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The Information Technologies Readiness Levels of Healthcare Professionals in Hospitals and The Effect of The Perceived Organizational Support on Employee Performance: Bayburt Public Hospital Sample*

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ABSTRACT

This research was conducted to evaluate the effects of information technology readiness level and perceived organizational support on the job performance of healthcare professionals. Data in the study; The personal information form was collected with the employees Information Technologies Readiness Level, Perceived Organizational Support and Job Performance scales. The research population consists of 627 healthcare professionals working at Bayburt State Hospital. The study sample was calculated as 239 people with a 95% confidence interval and a 5% margin of error. The sample group consists of 327 healthcare workers selected by simple random sampling method. The sample size is large enough to represent the universe. The sample distribution shows a homogeneous distribution across health study areas. SPSS 22 and AMOS 24 package programs were used to analyze the data. Data; It was evaluated by independent samples t-test, one-way analysis of variance and Pearson correlation analysis. Structural equation modeling was used in research hypothesis testing. In parallel with healthcare institutions update and develop their information technologies, in-service training programs should be organized to enhance the knowledge, skills, and adaptability levels of healthcare professionals.

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Sağlık Çalışanlarının Hastanelerde Bilişim Teknolojilerine Hazırbulunuşluk Düzeyleri ve Algılanan Örgütsel Desteğin İş Performansina Etkisi: Bayburt Devlet Hastanesi Örneği

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ÖZ

Bu araştırma, bilişim teknolojileri hazırbulunuşluk seviyesi ile algılanan örgütsel desteğin sağlık çalışanlarının iş performansları üzerine etkilerinin değerlendirilmesi amacıyla yapılmıştır. Çalışmada veriler; kişisel bilgi formu, çalışanların Bilişim Teknolojileri Hazırbulunuşluk Seviyesi, Algılanan Örgütsel Destek ve İş Performansı ölçekleri ile toplanmıştır. Araştırma evrenini Bayburt Devlet Hastanesinde görev yapmakta olan 627 sağlık çalışanı oluşturmaktadır. Çalışma örneklemi ise %95 güven aralığı ve %5 hata payı ile 239 kişi olarak hesaplanmıştır. Örneklem grubu basit tesadüfi örnekleme yöntemiyle seçilen 327 sağlık çalışanından oluşmaktadır. Örneklem büyüklüğü evreni temsil edecek boyuttadır. Örneklem dağılımı sağlık çalışma alanlarına homojen dağılım göstermektedir. Verilerin analizinde SPSS 22 ve AMOS 24 paket programları kullanılmıştır. Veriler; bağımsız örneklem t-testi, tek yönlü varyans analizi ve Pearson korelasyon analizi ile değerlendirilmiştir. Araştırma hipotez testlerinde yapısal eşitlik modeli kullanılmıştır. Sağlık kurumlarının bilişim teknolojilerini güncelleme ve geliştirmelerine paralel olarak sağlık çalışanlarının bilgi, beceri ve adaptasyon seviyelerinin artırılması için hizmet içi eğitimler düzenlenmelidir.

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Giriş

Today, organizations should be prepared for technological progresses since institution strategy and capacity and the communication between employees and the institution are maximized through technological progresses (Shah et. al, 2017). The innovations emerging in many different fields in the world have affected also health sector and created health information systems. The users of the system have had to learn about new technologies and adapt to them (LeRouge et. al, 2014). The main objective of the improvements in health sector is to reduce expenses and provide a more qualified service. Therefore, the new systems created should be improved in accordance with these objectives (Rezai-Rad vd., 2012).

In the process of the adaptation of technologies to institutions, their readiness for technology should be determined and necessary trainings should be provided to users. Since the level of readiness varies from person to person, human factor should be taken into consideration before applying the innovations. Adopting and accepting changes occur in different time of periods (Rogers, 1995). By means of a readiness process that evaluated and managed correctly, the communication gap between patients and institutions is filled in a shorter time and accessing healthcare services is easier. Especially people working in healthcare sector provide service in difficult conditions physically and mentally. In healthcare institutions, where the stress factor is in prominence, the communication between managers and employees directly affect the quality of the service provided and employee satisfaction.

Today, it has been become compulsory for institutions and managers to increase employees' commitment. The perceived organizational support (POS) provides a positive feedback to institutions through factors such as employment security by managers, critics considered and rewarding (Aykan, 2007). The positive ties formed between employees and the management in a well-managed healthcare institution ensure the continuity of the organization by creating almost a domino effect. Thanks to the perceived organizational support, when employees see that their performance is appreciated and rewarded by the organization, they accept themselves as a part of the organization. Leaving employment reduces and the performance of employees increases through the sense of belonging formed by the organizational support provided by managers. Institutions obtain more productive and qualified results as a result of the high performances of employees. The positive environment that the perceived organizational support created between managers and employees also states the win-win approach.

The employee performance is broadly the contribution of employees to the organization and benefits total that they provide for the improvement of the organization. As in all business lines, performance determines the efficiency of institutions in the health sector. Since there is a direct communication between employees and patients, the performance of employees is a criterion of the sufficiency of healthcare institutions. Readiness and perceived organizational support applied through information technologies directly affect employee performance and can provide a healthy and qualified life comfort to the society.

The work performance is broadly the contribution of employees to the organization and benefits total that they provide for the improvement of the organization. As in all business lines, performance determines the efficiency of institutions in the health sector. Since there is a direct communication between employees and patients, the performance of employees is a criterion of the sufficiency of healthcare institutions. The readiness applied through information technologies and perceived organizational support affect work performance directly and provide society with a healthy and qualified life comfort. This study was conducted to determine the effect of the readiness in information technologies and perceived organizational support of the healthcare professionals working at a state hospital on the employee performance. In accordance with this aim, first conceptual framework, the method and findings of the study were included, then the study was evaluated through the studies in the literature, and the study was completed with recommendations.

Conceptual Framework

Readiness for Information Technologies

Today, the rapid improvements in science and technology have combined these two concepts and created the concept of information technologies. By means of information technologies, the data desired to be reached can be shared correctly and soon (Semerci, 2007). It is necessary for organizations to develop the factor called as core competence and based on the information management in order to continue their existence and to reach future goals (Barca, 2002; Rıfat, 2005).

Since information also includes incalculable values such as imagination, creativity and personal skills in general, it is both used in the own organizations of managers and marketed to other organizations (Maier, 2005). According to Drucker, the most important physical resources of organizations will not consist of factors such as money, employment and automation but information. Drucker names this period as "information age" (Drucker, 2012; Özer et. al, 2004). In informatics, people use the information they obtain in computer systems or machines (Yüregir, 2001).

The investments to own information have made information the most important factor of today (Çömlekçioğlu & Bayraktaroğlu, 2001). By means of information technologies, managers executives have an advantage for the growth of organizations and achieve the goals (Bawden, 1994; Kök, 2006). Consequently, through information technologies, the data obtained can be stored and it is ensured to reach and share it when required (Sarıhan, 1998).

Today, agriculture and following industrial revolution is followed by information technologies. The economic system created by information and information processing governs the world. Inevitably, information technologies also progress in this process. By means of information technologies, organizations increase their performances and profits and renovate their management styles (Gökşen & Yıldırım, 2005).

The total knowledge people have before they encounter facts such as an event, improvement, learning and any good

or bad circumstance is called as readiness. Factors such as physical development of people occur involuntarily and there is no need to make an effort for them. However, in readiness, it is observed that an individual completing a certain degree of development blend this state with those s/he learn. A certain level of readiness leads up the knowledge to be learn and skills to be acquired in the future. Briefly, the concept of readiness is the unity of body and mind that is necessary to acquire new abilities. Being ready for any event or state is important both to complete the work and to do it in a quality way. Knowing the readiness level of individuals when employing them is useful for the employer. In this process, the inadequacies of individuals should be determined and necessary trainings should be provided to overcome the deficiencies (Atay, 2019).

Today, with the improvement of technology, all healthcare institutions have had to adapt this situation. Healthcare institutions undergo a change through the factors that the day brings voluntarily or involuntarily. The important thing for healthcare institutions is to be able to adapt these changes in accordance with a certain plan (Korkmaz & Hoşman, 2018). If healthcare institutions are unprepared or healthcare professionals resist change, failure will be inevitable and advantages will turn into disadvantages (Şimşek et. al, 2015).

The use of health information systems has become a necessity in order to increase patient safety and improve the quality of care in health institutions (Ünalan & Altan, 2023). The society's adoption of these technologies and technology readiness are important for the success of these systems (Çavmak et al, 2024). It is emphasized that technology readiness is one of the main determinants of satisfaction with the use of health information systems (Duplaga & Turosz, 2022).

With the improvement of technology, information systems in hospitals are tried to be renovated. Since sufficient risk assessment is not made in healthcare institutions, changes in information technologies have failed in Turkey. In order to apply the technological improvements to institutions completely and properly, the readiness levels of healthcare institutions should be evaluated. By this means, executives can see the harmony between the system and the institution (Snyder-Halpern, 2001). In order to eliminate risks, the readiness of employees should be evaluated and training and reliability that will help the increase in productivity and satisfaction should be provided (Weiner, 2009). Adaptation of healthcare professionals to information technologies breaks the resistance they may reveal during the change. While productivity loss and cost reduces through the adaptation of employees to the new system, quality and productivity increases (Ayatollahi et. al, 2013; Tarcan & Çelik, 2016). Readiness for information technologies consists of two dimensions as Technology Skills Readiness and Readiness for Equipment/Infrastructure (Mertoğlu, 2020).

Technology Skills Readiness: The unity consisted of observable and measurable technical skills is called technology skills readiness. It states learning new technological information and the competence of succeeding it for individuals to achieve their goals in business and social life. In healthcare institutions, it states the readiness level of the employees for information technologies such as computer, software and database. People form their lives in accordance with their goals through the innovation's technology brings (Li & Ray, 2009; Parasuraman, 2000; Parlakkiliç, 2015). In the Health Information Technology Readiness survey conducted online by Jacobs et al., 149 Pharmacy students were observed to have higher scores than women (Jacobs et al., 2019). The success of Caison and his friends with the sponsorship and medical certificate at the Canadian University is also male. It is observed that women in these regions have high readiness for technology (Caison et al., 2008).

Readiness for Equipment/Infrastructure: It states the fact that institutions own proper technology and use it (Parlakkılıç, 2015). In other words, the availability of the technology such as devices, software and internet that institutions have determines the readiness for device/infrastructure. The function and care service of the technology that institutions have reveals the readiness level. Organization executives have to carry out necessary observations and evaluations for the maintenance of readiness. By this means, devices that do not work are removed from the system (Griffith, 2006). Today, organizations should increase their device/infrastructure readiness by renewing their technologies to maintain their existence.

Perceived Organizational Support

The meanings that people attribute to the situations happening around them is called perception (Bakan & İlker, 2012). Perceiving is the process that the data we obtain by using our senses become meaningful (Uğurlu Akbaş, 2008). Perceived organizational support is, briefly, the fact that the benefits provided by the employees to the organization are evaluated and rewarded by the organization (Duygulu vd., 2008).

Employees' receiving the recompense of their work, rewarded and some of their mistakes being tolerated determine their perspective towards the institution. The level of the perceived organizational support between the organization and employees is an indication of mutual satisfaction. Thus, employees increase their commitment to the institution. Organizational support represents the commitment between the institution and employees. As perceived organizational support increases, both the organization and employees benefit (Zagenczyk, 2001).

Perceived organizational support is an important fact that increases the performance and commitment to the organization of employees and provides the organization to get maximum performance from employees. Employees avoid negative behaviors such as leaving job, absence or low performance through their increasing satisfaction (Aykan, 2007). Considering the issue as a whole, organizational support is an ethical agreement between the organization and employees that is not written. When the organization observes employees' satisfaction and needs and meets them largely, an ideal working environment is created for employees. A proper working environment provided by the organization increases the productivity of employees and both organization and employees benefit (Zagenczyk, 2001). If employees' thoughts and ideas are taken into consideration, the problems they encounter are

solved, an optimally safe environment is provided, the level of communication is increased and justice and equality is featured, an integrated improvement will be observed by means of these characteristics. While organizations are involved in activities that will benefit to them, these activities should not harm employees. The commitment of employees who observe that the organization value their labor and thoughts also increases (Sığrı, 2007).

Perceived organizational support is to create necessary actions in accordance with the objectives of the institution and to constitute necessary encouragements (reward and etc.) to increase the commitment of employees to the institution. Perceived organizational support is important to reduce the intense pressure on employees (Coyle-Shapiro et. al, 2004). In order to progress the institution, it needs to determine the needs of employees properly, to satisfy these needs and to establish a communication based on mutual trust.

When employees receive the recompense of their labor, their commitment to the institution increases. As a result of the organizational support provided, the institution gets much closer to its goals. Organizational support, which enables the creation of the conditions that employees need, also prevents resignations (Samat, 2020). Employees' roles they play in their job and in the family may conflict and these roles may be too much for employees. Organizational support supports employees in such problems and minimize them. When employees receive the recompence for the high employee performance they display, the productivity of the work increases (Gürbüz & Yüksel, 2008).

In his study on nurses, Şen (2018) examined the effects of managers, colleagues and organizational support perceptions on nurses' psychological well-being and job performance. In the study, the perception of organizational support affected psychological well-being positively and significantly, but did not have a significant effect on job performance; perception of organizational support is related to age, type of work, position, type of institution, and duration of work experience; It was concluded that there was no significant relationship between gender, education level, marital status, income level, unit of work and perception of organizational support (Şen, 2018).

Employee Performance

Employee performance is the total of concepts such as employees' effect on institutional goals, the success and quality of the work they do, their behaviors, abilities and knowledge while working. In some resources, it is also called as "Employee Performance" and "Individual Employee Performance."

Employee performance reveals the smallest individual performances in terms of employees as well as revealing the institutional success of an organization. While executives' success and leadership are revealed at institutional level, the effect of the abilities employees have on the success is revealed at individual level (Payasoğlu, 2019).

Employee performance and measurements have gained importance today, and even the behaviors of employees while working has been one of the evaluation criteria (Podsakoff vd., 2000).

A lot of problems occur since the work and behaviors of individuals in the institution mostly include objective data while employee performance is being evaluated. Employees also provide benefits to the organization apart from the measured values. If administrators carry out the evaluation only through the data and consider employees unimportant, employees can react in different ways. Since institutional data includes the whole evaluations of institutions rather than individuals, individual performances can be evaluated deficiently. This situation causes the information necessary for increasing the employee performance of employees to be ignored (Colquitt et. al, 2014). In order employees to improve themselves, their performance analyses should be evaluated objectively and the feedback of this data should be provided (Yelboğa, 2006).

As employee performance decrease in institutions, productivity reduces, work becomes unqualified, tasks are not completed in the planned time, complaints increase and instructions are not followed (Çalık, 2003).

Some precautions are taken in organizations to prevent the emergence of some factors such as being late, resignation, failure and miscommunication that will affect performance in a negative way. Administrators should know about their employers, appreciate their performance and reward and ensure high performance by infusing necessary courage and praise (Valentine, 2001).

Consequently, the performance of employees is always expected to be high in order an organization to continue its existence and improve. Through directing individuals properly, their performance increases and it is ensured to achieve the institution they work for to its goals (Bedarkar & Pandita, 2014).

Method

Aim And Design Of The Study

This descriptive and cross-sectional study was conducted to determine the effect of information technology readiness and perceived organizational support on employee performance of healthcare professionals working in a state hospital. As a secondary aim of the study, it is aimed to determine whether there is a significant difference between the employee performance scales of information technology readiness and perceived organizational support and socio-demographic variables.

Population and Sample of the Study

This cross-sectional study was conducted between July and September 2021. The population of the study consisted of a total of 627 healthcare workers working in Bayburt State Hospital. The sample of the study was determined as 239 people with a 95% confidence interval and 5% margin of error. In the study, 327 health workers were reached by convenience sampling method as the sampling method. The data were collected by face-to-face interview technique.

The Model of the Study

The model designed in accordance with the literature review is as below:

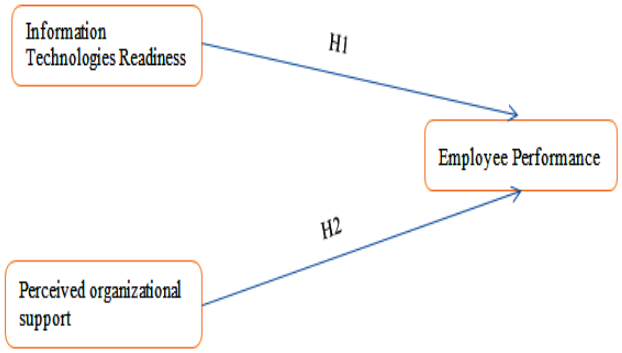

Figure 1. The Model of the Study

Hypotheses

Health institutions have started to serve more and more patients every day with their current structure. At this point, one of the most important requirements is readiness for information technologies. In terms of information technologies, having complete equipment in a health institution positively affects both the quality of service provided to the patient and the performance of the employee. At the same time, both the institution and the employee save a significant amount of time with information technologies. In this way, the time needed for other tasks can be provided. In the studies conducted in the literature in this direction, Ling and Chang (2011) determined that technology readiness positively affects performance. In the study of Nokay (2015), it was concluded that the use of information systems and information technologies accelerates and facilitates the work of healthcare professionals and this can increase the performance of the organization by enabling managers to make timely decisions. In the study of Mertoğlu (2020), it was observed that readiness in information technologies significantly affected the performance of health workers. In Işık and Akbolat's (2010) study, it was reported that information technologies have come to an important position today, that the use of information technologies by health personnel is important for more effective and quality delivery of health services, and that improving the ability of personnel to use information technologies will positively affect their performance. The following hypothesis has been developed in line with the studies conducted on healthcare professionals and other sectors.

Hypothesis 1: The readiness of healthcare professionals for information technologies affects their work performance.

Considering the excessive workload and patient intensity, the need for organizational support in healthcare professionals emerges. It is expected that health personnel, who are assigned in every department, will increase their performance in line with organizational support when necessary. Arslan (2018) reported that organizational support positively affects the performance of healthcare professionals. Sumathi and Tamilnadu (2013) reported that perceived organizational support positively affects job performance. Akkoç et al. (2012) reported that perceived organizational support positively affects job performance. A similar result was found in the study of Genç (2018).Yılmaz and Tanrıverdi (2017) found that perceived organizational support positively affects job performance. The following hypothesis has been developed in line with the studies conducted on healthcare professionals and other sectors.

Hypothesis 2: The organizational support that healthcare professionals perceive affects their work performance.

Data Collection Tools

Personal Information Form, Technology Readiness Index, Survey of Perceived Organizational Support and Employee Performance Scale were used as data collection tools.

Personal Information Form includes 7 questions prepared to determine the demographic and socio-cultural characteristics of the healthcare professionals regarding gender, marital status, age, educational status, profession, period in the profession and working period in the institution.

Technology Readiness Index (TRI) was developed by Parasuraman (2000). Turkish adaptation study was conducted by Mertoğlu (2020). The scale consists of 13 items and two sub-dimensions. In Mertoğlu's (2020) study, Cronbach's alpha value was found to be 0.90. The Cronbach alpha value for this study is 0.89. The scale measures Technology Capabilities and Equipment/Infrastructure Readiness and is scored between "1 - Strongly Disagree" and "5 - Strongly Agree". The maximum score that can be obtained from the scale is 60 and the minimum score is 12. Confirmatory factor analysis was tested for the construct validity of the two-factor structure of the scale. As a result of CFA, the goodness of fit index values are as follows: [χ^2/sd=2,264; RMR=0,035; GFI=0,955; AGFI=0,958; NFI=0,948; IFI=0,970; TLI=0,954; CFI=0,970; RMSEA=0,062]. When the obtained goodness of fit index values were analyzed, it was concluded that the scale was a valid scale.

The Survey of Perceived Organizational Support (SPOS): The scale, which was first developed as 36 items by Eisenberger et al. (1986), was later developed as an 8-item short version by Eisenberger et al. (1997). The scale was adapted into Turkish by Yılmaz (2014). Scoring of the scale is in 5-point Likert type and is in the range of "1=Strongly disagree and 5=Strongly agree". In Yılmaz's (2014) study, Cronbach's alpha coefficient was 0.84. For this study, the Cronbach alpha value of Perceived Organizational Support is 0.79. The high scores obtained indicate that the organizational support perceived by the participants has increased. The construct validity analysis for the one-factor structure of the scale was tested by confirmatory factor analysis. As a result of confirmatory factor analysis, the goodness of fit index values are as follows: [χ^2/sd=1,843; RMR=0,054; GFI=0,981; AGFI=0,952; NFI=0,967; IFI=0,985; TLI=0,969; CFI=0,984; RMSEA=0,051]. When the goodness of fit index values were analyzed, it was concluded that the scale was a valid scale.

The Employee Performance Scale was developed by Schepers (2008) and adapted into Turkish by Alp (2016). The scale consists of 9 items in total and two sub-dimensions: basic performance and achievement performance. The scale is in 5-point Likert type and the scoring is in the range of "1=Strongly disagree and

5=Strongly agree". In Schepers (2008) study, Cronbach's alpha value of the scale was calculated as 0.978. The construct validity analysis for the two-factor structure of the scale was tested by confirmatory factor analysis. As a result of confirmatory factor analysis, the goodness of fit index values are as follows: [χ^2/sd=2,823; RMR=0,039; GFI=0,960; AGFI=0,959; NFI=0,948; IFI=0,959; TLI=0,942; CFI=0,958; RMSEA=0,075]. When the goodness of fit index values were analysed, it was concluded that the scale was a valid scale.

Statistical Evaluation

SPSS 26 software was used in data analysis. Before the determination of the analysis methods to be used, first the fitness of the scale variables to normal distribution was examined. Since the data of 21 people out of 348 participants did not meet the normal distribution requirement, they were excluded from the analysis as a result of the outlier process. The study was continued with the data obtained from 327 people. Scale variables met the normal distribution requirement since Skewness and Kurtosis values were in the range of -1,5 and +1,5 (Table 3; Tabachnick and Fidell, 2018). After the normal distribution requirement of the data was met, descriptive statistics were used for socio-demographic variables and calculation of the score averages, independent sample t-test for the paired group comparisons, one-way variance analysis (ANOVA) for comparison between more than two groups. Post Hoc Tukey test was used to determine the difference between groups. Pearson correlation analysis was used to determine the relations between the scales. AMOS 22 (Analysis of Moment Structures) software was used to reveal the effect of TRI and SPOS on employee performance. The effect of TRI and SPOS on employee performance was tested by structural equation modeling. The significance level was accepted as $p<0,05$.

Table 1. Cronbach Alpha Values of the Scales

Scale Variables	Cronbach Alpha
TRI	0.90
Technological Skills	0.90
Equipment Infrastructure	0.68
Perceived Organizational Support	0.80
Employee Performance	0.79
Basic Performance	0.64
Success Performance	0.85

It is reliable for TRI, technological skills and success performance at a high level, it was quite reliable in equipment/infrastructure, employee performance and basic performance variables (Table 1).

The Ethical Aspect of the Study

The study was approved by the 26.03.2021 dated and 19 numbered decision of Kayseri University Ethical Committee and E-97634879-050.06 numbered decision of Bayburt Provincial Directorate of Health Commission. The institutional permission for the study was obtained from Bayburt Provincial Directorate of Health by the 13.07.2021 dated and E-97634879-050.06 numbered decision. A survey was prepared in accordance with the objective of the study, and the participants were informed that the information obtained would not be used for any other purposes except for this study.

Findings

Socio-demographic characteristics of health workers are shown in Table 2.

Table 2. The Distribution of the Healthcare Professionals in terms of Socio-Demographic Characteristics

Socio-Demographic Variable		n	%
Gender	Male	136	41.6
	Female	191	58.4
Marital Status	Married	175	53.5
	Single	152	46.5
Age	18-25	98	30
	26-33	156	47.7
	34-41	48	14.7
	42-49	15	4.6
	50 and above	10	3.1
Educational Level	High School	28	8.6
	Associate Degree	99	30.3
	Bachelor's Degree	154	47.1
	Master's Degree	15	4.6

	PhD	31	9.5
Profession	Physician	43	13.1
	Nurse	141	43.1
	Data Preparation and Control Operator	45	13.8
	Other Healthcare Staff	98	30
Total year of profession	Less than 1 year	29	8.9
	1-5 years	176	53.8
	6-10 years	71	21.7
	11 years and above	51	15.6
Total period of working at the institution	Less than 1 year	71	21.7
	1-5 years	187	57.2
	6-10 years	40	12.2
	11 years and above	29	8.9

41.6% (n=136) of the healthcare professionals were male, 58.4% (n=191) were female, 53.5% (n=175) were married and 46.5% (n=152) were single. 30% of the participants were at the age range of 18-25 (n= 98), 47.7% were 26-33 (n=156), 14.7% were 34-41 (n=48), 4.6% were 42-49 (n=15) and 3.1% were at the age of 50 and above (n=10). 8.6% of the participants were high school graduate (n=28), 30.3% had associate degree (n=99), 47.1% had bachelor's degree (n=154), 4.6% had master's degree (n=15) and 9.5% had PhD (n=31). 13.1% of the healthcare professionals were physicians (n=43), 43.1% were nurses (n=141), 13.8% were data preparation and control operators (n=45) and 30% were other healthcare staff (n=98). 8.9% of the participants worked in the profession less than 1 year (n=29), 53.8% worked between the range of 1-5 years (n=176), 21.7% between the range of 6-10 years (n=71) and 15.6% worked for 11 years and above (51). 21.7% of the healthcare professionals worked in the institution for less than 1 year (n=71), 57.2% between the range of 1-5 years (n=187), 12.2% between the range of 6-10 years (n=40) and 8.9% for 11 years and above (n=29) (Table 2).

Scale score averages, Cronbach Alpha, skewness and kurtosis coefficients are presented in Table 3.

Table 3. Scale Score Averages

Variables	**Minimum**	**Maximum**	**Average**	**Standard Deviation**	**Cronbach Alpha**	**Skewness**	**Kurtosis**
TRI	24.00	60.00	50.64	7.91	0.89	-1.093	1.141
Technological Skills	18.00	45.00	37.98	6.30	0.89	-1.132	1.069
Equipment Infrastructure	5.00	15.00	12.66	2.34	0.67	-1.040	0.546
Perceived Organizational Support	1.00	5.00	2.92	0.83	0.79	.151	0.057
Employee Performance	2.48	5.00	4.43	0.47	0.78	-1.065	1.139
Basic Performance	2.50	5.00	4.47	0.50	0.65	-0.974	0.712
Success Performance	1.80	5.00	4.39	0.61	0.84	-1.084	1.027

TRI= Technology Readiness Index

TRI score average is 50.64±7.91, Technology skills subdimension is 37.98±6.30 and equipment infrastructure is 12.66±2.34. The survey of perceived organizational support score average is 2.92±0.83. Employee performance scale is 4.43±0.47, Basic performance is 4.47±0.50 and success performance is 4.39±0.61 (Table 3).

The results of the analysis of TRI, Perceived Organizational Support and Employee Performance Scales according to socio-demographic characteristics are presented in Table 4.

Table 4. The Evaluation of TRI, Perceived Organizational Support and Employee Performance Scales in terms of Demographic Variables

Variables		TRI		Perceived Organizational Support		Employee Performance	
	N	Average	Test value	Average	Test value	Average	Test value
Gender**							
Male	136	52.00±7.37	t:2.635	2.88±0.81	t:-0.823	4.41±0.52	t:-0.378
Female	191	49.68±8.16	p:0.009*	2.96±0.85	p:0.411	4.43±0.43	p:0.706
Marital Status**							
Married	175	50.12±7.68	t:-1.275	2.89±0.84	t:-0.912	4.42±0.46	t:-0.394
Single	152	51.24±8.15	p:0.203	2.97±0.84	p:0.363	4.44±0.49	p:0.694
Age***							
18-25	98	50.16±8.88		3.00±0.89		4.42±0.52	
26-33	156	51.06±7.16	F:1.909	2.83±0.79	F:1.285	4.43±0.44	F:2.375
34-41	48	52.12±7.37	p:0.109	3.07±0.85	p:0.276	4.46±0.44	p:0.052
42-49	15	47.00±9.92		2.81±0.80		4.12±0.57	
50 and above	10	47.20±6.76		3.16±0.84		4.69±0.34	
Educational Status***							
High School [1]	28	48.03±10.35		2.80±0.65		4.52±0.49	
Associate Degree [2]	99	50.35±7.63	F:3.647	3.04±0.93	F:1.160	4.52±0.43	F:2.416
Bachelor's Degree [3]	154	50.21±8.11	p:0.006*	2.88±0.83	p:0.328	4.39±0.43	p:0.048*
Master's Degree [4]	15	52.93±6.44		2.68±0.73		4.18±0.74	
PhD [5]	31	54.96±4.85		3.01±0.64		4.37±0.57	
Difference between the groups		5>1.2.3				2>4	
Profession***							
Physician [1]	43	53.97±5.43		2.94±0.62		4.24±0.62	
Nurse [2]	141	49.05±8.97	F:4.852	2.93±0.85	F:2.311	4.43±0.43	F:3.177
DPCO [3]	45	51.40±6.81	p:0.003*	3.18±0.72	p:0.076	4.43±0.49	p:0.024*
Other Healthcare Staff [4]	98	51.12±7.17		2.79±0.92		4.50±0.43	
Difference between the groups		1>2				4>1	
Total Year of Profession***							
Less than 1year[1]	29	50.79±8.17		3.07±0.77		4.35±0.58	
1-5 years[2]	176	50.90±7.56	F:1.600	2.88±0.88	F:0.604	4.43±0.45	F:0.447
6-10 years[3]	71	51.47±8.23	p:0.189	2.93±0.74	p:0.613	4.47±0.47	p:0.720
11 years and above[4]	51	48.49±8.36		2.99±0.81		4.41±0.49	
Working Period at the Institution***							
Less than 1year[1]	71	50.84±8.20		3.09±0.73		4.34±0.53	
1-5 years[2]	187	50.93±7.70	F:3.028	2.87±0.87	F:1.209	4.46±0.45	F:1.243
6-10 years[3]	40	51.90±7.63	p:0.030*	2.90±0.79	p:0.306	4.46±0.43	p:0.294
11 years and above[4]	29	46.58±8.08		2.92±0.85		4.40±0.51	
Difference between the groups		2.3>4					

**p<0.05 **Independent sample t test ***One-way analysis of variance (ANOVA) TRI= Technology Readiness Index*

It was found that there was a significant difference between TRI and gender, and TRI was significantly higher in male participants. A significant difference was determined between TRI and educational status and TRI was significantly higher in those PhD degree. As a result of the Post Hoc Tukey test, which was conducted to determine the between-groups difference, the average score difference between those having PhD degree and high school, associate and bachelor's degree holders was found statistically significant. It was determined that there was a significant difference between TRI and professions and TRI was significantly higher in physicians. In the Post Hoc Tukey test, which was conducted to determine between-group difference, the average score difference between physicians and nurses was statistically significant. A significant difference was found between TRI and the working period at the institution, and TRI was significantly higher in those working at the institution between the range of 6-10 years. As a result of the Post Hoc Tukey test, which was conducted to determine between-group difference, the average score difference between the groups working at the institution in the range of 1-5 years, 6-10 years and for 11 years and above was found statistically significant ($p<0.05$) (Table 4).

A significant difference was found between employee performance and educational status, and employee performance was significantly higher in those having associate degree. In the Post Hoc Tukey test, which was performed to determine between-groups difference, the average score difference between associate degree holders and master's degree holders was statistically significant. It was determined that there was a significant difference between employee performance and the profession and those in the group of other healthcare staff had a significantly higher employee performance. As a result of the Post Hoc Tukey test, which was performed to determine between-groups difference, the average score difference between other healthcare staff and physicians was statistically significant ($p<0,05$) (Table 4).

The results of Pearson correlation analysis between TRI, Perceived Organizational Support and Employee Performance are shown in Table 5.

Table 5. The Results of Pearson Correlation Analysis Between the Scales

		Technological Skills	Equipment	SPOS	EP	BP	SP
TRI	r	0.971**	0.765**	0.090	0.274**	0.220**	0.242**
Technological Skills	r		0.588**	0.062	0.257**	0.188**	0.243**
Equipment Infrastructure	r			0.137*	0.232**	0.238**	0.162**
SPOS	r				0.166**	0.081	0.190**
EP	r					0.812**	0.877**
BP	r						0.432**

***p<0.01 *p<0.05 TRI= Technology Readiness Index, SPOS= The Survey of Perceived Organizational Support, BP=Basic Performance, SP=Success Performance, EP=Employee Performance*

It was determined that there was a positive significant relation between TRI and EP, basic performance and success performance. A positive significant relation was found between perceived organizational support and equipment infrastructure, employee performance and success performance ($p<0.05$; Table 5). No significant relation was found between TRI, technical skills and basic performance and POS ($p>0.05$) (Table 5).

The effect of POS and TRI on employee performance was analyzed by the structural equation modelling (Figure 2).

The fit index values of the model established are presented in Table 6.

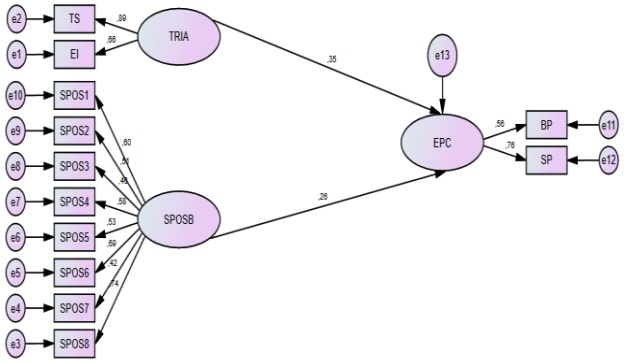

Figure 2. The Structural Equation Modelling of the Effect of TRI and POS on Employee Performance

TRI= Technological Readiness Index, SPOS=Survey of Perceived Organizational Support, BP=Basic Performance, BP= Success Performance, EP=Employee Performance

Table 6. Model Fit Index Values

Fit Indices	Good Fit	Acceptable Fit	Model Fit Index Values
χ^2/sd (CMIN/DF)	$0 \leq \chi^2/sd \leq 2$	$2 < \chi^2/sd \leq 5$	1.746
GFI	0.95≤ GFI< 1.00	0.90 ≤ GFI<0.95	.964
AGFI	0.95≤ AGFI< 1.00	0.90 ≤ AGFI<0.95	.938
NFI	0.95≤ NFI< 1.0	0.90≤NFI<0.95	.928
IFI	0.95 ≤ IFI< 1.00	0.90≤ IFI<0.95	.968
TLI	0.95≤ TLI< 1.00	0.90 ≤ TLI<0.95	.952
CFI	0.95≤CFI<1.00	0.90≤CFI<0.95	.967
RMSEA	0 ≤ RMSEA ≤ .05	.05 ≤ RMSEA ≤ .08	.048

CMIN: 74.349 DF:45

It was found that χ^2/sd, GFI, IFI, TLI, CFI and RMSEA among the fit indices revealed good fit for the model in Figure 2 and AGFI and NFI were at the level of acceptable fit (Hu and Bentler, 1999; Kline, 2011). Error covariances on the model was between (e4 and e6), (e6 and e7), (e2 and e7), (e2 and e6), (e4 and e7) and (e2 and e4). The structural equation modelling coefficients of the effect of TRI and POS on employee performance are presented in Table 7.

Table 7. The Structural Equation Modelling Coefficients of the Effect of TRI and POS on Employee Performance

Variables			SC	NSC	S.E.	C.R.	P	Standardizing Lower bond	Standardize Upper bond	P value
EP	<---	TRI	0.358	0.062	0.017	3.587	***	0.164	0.542	0.010*
EP	<---	POS	0.259	0.076	0.025	3.083	0.002*	0.119	0.392	0.010*
POS	<--->	TRI	0.170	0.100	0.043	2.342	0.019*			

SC: Standardized coefficients; NSC: Nonstandardized coefficients

****p<0.01 *p<0.05 TRI= Technological Readiness Index, SPOS=The Survey of Perceived Organizational Support, BP=Basic Performance, SP=Success Performance, EP=Employee Performance*

It was found that TRI (β= .358) had a positive and significant effect on employee performance (p<0.01), and the hypothesis of "H_1: The readiness of healthcare staff for information technologies affects employee performance" was accepted.

It is seen that POS (β= .259) had a positive and significant effect on employee performance (p<0.002). "H_2: The organizational support that healthcare professionals perceive affects employee performance", another hypothesis of the study, was accepted. TRI and POS' explaining rate of employee performance, the R^2 value is .227.

Although it was seen that there was no relation between TRI and SPOS in the analysis conducted by SPSS, it was revealed that there was a significant relation between TRI and SPOS as a result of more standardizing the data and error term corrections on AMOS software (Table 7).

Discussion, Conclusion and Recommendations

This study was conducted to determine the effect of information technology readiness and perceived organizational support on employee performance. The secondary purpose of the study is to determine whether information technology readiness and perceived organizational support lead to a significant difference on employee performance and demographic variables. For this purpose, firstly, the levels of the mean scores of the scale variables were analyzed. Employee performance of healthcare professionals was found to be high and this result is consistent with the literature (Kılınç & Paksoy, 2017; Karaman et al., 2020).

Information technology readiness among healthcare professionals was found to be at a high level. Similar to our study, Denizli (2022) reported that they found technology readiness levels of healthcare professionals to be higher than the median value (Deniz & Demirtaş, 2022).

In this study conducted on a sample of healthcare professionals, information technology readiness was found to be higher in men. When the studies in the literature are examined, this finding is compatible with the literature (Deniz & Demirtaş, 2022, Macnevin et al. 2021, Mertoğlu, 2020; Parlakkılıç, 2020, Caison et al., 2008).

It was determined that the readiness of health workers was significantly higher in men. In the study conducted by Oketech (2013), no significant difference was found between readiness for information technologies and gender. The reason for the difference between the results obtained and the results in the literature is; It can be said that the reasons for this difference are the different infrastructure services for information technologies in health institutions, different levels of development in informatics, the perception of the subject, the time period between the case study and this study, and the use of information technologies in this process. No significant difference was found between marital status and readiness for information technologies and this result is in line with

the literature (Badri et. al, 2014; Mertoğlu, 2020). On the other hand, in the study conducted by Heart and Kalderon (2013) on technological readiness, it was found that married individuals had a higher level of readiness compared to single individuals. Although the study findings are supported by the literature, different results are observed.

Those who have a doctorate degree have a significantly higher level of readiness towards information technologies. In the study conducted by Mertoğlu (2020), it was determined that the readiness of those with a doctorate degree was higher. The reason for the high level of readiness towards information technologies in postgraduate graduates can be interpreted as being more open to technological innovations as the level of education increases and the desire to learn increases. This finding was also supported in the study conducted by Touré et al. While readiness for information technologies was the highest in physicians, in the study conducted by Mertoğlu (2020), it was determined that nurses had the highest readiness level. It can be said that the reason for this situation is that physicians apply many treatments with technological methods both in education-training activities and with information technologies compared to nurses. In the study conducted by Nambisan (2017), no significant difference was found between age and readiness for information technologies, but a significant difference was found between age groups. The reason for the differences with the results of the study may be attributed to the characteristics of the samples in which the studies were conducted, technological developments and the way the issue is perceived by the employees.

No significant difference was found between total years in the profession and readiness for information technologies. However, Mertoğlu (2020) and Touré et al. (2012) found a significant difference between information technology readiness and total years in the profession. The information technology readiness of employees working in the organization between 6-10 years was found to be significantly higher and this result coincided with the literature (Melas et. al., 2014; Mertoğlu, 2020).

It has been found that there is no significant difference between perceived organizational support and gender, age, marital status, educational status, occupation, total years in the profession and working time in the institution (Eisenberger, 2002; Rhoades & Erdaş, 2010; Ibrahim & Marri, 2015; Büyükgöze & Kavak, 2017; Dam et al., 2020). It was determined that there was no significant difference between gender, marital status, age, total years in the profession and working time in the organization and employee performance, and this result was found to be consistent with the literature (Tayfun & Çatır, 2013; Saygılı et al., 2016; Kılıç & Paksoy, 2017; Tercan, 2017; Karatepe et al., 2019; Karaman et al., 2020).

In this study, a significant difference was found between educational level and employee performance. Employee performance is higher in associate degree graduates than in master's degree graduates. The reason for this situation is; The performance scores of associate degree graduates in healthcare were higher because they mainly worked with technical personal qualifications, gained educational experience earlier in business life than undergraduate graduates, and were able to work in many units in the hospital. In the literature, it is stated that there is no significant difference between education level and employee performance (Karaman et al., 2020). In this study, a significant difference was found between the professions of healthcare personnel and employee performance, while in the study conducted by Saygılı et al. (2016), no significant difference was found between profession and performance. The differences in the findings of the studies can be attributed primarily to the differences in the samples in which the studies were conducted, the perception levels of healthcare professionals on the subject and the distribution of the number of people in the sample.

It has been determined that the readiness of healthcare workers for information technologies has a significant and positive effect on employee performance. Therefore, it can be said that with the increase in the perception of information technologies, performance will increase in the same way and the findings are supported by the literature (Akkoç et al., 2012; Sumathi & Tamilnadu, 2013; Yılmaz & Tanrıverdi, 2017; Genç, 2018). This finding is also supported in the literature (Mertoğlu, 2020). In addition, Ling and Moi (2007) found that technological readiness affects success, and Lin and Chang (2011) found that technological readiness significantly affects employee performance. In his study, Nokay (2015) concluded that the use of information systems and information technologies accelerates and facilitates the work of healthcare professionals and this can increase the performance of the organization by enabling managers to make timely decisions. In Işık and Akbolat's (2010) study, it was stated that information technologies have come to an important position, it was reported that the use of information technologies by health personnel is important for more effective and quality delivery of health services and that improving the ability of personnel to use information technologies will positively affect their performance. Mazak (2018) stated that being ready for information technologies positively affects nurses' job performance and is open to improvement.

Organizational support was found to have a positive and significant effect on employee performance and this finding was supported by the literature (Akkoç et al., 2012; Genç, 2018; Sumathi et al., 2013; Mazak, 2018; Yılmaz & Tanrıverdi, 2017).On the other hand, Chiang and Hsieh (2012) reported that perceived organizational support has a negative effect on employee performance. In another different finding, Turunç and Çelik (2010) and Şen (2018) reported that organizational support has no effect on employee performance. As can be seen, although different findings have been obtained in the literature, the weight is in the direction that the study finding is supported. However, the difference in the literature can be attributed to different reasons such as the different samples of the studies and the way the issue is perceived among the employees. It has been reported that organizational support affects and increases task performance and that quality of work life and organizational support have a role in increasing job performance (Arslan, 2018). Sumathi et al. (2013) reported that perceived organizational support positively affected job performance in their study with health officers and nurses.

It can be said that the organizational support in the institution based on previous years has decreased even more due to reasons such as excessive workload in health institutions, increasing service demand against a limited number of personnel, increasing burnout with the pandemic, gradually worsening working conditions, and difficult living conditions of health workers. Accordingly, it can be stated by looking at the correlation relationship that healthcare workers experience a loss of performance as organizational support decreases.

Consequently, the recommendations below can be stated in order it to be a guide for the increase in the information technologies readiness and perceived organizational support of the healthcare professionals and following technological improvements closely:

- It can be recommended that university hospitals and private hospitals are included in studies instead of confining only to public hospitals. Thus, both the number of the people included studies can increase and it will be possible to make comparisons in terms of hospitals between public and university and public and private hospitals and to perform analysis throughout the country.
- It is believed that the information technologies readiness levels of all healthcare staff and data preparation and control operators should be measured regularly. By this means, both the comparative analyses of the readiness levels to be obtained regularly can be performed on a monthly basis or annually and the evaluations on employee performance will be ensured to be more valid and reliable.
- It is thought that plantings will be done for both the staff working at information systems and healthcare staff to receive necessary trainings to keep pace with the advancing technology and infrastructure.
- It is seen that the level of education is effective on TRI, and it is thought that the readiness levels of the other healthcare staff can be ensured to be equalized with the staff having high level of education by following educational activities such as congresses, events and scientific studies and technological improvements.
- It is believed that it will be effective to follow the technological improvements closely by healthcare institutions and take necessary precautions to eliminate the deficiencies in equipment, software and infrastructure in order to increase the performance of both employees and institutions.
- Since it is seen in our study that perceived organizational support and employee performance are related and that there are studies in the literature reporting that perceived organizational support increases employee performance, it is believed that carrying out studies to increase the perceived organizational support on employees by hospitals and taking necessary precautions in this regard will increase employee performance and organizational performance.
- It is thought that this study, in line with the existing literature knowledge and the findings obtained, will guide future studies with developing information technologies and the use of information technologies in the health sector.

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