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Asst. Prof. Dr. Şenol YAVUZ

<https://orcid.org/0000-0001-6261-9296>

Hitit University, Osmançık Ömer Derindere Vocational School, Department of Property Protection and Security, Çorum / TURKEY



Lec. H. Elçin ÖZBEK

<https://orcid.org/0000-0002-8027-7995>

Hitit University, Osmançık Ömer Derindere Vocational School, Department of Medical Services and Techniques, Çorum / TURKEY



Asst. Prof. Dr. Demet TATAR

<https://orcid.org/0000-0002-9317-3263>

Hitit University, Osmançık Ömer Derindere Vocational School, Department of Medical Services and Techniques, Çorum / TURKEY

EXAMINATION OF OCCUPATIONAL HEALTH AND SAFETY PERCEPTION LEVELS OF EMPLOYEES IN THE HEALTH SECTOR

SAĞLIK SEKTÖRÜNDE ÇALIŞANLARIN İŞ SAĞLIĞI VE GÜVENLİĞİ ALGI DÜZEYLERİNİN İNCELENMESİ

ABSTRACT

Providing competent Occupational Health and Safety training to students studying in the field of mapping, creating awareness of occupational health and safety in students, and providing a sufficient level of occupational health and safety, which is weak in the field of maps, contributes positively. It is difficult to control and monitor field workers who are in the map area. They encounter many hazards and are exposed to risk factors during field surveys and construction works. Health sector workers are exposed to many risk factors while serving people. According to the type of risks exposed, material and moral losses are experienced. The negative situations experienced during the pandemic process have once again revealed the importance of the concept of occupational disease for employees in the health sector. According to Occupational Health and Safety Law No. 6331, employer/employer representatives are obliged to provide occupational health and safety services to their employees. Health workers are faced with losing their health by being exposed to overwork, stress, mobbing, and physical risks. In this study, occupational health and safety perception levels were tried to be examined by conducting a survey study on health sector employees working in Çorum. The survey consists of 15 questions on demographic characteristics and occupational safety and a 45-item occupational safety scale in hospitals. It was seen that the majority of the participants are women, married, age group 20-28, public employees, have 0-5 years of experience, have a bachelor's degree, have more employees in the service and polyclinic, have nurses as a professional group, and have served in the same institution for 0-5 years. It has been determined that the perceived level of Occupational Health and safety is high in associate degree graduates and low in undergraduate graduates, they have heard about occupational health and safety and legislation, but they cannot benefit from OHS services sufficiently and their OHS perception level is low. The main reason why the occupational health and safety level of private hospital employees is higher than that of public employees is that while OHS is compulsory in the private sector, it is not compulsory in the public sector.

Keywords: Occupational Health and Safety, Health Sector, Perception Level, Survey Scale.

ÖZET

Sağlık sektörü çalışanları, insanlara hizmet sırasında birçok risk etmenine maruz kalmaktadır. Maruz kalınan risklerin türüne göre maddi ve manevi kayıplar yaşanmaktadır. Pandemi sürecindeki yaşanan olumsuz durumlar, sağlık sektöründeki çalışanlara yönelik meslek hastalığı kavramının önemini birkez daha ortaya çıkarmıştır. 6331 Sayılı İş Sağlığı ve Güvenliği

Kanunu'na göre işveren/işveren vekilleri çalışanlarına iş sağlığı ve güvenliği hizmetlerini sağlamak ile yükümlüdür. Sağlık çalışanları fazla çalışma, stres, mobbing ve fiziksel risklere maruz kalarak sağlığını kaybetmek ile karşı karşıya kalmaktadır. Bu çalışmada, Çorum ilinde görev yapan sağlık sektörü çalışanlarına yönelik anket çalışması yapılarak, iş sağlığı ve güvenliği algı düzeyleri incelenmiştir. Anket çalışması, demografik özellikler ve iş güvenliğine yönelik 15 soru ve 45 maddelik Hastanelerde İş Güvenliği Ölçeği'nden oluşmaktadır. Katılımcıların çoğunluğunun kadın, evli, 20-28 yaş grubu, kamu çalışanı, 0-5 yıl deneyime sahip, lisans seviyesinde eğitim düzeyine sahip, servis ve poliklinikte çalışanların oluşturduğu, meslek grubu olarak hemşirelerin ve aynı kurumda 0-5 yıl arasında hizmet verenlerin olduğu görülmüştür. İş sağlığı ve güvenliği algı düzeyinin önlisans mezunlarında yüksek, lisans mezunlarında daha düşük olduğu; iş sağlığı ve güvenliği (İSG) mevzuatını duydukları ancak hizmetlerinden yeterince faydalanamadıklarını ve İSG algı düzeyinin düşük olduğu sonucu tespit edilmiştir. Özel hastane çalışanlarında iş sağlığı ve güvenliği düzeyinin kamu çalışanlarına göre daha yüksek olmasındaki ana sebep, İSG'nin özel sektörde zorunlu iken kamuda zorunlu olmaması büyük etkidir.

Anahtar Kelimeler: İş Sağlığı ve Güvenliği, Sağlık Sektörü, Algı Düzeyi, Anket Ölçeği.

1. INTRODUCTION

Institutions serving in the health sector were established to serve people with their physical structure and doctors, nurses, patient caregivers and various health workers. While providing services to people, they are exposed to various factors originating from the workplace environment and its environment (Eklöf, Törner & Pousette, 2014). The success of hospitals is possible with the healthy and safe working of their employees (Gürer, 2018). According to the Occupational Health and Safety Law No. 6331, hospitals are in the dangerous class and employer / employer representative is obliged to provide occupational health and safety services to their employees (Özbek, Yavuz & Tatar, 2021).

Occupational Health and Safety is an interdisciplinary discipline formed by the combination of occupational health and safety sciences. The International Labour Organization (ILO) defines health as "in terms of its connection to work, it covers not only the absence of disease or disability but also the physical and mental elements that affect health in direct relation to hygiene and safety during work" (URL1; Yağımlı, 2017). The World Health Organization (WHO) states that health is not only a case of being disease or infirmity but also physically, mentally, and socially well-being (URL2).

Occupational health, on the other hand, is defined as making the employee suitable for the job and the job for the employee and employing them in jobs that are compatible with the physical conditions of the employees (Gültekin, 2019). Occupational safety, on the other hand, is the evaluation and analysis of the hazards arising from the conditions in the work environment and the risks arising from these hazards and the measures to be taken against these risks (Gültekin, 2019). Occupational safety is a proactive method in which the conditions existing in the workplace environment and that the employee may be exposed to during the execution of the job are determined and precautions are taken. It is to protect the employee from the negative conditions of the workplace (Sabuncuoğlu, 2000; Öztürk & Babacan, 2012).

The traditional definition of occupational health and safety; is expressed as "systematic works carried out in order to provide a better working environment by removing the dangers caused by the conduct of the work in the workplace and removing the conditions that may harm health".

The main objectives of occupational health and safety are explained in four articles by WHO and ILO (Pınar, 2013);

- ✓ To ensure that the health levels of the employees are raised to the highest level,
- ✓ To prevent the deterioration of health due to adverse conditions in the work environment,
- ✓ To employ employees in jobs and tasks that are suitable for their mental and physical abilities, at the same time, to choose suitable employees for the job,
- ✓ It is to provide harmony between the work done and the worker in order to have the least level of fatigue and the highest level of productivity.

It is possible to state that the main purpose of OHS is actually to ensure the health of the employees, the safety of the business, and the execution of the business in a peaceful environment (Özkan, 2005).

1.1. Risk Factors

Health workers may encounter environmental, chemical, biological, psychological, ergonomic, and physical risks due to their working environments. All these risks reduce the efficiency in the work environment, cause economic losses in the workplace, and most importantly, endanger the health of the employees (Solmaz & Solmaz, 2017; Wilburn & Eijkemans, 2004; Yavuz, Gür & Altıntaş, 2021).

1.1.1. Biological Risk Factors

The most common risk factor that healthcare professionals encounter in their working life is biological risk factors. Infectious agents that pose a threat to health workers can be grouped into two main groups. The first group is the agents that are transmitted as a result of contact with blood and bloody body fluids (from open wounds, mucous membranes, or skin with needle sticks). About thirty microorganisms can be transmitted in this way, and the most important of these are hepatitis B, hepatitis C, and HIV viruses. Those in the second group are transmitted by respiratory secretions released by patients as droplets and droplet nuclei: cold, flu, tuberculosis, measles, rubella, and chickenpox are in this group (Turkish Medical Association, 2008).

1.1.2. Chemical Risk Factors

It has been determined in research that 299 different chemical components in the form of dust, steam, gas, and liquid harmful to human health are used in health institutions (Bayhan, 2005). Chemical hazards and risks frequently encountered by health workers are stated as detergents, disinfectants, anesthetic gases, sterilisers, chemical sterilizing agents, and drugs (Akgün, 2015). Health workers are exposed to chemical hazards that cause dermatitis and work-related asthma (Wilburn and Eijkemans, 2014). Acid and alkalis, salts, dyes, volatile organic solvents, and various drugs, especially antineoplastic drugs, used in pathology, biochemistry, hematology and other laboratories are important risk factors for the formation of a number of diseases from allergy to cancer (Özkan, 2005).

1.1.3. Physical Risk Factors

Heat, light, and noise are the primary physical risks that workers are exposed to during the delivery of health services. In order to eliminate these risks, it is necessary to ensure that the health units are sufficiently bright and warm and that there is a sound level that will not cause negative psychological and physical effects on the employee. While the World Health Organization states that the noise level in hospitals should not exceed 35 dB(A) during the day and 30 dB(A) at night, the Environmental Protection Union guidelines recommend that these values not exceed 45 dB(A) and 35 dB(A) respectively (Akarsu & Güzel, 2016; NIOSH, 1988; Toprak & Aktürk, 2004; Ağuş & Akbel, 2020).

1.1.4. Psychosocial Risk Factors

Employees during the performance of services in the health sector; are exposed to various psychosocial risks such as stress, mobbing, excessive workload, and role ambiguity. According to the definition of health of the World Health Organization (WHO), the full well-being of the employee is prevented (Waehrer & Miller, 2005; Öztürk, Babacan & Anahar, 2012).

The aim of this study is to create solutions according to the results obtained by examining the occupational health and safety perception level of health sector workers in Çorum province and to support the development of occupational health and safety services in the health sector and the elimination of deficiencies.

2. METHOD

2.1. Universe and Sample

The universe of the research consisted of health workers working in Çorum. The sample of the study consisted of 106 health workers who voluntarily participated in the study.

2.2. Data Collection Tool

The data of the study were collected through the Google Forms survey application. "Demographic Questionnaire Form" and "Health Workers Safety Scale" were used in the study (Öztürk & Babacan, 2012; Öztürk, Babacan & Anahar, 2012). There are 16 questions in the demographic questionnaire form and 45 items on the Health Worker Safety Scale. The Health Worker Safety Scale is a Likert-type scale and the answers given to the items are "6-totally agree" and "1-strongly disagree". The scale has 7 sub-dimensions. 1-13. Articles "Occupational Diseases and Complaints", 14-19. Articles "Health Screening and Recording Systems", 20-24. Articles "Accidents and Poisonings", 25-31. Articles "Managerial Support and Approaches", 32-36. Articles "Inspection of Materials, Tools and Equipment", 37-41. Articles "Protective Measures and Rules", 42-45. The items are the sub-dimensions of "Physical Environment Compliance".

3. RESULTS

The answers to the research questions were analyzed through the "IBM SPSS Statistics 26.0" program. The "Cronbach Alpha (α)" value of the study is 0.975. The Alpha value of the study is in the range of $0.8 < \alpha < 1.0$, indicating that it is highly reliable. The frequency and percentage values of demographic data belonging to employees in the health sector were analyzed. In the study, the normality and homogeneity assumptions of the data were tested and Kolmogorov-Smirnov $p=,200$ was obtained. Since $p > 0,05$, the data provide the assumption of normality. Accordingly, a t-test was used for items with two group variances, an Anova analysis and a Post-hoc test (Bonferroni) for items with more than two group variances. $P < 0.05$ denotes a significant difference in the results of the analysis.

Table 1. Frequency Table Containing Demographic Characteristics of Health Workers

	N	%		N	%
Gender			Marital Status		
Female	74	69,8	Married	61	57,5
Male	32	30,2	Single	45	42,5
Age			Educational Status		
20-28	35	33,0	Primary Education	2	1,9
29-38	29	27,4	High School	7	6,6
39-49	34	32,1	Associate Degree	21	19,8
50-59	8	7,5	Bachelor's Degree	55	51,9
The Institution You Work For			Postgraduate	21	19,8
Public	85	80,2	Department you work in		
Private	21	19,8	Service	19	17,9
Year of Professional Experience			Intensive care	14	13,2
0-5 years	44	41,5	Urgent	9	8,5
6-10 years	20	18,9	Operating room	7	6,6
11-15 years	15	14,2	Management /Administration	14	13,2
16-20 years	9	8,5	Polyclinic	19	17,9
20 years and over	18	17,0	Other	24	22,6
Your job?			Working Time in the Institution		
Nurse	36	34,0	0-5 years	56	52,8
Specialist Nurse	2	1,9	6-10 years	26	24,5
Training Nurse	3	2,8	11-15 years	9	8,5
Midwife	11	10,4	16-20 years	5	4,7
Health Officer	4	3,8	20 years and over	10	9,4
General Practitioner/Family Physician	4	3,8			
Specialist Physician	5	4,7			
Other Health Personnel	18	17,0			
Other	23	21,7			

When the frequency table containing the demographic information of health workers is examined; 69.8% of the participants were women, 33% were between the ages of 20-28, and 57.5% were married. 51.9% of the participants have a bachelor's degree, 80.2% work in a public institution, 41.5% have 0-5 years of professional experience, 52.8% have worked in an institution for 0-5 years. 34% of the participants are nurses, and 22.6% of them work in other fields (laboratory, radiology, ASM, TSM, etc.).

Table 2. Reliability Analysis of the Sub-Dimensions of the Health Workers Safety Scale

Scale Sub-Dimensions	Cronbach Alpha (α) Value
Occupational Diseases and Complaints	,962
Health Screening and Recording Systems	,924
Accidents and Poisonings	,928
Managerial Support and Approaches	,941
Materials, Tools and Equipment Inspection	,938
Protective Measures and Rules	,952
Physical Environment Compliance	,911

The reliability analysis of the sub-dimensions of the health care workers' safety scale is given in Table 2. According to the table, it was observed that the sub-dimensions are highly reliable.

3.1. Data on Perceptions and Experiences of Healthcare Professionals on Occupational Health and Safety

Table 3. Number and Percentage Values of the Responses of Healthcare Professionals to the Occupational Health and Safety Questions (N=106)

Occupational Health and Safety Questions	N	%
Is there a committee on employee safety in your institution and does it work?		
Yes	60	56,6
No	23	21,7
I do not know	23	21,7
What is the probability of occupational disease in your institution?		
Very often	6	5,7
Often	21	19,8
Middle	40	37,7
Rare	32	30,2
Invisible	7	6,6
What is the probability of a work accident in your institution?		
Very often	7	6,6
Often	14	13,7
Middle	40	37,7
Rare	44	41,5
Invisible	1	0,9
Have you had an occupational disease in your institution?		
No	44	24,0
Digestive system diseases (ulcer, colitis, constipation, etc.)	9	4,9
Psycho-social disorders (panic attacks, depression, etc.)	19	10,4
Skin diseases (eczema, dermatitis, hair loss, etc.)	27	14,8
Cardio-vascular diseases (hypertension, varicose veins, etc.)	8	4,4
Muscle-joint diseases (herniated disc, Carpal tunnel S. etc.)	24	13,1
Respiratory system diseases (asthma, bronchitis, COPD, etc.)	8	4,4
Sleep disorders	28	15,3
Nervous system diseases (sebro-vas. H., herniated disc, etc.)	10	5,5
Infectious diseases (hepatitis, AIDS, etc.)	6	3,3
Have you had a work accident/injury in your institution?		
No	45	20,5
Soft tissue trauma (pinprick, cuts, crushed, etc.)	33	15,1
Low back, muscle and joint injuries (back/arm/leg pain, etc.)	12	5,5
Electric shocks and burns	4	1,8
Slip/fall etc. traumas	16	7,3
Poisoning (ethylene oxide, food, medicine, X-rays, etc.)	3	1,4
Exposure to physical violence (patient/relative)	12	5,5
Exposure to verbal violence (patient relative / staff, etc.)	28	12,8
Exposure to psychological violence (hospital staff)	21	9,6
Emotional problems (loneliness, burnout, etc.)	24	11,0
Chronic fatigue etc.	21	9,6
Have you read the communiqué on ensuring patient and employee safety in health institutions and organizations?		
Yes	33	31,1
No (I Didn't Know)	60	56,6
No (I Knew About It)	13	12,3

When the answers given by the participants to the items related to Occupational Health and Safety are examined; 56.6% of health workers stated that there is a committee for employee safety in their institution and studies is carried out. 40% of the participants stated that occupational disease is seen at a moderate level in their institutions. 44% of health workers stated that work accidents are rare in their institutions. While 24% of the health workers stated that they did not have any occupational disease, 15.3% had sleep disorders, 14.8% had skin diseases (eczema, dermatitis, hair loss, etc.), and 13.1% had muscle-joint diseases. (lumbar hernia, Carpal tunnel S., etc.). While 20.5% of the participants stated that they did not have any work accident/injury, 15.1% experienced soft tissue trauma (pinprick, cuts, bruises, etc.), 12.8% were exposed to verbal violence, 11% stated that they had emotional problems (loneliness, burnout, etc.). 56.6% of the health workers stated that they were not aware of the "Communiqué on ensuring patient and employee safety in health institutions and organizations", while 31% stated that they had read the communiqué.

Table 4. Number and Percentage Values of Health Workers' Satisfaction Questionnaire for Employee Safety

Employee Safety Satisfaction Status	I'm satisfied		I'm undecided		I'm not satisfied	
	N	%	N	%	N	%
Working hours/shifts	33	31,1	24	22,6	49	46,2
Distribution of tasks	33	31,1	25	23,6	48	45,3
Workload	19	17,9	28	26,4	59	55,7
work speed	28	26,4	31	29,2	47	44,3
Number of nurses	22	20,8	35	33,0	49	46,2
Number of physicians	32	30,2	40	37,7	34	32,1
Number of patients	22	20,8	29	27,4	55	51,9
Equipment and design of the working environment	24	22,6	36	34,0	46	43,4
Interpersonal relations in the work environment	39	36,8	35	33,0	32	30,2
Tools and equipment used	35	33,0	32	30,2	39	36,8
The quality of the cleaning material used	28	26,4	37	34,9	41	38,7
The quality of the consumables used	27	25,5	40	37,7	39	36,8
Quality of Personal Protective material	26	24,5	40	37,7	40	37,7
From working in this company	30	28,3	40	37,7	36	34,0
From working at the unit/service	45	42,5	37	34,9	24	22,6
Health safety measures (vaccination, protective materials, equipment, etc.)	40	37,7	35	33,0	31	29,2
Employee health and safety policies	25	23,6	41	38,7	40	37,7
Patient lift/transport systems	30	28,3	37	34,9	39	36,8
Training for employee safety	26	24,5	37	34,9	43	40,6
Security personnel behavior	31	29,2	39	36,8	36	34,0
Taking responsibility/support of the institution in case of work accident/occupational disease	22	20,8	48	45,3	36	34,0

When the satisfaction levels of health workers regarding occupational health and safety practices are examined, the items answered with the answer "I am satisfied" are; working hours/shifts (46.2%), distribution of tasks(45.3%), workload(55.7%), work speed(44.3%), number of nurses(46.2%), number of patients (51.9%), the equipment and design of the working environment (43.4%), the tools and equipment used (36.8%), the quality of the cleaning materials used (36.8%), patient lifting / transport systems (36.8%) , employee safety training (40.6%). Items for which I was undecided; the number of physicians (37.7%), quality of consumables used (37.7%), being employed in the institution (37.7%), employee health and safety policies (38.7%), taking responsibility/support of the institution in case of work accident/occupational disease (45.3%). It has been observed that they are satisfied with interpersonal relations in the working environment (36.8%), working in the unit/service (42.5%), and health safety measures (vaccination, protective materials, equipment, etc.) (37.7%).

3.2. Mean Scores of the Sub-Dimensions of the Health Workers Safety Scale

The mean score, standard deviation, the minimum and maximum score obtained from the Health Workers Safety Scale and its sub-dimensions are given in Table 5.

Table 5. Mean Score of Health Workers from the Scale and its Sub-Dimensions

Sub-Dimensions of the Health Workers Safety Scale	Mean	Sd.	Min.	Max.
Occupational Diseases and Complaints	30,27	15,98	13,00	72,00
Health Screening and Recording Systems	20,76	9,31	6,00	36,00
Accidents and Poisonings	16,25	7,72	5,00	30,00
Managerial Support and Approaches	17,74	9,43	7,00	40,00
Material Tools and Equipment Inspection	16,49	7,84	5,00	30,00
Protective Measures and Rules	18,08	8,34	5,00	30,00
Physical Environment Compliance	14,23	6,61	4,00	24,00
Healthcare Workers Safety Scale	133,97	51,97	45,00	255,0

The mean score of the health workers on the scale is 133.97 ± 51.97 . It was observed that the Occupational Diseases and Complaints sub-dimension (30.27 ± 15.98) had the highest mean score obtained from the sub-dimensions of the scale. Other sub-dimensions with high mean scores are; Health Screening and Recording Systems (20.76 ± 9.31), Protective Measures and Rules (18.08 ± 8.34) are sub-dimensions. The Physical Environment Compliance dimension (14.23 ± 6.61) had the lowest mean score.

3.3. Analysis of the Relationship Between the Demographic Characteristics of Healthcare Professionals and the Mean Score of the Health Worker Safety Scale

In order to examine the relationship between the demographic characteristics of the participants and the Health Workers Safety Scale, t-test analysis was applied for items with two group variances, and Anova analysis for items with more than two group variances. In the Anova analysis, the Bonferonni

analysis was performed as a Post-Hoc test for items where there was a significant difference between the groups ($p < 0.05$).

Table 6. t-Test Analysis Examining the Relationship Between Demographic Characteristics of Health Workers and Mean Scores of Health Workers Safety Scale

Demographic features	Mean	Sd.	t	P
Gender				
Female	74	54,00	,394	,694
Male	32	47,61		
Marital Status				
Married	61	127,81	-1,397	,165
Single	45	142,02		
Type of Institution Worked				
Public	85	133,17	-,267	,790
Private	21	136,57		

According to the t-test analysis that examines the relationship between the demographic characteristics of health workers and the Health Workers Safety Scale; There was no significant difference between the genders of the health workers and the mean score of the Health Workers Safety Scale ($p = .694$, $p > 0.05$).

When the marital status of the health workers and the scale point averages were compared; there was no significant difference between their marital status and the Health Workers Safety Scale mean score ($p = .165$, $p > 0.05$).

There was no significant difference between the type of institution in which the health workers work and the mean score of the Health Workers Safety Scale ($p = .790$, $p > 0.05$).

One Way ANOVA analysis was applied in the analysis of items with more than two variances, such as age, education status, and years of professional experience, years of experience in the institution, profession, and department. The results of the analysis are given in Table 7.

Table 7. ANOVA Analysis Examining the Relationship Between Demographics Characteristics of Health Care Workers and Health Workers Safety Scale

	N	\bar{x}	Sd	F	P
Age					
20-28	35	138,71	51,93	,987	,402
29-38	29	119,72	57,51		
39-49	34	139,20	50,72		
50-59	8	141,00	30,29		
Educational Status					
Primary education	2	138,0	35,35	3,208	,016*
High school	7	133,0	35,56		
Associate Degree	21	163,0	39,01		
Bachelor's Degree	55	132,0	55,72		
Postgraduate	21	108,0	47,27		
Educational Status (Post-Hoc)	KT	Sd	KO		
Between Groups	31973,07	4	7993,26	3,208	,016*
In Groups	251670,50	101	2491,78		
Total	283643,58	105			
			Significant differences		
			Associate Degree>Postgraduate		
Year of Professional Experience	N	\bar{x}	Sd	F	P
0-5 years	44	136,81	54,08	,757	,556
6-10 years	20	117,45	45,17		
11-15 years	15	130,73	49,74		
16-20 years	9	139,66	51,34		
Over 20 years	18	144,50	56,92		
Working Time in the Institution					
0-5 years	56	135,17	53,92	,606	,659
6-10 years	26	123,73	54,19		
11-15 years	9	146,88	51,34		
16-20 years	5	155,00	30,29		
over 20 years	10	130,40	45,81		
Occupation					
Nurse	36	128,83	54,88	1,172	,324
Specialist Nurse	2	108,00	89,09		
Training Nurse	3	182,33	50,29		
midwife	11	117,18	42,67		
Health Officer	4	142,50	27,74		
General Practitioner/Family Physician	4	143,75	17,07		
Specialist Physician	5	124,60	61,3		
Other Health Personnel	18	157,50	43,58		
Other (Laboratory, radiology, ASM, TSM etc.)	23	125,86	57,01		

Assigned Unit					
Service	19	111,42	50,79	1,019	,418
Intensive care	14	131,50	44,96		
Urgent	9	148,66	54,52		
Operating room	7	157,57	45,71		
Management /Administration	14	138,00	52,19		
Polyclinic	19	132,52	62,48		
Other (Laboratory, X-ray etc.)	24	139,12	47,74		
Is there an Occupational Health and Safety Committee?					
Yes	60	141,03	49,94	1,357	,262
No	23	122,69	48,75		
I do not know	23	126,26	59,12		
Occupational Disease Rate in the Institution					
Very often				,100	,982
Often	6	132,00	42,60		
Middle	21	137,04	44,78		
Rare	40	130,02	54,15		
invisible	32	135,78	59,04		
	7	138,85	42,65		
Occupational Accident Rate in the Institution					
Very often	7	127,57	40,56	2,201	,074
Often	14	104,71	62,48		
Middle	40	130,75	48,51		
Rare	44	147,84	50,22		
invisible	1	94,00	-		
Status of Reading the Communiqué on Ensuring Patient and Employee Safety					
Yes	33	148,81	53,75	2,062	,132
No (I don't know)	60	127,81	51,20		
No (I know)	13	123,69	46,13		

According to the Anova analysis, which examines the relationship between the demographic characteristics of health care workers and their perceptions of occupational health and safety and the Health Workers Safety Scale; A significant difference was found between the education level of health workers and the mean score of the Health Workers Safety Scale ($F=3,208$, $p=0.016$). In order to determine between which groups the difference was, Bonferroni analysis and Post-Hoc test were performed. According to the results of the analysis, the mean score of the health workers whose education level is associate degree is higher than the mean score of the health workers whose education level is postgraduate ($p<0.05$).

There was no significant difference between the age of health workers, years of professional experience, working time in the institution, profession, assigned unit, presence of committees for occupational health and safety, the incidence of occupational diseases in the institution, the incidence of work accidents in the institution and being aware of the communiqué on ensuring patient and employee safety, and the mean score of the Health Workers Safety Scale ($p>0.05$).

4. CONCLUSION

The occupational health and safety perception level of health sector workers in Çorum province was tried to be measured by survey method. According to the data obtained, it was determined that the majority of the participants were women, married, 20-28 age group, public employees, with 0-5 years of experience, and undergraduate-level education. It has been observed that there are more employees in the service and polyclinic, there are nurses as a professional group, and there are more people who serve between 0-5 years in the same institution. The biggest factor in the emergence of these data is that the Çorum province is small and is the first place of assignment. After serving for a certain period of time in Çorum, health workers move to big cities and city hospitals.

Health workers state that there is a committee in the institution where they work related to occupational health and safety and that the OHS committee works. They stated that the incidence of occupational diseases is moderate, the level of the occupational accident is rare, the majority of those who do not have occupational diseases, and respiratory system diseases are the most common occupational diseases. According to these results, the OHS perception level was low, since health workers could not receive adequate service in terms of occupational health and safety. The lack of adequate implementation of occupational health and safety in the public sector, the postponement of the OHS law, and the lack of inspections are major factors in this result.

We have determined that healthcare professionals do not know the patient-employee health notification that concerns themselves and patients. According to this result, sufficient importance is not given to occupational health and safety. Health professionals state that they love their job, they work in harmony with their colleagues, and they are not satisfied with the hospital environment, physical condition, equipment, workload, working hours, work tempo, distribution of tasks, number of personnel, and the institution doing its part adequately.

According to the relationship between the demographic characteristics of health care workers, their perceptions of occupational health and safety, and the Health Workers Safety Scale, it has been determined that as the education level of health workers increases, their perceptions of occupational health and safety are lower, that is, the perception level of associate degree graduates is higher than those of undergraduate graduates. The fact that associate degree graduates have taken the occupational health and safety course during their university education or that they are aware of the dangers and risks they may be exposed to as a result of being closer to patients in the service sector may be a factor in this result.

The same scale was applied to health workers in Trabzon by Öztürk and Babacan (2012), and as a result of the study, it was determined that the occupational safety of the health workers working in the hospital was insufficient (Öztürk & Babacan, 2012; Öztürk, Babacan & Anahar; 2012). It was determined that the necessary importance was not given administratively. It is seen that the result of the study in 2012 and today's study is the same, and the level of importance given to occupational safety has not changed in the course of time. According to the study conducted by Bahçecik and Öztürk (2009), it was concluded that occupational safety practices are better in private hospitals (Bahçecik & Öztürk, 2009) The biggest reason for this result is that while occupational health and safety are obligatory in the private sector, the necessity of occupational safety is postponed due to the lack of sufficient infrastructure for occupational health and safety in the public sector.

In some studies in the literature, it has been determined that health workers have sleep problems, experience physical violence from the relatives of the patients, get cancer as an occupational disease, and experience liver damage. In terms of being in the dangerous and very dangerous group, the health sector should show the necessary proactive approaches against work accidents and occupational diseases by providing occupational health and safety services to its employer/employer representative employees (Bahçecik & Öztürk, 2009; Owens, 2007; Atasoy & Aksoy, 2009; Özabacı & Pektekin, 1992; Bayık, Erefe & Özsoy; 1992).

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