001
	6-20	29.4% (N=5)	40.5% (N=62)			
	>20	23.5% (N=4)	48.4% (N=74)			
Relación de trabajo	Permanente	52.9% (N=9)	85% (N=130)	1	10.525	0.004+
	Tiempo parcial	47.1% (N=8)	15% (N=23)			

Los hombres presentan mayor porcentaje en la categoría de edad 22-30 (47.1%) que las mujeres (9.8%) y mayor porcentaje en solteros (58.2%) que las mujeres (17.6%). Las mujeres presentan mayor porcentaje en enfermeros (75.8%) que los hombres (35.3%). Los hombres presentan mayor porcentaje en la categoría de años de experiencia 0-5 (47.1%) que las mujeres (11.1%). Por último, las mujeres presentan mayor porcentaje en empleados permanentes (85%) que los hombres (52.9%).

En cuanto a los resultados de Chi cuadrado y Mann Whitney para la formación relacionada con el ejercicio de funciones profesionales con el género, donde se observaron resultados estadísticamente significativos con el proveedor de formación ($\chi^2(1)=8.613$, $p=0.003$), temas de estudio ($\chi^2(1)=6.137$, $p=0.015$) y ayuda de la formación ($U=526$, $p=0.021$).

Los hombres presentaron un porcentaje mayor en capacitar a proveedores de organismos públicos o por iniciativa propia para asistir a seminarios que las mujeres (78.6% vs 37%) que presentaron un porcentaje mayor que los hombres en capacitar a proveedores de hospitales, escuelas de medicina, ministerios de salud y administradores (63% vs 21.4%).

Los hombres presentaron un porcentaje mayor en temas de innovaciones, legislación sanitaria, gestión de la salud que las mujeres (100% vs 63%) que presentaron un porcentaje mayor que los hombres en uso de nuevas tecnologías (37% vs 0%).

Asimismo, los hombres presentaron un rango medio menor (45.07) que las mujeres (67.43) en la variable ayuda de la formación.

La Tabla 11 presenta los resultados de chi cuadrado para el género con las opiniones sobre las áreas que se deben mejorar en el programa de formación, donde aparecieron resultados estadísticamente significativos con el método de enseñanza ($\chi^2(1) = 7,097$, $p = 0,013$) y el material de formación ($\chi^2(1) = 8,482$, $p = 0,008$).

Tabla 11

*Género * Áreas que se deben mejorar en el programa de capacitación, Chi cuadrado*

Áreas que necesitan mejoras	Masculino (N=17)	Feminino (N=153)	X ² (1)	p-value
El método de enseñanza	47.1% (N=8)	19% (N=29)	7.097	0.013+
La duración a aumentar	29.4% (N=5)	35.9% (N=55)	0.286	0.593
La duración a reducir	0% (N=0)	0.7% (N=1)	0.112	1.000+
El área de formación	11.8% (N=2)	20.3% (N=31)	0.706	0.531+
El material didáctico	58.8% (N=10)	25.2% (N=38)	8.482	0.008+
El nivel de los formadores	11.8% (N=2)	11.8% (N=18)	0.000	1.000+
El contenido	17.6% (N=3)	11.1% (N=17)	0.630	0.427+
Otro	5.9% (N=1)	3.9% (N=6)	0.149	0.528+

Los hombres apoyaron en mayor grado que las mujeres que el método de enseñanza debería mejorarse (47.1% vs 19%). Igualmente, apoyaron en mayor grado que las mujeres que el material de formación debería mejorarse (58.8% vs 25.2%). No hay diferencia ($p = 0.962$) entre hombres y mujeres en cuanto a las formas de superar las dificultades.

La Tabla 12 muestra que hay una dependencia estadísticamente significativa entre el género y la mayor motivación para la formación ($\chi^2(2) = 11.754$, $p=0.003$).

Tabla 12

*Género*Formación, Chi cuadrado*

Pregunta	Categoría	Masculino (N=17)	Feminino (N=153)	df	X ²	p-value
Necesidad de formación especializada en la gestión de empleados	No	11.8% (N=2)	1.3% (N=2)	1	7.282	0.050
	Sí	88.2% (N=15)	98.7% (N=151)			
¿Cuál de los siguientes temas te gustaría aprender?	Innovaciones-	20% (N=3)	43.7% (N=66)	2	3.812	0.149
	Legislación	20% (N=3)	19.9% (N=30)			
	Uso de nuevas tecnologías	60% (N=9)	36.4% (N=55)			
	Organización y gestión					
Las mejores formas de entrenamiento	Inicial o periódica	41.2% (N=7)	22.2% (N=34)	1	3.004	0.130+
	Inicial y periódica	58.8% (N=10)	77.8% (N=119)			
Formas adecuadas de formación	Seminarios acelerados	47.1% (N=8)	33.3% (N=48)	2	2.419	0.298
	Capacitación trimestral	23.5% (N=4)	17.4% (N=25)			
	Capacitación semestral-anual	29.4% (N=5)	49.3% (N=71)			
La mayor motivación para entrenar	Temática interesante	0% (N=0)	41.1% (N=62)	2	11.754	0.003
	Capacitadores reconocidos	33.3% (N=5)	11.9% (N=18)			
	Remuneración económica	66.7% (N=10)	47% (N=71)			

En particular, los hombres presentaron mayor porcentaje en capacitadores reconocidos (33.3% vs 11.9%) mientras que las mujeres presentaron mayor porcentaje en una materia de interés (41.1% vs 0%).

Edad

La Tabla 13 representa los resultados de la prueba de Kruskal Wallis para los factores de estudio con la edad, donde se observaron resultados estadísticamente significativos con los factores “Satisfacción con las condiciones de trabajo” ($H(2)=6.669$, $p=0.036$) y “Satisfacción con el pago” ($H(2)=6.807$, $p=0.033$).

Tabla 13

*Factores*Edad, Kruskal Wallis*

Factores	22-30 (N=23)	31-50 (N=82)	51+ (N=65)	H(2)	p-value
Factores que favorecen el éxito en el ejercicio del trabajo	66.96	87.83	89.12	3.877	0.144
Satisfacción por la autoexpresión y el desarrollo	71.07	88.76	86.50	2.373	0.305
Satisfacción por las condiciones de trabajo	78.76	95.38 ^b	75.42 ^a	6.669	0.036
Satisfacción por el equilibrio entre vida laboral y personal	66.30	87.96	89.18	4.140	0.126
Satisfacción por la remuneración	72.80 ^a	94.82 ^b	78.24 ^a	6.807	0.033

En el factor “Satisfacción con las condiciones de trabajo”, la media de la posición de los participantes de 51 años o más (75.42) es estadísticamente significativamente menor ($p=0.013$) que la media de la posición de los participantes de 31-50 años (95.38).

En el factor “Satisfacción con el salario”, la media de la posición de los participantes de 31-50 años (94.82) es estadísticamente significativamente mayor que la media de la posición de los participantes de 22-30 años (72.80, $p=0.041$) y de 51 años o más (78.24, $p=0.029$).

En la variable ayuda de la formación, el rango medio de los participantes de 22-30 años (38.93) es estadísticamente significativamente menor que el rango medio de los participantes de 31-40 (73.26, $p=0.002$), 41-50 (67.10, $p=0.006$) y 51 años o más (67.30, $p=0.005$).

En cuanto a las áreas que se deben mejorar en el programa de formación, donde los resultados estadísticamente significativos aparecieron con el aumento de la duración ($\chi^2(2)=7.186$, $p=0.028$), el material de formación ($\chi^2(2)=13.097$, $p=0.001$) y el contenido ($\chi^2(2)=8.029$, $p=0.018$).

Los participantes de 51 años o más sugirieron en mayor grado que la duración del programa de formación debe ser aumentada (47.4%) y un mayor grado que el contenido del programa de formación debe ser mejorado (20%).

Los participantes de 22-30 años sugirieron en mayor grado que el material de formación del programa de formación debe ser mejorado (61.9%). Además, piden ayuda a gerentes o superiores con más experiencia en mayor grado (73.9%).

La autoeducación o formación fue más apoyada por los participantes de 31-40 años (40%), mientras que los participantes de 41-50 años afirmaron que superan las dificultades a través de la experiencia (45.6%).

Los participantes de 41-50 años preferían más la formación semestral o anual como la forma más adecuada (66.7%), mientras que los de 51 años o más preferían los seminarios acelerados (51.6%). Además, indicaron que la compensación económica era la principal motivación para la formación (64.2 %), mientras que los de 51 años o más indicaron que el tema les interesaba (53.8 %).

Existe una dependencia estadísticamente significativa entre la edad y las formas adecuadas de formación ($\chi^2(6)=20.734$, $p=0.002$) así como con la mayor motivación para la formación ($\chi^2(6)=16.363$, $p=0.012$).

Nivel educativo

La Tabla 14 representa los resultados de la prueba de Kruskal Wallis para los factores de estudio con el nivel educativo.

Tabla 14

*Factores*Nivel educativo, Kruskal Wallis*

Factor	ATEI-Other (N=84)	Universidad (N=26)	MSc (N=60)	H(2)	p-value
Factores que favorecen el éxito en el ejercicio del trabajo	79.05 ^a	73.17 ^a	99.87 ^b	8.349	0.015
Satisfacción por la autoexpresión y el desarrollo	79.58	78.88	96.66	4.789	0.091
Satisfacción por las condiciones de trabajo	79.23	91.23	91.80	2.785	0.248
Satisfacción por el equilibrio entre vida laboral y personal	75.88 ^a	93.13	95.67 ^b	6.511	0.039
Satisfacción por la remuneración	83.81	85.46	87.88	0.277	0.870

a<b

En el factor “Factores que ayudan al ejercicio exitoso del trabajo” el rango medio de los poseedores de maestría (99.87) es estadísticamente significativamente mayor que el rango medio de los participantes con nivel educativo ATEI u otro (79.05, $p=0,012$) y los poseedores de título universitario (78.88, $p=0.020$).

En el factor “Satisfacción con el equilibrio entre el trabajo y la vida personal” el rango medio de los poseedores de maestría (95.67) es estadísticamente significativamente mayor que el rango medio de los participantes con nivel educativo ATEI u otro (75.88, $p=0.016$).

Los poseedores de título universitario tienen un mayor porcentaje de 0-5 años de experiencia (50%).

Los poseedores de maestría o participantes de otra educación tienen un mayor porcentaje de empleados permanentes (88.3% y 95.2%).

Los poseedores de maestría presentaron porcentajes más altos en los participantes que fueron capacitados en un tema relacionado con el ejercicio (90%).

Los graduados de ATEI presentaron un porcentaje mayor en el proveedor hospitalario (50%), los graduados universitarios tienen un porcentaje mayor en el proveedor de formación de organismos públicos o en la posesión de iniciativas personales para seminarios (71.4%) y los titulares de maestría indicaron porcentajes mayores en proveedores de administración, escuela de medicina y ministerio de salud (40%).

Los graduados de ATEI prefieren más el tiempo de formación trimestral (34.6%), mientras que los participantes con otro nivel educativo prefieren más el tiempo de formación semestral o anual (64%).

Los graduados universitarios prefieren más el tema de organización y gestión de la salud (71.4%), mientras que los participantes con otro nivel educativo prefieren más las innovaciones y la legislación sanitaria (46.4%).

Los graduados universitarios o de maestría creen en mayor grado que los graduados de ATEI que se debe aumentar la duración del programa de formación (41.9% frente al 19%) y que los participantes con otros niveles educativos que se debe aumentar el área de formación (26.7% frente al 7.1%). Del mismo modo, prefieren más

la organización y la gestión (42.3%) como tema de aprendizaje, mientras que los másteres prefieren las innovaciones (36.7%).

Los másteres prefieren más la forma de formación inicial y periódica (88.3%).

Los participantes de ATEI o de otro nivel educativo, afirmaron que su mayor motivación para la formación es el tema interesante (46.3%).

Años de experiencia

En la Tabla 15 se presentan los resultados de la prueba de Kruskal Wallis para los factores de estudio con nivel educativo, donde se observaron resultados estadísticamente significativos con los factores “Factores que ayudan al ejercicio exitoso del trabajo” ($H(4)=12.250$, $p=0.016$) y “Satisfacción con las condiciones de trabajo” ($H(2)=11.976$, $p=0.018$) y “Satisfacción con el pago” ($H(2)=12.398$, $p=0.015$).

Tabla 15

Factores Años de experiencia, Kruskal Wallis*

Factores	0-5 (N=25)	6-10 (N=13)	11-15 (N=23)	16-20 (N=31)	20+ (N=78)	H (4)	p
Factores que favorecen el éxito en el ejercicio del trabajo	70.80 ^a	71.04 ^{ab}	110.37 ^c	97.82 ^b	80.39 ^{ab}	12.250	0.016
Satisfacción por la autoexpresión y el desarrollo	67.32	90.31	94.65	82.50	89.02	4.863	0.302
Satisfacción por las condiciones de trabajo	87.84 ^b	49.96 ^a	104.72 ^c	93.56 ^b	81.80 ^{ab}	11.976	0.018
Satisfacción por el equilibrio entre vida laboral y personal	71.40	74.77	83.91	102.55	85.50	6.526	0.163
Satisfacción por la remuneración	69.46 ^a	111.19 ^c	97.63 ^b	96.40 ^b	78.45 ^{ab}	12.398	0.015

En el factor “Factores que facilitan el ejercicio exitoso del trabajo” el rango medio de los participantes con 0-5 años de experiencia (70.80) es estadísticamente significativamente menor que el rango medio de los participantes con 11-15 (110.37, $p=0.005$) y 16-20 (97.82, $p=0.039$) años de experiencia. Además, en el mismo factor el rango medio de los participantes con 11-15 años de experiencia (110.37) es estadísticamente significativamente mayor que el rango medio de los participantes con 6-10 (71.04, $p=0.020$) y 20 o más años de experiencia (80.39, $p=0,010$).

En el factor “Satisfacción con las condiciones de trabajo”, la posición de los hombres en el puesto de los participantes con 6-10 años de experiencia (49.96) es significativamente inferior desde el punto de vista estadístico a la posición media de los participantes con 0-5 (87.84, $p=0.022$), 11-15 (104.72, $p=0.001$), 16-20 (93.56, $p=0.006$) y 20 o más años de experiencia (81.80, $p=0.028$). Además, en el mismo factor, la posición media de los participantes con 11-15 años de experiencia (104.72) es significativamente superior desde el punto de vista estadístico a la posición media de los participantes con 20 o más años de experiencia (81.80, $p=0.046$).

En el factor “Satisfacción con el pago” el rango medio de los participantes con 0-5 años de experiencia (69.46) es estadísticamente significativamente menor que el rango medio de los participantes con 6-10 (111.19, $p=0.008$), 11-15 (97.63, $p=0.033$) y 16-20 años de experiencia (96.40, $p=0.028$). Además, en el mismo factor, el rango medio de los participantes con 6-10 años de experiencia (111.19) es estadísticamente significativamente mayor que el rango medio de los participantes con 20 o más años de experiencia (78.45, $p=0.017$).

Los participantes de 0-5 años de experiencia presentaron un mayor porcentaje en solteros (68%) mientras que los participantes de 6-20 y más de 20 años de experiencia presentaron un mayor porcentaje en estado civil casado/divorciado/viudo (79.1% y 92.3%).

Los participantes de 0 a 5 años de experiencia presentaron un mayor porcentaje de trabajo a tiempo parcial (88%), mientras que los participantes de 6 a 20 y más de 20 años de experiencia presentaron un mayor porcentaje de trabajo a tiempo completo (86.6% y 100%).

Los organismos públicos o las iniciativas propias fueron más mencionados por los participantes de 16 o más años de experiencia (56.3%), mientras que los administradores, la facultad de medicina y el ministerio de salud fueron más seleccionados por los participantes de 6 a 15 años de experiencia (50%).

Las innovaciones y la legislación sanitaria fueron más seleccionadas como tema de estudio por los participantes con 0 a 5 años de experiencia (41.7%), mientras

que el uso de nuevas tecnologías por los participantes con 6 a 15 años de experiencia (53.3%).

En la variable ayuda de la formación, la media de la puntuación de los participantes con 0-5 años de experiencia (44.79) es estadísticamente significativamente inferior a la de los participantes con 6-15 (71.27, $p=0.011$) y 16 o más años de experiencia (66.90, $p=0.015$).

Los participantes con 0-5 años de experiencia apoyan en mayor medida la idea de que se debería mejorar el material de formación (52.2%).

Ningún participante con 6-20 años de experiencia afirma que se debería mejorar el contenido (0%).

Los participantes con 0-5 años de experiencia superan sus dificultades pidiendo ayuda a directivos o superiores con más experiencia (76%), los participantes con 16 o más años de experiencia utilizan su experiencia (43,1%).

Los participantes con 0-5 años de experiencia prefieren en mayor medida la organización y gestión de la salud (56%) como tema de aprendizaje. Los participantes con 6-20 años de experiencia prefieren en mayor grado las innovaciones (50,8%), mientras que aquellos con más de 20 años de experiencia prefieren la organización y gestión de la salud (51,3%).

Los participantes con más de 20 años de experiencia tendrían como mayor motivación para la formación el tema de interés (50%).

CONCLUSIONES

El objetivo del presente estudio fue examinar las percepciones de los empleados de la salud sobre el aprendizaje permanente en la productividad y la gestión de los recursos humanos del hospital. La muestra estuvo formada por 170 participantes, la mayoría mujeres de 41 a 60 años, casadas, que trabajan como enfermeras como empleadas permanentes con más de 15 años de experiencia laboral. La mitad de los participantes tenían una maestría o licenciatura.

La mayoría afirmó que durante su permanencia en el hospital se formaron en un tema relacionado con el ejercicio de sus funciones profesionales, siendo los principales proveedores de formación el organismo público, el hospital y el administrador. La investigación de Kovner et al. (2010) concuerda con este hallazgo porque afirma que la formación continua de enfermería en el servicio es absolutamente necesaria en el ámbito clínico. La mitad de los participantes afirmó que el tiempo de formación era diario o de jornada corta. Los principales temas de estudio fueron la organización y gestión de la salud y el uso de nuevas tecnologías.

La formación ayudó a los empleados en su trabajo como profesionales en gran medida. Asimismo, Wei-Tai (2006) señala que los programas de capacitación eficaces ayudan a crear un entorno de aprendizaje más propicio para los trabajadores y los capacitan para enfrentar los desafíos con mayor facilidad y en el momento oportuno. Sin embargo, los participantes manifestaron que se debería aumentar la duración del programa y mejorar el material de capacitación y el método de enseñanza, así como el área de capacitación.

Las principales formas que utilizan los participantes para superar las dificultades son utilizar su experiencia o pedir ayuda a gerentes más experimentados. La capacitación, el conocimiento empírico y teórico ayudarían a los empleados en el ejercicio exitoso de su trabajo en la unidad de salud. Kathiravan et al. (2006) coinciden en que la educación y, por lo tanto, la adquisición de conocimientos mejorará las prácticas de aprendizaje relacionadas con el trabajo de las enfermeras, lo que dará como resultado un trabajo exitoso. Casi todos los empleados afirmaron que existe la necesidad de una capacitación especializada en la gestión de empleados en unidades de salud.

Los principales temas que les gustaría aprender son la organización y la gestión de la salud y las innovaciones. Dickerson (2010) coincide en que la participación en seminarios y conferencias puede mejorar el conocimiento teórico y práctico de las enfermeras, aumentando su eficiencia. Los participantes afirmaron que la capacitación inicial y periódica funcionaría mejor a través de seminarios acelerados o anuales. Las mayores motivaciones para la capacitación son la compensación financiera y el tema interesante.

Considerando las futuras sugerencias que mejorarán la efectividad de la unidad de salud, los empleados se refirieron a los seminarios, la capacitación en nuevas tecnologías y la capacitación continua. Marzlin (2011) coincide en que el enriquecimiento y la ampliación de los conocimientos adquiridos, es decir, el aprendizaje continuo, es un componente clave en la mejora y el desarrollo de la enfermería. Los empleados expresaron una satisfacción moderada con el equilibrio entre el trabajo y la vida personal y con la autoexpresión y el desarrollo, una satisfacción moderada a baja con las condiciones de trabajo y una baja satisfacción con el salario. El equilibrio entre el trabajo y la vida personal es una variable importante que también menciona Torrington (2005), porque puede beneficiar la eficiencia de los empleados en el trabajo.

Se examinó el efecto del género en las variables de estudio. Las mujeres apoyaron más los factores que ayudan al ejercicio exitoso del trabajo (capacitación, conocimiento empírico y teórico) y mostraron una mayor satisfacción con la autoexpresión y el desarrollo, el equilibrio entre el trabajo y la vida personal y la remuneración, así como con la efectividad de la capacitación. Además, como menciona Dubrin (2003), el bienestar durante el trabajo ayuda a los trabajadores, especialmente a las enfermeras, a desempeñar sus tareas con éxito. Los hombres eran más jóvenes, con menos años de experiencia y tenían un mayor porcentaje de solteros, mientras que las mujeres tenían un mayor porcentaje de enfermeras y empleados que trabajaban en un puesto de trabajo permanente. Las mujeres prefirieron como proveedor de capacitación el hospital o el administrador o la escuela de medicina o el ministerio de salud, mientras que los hombres el organismo público o tenían iniciativas propias para asistir a seminarios. Todos los hombres en su capacitación seleccionaron los temas de

innovaciones, legislación sanitaria y gestión de la salud. El material de capacitación y el método de enseñanza como áreas de mejora fueron más apoyados por los hombres.

Considerando las principales motivaciones para la capacitación, los hombres se refirieron principalmente a la compensación financiera y a asistir a capacitadores reconocidos, mientras que las mujeres a la compensación financiera y a asistir a una asignatura interesante. Después de todo, como señalan McShane y Von Glinow (2010), la motivación es un factor particularmente importante para la educación, porque proporciona una dirección hacia una meta específica y al mismo tiempo fortalece la persistencia del individuo para lograrla.

Se examinó el efecto de la edad en las variables del estudio. Los participantes de 31 a 50 años mostraron una mayor satisfacción con las condiciones de trabajo y el salario. La eficacia del programa de capacitación fue menos apoyada por los empleados de 22 a 30 años, que en su mayoría eran graduados universitarios, solteros con 0 a 5 años de experiencia y trabajaban a tiempo parcial. Los empleados de 31 a 40 años eran en su mayoría poseedores de maestría, casados, con 6 a 20 años de experiencia y trabajaban en un estado permanente. Los empleados de 41 a 50 años estaban en su mayoría casados, con 6 a 20 años de experiencia y trabajaban en un estado permanente. Los empleados de 50 años o más estaban en su mayoría casados, con más de 20 años de experiencia y trabajaban en un estado permanente. Además, los empleados de entre 22 y 30 años prefirieron tiempos de formación diarios o de corta duración y temas de organización y gestión de la salud.

Los empleados de 31 a 40 años prefieren el hospital como proveedor de formación y el tema de la organización y gestión de la salud. Los empleados de 41 a 50 años prefieren el tiempo de formación trimestral, semestral o anual y el tema del uso de nuevas tecnologías. Los empleados de 51 años o más prefieren el organismo público como proveedor de formación o utilizar sus propias iniciativas para asistir a seminarios, tiempo de formación diario o de corta duración. El aumento de la duración y la mejora del contenido fue más apoyado por los empleados de 51 años o más, mientras que los empleados de 22 a 30 años se refirieron al material de formación. Los participantes de 22 a 30 años piden ayuda a gerentes o superiores con más experiencia en un grado superior para superar las dificultades, mientras que la autoeducación o la formación

fueron más apoyadas por los de 31 a 40 años. Los participantes de 41 a 50 años afirman que superan las dificultades a través de la experiencia. Los empleados de 41 a 50 años prefieren más la formación semestral o anual y sugirieron la compensación financiera como la mayor motivación para la formación. Como menciona la investigación de Groves (2011), las organizaciones de salud son una industria con altas exigencias en cuanto a infraestructura logística, pero también en cuanto a personal, con el objetivo final de poder operar en el contexto adecuado. Por lo tanto, las motivaciones financieras de las enfermeras juegan un papel importante en el buen funcionamiento de estas organizaciones. Los empleados de 51 años o más prefirieron los seminarios acelerados y sugirieron el tema interesante como la mayor motivación para la capacitación.

Se examinó el efecto del nivel educativo en las variables de estudio. Los graduados de máster apoyaron más los factores que ayudan al ejercicio exitoso del trabajo (formación, conocimiento empírico y teórico) y presentaron una mayor satisfacción con el equilibrio entre el trabajo y la vida personal. Los graduados de ATEI estaban en su mayoría casados y eran empleados fijos con 20 o más años de experiencia. Los graduados universitarios eran en su mayoría solteros y se distribuían equitativamente entre empleados fijos y a tiempo parcial con menos de 20 años de experiencia. Los graduados de máster estaban en su mayoría casados, eran empleados fijos con 6 o más años de experiencia y presentaron un mayor porcentaje de formación en un tema relacionado con el ejercicio. Los graduados de ATEI prefirieron el hospital como proveedor de formación y el uso de nuevas tecnologías como tema de estudio.

Los graduados universitarios y de máster prefirieron el organismo público como proveedor de formación o utilizar iniciativas para asistir a seminarios, formación diaria o de jornada corta y organización y gestión de la salud como tema de estudio, mientras que ambos sugirieron en mayor grado el aumento de la duración y la mejora del área de formación del programa de formación. Los graduados universitarios prefirieron más la organización y la gestión como tema de aprendizaje. Mumanthi (2014) está de acuerdo con esta afirmación porque defiende que la empresa debe trabajar con éxito con las personas y ver el factor humano como una fuente de ventaja competitiva en lugar de un simple coste. Los licenciados en ciencias también apoyaron más la forma inicial y periódica de formación como la mejor. Los graduados de ATEI apoyaron más el tema interesante como motivación para la formación.

Se examinó el efecto de los años de experiencia en las variables de estudio. Los empleados con 11-15 años de experiencia apoyaron más los factores que ayudan al ejercicio exitoso del trabajo (capacitación, conocimiento empírico y teórico). Los empleados con 6-10 años de experiencia estaban menos satisfechos con las condiciones de trabajo. Los empleados con 0-5 años de experiencia, principalmente trabajan a tiempo parcial, son solteros, estaban menos satisfechos con el salario y apoyaron menos la efectividad del programa de capacitación. Los organismos públicos o las iniciativas propias fueron más mencionados por los participantes con 16 o más años de experiencia, mientras que los administradores, la escuela de medicina y el ministerio de salud por los participantes con 6-15 años de experiencia. Las innovaciones y la legislación sanitaria fueron más seleccionadas como tema de estudio por los participantes con 0-5 años de experiencia, mientras que el uso de nuevas tecnologías por los participantes con 6-15 años de experiencia. La mejora del material de capacitación fue más sugerida por los empleados con 0-5 años de experiencia que también sugirieron la mejora del contenido, así como los empleados con más de 20 años de experiencia. Los participantes con 0-5 años de experiencia superan sus dificultades pidiendo ayuda a directivos o superiores con más experiencia, mientras que los participantes con 16 o más años de experiencia utilizan su experiencia. Los empleados de 0-5 o más de 20 años de experiencia prefieren en mayor grado la organización y gestión de la salud como tema de aprendizaje, mientras que los empleados de 6-20 años de experiencia prefieren en mayor grado las innovaciones. Finalmente, los participantes con más de 20 años de experiencia presentaron como mayor motivación para la formación el tema de interés.

Limitaciones

En cuanto a las limitaciones del estudio, con solo 170 participantes, la muestra del estudio fue bastante pequeña y podría no ser completamente típica de todo el personal de atención médica. Además, el estudio fue limitado en su relevancia para otras ubicaciones y entornos de atención médica debido a que se llevó a cabo en un área geográfica particular y dentro de un cierto tipo de centro de atención médica.

Líneas de investigación futuras

Este estudio analiza los factores clave que influyen en la capacitación del personal de enfermería, pero también los factores que podrían mejorar su capacitación. Sin embargo, como hay cambios sociales continuos y las necesidades de los pacientes están aumentando, se deben realizar más investigaciones para garantizar que el personal de enfermería esté capacitado adecuadamente para todos los desafíos. A continuación, se sugieren algunas opciones para futuras investigaciones:

- Para mejorar la generalización de los resultados, el objetivo de futuros estudios debería ser tamaños de muestra más grandes y variados. La incorporación de diversas cohortes de edad, géneros, ocupaciones y regiones daría como resultado una comprensión más integral de la necesidad de aprendizaje permanente en la industria de la atención médica.
- Además, las investigaciones futuras podrían examinar la influencia de diversos proveedores de formación, como organizaciones con fines de lucro y recursos de Internet, que pueden proporcionar información sobre la eficacia de diversos enfoques de formación. Esto facilitaría la determinación de qué tipos de programas de formación son los mejores para los trabajadores de la salud.
- Al mismo tiempo, el uso de técnicas de investigación cualitativa, como grupos de discusión y entrevistas, podría generar una comprensión más profunda de las perspectivas y experiencias individuales de los profesionales de la salud en el aprendizaje permanente. Esto proporcionaría una visión más matizada de sus necesidades de formación y complementaría los datos cuantitativos. Otra investigación futura importante podría comparar varios sistemas de atención sanitaria, tanto a nivel nacional como internacional, lo que podría arrojar luz sobre métodos de vanguardia y mejores prácticas para el aprendizaje permanente. Esto facilitaría la adopción de tácticas efectivas en muchos entornos.

- Por último, examinar cómo las nuevas herramientas y plataformas digitales pueden respaldar el aprendizaje permanente del personal sanitario es crucial a medida que avanza la tecnología. Un área de investigación puede ser cómo la tecnología, como los cursos en línea, la realidad virtual y la simulación, mejoran los resultados y las experiencias de formación.

Aporte de la tesis doctoral

El estudio ofrece información esclarecedora sobre los métodos de formación preferidos por los profesionales sanitarios. Mediante la identificación de los proveedores de formación deseados, las duraciones ideales de formación y los temas preferidos, facilita la construcción de programas de formación más exitosos que se personalizan para satisfacer las demandas de diversas poblaciones del sector sanitario. Además, el estudio ayuda a desarrollar esquemas de incentivos que puedan motivar a más personal sanitario a participar en programas de educación continua al identificar los principales impulsores de la participación en la formación, como la recompensa monetaria y el interés por los temas. En función del género y la edad, la investigación revela diferencias en las demandas y preferencias de formación, lo que plantea la posibilidad de que los métodos de formación individualizados puedan ser más exitosos. Por ejemplo, las mujeres expresaron una mayor satisfacción con componentes específicos de la formación, mientras que las elecciones de los empleados más jóvenes diferían de las de los empleados de mayor edad.

APPENDIX

LIFELONG LEARNING: FACTOR OF PRODUCTIVE CHANGE IN HUMAN RESOURCE MANAGEMENT AT A LOCAL HOSPITAL OF GREECE - QUESTIONNAIRE

As part of my PhD program at the University of Cordoba in Spain, I am conducting the present research on "LIFELONG LEARNING: FACTOR OF PRODUCTIVE CHANGE IN HUMAN RESOURCES MANAGEMENT IN A LOCAL HOSPITAL OF GREECE", in order to investigate the factor "lifelong learning" in the productivity and management of hospital human resources.

The research is conducted following the international rules of research ethics and complete confidentiality. The protection of the personal data of the participants is fully guaranteed and the results of the research will be presented only in a grouped form and will be used for the statistical analysis of the research and the drawing of useful conclusions and only for the needs of the present research.

Before participating in this study, you should know:

1. Your participation is completely voluntary and you will answer a series of related questions described above.
2. Your anonymity will be maintained throughout, so that you can answer with all honesty. Likewise, you can refuse to continue the study at any time without any consequences at all.
3. The data obtained will be confidential and will only remain at the disposal of those responsible for this investigation.

The time required to complete the questionnaire does not exceed 10 minutes.

Your contribution to the successful conduct of the research is very important.

Thank you very much in advance for your participation.

For any clarification or concerns, please contact us via the following email:
nancy_malakasioti@hotmail.com.

Yours sincerely

MALAKASIOTI ATHANASIA

Do you accept the above terms? By clicking “Yes”, you agree that you want to answer the questions in this survey

Yes

No

DEMOGRAPHIC CHARACTERISTICS

1. Sex:

Man

Woman

2. Age:

22-30 years old

31-40 years old

41-50 years old

51-60 years old

60+ years old

3. Educational level:

Graduate of ATEI

Graduate / University

Master of Science (MSc)

PhD degree holder

Other (please specify)

4. Marital status:

- Single
- Married
- Divorced
- Widow / s

5. Specialty:

- Doctor
- Nurse
- Administrator
- Superior
- Other, please specify

6. Years of experience:

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- > 20

7. Working relationship:

- Permanent
- Part- time

EVALUATION DATA

8. During your tenure in the hospital, did you train in a subject related to the exercise of your professional duties? If yes, who was your training provider (s)?

- Yes
- No

8a. If yes, who was your training provider (s)?

- Ministry of Health
- State / public body
- The Hospital
- Medical school
- Administrator
- It was my own initiative to attend a seminar in vocational training centers

9. What was the training time?

- Daily or Short Day
- Quarterly
- Semester
- Annual

10. Which of the following topics did you study?

- Introduction of health changes-innovations
- Health legislation
- Use of new technologies
- Organization and management of health
- Other (please specify)

11. Do you think that the training helped you in your work as a professional?

- Not at all
- A little
- Enough
- A lot

12. What do you think should be improved in the training program you attended? (you can choose more than 1)

- The teaching method
- The duration to be increased
- The duration to be reduced
- The training area
- The training material
- The level of trainers
- The content
- Other (please specify)

13. How do you usually overcome the difficulties that arise during the exercise of your duties in the health unit?

- I ask for the help of more experienced managers
- I ask for the help of my superiors
- With self-education through books and scientific journals
- The training I received helps me
- The difficulties are overcome as my experience grows
- Other (please specify)

14. How much do you think the following factors help in the successful exercise of your work in the health unit?

	Not at all	A little	Medium	Enough	Very
Empirical Knowledge					
Training					
Theoretical knowledge from self-education					
Apprenticeship in the position of superior					

15. Do you think that there is a need for specialized training in the management of employees in health units?

- Yes
- No

16. Which of the following topics would you like to learn?

- Introduction of health changes-innovations
- Health legislation
- Use of new technologies
- Organization and management of health
- Other (please specify)

17. What form of training do you think will work best?

- Initial training, before taking office
- Periodic training during the term of office
- Initial and periodic
- Other (please specify)

18. Which form of training do you think is most suitable for healthcare workers?

- Accelerated seminars
- Three-month training
- Semester training
- Annual training
- Other (please specify)

19. What would be your biggest motivation for training?

- Dismissal from work duties
- An interesting subject
- Trainers to be recognized in their specialty
- Financial compensation for the time of training
- Other (please specify)

20. In the following questionnaire, there are some suggestions, which relate to the work. Please read the following questionnaire carefully and answer honestly, posting the answer that expresses you. Your answer will be given according to a five-point scale (1 = Strongly Disagree, 2 = Strongly Disagree, 3 = Not Confident 4 = Agree, 5 = Strongly Agree).

A	Working conditions are satisfactory.	1	2	3	4	5
B	I am satisfied with my daily workload.	1	2	3	4	5
C	I am paid well in relation to my effort.	1	2	3	4	5
D	I am allowed to use my abilities.	1	2	3	4	5
E	I am allowed to use my knowledge.	1	2	3	4	5
F	I am allowed to develop new skills.	1	2	3	4	5
G	I am given the ability to develop my potential through seminars and training programs.	1	2	3	4	5
H	I am allowed to contribute with my suggestions to the improvement of my work.	1	2	3	4	5
I	I am allowed to recognize the effort I make.	1	2	3	4	5
J	I am allowed to evaluate my performance with objective criteria.	1	2	3	4	5
K	My job offers me a work-life balance	1	2	3	4	5
L	Work- life balance increases my productivity at work	1	2	3	4	5
M	The environment in my workplace helps me have balance at work	1	2	3	4	5

21. Do you think that there is a need for specialized training in the management of employees in health units?

- Yes
 No

22. Do you want to suggest something about training health professionals that would help the unit be effective?

- Please specify.....

Thank you for your cooperation!

Por la presente, se comunica que, debido a un error de omisión en la versión original de la tesis doctoral presentada el 12 de diciembre de 2024, el documento no incluyó completo el capítulo titulado: Chapter 3. Methodology.

Este capítulo contiene información esencial para el desarrollo del tema tratado en la tesis. Se asegura que su contenido no modifica las conclusiones generales de la investigación, pero complementa y enriquece las secciones relacionadas con el diseño de metodológico.

Se hace entrega del capítulo como fe de erratas.

Chapter 3. Methodology

3.1. Aim and Objectives

The study aimed to examine the perceptions of healthcare workers regarding lifelong learning and its impact on productivity and human resource management in a local hospital in Greece. Specifically, the research focused on the Trikala General Hospital, located in the Thessaly region.

In alignment with this aim, the topics analyzed in the present study are:

- 1) Understanding the goals set by an organization
- 2) Identify the basic skills required: employees need to identify critical skills needed to achieve their goals
- 3) Performance management: the management of the calendar, the assignment of tasks are the most important activity of the administration
- 4) Performance evaluation: performance must be evaluated concerning the planned objectives
- 5) Reward performance: high-performance talents are recognized and rewarded

3.2. Research Design

The study was conducted based on international ethical principles:

- Anonymity Assurance: Responses were collected anonymously, allowing participants to express themselves freely.
- Voluntary Participation: Participation was optional, and participants could withdraw at any time.
- Questionnaire Distribution: Data collection was conducted in person by the researcher, ensuring direct communication with the participants.

The study lasted for three months, from March to June 2023. Participants were exclusively healthcare, administrative, and medical staff from the hospital and were selected through convenience sampling, due to the researcher's professional relationship with the institution.

3.3. Sample

The sample consisted of 170 employees from the Trikala General Hospital, covering the following categories:

- Doctors
- Nurses
- Administrative staff
- Supervisors and other personnel

The demographic information was categorized as follows:

- Gender
- Age group
- Education level
- Employment status (permanent or part-time).

Convenience sampling facilitated direct access to employees who were willing to participate. However, this approach may limit the external validity of the study.

3.4. Data collection instrument

The questionnaire was designed to address the following areas:

1. Demographic Information: 7 multiple-choice questions.
2. Training Evaluation:

- Participation in training programs (Yes/No).
 - Training providers (Ministry of Health, public bodies, hospitals, medical schools, etc.).
 - Training topics (Health management, innovations, technology, etc.).
3. Perceptions of Training Effectiveness:
- Degree of support for professional development (Likert scale).
 - Factors facilitating work performance (e.g., empirical knowledge, training, theoretical self-education).
4. Improvement Suggestions: Training topics, participation incentives, recommended methods, and training formats.

The structure of the questionnaire facilitated data collection for quantitative analysis and variable correlation.

The questionnaire included:

- 7 demographic questions (multiple-choice).
- 6 multiple-choice questions related to the provided training program.
- 1 multiple-choice question and 25 Likert-scale questions about perceptions of nurses regarding work requirements.
- 7 multiple-choice questions about perceptions of lifelong learning.

3.5. Variables

The study examined various variables categorized as demographic, perceptual, and educational. These variables were analyzed to assess their impact on productivity and human resource management at Trikala General Hospital.

Demographic Variables

These variables describe participant characteristics and were used to explore differences in perceptions and experiences:

- Gender
- Age Group
- Educational Level
- Marital Status
- Specialty
- Years of Experience
- Employment Relationship

Perceptual Variables

These variables measure participants' attitudes and perceptions regarding work and training:

- Satisfaction with Working Conditions: Measured using a Likert scale (1–5).
- Satisfaction with Work-Life Balance: Assessed in terms of its impact on productivity.
- Satisfaction with Daily Workload.
- Sense of Recognition for Contribution: Whether employees feel their efforts are appreciated.
- Motivations for Training Participation: (e.g., financial compensation, recognized trainers, interesting topics).
- Perception of Training Adequacy: The extent to which training supports professional development.

Educational Variables

These variables relate to participation in training programs:

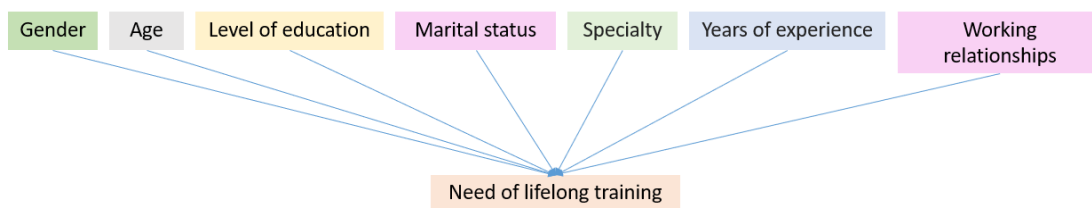
- Participation in Training Programs.
- Training Providers: Ministry of Health, public bodies, hospital, medical schools, etc.
- Training Topics: Health management, innovations, technology, etc.

- Training Formats: Accelerated seminars, three-month training, semester-long training, annual training.
- Factors Facilitating Work Performance: Empirical knowledge, theoretical self-education, and training.

Significance of Variables

These variables enabled the understanding of connections between demographic data, perceptions, and education with productivity and professional development. Furthermore, perception-related variables provided valuable insights for improving training programs and human resource policies.

The diagram below illustrates the key variables used in the statistical analysis.



3.6. Data analysis

Analysis of data was performed in IBM SPSS 26. Descriptive statistics was accomplished using percentages and frequencies for nominal variables while mean and standard deviation were used for scale or Likert type variables. Inferential statistics was performed with significance 5%. Reliability of questionnaire was used using the Cronbach alpha coefficient which measures the internal consistency with satisfactory values to be those greater than 0,7 (Nunnaly, & Bernstein, 1994). Factor analysis was used to prove construct validity of questionnaire which refers to satisfaction from work (McLeod, 2013). Confidence intervals 95% of mean value were used to generalize the levels of factors. Shapiro Wilk test was used to test normality of factors, which is considered to have the highest accuracy (Razali & Wah, 2011). Spearman coefficient was used to test correlation of scale or ordinal variables that are not normally distributed. Mann Whitney test was used to compare medians between 2 independent samples that

are not large ($n \geq 30$) and are not normally distributed. Kruskal Wallis test was used to compare medians between 3 or more independent samples that are not large ($n \geq 30$) and are not normally distributed. Chi square test was used to test dependence between 2 nominal variables (Field, 2017).

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