

Relationship between Motivation and Efficiency of Emergency Care Professionals and its Importance in the Quality Management of Healthcare Services—A Case Study in Turkish Hospitals

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Abstract

Introduction: Labour force is as much important as a patient-centred service delivery for a healthy functional capability. Attitudes of healthcare professionals, in-house working practices and interactive relations that prevail in a healthcare setting are all determinant factors influencing institutional performance. Success in any institution is therefore closely related to human resource management and employee motivation.

Aim: The aim of this study was to investigate the relationship between motivation and efficiency of healthcare professionals working in emergency care units and its importance in the quality management of healthcare services.

Material and Method: A data collection form consisting of 9 items, a motivation and efficiency scale, and Servqual scale were used in the study. The study population consisted of the personnel working in three public and eight private hospitals located in downtown Adana. The study sample, on the other hand, was composed of 731 patients and 497 healthcare professionals who agreed to participate in the study.

Results/Discussion: The study used a sample that consisted of 731 patients and 497 healthcare professionals. In the model in which the economic factor was used as the dependent variable, higher economic status and shorter length of service in an emergency care unit were both found, in decreasing order, to be significant predictors. In the model in which organisational-managerial factor was considered as the dependent variable, higher economic status, working in a private hospital, lower educational level, shorter service length in an emergency care unit and being single were found, in decreasing order, to be significant predictors. Using, on the other hand, the psychosocial factor as the dependent variable in the model, the study found that working in a private hospital, shorter length of service in an emergency care unit and lower educational level were, again in decreasing order, significant predictors. In all the three models, the aspects of higher economic status and shorter length of service in an emergency care department were found to be factors that promoted motivation and efficiency. Working in a private hospital significantly predicted the scores of perceived aspects achieved in all the sub-dimensions of the Servqual scale. Having a higher educational level also significantly predicted the scores of perceived aspects, except for those of physical aspects. Working in a public hospital, on the other hand, was found to be a significant predictor for expected reliability, responsiveness and assurance.

Keywords: Motivation and Efficiency, Emergency Care Professional, Turkish Hospitals

Introduction

Motivation of healthcare professionals does play a role of essential importance in respect of quality certification in the healthcare sector. Also,

human relations at working settings gain in importance day by day, being in direct close correlation with individuals' satisfaction and contentment, not to speak of job satisfaction (Ünalán, 2006).

Emergency Healthcare Services are delivered through control centres and stations working under

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these control centres, a system that has been established in accordance with the regulation on emergency healthcare services. The stations are established in three types on the basis of specific factors, namely that the community targeted for emergency service delivery should have a population of a maximum of 50 thousand inhabitants living in a location with difficult access. Other factors such as the frequency of cases needing emergency intervention, the number of traffic and vocational accidents and the frequency of similar circumstances are also taken into consideration in deciding whether or not to establish a station in a location (Official Journal No. 24046, 2000).

Important aspects in emergency healthcare units such as loyalty of emergency personnel, intensive workload in units and motivation have been areas of research to which researchers have paid particular attention. However, very few studies exist that have investigated the burden of work on personnel and satisfaction in areas of service delivery. Most studies have also focused particularly on critical thinking and decision making in emergency personnel. Research on the subject has shown that intensive workload in the healthcare sector does have an impact on critical thinking and leads to a lack of attention in personnel, which, in turn, results in reduced efficiency (Çakal M. Özdemir M 2016; Doğan, 2015; Küçükşille, 2007; Arslan, Demir, Eşer, & Khorshid, 2009).

For a healthy functional capability, labour force is as much important as a patient-centred service delivery. Attitudes of healthcare professionals, in-house working practices and interactive relations that prevail in a healthcare setting are all determinant factors influencing performance in an institution. Success in any institution is therefore closely correlated to human resource management and employee motivation. This study seeks to investigate the relationship between motivation and efficiency of healthcare professionals working in emergency care units and its importance in respect of quality management of healthcare services (Duran, Ocak, Yordun, 2013)

Material and Method

The study was performed in three public and eight private hospitals located in downtown Adana with emergency personnel and patients who agreed to participate in the study. Prior to undertaking the investigation, ethical clearance and approvals were sought from the ethical boards and managements of the involved hospitals. The

socio-demographic data collection form used in the study was developed by the researchers; it consisted of 9 items. The study also used a motivation and efficiency scale of Likert type with 22 items and three sub-dimensions, namely economic, psycho-social and organisational-managerial factors. The Servqual Scale also designed in Likert type to assess the service quality in the involved hospitals has five sub-dimensions, namely physical aspects, reliability, responsiveness, assurance and empathy. The 22 items used to measure the effects of motivation factors on efficiency were designed on the basis of intrinsic and extrinsic motivation dimensions with focus on three sub-dimensions (economic, psycho-social and organisational-managerial factors). In designing the items, the researchers also drew upon the models available in the studies conducted by Tüz (2001:146) Amabile (1985:396), Amabile et al. (1994:956), Abacı (2015), Dündaret al. (2007:113), Özdaşlıand Akman (2012:7). The 5-point Likert type scale consisted of multiple-choice options with five values ranging from 1) Strongly Disagree, 2) Disagree, 3) No Opinion, 4) Agree to 5) Strongly Agree.

The researchers aimed at including the entire population into the study. Thus, the sample comprised 731 patients and 497 healthcare professionals who agreed to participate in the study and fully completed the data collection form.

Statistical Analysis

The package program of SPSS (Statistical Package for Social Sciences) 23.0 was used for the statistical analysis of the data obtained in the study. Frequency distributions were used for descriptive statistics, and arithmetical mean, median value (minimum) and standard deviation values were used for continuous variables. To compare qualitative data, Chi-Square test, and where necessary, Fisher's exact test were used. The Kolmogorov-Smirnov test was used to examine whether the data were normally distributed. Because the groups included in the sample did not display normal distribution, Mann-Whitney U test was used to compare the groups.

Wilcoxon test was used to compare the perceived and expected values in the Servqual scale filled in by the patients. The multiple linear regression analysis was used to analyse the sub-dimension scores of motivation and efficiency scale through Servqual scale. In this analysis, it was included in the qualitative variables such as gender, educational status and marital status together with a quantitative variable such as age. In multiple linear regression analysis, quantitative variables

are generally evaluated. However, qualitative variables (those with only two categories) or ordered variables can be evaluated in this analysis. (Büyükoztürk et al. 2018). The significance value was set at $p < 0.05$.

Results

Socio-demographic information about the patients and emergency personnel is set out in Table 1. Of the participating patients, 46.9% were women, 69.2% married, 43% high school graduates and 38.2% unemployed. On the other hand, 54.4% of the patients expressed having a medium level of income, and 75.4% had children. Of the participating emergency personnel, of whom 30.2% were nurses, 48.9% were women, 44.9% married and 30.8% high school graduates. In respect of economic condition, 55.5% of the emergency personnel stated that they had medium level income, and 36% expressed having children. Other information about the emergency personnel is presented in Table 2, while, according to which, 93.9% expressed working in shifts, 6.2% said they worked in a management position. In respect of the length of service, while 19.3% expressed being employed in the profession for less than one year, 25.8% expressed having been working in the emergency department for less than one year. On the other hand, 5.4% stated that their spouse worked.

Table 3 shows the findings of the comparison of the sub-dimension scores of the Servqual Scale administered to the patients and the sub-dimension scores of the Motivation and Efficiency Scale completed by the emergency personnel. The scores the patients had concerning expectations in the sub-dimensions of the Servqual scale were significantly higher than the scores concerning their perceptions (p value for each was $p < 0.001$).

Table 4 shows the results of the multiple linear regression analysis of the scores which the emergency personnel had in the sub-dimensions of the motivation and efficiency scale. In the model in which economic factor was used as the dependent variable, higher economic status and shorter working time in an emergency unit were both found, in decreasing order, to be significant predictors. In the model in which organisational-managerial factor was taken as the dependent variable, higher economic status, working in a private hospital, lower educational level, shorter length of service in an emergency unit and being single were found, in decreasing order, to be significant predictors. Using, on the other hand, the psychosocial factor as the dependent variable in the model, the study found that working in a

private hospital, shorter length of service in an emergency unit and lower educational level were found, again in decreasing order, to be significant predictors. In all the three models the aspects of higher economic status and shorter service length in an emergency unit emerged as factors that promoted motivation and efficiency.

Table 5 shows the results of the multiple linear regression analysis of the scores which the patients had in the sub-dimensions of perceptions and expectations of the Servqual Scale. Working in a private hospital significantly predicted the scores of perceived aspects obtained all the sub-dimensions of the Servqual scale. Having a higher educational level was another significant predictor that predicted the scores of perceived aspects, except for those of physical aspects. Receiving services in a public hospital, on the other hand, was found to be a significant predictor for the scores of expected reliability, responsiveness and assurance (Table 5).

Discussion

An efficient and quality service delivery in emergency care units consists in understanding the multi-faceted and complex structure of the personnel and also in creating human resources able to meet the requirements of such a structure. It is therefore required in the management systems used in healthcare services that the expectations of personnel should be carefully considered to motivate them in line with the purposes set by their respective employers and increase their work performance (Doğanlı B, Demirci Ç 2014, İnfal S, Bodur S 2011). Managers should be conscious of these needs and be able to analyse employees' attitudes, in awareness that every human is unique (Can, 2002: 189). Individuals with high motivation able to work in a team spirit can easily integrate their knowledge and skills into their performance, thus enabling their organisation to reach its targets in an effective and efficient way. In view of the specificity of the services delivered in healthcare facilities, research suggests that motivation is a factor of vital importance for patients, their relatives and healthcare professionals when compared with other institutions (Özer and Bakır 2003).

Kılıç and Keklik (2012) have reported that economic conditions and improving the quality of the working environment are two factors of major importance influencing the motivation of employees. Similarly, Yıldız and Birgili (2007) report that higher salaries lead to increased motivation in nurses. Doğanlı and Demirci (2014) report that remuneration, the most important economic factor to increase motivation, ranked fifth in their study. İnfal and Bodur (2011)

report, on the other hand, that the same factor ranked seventh in the study they performed, a result that shows that pay alone should not be considered as a motivation factor.

In their study they performed with nurses working in an emergency care department, Yıldız and Birgili (2007) found that higher educational level lead to higher motivation. They report that the high school graduates had the lowest and those with an undergraduate degree the highest level of motivation. Our study found that higher educational level led to reduced motivation, a result which does not agree with the findings of these studies. We believe that this result may be attributed to the general, probably poor, satisfaction of the nurses' expectations and job distribution not organised on the basis of educational background.

Yıldız and Birgili (2007) report that, while the nurses with a length of service between 1-5 years had the highest and those with a length of service between 11-15 years the lowest level of motivation, a result which shows that longer length of employment leads to lower motivation. Karabulut and Çetinkaya (2010) also observed similar results in their study, namely that nurses with a length of service between 0-5 years were highly motivated, but those with a length of employment over 6 years had medium level of motivation. The results in our study indicating that longer service length leads to higher motivation are consistent with those observed in this study.

Özer and Bakır (2003), Karakaya and Ay (2007), Aykanat and Tengilimoğlu (2003) report that some of the participants in their studies expressed that they were disadvantaged in their workplaces due to lack of possibilities for a successful career path and promotion. Their results are similar to those we observed in our study.

Karakaya and Ay (2007) conclude that establishing good relations with superiors plays a major role on the motivation of employees. A remuneration system allowing employees to lead a life of dignity and independence is very important for them; besides providing economic and social security, it does have a motivating effect as well. Employees who believe that they do not receive a reasonable recompense for the work they do would spare no efforts to contribute to a better working environment (Bilgin, Taşçı, Kağncioğlu, Benligiray and Tonus 2004; Bingöl 2003). Karakaya and Ay (2007) reported that %10 of the participants in their study stated that they had insufficient pay and were not satisfied with it. Similarly, in another study Aykanat and Tengilimoğlu (2003) reported

that 91.8% of the employees expressed having insufficient pay with which they were not satisfied with. Another study performed by Ağırbaşı et al. (2005:348) found that a good promotion and reward system for hospital employees is an important factor that plays a very significant role on their motivations.

Knowledge and experience increase the self-confidence of individuals, and self-confidence is an important source of intrinsic motivation. Individuals of passive and introvert character without self-confidence and not conscious of their social responsibilities, who cannot sufficiently express themselves and do not attempt to achieve their goals by taking a reasonable level of risk, can hardly motivate themselves (İnceveOktay 2006). Mrayyan, Modallal, Awamreh, Atoum, Abdullah and Suliman (2008) report that knowledge does have an important effect on motivation.

In another study conducted with healthcare professionals working in a hospital, Tezcan (2000) reported that participants expressed that motivation was the most important factor in respect of delivering effective healthcare services in hospitals. These results are consistent with those we observed in the present study. Based on this result, our study concludes that hospital managers should try to maximise employees' motivation to deliver efficient services.

A review of past research on motivation reveals that employees with higher motivation and job satisfaction would work in a more efficient way, thus achieving more successful results and having a stronger sense of success (Büyükdere, 2006; Koçel, 2005; Arcakand Kasımoğlu, 2006; Aslan et al., 2007). This is also consistent with the economic, psycho-social and organisation/managerial factors which Silah (2001), Robbins (2001), Şimşeket al. (2003), Topaloğlu and Koç (2005), Robbins and Coulter (2009) and Tarakçioğlu et al.

(2010) underline in their respective studies with respect to the importance of creating and enhancing motivation in any organisation. Professionals working in the healthcare sector should be committed to always work for a better workplace, so that their organisation can reach the goals set. Only the organisations that can evoke this feeling and desire in their employees can enjoy successful results.

Our study concludes that the factors that motivate employees are, in decreasing order, the work per se, cooperation, remuneration and working conditions, relations with superiors, a system allowing fair promotion and rewarding. This is partly consistent with the results observed in the studies performed by Fabusorovd (2008), Ölçer

(2005) ÖztürkandDündar (2003), and Kovach (1995).

In their study on improving motivation in healthcare workers, Manongiet al. (2006:3-7) highlight the need to enhance the motivation of employees and allow them to improve themselves into skilful employees to use their abilities in an efficient way, so as to increase the effectiveness of the healthcare facilities they work in. They further suggest that financial tools alone would not be sufficient to motivate healthcare workers, but that, besides financial means, a supportive career planning and principles of transparent management should also be given priority in this respect.

A review of previous research reveals that there have been an insufficient number of studies that have investigated service quality in the healthcare sector. Two studies, one performed by Devebakan (2003) and another by Savaş and Kesmez (2014) with patients who presented to a private hospital and a family healthcare centre respectively report that service quality expectations of patients go far beyond their quality perceptions.

The study performed by Abuosiand Atingan (2013) found a difference between the healthcare service quality perceived by patients treated in a hospital and their expectations which, ultimately, could not be met. Similarly, in another study conducted on inpatients hospitalised in a university hospital, Harput (2014) reports that the expected service quality were much higher than the perceived service quality. Other two studies, one performed by Adebayo et al. (2014) with patients who presented to the dentistry clinic of a hospital in Nigeria and another performed by John et al. (2010) with patients treated in a public healthcare facility providing dental care, report that the expectations of patients with respect to healthcare service delivery went far beyond their perceptions.

Our study found, based on the satisfaction of the patients with the quality of the healthcare service delivered, that their perceptions regarding service satisfaction were statistically significantly lower than their expectations. In a comparative study performed with patients in two private hospitals located downtown Kırıkkale, Papatya et al. (2012) report that the patients evaluated the service they received as unsatisfactory, and that gaps between expected and perceived quality existed in all the variables. The results of this study are consistent with those we obtained in our study. Contrary to the results of our study, on the other hand, a study performed in the hospital of a medicine faculty by Çağlıyan (2017) reports that

the expectations of the patients were mostly met, namely that they had a high level of perception regarding satisfaction with the services they received in the hospital involved.

Our study found, in the dimension of physical aspects, that the type of the hospital delivering the service, educational level, economic conditions and number of children affected the quality of the perceived and expected service. Another result of our study indicated that patients with a higher level of education perceived the responsiveness service quality better in the dimension of physical aspects, and that the expected perception was higher in the dimension of assurance. It is a widely held view that patients with a higher level of education are generally more satisfied of the facility where they receive services. In contrast to our study, Çıraklı et al. (2014) has reported that the patients with a higher educational level have a lower perception of service quality in the dimension of reliability. On the other hand, because the patients with a higher level of education are more conscious of their rights, they have high expectations. The results of our study indicate that while patients with a higher income had a lower perception of service quality in the dimension of physical aspects, they had better perceptions in the dimensions of assurance, reliability, responsiveness and empathy. In consistence with our study, Has et al. (2018) has reported that those with higher economic status have better perceptions in the dimensions of assurance, reliability, responsiveness and empathy.

Conclusion:

The study found that the expectations of the patients in the dimensions of physical aspects, reliability, responsiveness, assurance and empathy were higher than their perceptions. Another result emerging from this study is that a longer service length in the emergency care department led to reduced efficiency and motivation, when considered on the basis of economic, organisation-managerial and psychosocial factors. On the other hand, better economic status led to higher motivation and efficiency, again on the basis of economic, organisational-managerial and psychosocial factors. Another finding is that psychosocial factors led to higher motivation and efficiency in employees with greater number of children. Lower educational level led to higher motivation and efficiency based on organisational/managerial and psychosocial factors. The study also found that organisational/managerial and psychosocial factors led to higher motivation and efficiency in healthcare professionals working in a private

hospital. The patients treated in a private hospital were more satisfied with physical aspects, reliability, responsiveness, assurance and empathy. While the patients with better economic status were more satisfied with perceived reliability, responsiveness, assurance and empathy, those with lower economic status were more satisfied with physical aspects. On the other hand, the patients treated in a public hospital were more satisfied with the dimensions of reliability and responsiveness.

In the light of these results, the following conclusions can be drawn from the present study: Care should be taken to deliver services to patients in a timely manner. In due consideration of the feedbacks of patients concerning the problems in service delivery, patients should be encouraged to take part in decision-making processes relating to solutions. The causes of reduced satisfaction and dissatisfaction in patients should be clarified, and necessary improvements in consistent standard should be put in place. Patients should be provided with information/training on the care and treatment they receive. Patients should be approached in line with ethical standards and a patient-centred communication. The study further recommends that similar studies should be performed with larger samples in order to increase awareness on the subject.

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Table 1. Socio-demographic Information about Patients and Healthcare Personnel

Variables	Patients (n=731)		Employees (n=497)	
	Average	Sd.	Average	Sd.
Age	39,91	13,36	30,09	6,42
	n	%	n	%
Hospitals involved				
Public Hospital	450	61,6	342	68,8
Private Hospital	281	38,4	155	31,2
Gender				
Women	343	46,9	243	48,9
Men	388	53,1	254	51,1
Civil Status				
Married	506	69,2	223	44,9
Single	146	20,0	242	48,7
Divorced	44	6,0	30	6,0
Widow	35	4,8	2	,4
Educational Background				
Elementary School	90	12,3	4	,8
Middle School	39	5,3	11	2,2
High School	314	43,0	153	30,8
Undergraduate	53	7,3	124	24,9
Graduate	225	30,8	117	23,5
Postgraduate / Doctoral degree	10	1,4	88	17,7
Profession				
Worker	102	14,0	-	-
Office Employee /Civil Servant	119	16,3	-	-
Self-Employed	100	13,7	-	-
Executive	46	6,3	-	-
Retired	35	4,8	-	-
Farmer	50	6,8	-	-
Not employed	279	38,2	-	-
Physician	-	-	88	17,7
Nurse	-	-	150	30,2
Healthcare Worker	-	-	25	5,0
Paramedical	-	-	15	3,0
Emergency Medicine	-	-	29	5,8
Civil Servant	-	-	59	11,9
Translator	-	-	2	,4
Security Guard	-	-	48	9,7
Personnel	-	-	76	15,3
Midwife	-	-	5	1,0
Economic Status				
Very Good	8	1,1	5	1,0
Good	143	19,6	153	30,8
Medium	398	54,4	276	55,5
Poor	177	24,2	55	11,1
Very Poor	5	,7	8	1,6
Having children				
Yes	551	75,4	179	36,0
No	180	24,6	318	64,0
Number of children				
None	180	24,6	318	64,0
1,00	81	11,1	66	13,3
2,00	169	23,1	82	16,5
3,00	133	18,2	22	4,4
Over 4,00	168	23,0	9	1,8

Table 2. Other information about emergency personnel

	n	%
Working mode		
In shifts	466	93,8
Without shift	31	6,2
Position in management		
Yes	31	6,2
No	466	93,8
Length of service		
Less than 1 year	96	19,3
2-5 years	182	36,6
6-10 years	134	27,0
Over 11 years	85	17,1
Length of service in an emergency care unit		
Less than 1 year	128	25,8
1-5 years	254	51,1
6-10 years	87	17,5
Over 11 years	28	5,6
Is the spouse working?		
Yes	176	35,4
No	321	64,6
Profession of the spouse (n=176)		
Engineer	8	4,5
Physician	18	10,2
Teacher	33	18,7
Technician in an emergency unit	10	5,6
Police officer	10	5,6
Civil Servant	43	24,4
Self-employed	23	13,0
Paramedical	2	1,1
Nurse	16	9,0
Personnel	11	6,2
Worker	2	1,1

Table 3. The scores of the participants obtained in the scales administered

Variable	Average	Standard Deviation	Median	Min.	Max.	Z	p
Servoqual Scale 1							
Physical Aspects	Perceived	16,50	2,51	17,00	4,00	20,00	-14,823 <0,001
	Expected	17,70	1,14	18,00	13,00	20,00	
Reliability	Perceived	17,64	2,78	18,00	8,00	25,00	-22,079 <0,001
	Expected	21,81	1,72	22,00	11,00	25,00	
Responsiveness	Perceived	12,99	3,34	14,00	5,00	20,00	-21,245 <0,001
	Expected	17,43	1,30	17,00	10,00	20,00	
Assurance	Perceived	13,63	2,62	14,00	5,00	20,00	-22,758 <0,001
	Expected	17,98	1,27	18,00	10,00	20,00	
Empathy	Perceived	16,87	3,65	18,00	5,00	25,00	-22,764 <0,001
	Expected	22,04	1,51	22,00	13,00	25,00	
Motivation and Efficiency Scale 2							
Economic Factors	9,55	2,74	10,00	4,00	20,00		
Organisational & Managerial Factors	26,59	5,77	27,00	9,00	45,00		
Psychosocial Factors	28,71	5,45	30,00	9,00	45,00		

¹ completed by the patients

² completed by the healthcare professionals

Table 4. Evaluation through multiple linear regression analysis of the sub-dimension scores obtained by the emergency personnel in the motivation and efficiency scale

Variables	Economic Factors		Organisational - Managerial Factors		Psychosocial Factors	
	β	p	β	p	β	p
Hospitals involved (Public=1, Private=2)	0,039	0,413	0,167	<0,001	0,273	<0,001
Gender (Women=1, Men=2)	0,042	0,349	-0,021	0,630	-0,001	0,975
Age	0,022	0,730	0,093	0,132	0,074	0,224
Civil Status (Married=1, Single=2)	0,073	0,226	0,126	0,029	0,109	0,057
Educational Level (Elementary school=1, High school=2, University=3)	-0,050	0,314	-0,145	0,002	-0,102	0,031
Position in management (Yes=1 / No=2)	0,011	0,812	0,001	0,989	0,068	0,138
Length of service in an emergency care unit	-0,124	0,038	-0,127	0,025	-0,148	0,009
Working mode (Without shift=1, in shift=2)	0,020	0,668	0,072	0,105	0,037	0,407
Economic status (1=Low, 2=Medium, 3=High)	0,210	<0,001	0,312	<0,001	0,248	<0,001
Number of children	0,081	0,202	0,096	0,115	0,122	0,042
F	3,001		7,964		8,702	
P	0,001		<0,001		<0,001	
R2	0,058		0,141		0,152	

Table 5. Evaluation through multiple regression analysis of the perceived and expected sub-dimension scores of the patients obtained in the Servoqual scale

Variables	Physical Aspects		Reliability		Responsiveness		Assurance		Empathy	
	Perceived	Expected	Perceived	Expected	Perceived	Expected	Perceived	Expected	Perceived	Expected
	β	β	β	β	β	β	β	β	β	β
Hospital delivering the service (Public=1, Private=2)	0,099*	-0,045	0,134**	-0,298***	0,591***	-0,301***	0,302***	-0,039	0,387***	0,058
Gender (Women=1, Men=2)	-0,024	0,046	-0,028	-0,011	0,028	0,072	0,006	-0,067	0,072*	0,100*
Age	0,073	0,135*	0,114*	0,021	0,045	0,027	0,101*	0,052	0,093	0,038
Civil Status (Married=1, Single=2)	0,040	0,132**	0,108*	-0,048	0,065	-0,054	0,078*	-0,023	0,018	-0,094
Educational level (Elementary school=1, High school=2, University=3)	0,192***	0,163***	0,027	-0,022	0,080*	-0,032	-0,007	0,133**	0,002	-0,075
Employed or not (Yes=1, No=2)	-0,072	0,037	-0,130**	-0,092*	-0,092**	-0,074	-0,065	-0,077	-0,107**	-0,076
Economic Status (1=Low, 2=Medium, 3=High)	-0,165***	-0,057	0,176***	-0,043	0,136***	0,035	0,271***	-0,070	0,174***	-0,002
Number of children	0,256***	0,151**	0,065	-0,027	0,019	-0,045	-0,051	0,019	-0,029	-0,091
F	10,470	5,636	12,027	10,773	78,568	10,407	30,313	3,050	35,752	3,295
p	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	0,001
R2	0,104	0,059	0,118	0,107	0,465	0,103	0,251	0,033	0,284	0,035

*p<0.05, **p<0.01, ***p<0.001