

# Social Capital in the Emergency Department

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## ABSTRACT

The concept of social capital is a comprehensive social phenomenon consisting of social support, social integration, values, and norms. In social and economic transactions and economic and physical capital, non-monetary human, cultural, and social capital types have been accepted as neoclassical capital theories. The increase in information communication technologies, especially in economic relations, has now caused individuals to connect with weaker bonds compared with that in the past. Social capital parameters have gained importance to achieve this interaction. This article reveals that the issue of providing corporate loyalty to emergency department employees with a good team spirit is considered as a strong social capital parameter.

**Keywords:** Emergency service employees, social capital, relations, responsibility, individual

## INTRODUCTION

Social capital is a type of capital that cannot be immediately transformed into economic capital, and it takes time to establish and maintain it (1). The importance and effectiveness of the concept of social capital have been sociologically adopted by philosophers such as Smith, Marx, Durkheim, and Weber in solving economic and social problems (2). Bourdieu, Coleman, Burt, Putnam, and Lin are considered as early social capital thinkers (3). This concept was born in response to the excessive centralization of individuality by traditional social science (4). It is based on the idea that relationships are important and social communication networks are valuable (5). It can be used to serve different purposes such as friendship, social support, financial assistance, and the fulfillment of psychological needs. It emphasise that power and influence should be seen as an important resource rather than being a monetary asset in social capital (6).

### Social Capital Returns

It is believed that social capital has two important returns: individual and collective. This concept has begun to be seen as a complement to human capital, the source being the civil society. According to a report published by the Organization for Economic Co-operation and Development (OECD), the Wellbeing of the Nations reports a positive interaction between human and social capital. Both concepts are powerful supplements that feed each other (7). As a qualification, it is seen as an investment of one's self and the surplus value of an organization's collective goals. Relationships are inherent. Unlike human and economic capital, actors cannot control the type of social capital (8). The collective aspect of this concept demonstrates that individuals' social capital may be for the benefit of the organization (9) and that it reduces transaction costs in the economic sphere (10). Some au-

thors have argued that the main problem in the development of developing countries is the lack of physical or human capital and also of social capital (11-13). For this reason, in the 1990s, some Western organizations supported non-governmental organizations in developing countries intending to structure social capital (14). The community and organization benefit directly from the collective returns; individuals are indirect and secondary beneficiaries. Different authors have indicated that social capital has three dimensions: structural, relational, and cognitive (15).

One of the distinguishing features of social capital from other types of capital is that it is a type of investment wherein its return in the future cannot be ensured. It can be converted to a lesser degree of economic capital compared to physical and human capital. Serious time and energy must be spent on relationships to ensure continuity. Unlike other types of capital, they wear out unless they are used (16). It does not take action on its own, and it is created by entrepreneurial individuals. In addition, it is based on the internalization of virtues such as loyalty, honesty, and reliability by the society (17). Moreover, it is not at the disposal of a single individual (18). Given that individuals are a byproduct of their activities, the formation and disappearance of social capital are not under the control of individuals (19). Due to its collective returns, it is seen as a public good in a way and it provides less returns than the investment made by the person.

### Criticisms of Social Capital

Portes (20) has critically approached the concept of social capital. He saw this concept as a micro concept that could be analyzed at a much more individual level. He stated that the concept can be attributed to the society but requires to be theoretically careful. Portes believes that this concept is the property of individuals,

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therefore, it would be detrimental to reflect it on larger communities. He stated that if it is to be reflected in societies, theoretical improvement should be made through conceptual stretching.

In addition, Portes finds it wrong to consider social capital as a recipe for solving systematic social problems because he thinks that it may be incorrect to evaluate social capital benefits while all other factors are constant (21). Portes stressed that if independent variables are not well established, there is a risk that social capital will become an ambiguous concept (20, 22).

### Basic Perspectives in Social Capital

Bourdieu, Coleman, Burt, Putnam, and recently Lin are thinkers who contributed to the development of the concept of social capital through pioneering research (3). Initially, the work of social capital thinkers was dispersed and contradictory. However, Lin attempted to combine them under a single roof with different approaches (17). Another feature is that it is symbolic and can be converted into symbolic capital (23). Reciprocity is an investment with risks because expectations are unlikely to occur. This is because the size of the responsibilities and the return of the earnings are unclear (24). In other words, social capital is an indirect gain. Further, individuals do not relate to social capital (19). However, the byproduct of their relationship constitutes social capital. Coleman states that there are three types of social capital—responsibility and expectations, information channels, and social norms. These are the returns of social relations that serve the interests of individuals. Responsibilities and expectations mean that the good will come back in the future and that the other party feels responsible. This expectation depends on the reliability of the social environment and the extent of responsibility. Access to information is always costly. Individuals generate returns by using the information obtained through social capital for their purposes. Conversely, norms create a control mechanism through relationships and ensure the implementation of sanctions. Norms require some degree of consensus and provide social order (25).

### Institutionalization Efforts & Lin

With his work, Lin has gathered the different perspectives of Bourdieu, Coleman, and Putnam for social capital under one roof (3). Lin contributed to the institutionalization of social capital. According to Lin, social capital is the investment that is obtained from embedded sources in networks of relationships between

actors, which can be accessed and mobilized for a specific purpose. The definition emphasizes three elements of social capital—the resources embedded in social structures, the access of individuals to these resources, and the mobilization of these resources for the purpose. Here, acquisition of new resources and the protection of existing ones are two important parameters (26). Individuals who can mobilize buried resources in a better way achieve better results (27). One reason of social networks is claimed to be for social capital. Therefore, social networks establish a conceptual link between actions that connect individuals and social structures and structural constraints. Simultaneously, a social network enables fusion of micro and macro levels and connects relational and collective processes (28). Unlike some other authors, Lin believes that social capital maintains relationships without waiting to benefit individually or as a group. Lin divided the gains from social capital into four classes: facilitating individuals' information flow, increasing the influence of the individual on other actors, increasing the consultative power of the individual, and increasing the individual's identity and recognition. He stated that this classification is the characteristic that differentiates social capital from other types of capital (29). According to Lin, three sources constitute social capital—the strength of the structural position, the network position (weak or strong bonds), and the purpose of the actor's actions and behavior. In structural position, the actor has a place in the social hierarchy and communication with other strata. Lin emphasized that social capital preserves its physical existence and mental health and provides satisfaction with life. He defined this as a social benefit (reputation gain). He stated that these returns may also be purposes (30).

### Solidarity and Intermediary Social Capital

The authors divided social capital into solidarity and intermediary social capital in terms of returns. The basis of this distinction lies in the collective and individual return differences of social capital. Coleman (24) is known as solidarity social capital and Burt (30–32) is known as intermediary social capital. Solidarity social capital comprises strong bonds and protection of resources. It is thought that social networks of this nature are necessary for social capital and those in these networks are rich in social capital. It focuses on relationships within the group.

Intermediate social capital focuses on external relationships and individual returns; it is provided by weak links between actors from different social and cultural backgrounds and is more decisive in accessing new resources. The element of trust in the intermediary social capital is not very much processed. In contrast to tight and strong relationships, extended networks with weak and familiar ties are encouraged (33). Both authors continued their claims by giving examples in their work. Coleman (25) stated that good relationships between parents and their children's teachers positively affects the success and bad behavior of children. However, Burt (31) and Borgatti (34) emphasized that companies restrict each other due to intense relationships and that companies can obtain innovative and creative ideas only from outside the group. Brut states that individuals with high intermediary social capital become more advantageous (30). However, some writers do not agree with Brut on this subject (35, 36).

#### Main Points:

- Man is the most beautiful fruit of this tree of life, the most valuable asset of this universe.
- If the abilities of this fruit are opened, it will be a small world on its own and it will do great things.
- Beautiful and logical communications become an elixir and can take people from coal grade to diamond grade.
- No matter how far a person goes in his own profession, he will definitely need friends he can trust. Good friends are earned and continued through good relationships.
- In a safe and beautiful environment, hard work gets easier, big troubles get smaller, and misfortunes become light.

### Risks of Social Capital

Although social capital has many benefits, many studies have also reported its risks. Intermediary social capital is often unsustainable, the legitimacy of bridging actors is undermined, and the risk of exclusion from the group increases; they can even be punished by the subgroups (30, 31).

In particular, solidarity social capital can develop hostile attitudes toward non-group actors while ensuring compliance and belonging to intra-group rules (16, 10). The high level of intra-group solidarity is associated with it the risk of restricting the free will of individuals. Individuals may choose to restrict their freedom based on the threat of isolation from the group and sacrifice their freedom with the motive of protection from the dangerous outside world. They can evaluate these behaviors as survival strategies. The negative effects of social capital are also observed in cases such as terrorist groups and mafia relations (36). In intermediary social capital, actors can use their bridge role and knowledge for bad purposes. They can steal information in legal or unethical ways. Social capital and relations give rise to hate groups and thus form their bureaucracy. However, these negative results do not eliminate the fact that it is a type of capital (37) because when physical and human capital is abused, it can cause serious harm to individuals and societies. It is therefore unjustifiable to argue that social capital has fewer benefits than other types of capital (14).

### Social Capital in Health

In this regard, the studies focused on access to and benefits from health services of the society or individual, human behaviors of diseases, and the quality of life of health. The results of different theories are included in these studies (38-41), which are built based on social support, trust, and interdependence. It emphasizes that social capital shapes the behaviors of individuals toward their health status, increases their quality of life, and decreases the risk of developing certain diseases or is protective against certain diseases. However, studies that are directly related to the interest of health service providers are limited.

To the best of our knowledge, there is no study in the literature on social capital and emergency services. Therefore, the relationship between social capital and emergency services is emphasized in this study. However, this process has been handled differently from what has been done so far. In this study, unlike the other studies, the theme of looking at the relationships between emergency service workers from the social capital window was discussed and possible gains were pointed out. When viewed from this perspective, it will be seen to give a new perspective. The social capital window of the relationships between emergency service staff and patient and patient relatives was excluded from this study to make the subject of another. Since there is no significant information in the literature about the following section, it is written entirely from clinical experience. The topic will begin with an emphasis on the job descriptions of employees working in the emergency department and how they have reached the current position.

### Personnel Working in the Emergency Department

- **Those who come with the in-house (reluctant) assignment:** This group can include all other health personnel, including doctors, and often consider this assignment as a kind of exile. In the subconscious codes, the emergency department has long been registered as a place of exile. They do not digest and accept the event of exile. This group is the most difficult to adapt to the emergency department. They do not feel like they belong to the emergency room (ER). They do their tasks very unintentionally. They do not satisfy the patient they care for and the other employees they work with, nor do they enjoy themselves. They knock on every door to go back to where they came from. From time to time, they confront hospital administration and emergency room managers. They come late to work, give unnecessary excuses to leave, and receive reports from other institutions without notification and send them to the emergency department responsible. They usually get very sick. According to the experience so far, almost all of those who were exiled to the emergency department with the change of hospital administration have either returned to their previous wards or have been reassigned in another field of study. Therefore, their reluctant marriages with the emergency department result in divorce.
- **Those who have their wishes to be assigned to the emergency department:** These are usually
  - Young and single nurses who have just started work and love adrenaline,
  - Some senior staff who wants to go to a different place and have a discussion in other parts of the hospital,
  - And some senior physicians who want to work in emergency services due to financial concerns. They certainly add joy to the emergency room and bring mobility. Working with them, keeping watch, and looking after patients becomes easier and even enjoyable. They are satisfied with the patients and the patients are satisfied with them. They see the emergency room as a big part of their families. They rejoice in those who come, and they feel sorry for those who go. Very few of these people continue to work in the emergency department with their initial willingness. Most of them leave the emergency department after their marriages, having children, or thinking that they are very worn out. However, they never forget the emergency room; they do not neglect to stop by as soon as they find the opportunity.
- **Employees with an assignment:** These are Emergency Medical Physicians (EMP), paramedics, Emergency Medical Technicians (EMT), and more recently, established emergency room nurses. This group is not a tenant in an emergency; they are the permanent staff of the emergency service. Therefore, they are the hosts. They can only go to another emergency room with the assignment. Some of them love their profession and certainly add strength to the institution. In particular, EMPs have made revolutionary positive changes in all emergency services they have worked to date. They have made amazing contributions in every field related to emergency services in the country, changed the face of these institutions, and brought them to world standards.

The inclusion of ATUs in the health system has significantly reduced the workload of other branches, mortality, and morbidity of patients in the acute phase. They deserve great appreciation for all these and for similar reasons. Apart from these, some of the personnel who come by appointment continue to think that they are obliged and sentenced to the emergency room. Those who are unhappy can make their working life unbearable both for themselves and for the friends with whom they work in the service.

- **Employees who come with an exam result:** This group comprises research assistants. The assistants come to make an informed decision by considering that their working life will continue in the emergency services. Although the range of work in the training process (four years) has already been determined, they also work with the knowledge that they are the hosts. They learn and teach. They are the strawberries of the ER. It is possible to see their signatures at every step of the emergency services.
- **Faculty or training staff:** They see themselves as the staff of the emergency services, and they are seen and accepted as such. Their most important tasks are to conduct research, provide training, and direct and manage emergency services. However, these three important tasks slow down after a certain academic title. Those who are enthusiastic and have great goals make an incredible contribution to Emergency Medicine. I have to emphasize an important point here. As in every group, there may be conflicts from time to time in this group and their reflections in the service can be seen. However, a prolonged conflict at the upper level of the service leads to different and harmful perceptions throughout the service. Other staff working in the service sometimes cannot decide who to listen to and may have to play a different personality role. Certain conflicts cannot be prevented despite all goodwill and solidarity. Sometimes even if we are right, we should be able to correct our behavior that can make many people uneasy and learn to waive some of our rights. We do not and should not have the right to make many people uneasy for a piece of righteousness and for our self, which we misunderstand a lot of times. The most important step in preventing this situation that is harmful and unfair and which affects the service in every cell and disrupts the motivation of the employees is to take the decisions considered for the service together. This does not only provide justice but also facilitates the implementation of decisions and helps to achieve faster results. There may be different behaviors in the details and these should be accepted. Besides basic principles, everyone should act as one body.
- **Non-fixed employees:** These are patient transport, cleaning and security guards and interns. The duration of the education of the students in the emergency department is predetermined and is a little out of this article. Therefore, it will not be mentioned in detail. For other employees, the time of arrival and departure to the emergency department is often not known in advance. Their working order is completely at the disposal of the hospital administration. Some of them work in the emergency department for a long time, while others come and go without being recognized. The employ-

ees in this group should be constantly educated about sterile procedures, about dealing with colleagues-patients-relatives, and about time to job, drinking, eating, and resting. Although they are not in the decision-making position and do not have the decision-making authority, they have the potential to significantly affect the quality of the service and the service they produce. For example, if your patient arrives, and examination, diagnosis, and treatment is excellent but the toilets smell, floors, stretchers, and chairs are dirty, it will not be easy to talk about quality service. Therefore, the controls, follow-up, and necessary training of the employees in this group have to be daily. However, these employees who are lower in economic terms should not be miserly in terms of personal rights. Their happiness and motivation can only be achieved through this

### Gaining Corporate Belonging

First of all, the communication between the existing employees must be sound. A full consensus should be reached in the management of the institution. It is useful to make a definition so that the full agreement is not misunderstood.

- **Full reconciliation in the emergency department**
  - Improving quality at every stage of patient care in the emergency department,
  - Ensuring an adequate level of physical space,
  - Provision of adequate equipment according to the level of emergency services,
  - To act fairly in the protection of the personal rights of the personnel,
  - Arranging annual permits,
  - Adjusting and maintaining milk or breastfeeding permits,
  - Preparation of disease reports,
  - Distribution of shifts,
  - Ensuring that legal and excuse permits are granted for weddings, engagements, and deaths
  - Ensuring the allocation of out-of-work wages,
  - Preventing mobbing on any subject,
- Providing the necessary training to each group of personnel for the development of Emergency Medicine and ensuring the continuation of them,
- Protection of the rights of emergency personnel against other services
- Protecting the revenues of the institution and service and ensuring that all services provided for patient rights are fully recorded. In cases where full reconciliation is impossible, at least there should not be serious differences of opinion and power that affect each other negatively and cause negative forces instead of a synergy.

### First Welcome and First Meeting in the Emergency Department

For both newcomers and active workers, the first impressions at the first meeting are like the first teachings of young children that cannot be erased. These moments are very precious; they are never forgotten with their pangs and dessert. If you see the first meeting big, it grows bigger and if you see it small, it becomes smaller; if you give importance, it develops and if you do

not give importance, it goes out. People are both satisfied and happy at the first meeting or are anxious and uneasy. Both parties agree that the first encounter in the emergency room and the interview can be very impressive. There is the first communication step before the first encounter. Before they arrive, including those who think they have been exiled, they do research about their destination on social media or call the service and ask for information about everything. I would like to make an evaluation based on our experience so far for useful communication and meeting.

- The information that can be given in the first interview
  - The number of staffs in each group (doctor, nurse, paramedic, Emergency Medical Technician)
  - Number of patients per day,
  - Distribution, number, and duration of seizures,
  - Patient population,
  - Patient transfer,
  - Invasive procedures,
  - Security status,
  - Keeping records,
  - Inter-shift
  - Annual and other permits,
  - How nutrition, dressing, and other daily needs are met,
  - Clothes to be worn during the service,
  - Patient transfer and delivery between departments,
  - The location of the hospital in the city,
  - House prices and rents by region,
  - Monthly fees
- Describe the other supervisors in the department and their areas of interest (areas of responsibility of the professors); the newcomer should be contacted by those in charge. People must not provide confusing information about the department. Possibly, different information and ideas can cause frustration and insecurity in newcomers. It might make them think they are in a confrontational environment. To prevent this from happening, the service must be in full agreement, as described above. When these encounters do not occur, communication accidents occur. Many people know from their own experience that suddenly in the service, we may come across someone in uniform who is interested in the patient or another job of the service. Asking him who you are or what are you doing here, may offend both parties. Answers like these from our nurse friends who started four months ago make the whole thing ugly. Sometimes, it may not be appropriate for everyone to meet at the same time. In this case, communication and promotion can be provided by social media networks such as WhatsApp or other communication devices established within the service. Taking a photo of the person with his/her consent and his/her name and surname can be shared in the group together with the study area. Those who are certain to start can be included in the groups at the moment and it can be called a welcome, good luck friend
- When the person is a new faculty member, it is important to introduce him to the hospital chief, dean, and head of the internal/surgical departments. When the new person is a nurse, paramedic, or ATT, care must be taken to introduce him to the nurse and hospital director or assistant principals in charge of the department. These interviews are extremely important in terms of corporate identity.
  - After the interviews, a meal with the new person, if possible, within the hospital, reinforces the sense of belonging.
  - Beginners may not have arranged accommodation in the first place. In this case, it is a courtesy to show them hospitality, arrange an accommodation where they can be comfortable. This may be temporary in our own homes or in suitable guesthouses. Against such ownership, the new officer who has moved to full settlement will never forget the fidelity of his hospitality.
  - It is a good communication tool that should not be skipped when the first interviews are over, providing information to the newcomers about the city. The person in charge can inform the new person about the city's population, cosmopolitanism, shopping centers, parks and gardens, the kitchen, and the means of transportation.
  - New staff should also be assisted in renting, buying or moving into a house. After all, we know the city and the environment we work in, better than newcomers. It is not right to leave these people who will be our colleagues alone at the mercy of unknown people like real estate agents in the city. Without our help, the problems that may arise as a result of renting a house in an unnecessary place will be reflected in the work environment; we will all be negatively affected.
  - The introduction of the materials and working systems in the service to the newcomers in the early period is one of the aids that may be useful in opening up the whole service. This promotion is particularly important, as a large number of new staff are appointed or dispatched to the emergency room without any experience. Sometimes, a staff member who does not know how the blood pressure cuff works, how to turn the monitors on and off, how to work sterile in the service, and even how to open the vascular access, can come. Releasing such a person to learn for himself or herself over a long period will cause harm to all employees and patients. The sooner one gets the job, the safer we all are. Angry questions such as where you graduated, how you graduated, and why you do not even know the simple tasks, do not help the young people who do not know the job at this time. Since we cannot send the incoming staff back, because the new staff will not be replaced even when the staff goes back, training the incoming staff is the least harmful and most profitable way. However, this teaching work should be done with compassion and good faith, not by offending the person. Then, the new person will know you as a lifetime master.
  - One of the secrets of gaining corporate belonging to the newcomers and being a good team with them is to visit their homes as a department and to welcome them and share their joy and grief with them in cases of birth, marriage, death or illness. These visits are social capital parameters and are very useful. The department can visit all of their staff by making these visits routine throughout the year.
  - As for those who believe that they have been sent to the emergency room as exile, we can talk with them about a common working environment and discuss the errors or

negativity about the emergency room in their minds. They may indeed have been sent to the emergency department as a punishment for friction with the administration. Some of them are people who do not hold stitches anywhere and eventually coming to the emergency room. Perhaps they are experienced and usable elements. The boundaries with them should be drawn. We can tell them that: they are not sent to the emergency room as a result of our mistakes, we are not in favor of punishment, we have no intention of tormenting them in the emergency room, we can do good work together within the legal framework, and most of the reservations about the emergency service may be wrong and incomplete. This type of treatment causes them to separate us from the hospital managers who sent them to the emergency room. It prevents them from looking at us as a common criminal, and they are convinced that they can work with us.

- One of the many components of social capital in the emergency department is the positive behavior we have against the employees of the institution who come to the emergency department for any discomfort or special job. When in-house employees come to the emergency room for their discomfort, we need to make them feel that they are an employee of the institution. A significant number of patients who come to the emergency department wait for such behavior and enjoy it. As an emergency room manager or responsible nurse, we can convey our wishes to our sick employees. We can stand next to them and share their troubles. If necessary, we can invite them to our room and offer tea and coffee. If we are not present in the emergency room, we can call our sick colleagues and tell them that we are aware that they are coming to the emergency room as a patient and that our other colleagues will do their best for them. We can guarantee that they can reach us in case of any need. This favoritism, which is shown as VIP treatment, can be viewed as a right of the employees of the institution rather than a compliment. Such behaviors should not be viewed from a window of interest, such as «now someone from a different service came to us; we should treat them well so that they can treat us well when we go to that service.” As the emergency department, this kind of positive behavior toward our sick friends is more sympathetic compared with just giving them a nice gift; it increases their trust and confidence in us and the emergency department. It is also social capital to inform our colleagues who are actively working in the emergency department on these issues. When one of our colleagues approaches our as a patient, we must ensure that the service officers are notified. Thus, a protocol of the emergency department should be created for the internal employees.

#### Those Who Leave the Emergency Service

We believe that this issue has been partially neglected in emergency services. Regardless of the long or short term, everyone working in the emergency department has more or less labor, which should not be ignored. From time to time, if we had problems with some people and even if we were right, these people looked after us in the same place, treated patients, ex-

perienced stress, gave their days and nights, remained sleepless, exposed the violence of the patients and their relatives with us, and shared our problems; they stood side by side with us many times and had dinner and tea; they may have borrowed or lent money to us and added a useful new vision to the service. For all these reasons, people should leave satisfied when they have to leave us. They should leave without saying, “Oh, I’m leaving you, I’m getting rid of you.” We should not be doing any injustice that makes them say that. Combining the experiences of a large number of people, there are good points for those who will leave the emergency room for any reason. These include:

- Departure/leaving must be announced to all service employees.
- Gifts should be given within the facilities. This can be a meal or something like the clothes that one likes.
- Before leaving, it will be an honor to give the person a certificate of appreciation signed by the person in charge of the department or the hospital administrator for his contribution to the emergency room.
- It is very valuable to accompany people to the bus station or airport.
- It would be detrimental to remove people from communication groups immediately they leave. These people often leave the groups themselves. If the time is prolonged or people forget, they may be reminded later by implication.
- Calling on days like holidays and festivals, and asking them to remember their memories shows that they are not forgotten, which will make them happy.
- When there are situations like birth, marriage, death, or illness, visiting them if they are nearby, searching for distant ones, and sharing their joy and grief is an example of omnipotence.
- It is a humanitarian and conscientious task not to leave them alone when they or their relatives come to the emergency room due to illness; the required sensitivity must be shown. This approach makes our old colleagues extremely happy. You should not spare this much.
- Those who will leave are expected to submit a report on the service (without intent, a frankly negative report) to the department responsible for problems and solutions. These reports should always be evaluated at the point of service benefit.

#### Why These?

Emergency services are constantly changing. Due to shifting principles, we may not meet face-to-face for a long time. Such rapid changes and stressful environments can also result in changes in people’s material and spiritual worlds and work ethics. Changes that occur in the spirit world of individuals cannot be noticed. We may be faced with a serious problem with a colleague at an unexpected moment. Sometimes, we scold our friends for not informing us of what is going on. Moreover, the work of the emergency department requires a very serious team than other branches. The success of the team being united around a purpose in the same event. A secret to our success is to know each other well. In other words, it should be essential for the team to work as a sino-atrial node. Thus, water and elec-

tricity go to every focus of the service, distant and near points are fed and do not develop into ischemia. Otherwise, with such intense work volume and rapid variability, everyone works as atrial fibrillation to their strength but cannot prevent the service from entering into ischemia. Ensuring an ideal environment is also possible through good communication. It is useful to evaluate the activities described in this section such as acquaintance, solidarity, and ownership as social capital. This capital is free of charge, may not be easily won but not lost easily, does not deteriorate after separation, daily currency changes do not affect it, and it does not even end in death. They should not be seen as unnecessary, insignificant, and dysfunctional and should not be considered useless.

## CONCLUSION

Social capital does not have a unique definition. Social issues play an important role in the background of problems and difficulties in all aspects of life. The challenges encountered in economic life and in managing organizations are not only associated with the lack of material and physical resources. Therefore, the concept of social capital considers an individual as an important parameter of productivity and efficiency without ignoring the social aspect of the individual. He considered the social deficiencies of individuals as a problem that needs to be solved and considered it as a manageable resource. In this respect, at the end of the 20<sup>th</sup> century, a new perspective and conceptual framework were created by examining the social relationships of individuals. Globalization and the development of information communication technologies have also seriously affected interactions between individuals. To meet complex economic transactions and non-monetary needs, relationships with minimal confidence were needed. Especially in the 1990s, different capital concepts such as social capital, which belong to many disciplines, were added alongside classical capital concepts. The mentioned reasons have increased the importance of social relationships and provided an atmosphere suitable for the development of social capital in an academic sense. However, it is a panacea and a mistake to look through a prescription. Some authors represent the individuality of social capital, whereas others represent the collective aspect of social capital, focusing on social returns. In the literature, majority of the have investigated the positive aspects of social capital and especially social solidarity.

This paper more closely conforms to the definitions of social capital in the literature by Coleman and Lin. Although there are many reasons for the success and failure of institutions, the responsibility of the employees in that institution has the most important factor. The advantages such as the love and ownership of the employees add value to the organization; negativity such as hating the institution and downgrading it everywhere can degrade the value of the institution. The emotions and feelings that people experience during their start-up and departure have an important place in owning the institution or trying to escape from it at every opportunity. These events are very effective in gaining corporate identity or eroding an identity. Emergency services have some disadvantages. Due to the balance of supply and demand, the type and number of patients are constantly changing and the number of staff and the staff itself is always

changing. This rapid variability can make it difficult for those who come to have a sense of belonging to their institution. This disadvantage can be advantageous with good corporate organization and management.

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