ISTANBUL BILGI UNIVERSITY

INSTITUTE OF GRADUATE PROGRAMS

ORGANIZATIONAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

PERCEIVED ORGANIZATIONAL TRAUMA RISK AND ITS IMPACT ON EMPLOYEE WELL-BEING

KAĞAN GÜNEY

118632007

DOÇ. DR. İDİL IŞIK

İSTANBUL

2020

Perceived Organizational Trauma Risk and It's Impact on Employee Well-Being

Algılanan Örgütsel Travma Riskinin Çalışan İyi Oluşuna Etkisi

Kağan Güney

118632007

Tez Danışmanı : Doç. Dr. İdil Işık (İmza) .....

İstanbul Bilgi Üniversitesi

Jüri Üyeleri Doç. Dr. Deniz Kantur (İmza) .....

İstanbul Bilgi Üniversitesi

Juri Üyesi: Dr. Öğr. Üyesi Ferda Şule Kaya

Demiroğlu Bilim Üniversitesi (İmza) .....

Tezin Onaylandığı Tarih : 29/06/2020

Toplam Sayfa Sayısı: 152

Anahtar Kelimeler (Türkçe)

1) Örgütsel travma
2) Psikolojik iyi oluş
3) Çalışma yaşamı kalitesi
4) Mesleki öz-yeterlilik
5) Pandemi

Anahtar Kelimeler (İngilizce)

1) Organizational trauma
2) Psychological well-being
3) Quality of work life
4) Occupational self-efficacy
5) Pandemic

PREFACE

In recent years, technological developments and innovations have not only made our lives easier but also changed our business lives. Business life is an integral part of our daily lives. Similarly, we are spending considerable time in workplaces than we spend in our homes. At this point, we can think that our job and workplace experiences affect us at least as much as our individual life experiences.

Traumatic and stressful events at workplaces can continue to have an impact even when we leave the workplace. Therefore, being healthy individually starts with having a healthy work environment. The psychological well-being of individuals drew my interest during my undergraduate education. However, this curiosity changed shape and turned the psychological well-being of the employees in during graduate education. In this study, I followed this curiosity by examining the effects of traumatic and stressful events on employees.

However, I do not think I could have done this research without the support of my thesis advisor, Associate Professor İdil Işık. Moreover, my family and entire friends of mine supported me throughout the whole process and making the whole process easy for me. I cannot imagine that my thesis would have been successful without their support. I thank you all for your support and dedication.

TABLE OF CONTENTS

LIST OF ABBREVIATION

QWL: Quality of Work-Life

PWB: Psychological Well-Being

OSE: Occupational Self-Efficacy

WHO-5: World Health Organization Well-Being Index

ILI: Individual Level Impact

OLI: Organizational Level Impact

LIST OF FIGURES

LIST OF TABLES

ABSTRACT

Although organizational trauma is a new concept in the literature, organizations are becoming more prone to traumatic events as a result of increasing globalization, global expansion, and increasing traumatic events such as terrorist attacks and pandemics. It is possible to say that traumatic organizational events have physical, psychological and sociological negative effects among employees as well as having financial results for companies. However, organizations can minimize the negative effects of organizational traumas by caring about the well-being of their employees and developing interventions. In this study, the main purpose is to investigate the effect of potential organizational traumatic events on employee well-being. Moreover, the mediator role of the quality of work-life and the mediator role of professional self-efficacy examined in the relationship between perceived risk and psychological well-being. While preparing this research, the COVID-19 pandemic had already started to spread and to affect the world. Therefore, a questionnaire also added to measure employees' perception of their organizations' pandemic preparedness. In the study, Possible Traumatic Organizational Events Scale, Psychological Well-Being Scale, Occupational Self-Efficacy Scale, World Health Organization Well-Being Index and Pandemic Preparedness Survey administered. White-collar employees from different companies reached with the convenience sampling method (*N*=232). 60.3% of the participants were women, 39.7% were men, and the average age was 35.01 (Min.= 21, Max.= 64); 18.5% of the participants were working in the public sector, and 78.3% in the private sector. There were 77 participants (33.2%) with managerial roles in the organization they work for and 155 participants without managerial roles. According to the results, although the top manager (*M*=3.27, *SD*=2.25) was the riskiest scenario, the pandemic (*M*=5.01, *SD*=1.39) was the most likely scenario. Participants with a managerial role had higher score in organizational level dimension (*M*=1.60, *SD*=0.85) and financial-organizational risk (*M*=1.79, *SD*=1.04) from participants without a managerial role (*M*=1.39, *SD*=0.64; *M*=1.54, *SD*=0.76) according to analyse (*p*<=. 05). Correlation analysis showed negative relationships between

perceived organizational trauma risk and its sub-dimensions, psychological well-being and quality of working life. Moreover, results indicate that psychological well-being is negatively affected by the risk of organizational trauma. Still, the quality of work-life reduced this effect; that was, it had a mediator effect. However, the mediator analysis showed that professional self-efficacy did not have a mediator role. Besides, perceived pandemic preparation had a positive relationship with psychological well-being. Therefore, it is possible to say that the well-being of individuals working in companies that take faster precautions against pandemics, have business continuity plans and care about the physical and psychological health of their employees is better.

Keywords: Organizational trauma, Psychological well-being, Quality of work-life, Occupational self-efficacy, Pandemic

ÖZET

Örgütsel travma, literatürde yeni bir kavram olsa da artan globalleşme, küresel genişleme ve terör saldıları, pandemiler gibi travmatik olayların günümüzde giderek artması sonucunda şirketler travmatik olaylara daha açık hale gelmektedir. Örgütsel travmaların şirketler için finansal sonuçlarının olmasının yanı sıra çalışanları içinde fiziksel, psikolojik ve sosyolojik negatif etkileri olduğunu söylemek mümkündür. Ancak organizasyonlar çalışanlarının ihtiyaçlarını karşılayarak örgütsel travmaların negatif etkilerini minimize edebilirler. Bu çalışmada, asıl amaç olası organizasyonel travmaların çalışanların iyi oluşu üstündeki etkisini araştırmaktır. Aynı zamanda algılanan risk ile psikolojik iyi oluş arasındaki ilişkide çalışma yaşamı kalitesinin arabulucu, mesleki öz-yeterliliğin düzenleyici etkisi incelenmiştir. Ayrıca, pandemiler de örgütsel travma yaratabilecek bir olaydır ve araştırma hazırlığı yapılırken Covid-19 pandemisi dünyada ortaya çıkmış ve etkileri hissedilmeye başlanmıştır. Bu yüzden kurumların pandemik hazırlıklarına dair çalışanların algılarını ölçmek için bir anket geliştirilmiş ve çalışan iyi oluşu ile arasındaki ilişki incelenmiştir. Çalışmada Olası Travmatik Organizasyonel Olaylar Ölçeği, Psikolojik İyi Oluş Ölçeği, Mesleki Öz-Yeterlilik Ölçeği, Dünya Sağlık Örgütü İyi Oluş İndeksi ve çalışma kapsamında geliştirilen Pandemik Hazırlık Ölçeği uygulanmıştır. Çalışmada kolayda örnekleme yöntemi ile farklı şirketlerden beyaz yakalı çalışanlara ulaşılmıştır (N=232). Katılımcıların %60.3'ü kadın, %39.7'si erkektir ve yaş ortalaması 35.01'dir (Min. = 21, Maks. = 64). Katılımcıların %18.5'i kamu sektöründe, %78.3'ü ise özel sektörde çalışmaktadır. Çalıştıkları şirkette yöneticilik rolü olan 77 katılımcı (%33.2) ve yönetici rolü olmayan 155 (%66.8) katılımcı vardır. Katılımcılara göre üst düzey yöneticinin (M=3.27, SD=2.25) ölmesi en riskli senaryo olmasına karşın pandemi (M=5.01, SD=1.39) en olası senaryo olmuştur. Yönetici rolü olan katılımcılar tüm organizasyonu etkileyebilecek (M=1.60, SD=0.85) ve finansal-örgütsel riski (M=1.79, SD=1.04) olan senaryoların yer aldığı boyutlarda yönetici rolü olmayan katılımcılardan (M=1.39, SD=0.64; M=1.54, SD=0.76) daha yüksek risk puanına sahiptir (p<=.05). Organizasyonel travma ve alt boyutları ile psikolojik iyi oluş ve

çalışma yaşamı kalitesi arasında negatif ilişkiler görülmüştür. Psikolojik iyi oluşun örgütsel travma riskinden negatif yönde etkilendiği ancak çalışma yaşamı kalitesinin bu etkiyi azalttığı yani arabulucu bir etkisi olduğu görülmüştür. Ancak mesleki öz-yeterliliğin düzenleyici bir etkisi olmadığı sonucuna varılmıştır. Ayrıca algılanan pandemik hazırlık ile iyi oluş arasında pozitif ilişkiler görülüştür. Bu yüzden, pandemiye karşı daha hızlı önlem alan, iş sürekliliği planları olan ve çalışanlarının fiziksel ve psikolojik sağlığına dikkat eden şirketlerde çalışan bireylerin iyi oluşlarının daha iyi olduğunu söylemek mümkündür.

Anahtar kelimeler: Örgütsel travma, Psikolojik iyi oluş, Çalışma yaşamı kalitesi, Mesleki öz-yeterlilik, Pandemi

CHAPTER 1

INTRODUCTION

Organizational trauma is a new concept in organizational psychology literature, and it defined as a "set of potential organizational responses to internal or external acts or events" (Hopper, 2010). The terrorist attacks in Paris, nuclear disasters in Fukushima, floods, earthquakes, and finally, the fire disaster in Australia affect individuals as well as companies and brands (Işık, 2017). According to Roberts and Martelli (2011), organizations' probability of experiencing directly or indirectly, disasters and accidents have increased in recent years.

Today, business life is continuously changing with the effect of globalization and innovation. Although this is significant progress, it makes organizations more vulnerable. Besides, business life is an integral part of our daily life. It affects individuals physically, socially, and psychologically as the setting in where most of daily life is spent. The features of the work context and climate are essential to prevent and promote a healthy work environment (Brooks et al., 2007).

Organizations are responsible for creating, maintaining, and supervising safe working conditions for their employees. The quality of the work-life would be promoted by caring about the needs of the employees, harmonizing these needs and the working environment, and regulating the conditions to help the employees to work efficiently. In these working environment regulations, the organizations should take actions to regard to reduce or prevent harmful effects of traumatic events that may be exposed to from inside or outside organization (Clarke, 2010; Swamy et al., 2015).

Pandemics, as a traumatic organizational event, may affect individuals and organizations physically, economically and psychologically. The newly emerging Covid-19 pandemic is a perfect example of this. Also, the measures taken against pandemic diseases may affect individuals and organizations in both positively and negatively (Jones et al., 2008). Measures such as curfews to prevent the spread of

the disease can have psychologically adverse effects while protecting people's physical health. Besides, organizations' action speed, preparation level and measures taken against pandemics can protect employees physically, as well as make people feel psychologically safe (Halloran et al., 2008; Lee, Lye, & Wilder-Smith, 2009; Mihashi et al., 2009).

There is a wide range of studies about individual trauma and post-traumatic stress disorder. Still, organizational trauma is relatively new in the organizational literature, and therefore there is limited research.

1.1. Organizational Trauma

Today, work plays a significant role in every individual' life. Firstly, it is an essential source of income; however, it is also shaping personal experience, personal development, relationships with others and most importantly, identity (Tapsell & Tunstall, 2008).

Trauma means an experience that creates fear, helplessness, which suffocates a person's sources of coping. The effect of traumatic stress can be devastating and long-lasting, affecting a person's sense of security, self-regulation, self-efficacy, and interpersonal relationships (Hopper et al., 2009). In this view, organizational trauma can be interpreted as the reactions to any unexpected and stressful situation which can be caused by internal or external events and overwhelm the members of that company (Hopper, 2010).

Only one event, a behaviour, serious of events and actions or combination of both may cause Organizational trauma. According to Hormann and Vivian (2005), a single event or an accumulation of incidents may trigger organizational trauma. Also, a trauma leaves one organization vulnerable or at least helpless for that moment (Stein, 1991). The source and size of traumatic events can vary, but all of them strongly affects employees, their families and of course, organizations. Most of the time, traumatic events are small and limited to one organization; for example, top manager loss or accidents within an organization. However, some

traumatic events, such as natural disasters or terrorist attacks, affect many organizations at the same time.

Traumatic events within the company can arise from a wide variety of sources and reasons. Işık (2017) describes the potentially traumatic events in three main categories. First, traumatic events are resulting from organizational processes. Second, traumatic events caused by trauma-prone organizations/professions/sectors and third, traumatic events caused by economic/social/environmental conditions. Traumatic events resulting from organizational processes include organizational or human-made mistakes, ethical problems, death or loss of critical members in the organization, employee health and safety issues, organizational change and employee maltreatment. Traumatic events caused by economic/social/ environmental conditions to list a few are; natural disasters, robbery, gun violence, terrorist attacks, war conditions, financial crisis, health crisis, fire and explosion. Trauma-prone organizations/occupations/sectors, create a vulnerability for particular occupational profiles of professionals, including those who work with dangerous substances, respond to emergencies such as disasters, fires and crime. These professions are inherently open to threats of traumatic events, and those who practice these professions are specially training. However, they regularly exposed to secondary trauma, which accumulated over time, and it risks the psychological well-being of the job occupant.

In a study about organizational trauma, Özbudak (2018) developed a scale to assess traumatic events in organizations. Besides, Özbudak (2018) investigated perceived organizational trauma risk and the relationship with organizational resilience. In Özbudak's study, traumatic events categorized based on their impacts, which are the Organizational Level and Individual Level. The organizational level impact segment has two dimensions which are Financial-Organizational Change dimension and Uncontrollable-External dimension. Individual level impact segment has five dimensions which are Violence, Psycho-Social, Accidents, Theft, and Reputation. Also, study results showed that there is a negative and significant relationship between perceived risk of traumatic events with organizational

resilience. In other words, if organizational resilience high in the organization, the perceived risk of traumatic events will be low and vice versa (Özbudak, 2018).

A single trauma affects not only one employee or one organization. As given below, in the classification of Taylor and Frazer (1982), victims of trauma are;

a) Individuals who experienced a traumatic event or an incident,
b) Family, friends and colleagues of the primary victim,
c) Responders like police, firefighters rescue workers,
d) Members of the workforce or community who try to help,
e) Individuals those indirectly involved,
f) Individuals who might have been directly involved but for some reason were not.

Organizational trauma has symptoms such as distraction from work, negative emotions such as anger, wrath, and weaknesses in problem-solving skills (Kahn, 2003). Organizational trauma must be adequately handled in organizations; otherwise, it leaves organizations defenceless and changes organizational climate and culture in a lousy way (Vivian & Hormann, 2013). External events such as terrorist attacks, natural disasters, and economic crises or internal events such as ethical problems or the death of a member of the organization can trigger organizational trauma, and it has some consequences. Moreover, the effects and consequences of trauma do not stop when the traumatic event is over. If the organization would not found a proper solution for traumatic events, in the end, unresolved emotional trauma will emerge, and it reduces employee's performance in organizations and more importantly, their well-being (De Klerk, 2007).

There are different reasons why employers should try to minimize the adverse effects of traumatic events in the workplace. At first, humanitarian reason, employees are a concern for their employers. Second, if an employee feels secure and well cared at the workplace, they are likely to be more productive. Third, in every country, there are different legal requirements for the well-being of

employees. Employers have to create a safe workplace for their employees. Organizations and employers can execute this duty through the appropriate training, risk management, healthy production, audit, and monitoring the physical and psychological well-being of employees and physical and psycho-social support. At first, these requirements seem to be expensive to any employer, but the cost of this preparation can be justified against potential costs a traumatized employee and organization (Klein & Alexander, 2011).

Nowadays, organizations face off financial risks, operational risks, employee risks which impact their ability to meet their organizational goals. Besides, cyber-attacks, civil protests, terror attacks, natural disasters, internal and external theft, and pandemics can all result in severe damage to an organization. The critical control and response mechanism to minimize the risk of traumatic events is business continuity management. All the risks cited before may have a direct or indirect effect on employees and organizations. At this point, proper business continuity management not only minimizes the risks of incidents and also enhances brand and reputation, increases employee well-being and morale, and strengthens shareholder and community confidence against an organization.

In contrast, poor business continuity management can have serious consequences such as being unable to reach organization goals, poor well-being of employees, even closure of the organization. Effective organizational response to an incident requires good leadership, identification, and sourcing of essential resources, excellent communication, adequate training. Most of the organizations have insurance against several incidents, but insurance only covers financial aspects of incidents (Tehrani, 2011).

Apart from natural disasters, accidents or financial crises, mobbing, and harassment are among the critical issues that can cause organizational trauma. Mobbing and harassment cause traumatic stress in employees, and if the person who shows these behaviours has a managerial role, the effect of the event increases even more. Also, dealing with bully and harasser with the managerial role can cause problems, because most of the time, bullying and harassment from managers may

be excused rather than investigated (Prost, 2007). Besides, there are records about business scandals, which shows that senior managers are acting out of self-interest rather than considering the needs of their employees, and organization, this indicates that these kinds of manager behaviours may create traumatic stress on employees and organization (Anon, 2009).

In many organizations, the human resources department and employees are responsible for managing distressed or traumatized people. However, human resources department duties are beyond personal strategy, finance and cost analyses, business understanding. Organizations and top management are also expected from the human resources department to deal with change management, employee belonging, business continuity plans, employee's health, well-being, training, sickness, absence, harassment, and violence. Human resources professional might be the victim of traumatic events directly and also as the victim of secondary trauma since dealing with distressed and traumatized employees are in their job description. While human resources professionals are engaging with these people, they also experience their feelings and traumas. These negative experiences described as "compassion fatigue" in the literature (Figley, 1995, p. 3-4), and it is a natural consequence of helping or wanting to help distressed people. Also, this is particularly difficult for young HRPs, who may have no experience of dealing with the crisis in their lives (Tehrani, 2011).

Traumatic events may cause increased absenteeism and dissatisfaction as an outcome of organizational trauma. The stress caused by traumatic events may lead to adverse outcomes, such as absenteeism and dissatisfaction at work (Byron & Peterson, 2002). Also, there are studies reported that increased paranoid behaviours in employees as an outcome of organizational trauma (Burke, 2012; Kibel, 2012). Traumatic events at work can have debilitating effects on employees. Lacerte, Marchand, Guay, Beaulieu-Prévost and Belleville (2017) studied the effects of workplace trauma on quality of work-life and found that it reduces work-life quality. Moreover, potential trauma risk may create health problems. In a study of a large sample of Israeli workers, results show that a potential terrorist attack was

associated with significant health problems (Shirom, Toker, Shapira, Berliner, & Melamed, 2008).

Pandemics are large-scale outbreaks of contagious diseases that can incredibly expand morbidity and mortality over an extensive geographic territory and cause a massive monetary, social, and political disturbance. Proofs propose that the probability of pandemics has grown over the previous century on account of expanded worldwide travel and urbanization, changes in land use, and more prominent misuse of the indigenous habitat (Jones et al., 2008). Infection diseases and pandemics such as Sars, Ebola, and Covid-19, which are increasing day by day, are one of the events that can traumatize individuals and companies.

Pandemic diseases have long-term adverse effects on both individuals and companies. Firstly, individuals experience physical, psychological, and financial problems due to the disease itself. Also, measures to prevent the spread of the disease such as quarantine, isolation, school closure, community social distancing, and workplace social distancing lead to various long-term issues in individuals, especially psychologically and socially. For example, Sars disease, which began in Hong Kong in 2003, has led to long-term adverse physical, sociopsychological, and occupational impacts for individuals and companies in China, Taiwan, Canada and also SARS-free countries (Brug, Aro, Oenema, de Zwart, Richardus, & Bishop, 2004; Maunder et al., 2003). Studies in the literature have shown that the traumatic effects of the pandemic and the measures taken against the pandemic, it continue to affect individuals and companies even after the disease threat has disappeared (Halloran et al., 2008; Lee et al., 2009; Mihashi et al., 2009).

In recent years, many companies have been affected by influenza, Sars, and similar pandemic outbreaks. The COVID-19 have emerged recently has been considered a pandemic disease by the World Health Organization since March 11 2020 (WHO, 2020). Furthermore, the virus is affecting the lives of individuals from the economic, social, physical, and psychological health aspects. Still, companies and individuals have to continue to work; however, companies have to create a healthy and safe work life for their employees. In the case of pandemics in recent

years, various companies and countries had prepared a business continuity plan despite a possible pandemic outbreak (CCOHS, 2018; Clark, 2016).

World Health Organization (WHO) and Centre's for Disease Control and Prevention (CDC) recently published plans for companies to getting workplaces ready for COVID-19 (CDC, 2020; WHO, 2020). Also, when the literature is examined on what measures to take in the possible pandemic situations of companies in Turkey, National Preparedness Plans for Pandemic Influenza prepared by the Turkish Ministry of Health in 2019 is available. These plans specified the measures that organizations should take before and during a pandemic as separate sections. However, there is no information about whether companies implement these measures outlined in the plan within their health strategies and occupational health and safety practices.

However, in pandemic kind infectious disease, different public health measures can be taken to slow the spread of the disease. Public health measures, such as limiting or cancelling social and public meetings, stopping public transport, quarantined social settings, should be taken into account in business continuity plans and flexible work programs to be implemented during the pandemic period (CCOHS, 2018). Every measure to protect employees from pandemic diseases may affect a different psycho-social aspect of employees and may reverse the effect on psychological well-being. In a study, which published in 2014, psycho-social factors such as freedom of work, social relations, leadership, working hours, job security and work-life balance and well-being of employees investigated in the pandemic period. Thirty-three thousand four hundred forty-three employees from 34 countries participated in the research, and according to the results, there is a significant relationship between psychological well-being and psycho-social factors. Besides that, the implementation of measures themselves and perceived sufficiency may affect the psychological well-being levels of the employees, too (Schütte et al., 2014).

Organizational traumas not only affect primary victims, but the close circle of primary victims also affected. Family and friends of primary victims and

witnesses of traumatic events are also affected by organizational trauma. Also, emotional trauma in organizations decreases employee performance and effectiveness. Emotional wounds caused by traumas must be discussed and cleaned during the healing process. In the healing process, the leader has a significant role. Acknowledging the possibility of trauma, providing a safe spot, training about awareness, and allowing individuals to express and cope with emotions are essential steps for the healing process (de Klerk, 2007).

There are different approaches and principles to protect and heal individuals against trauma. Firstly, a systemic approach proposed by Raphael (2008). In this model, factors grouped as protective factors and damaging factors. Protective factors are; (a) compassionate and compelling leadership; (b) formal planning and preparation for emergency response; (c) an informed and flexible approach to external factors involved in the emergency and its aftermath. Damaging factors are; (a) a lack of clear command and decision-making; (b) Bullying and negative management strategies; (c) Blame and scapegoating; (d) A lack of appreciation of workers, except in commercial terms.

Secondly, Walter, Hall and Hobfoll (2008) have proposed four principles dealing with incidents or effects of traumas. These are; (a) provide a sense of safety; (b) Provide calming; (c) Provide a sense of self and collective efficacy; (d) Promote connectedness and hope. They also indicate that managerial intervention is urgent in each principle (Walter, Hall, & Hobfoll, 2008).

Lastly, another crucial protective factor against traumatic events and stress is resilience. Organizational traumas have financial, physical and psychological adverse effects for companies; however, these also create an opportunity for companies to develop themselves, and they can also get out of these events by getting stronger. In this point, resiliency is a crucial factor for organizations. Resilience is a positive adaptation capacity to cope with unfavourable circumstances and also the ability to be successful after a bad or difficult situation (Werner & Smith, 2001). In the organizational context, according to Weick (1993), organizational resilience is being solution-oriented, creative, and proactive against

traumatic situations and also turning unfavourable events and situation into an advantage and finding ways to deal with it. Nowadays, organizations face more crises than in previous periods. Because of that, being resilient is an essential topic for organizations, and the importance and value of organizational resilience are increasing (Kantur & İşeri-Say, 2015).

1.2. Quality of Working Life

The organizational and management literature defines the quality of work-life (QWL) from various perspectives. Robbins defines the quality of working life on the level of "responding to the needs of an organization, employees" (Robbins, 1989, p. 207). However, in every perspective, one thing common about QWL, which is a different construct than job satisfaction; it has a relationship with the employee's well-being (Sirgy, Efraty, Siegel, & Lee, 2001). For example, Danna and Griffin (1999) defined the quality of working life as a hierarchical structure such as life satisfaction at the top, job satisfaction in the middle and satisfaction of specific job-related features (wages, colleagues, senior management) at the bottom. Indeed, job satisfaction has affected the outcome of QWL, which also has an impact on employees' general life satisfaction and work-family balance (Sirgy, Efraty, Siegel, & Lee, 2001).

The QWL concept includes the effects of a person's work and the workplace on all aspects of the individual's life. General life satisfaction, work-family balance, and job satisfaction are outcomes of QWL (Sirgy, Efraty, Siegel, & Lee, 2001). According to Sirgy, Efraty, Siegel, & Lee (2001), QWL is a general employee satisfaction arising from the resources, needs and participation activities in the workplace (Sirgy, Efraty, Siegel, & Lee, 2001).

QWL is a significant variable for every organization, directly and indirectly, affect the performance and productivity of employees. In the literature, studies show that QWL has a relationship with job satisfaction, job performance, turnover intention, burnout, and also health and well-being of employees (Butt, Chohan, Sheikh, & Iqbal, 2019; Patel, 2019).

Although there are many different theoretical approaches to QWL in the literature, the two most commonly used approaches to explain this structure need satisfaction and spillover theories. In the need satisfaction approach, employees have some needs to fulfil by their job or workplace, and as long as the jobs and workplace of the employees meet these needs, they are satisfied with this (Herzberg, 1966; Maslow, 1954). In the spillover approach, the satisfaction of employees in any part of their lives affects other parts of their lives and ensures their satisfaction. For example, if an employee is happy with his/her job, this happiness can also influence the life, family, social, and health parts of his/her life (Schmitt and Mellon, 1980; Staines, 1980; Steiner and Truxillo, 1989).

QWL is a multi-dimensional concept consisting of the interaction of needs (Sirgy, Efraty, Siegel, & Lee, 2001). According to Sirgy Efraty, Siegel and Lee (2001), these needs are health and safety needs, financial and family needs, social needs, esteem needs, actualization needs, knowledge needs, and aesthetic needs. Also, every need has some sub-dimensions.

a) *Health and safety needs*: It includes protection from illness and injuries at work and outside of work. Also includes enhancement of good health such as well-being programs or preventative health care measures at workplaces.

b) *Financial and family needs*: It includes appropriate and adequate wages for work and job security. Also, there are needs such as maintaining the balance between work and family and having enough time to meet the family needs.

c) *Social needs*: It is necessary to have healthy and good communication at work. Also, every employee needs time to relax and leisure.

d) *Esteem needs*: Employees want their work and achievements to be recognized and appreciated by their organization and leaders.

e) *Actualization needs*: Employees should have a chance to realize their potentials. Their competencies and expertise should be recognized, and the tasks should be assigned matching their expertise.

f) *Knowledge needs*: Organizations should support their employees with learning opportunities. Also, organizations should provide training opportunities to enable employees to let them specialize.

g) *Aesthetic needs*: Employees need creativity at work.

Many studies show that physical work conditions affect employees' perceptions, attitudes, and behaviours (Morrow, McElroy, Scheibe, 2012). On the other hand, monotonous and routine work, the allocation of duties and mismatching the individuals' talents also shape the quality of work life. As the level of quality work-life decreases the amount of stress in the workplace increases, the work engagement decreases, and the quitting cases increase (Ashcraft, 1992). Besides, if the quality of work-life is high, positive reflections can be seen in the family, in the evaluation of non-work time and areas such as individual health (Sirgy, Efraty, Siegel, & Lee, 2001).

Financial needs are one of the most critical factors that determine the quality of working life. Satisfying financial needs adequately can make the individual feel good, have good thoughts about the workplace, and feel safe. A research conducted in Turkey showed that as academics' title, wages and service time increase, the quality of work-life increases, and while job insecurity decreases the quality of work-life. In this regard, it is stated that sufficient wages to meet job security and decent living standards are prioritized in the needs step, and these are the most critical determinants of work-life quality. Therefore, it has been argued that social needs, reputation/respectability, self-realization, learning and aesthetic needs cannot be met without meeting financial needs that will enable individuals to adequately meet their basic needs such as food and shelter, which are essential factors to have a decent life quality (Afşar, 2015). The quality of work-life varies depending on individuals' factors such as age and gender. After all, the needs

included in the quality of work-life may vary according to gender and age. In a study about teachers, it has been observed that the perception of the quality of work-life varies according to gender, and female teachers have a better score in quality of work-life than males. Also, study results showed that the quality of work-life of employees is affected by communication and trust among individuals (Nair, 2013). In another study, Opollo, Gray and Spies (2014) found relationships between gender, daily work duration and quality of work life. On the other hand, it concluded that there is no significant relationship between demographic variables, which are age and tenure, and quality of work life. Besides, while there is a positive relationship between quality of work-life and job-career satisfaction; there is a negative relationship between work stress and quality of work-life.

The quality of work-life strengthens individuals' coping abilities in dealing with the problems that arise at work and the resulting stress. When the quality of work-life needs of employees met, these employees can easily cope with the problems they face. In this direction, a study conducted in our country, it was confirmed that there was a negative relationship between stress and quality of work life. In the research, it was stated that in order to increase the quality of work-life, employees should be supported in reducing stress sources and fighting stress. Nevertheless, it was recommended to aim for satisfactory remuneration are to define the job descriptions of the employees clearly, to reduce the workload by pursuing balanced employment policies, to motivate the employees by managers and to treat everyone fairly, to support participation in decisions, to increase the prestige of employees and not to ignore their social life needs (Bircan, 2014).

Another variable, which the quality of work-life is inversely related is burnout. Tuuli and Karisalmi (1999) found that factors such as conflicts at work, workload due to intense work demands and monotony at work increase burnout. On the other hand, that study determined positive working elements such as organizational functioning, open communication, the delegation of authority and job control also reduce burnout level.

Work patterns and work atmosphere in the workplace of employees can also affect the quality of working life. Job autonomy and role clarity are crucial factors in the workplace for employees. When managers constantly warn their employees about their way of doing a job or doing their work in a way that is not approved by the senior management, their job satisfaction begins to decrease. Carayon, Hoonakker, Marchand, & Schwarz (2003) found that factors such as feedback and autonomy at work, which also show the quality of work-life, are positively associated with job satisfaction of both men and women. Also, intense work pressure directly increases work tension. In a study, Bolduc (2001) examined the relationship between work quality of life and occupational stress and job satisfaction; results showed that the quality of work-life related to both variables. Besides, the quality varies according to the employees' status, age and work experience. As the age of the employee's increases, there is a need for external motivators such as job security, wages, and social benefits (Bolduc, 2001).

1.3. Employee Well-Being

People's moods and emotions reflect their reactions to daily events. Every individual makes more comprehensive judgments about life as a whole, as well as in more specific areas such as marriage and work (Diener, 2000).

The concept of happiness, according to research conducted in different cultures, is one of the most desired elements in individuals' lives (Diener, 2000). There is no other desire by the individuals beyond happiness. Hence, happiness is the sole competent purpose of man (Lyubomirsky, King, & Diener, 2005). In psychology, happiness corresponds to subjective well-being. In the case of psychological well-being (PWB), individuals experience positive emotions more frequently, while negative emotions are less experienced and receive greater pleasure from individual life (Diener, 1984). Research has shown that subjective well-being not only increases individuals’ good emotions but also increases their energy and creativity, strengthens the immune system, builds better relationships,

improves productivity, and prolongs life at work (Diener & Chan, 2011; Lyubomirsky, King, & Diener, 2005).

Individuals experience mental and stress-related problems due to life-related, family-related, and work-related events. Mental health consists of two dimensions, positive and negative. While positive aspects express the concepts of well-being and ability to cope with the face of distress, negative aspects include psychological distress and psychiatric disorders (Headey, Kelley, & Wearing, 1993). According to the World Health Organization (WHO), impaired psychological well-being is one of the most important reasons for workplace absence and absenteeism (Harnois, Gabriel, & Harnois, 2002). The WHO-5 welfare index assesses positive dimensions of mental health by the World Health Organization (WHO, 1998).

The World Health Organization's definition of health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (WHO, 1948; p.100). However, according to Ryff (1995), the concept of PWB is related to the presence of positive affect, not only the absence of psychological problems. In line with this logic, Ryff (1995) began to investigate what being psychologically well means by examining available theories in developmental and clinical psychology and integrated the different elements in each of these theories. He formed the Psychological Well-Being theory.

In earlier theories, the decision about a person's psychological well-being based on whether the person had any psychological disorders. If a person does not have any psychological disorder, it was assumed that the person is psychologically well. However, Ryff (1995) argued that this assessment was not entirely accurate and proposed that psychological well-being could be measured by data obtained from individuals about six basic dimensions (Ryff, 1989); self-acceptance, positive relationship, autonomy, environmental dominance, life purpose, and personal development. These basic dimensions include making positive evaluations about the individual and the individual's past life (self-acceptance), continuous development and growth as an individual (personal development), making an

individual's life meaningful and purposeful (life purpose), establishing quality relationships with other people (positive relationship), effectively managing the individual's life and environment (environmental dominance) and determining the individual's destiny (autonomy) (Ryff & Keyes, 1995).

The psychological well-being states of individuals can affect their personal life positively as well as their performance in their workplaces. In this sense, employees who are psychologically supported, feel safe and sound in the workplace, and they can perform their duties in the workplace better and perform better. Wright and Cropanzano (2000) conducted field studies in their studies, which examined psychological well-being and job satisfaction as indicators of job performance. As a result of their work, they determined that psychological well-being predicted job performance, but job satisfaction had no effect.

As stated in Ryff's (1989) model, the meaning and purpose of life are the sub-dimensions of psychological well-being and also factors that positively affect individuals' psychology. Similarly, the fact that employees find meaning with their jobs emerges as a factor affecting the psychological well-being of employees. In literature, the relationship between psychological well-being and meaningful work explored by Keleş (2017). In that study, the perceived meaning of work predicted psychological well-being among the employees operating in branches of an international bank in Istanbul.

Workplace, workplace condition, and atmospheres are critical factors for chronic stress (Colligan & Higgins, 2006). Physical and psychological working conditions change every day as a result of technological developments and innovations in the world. Because of that, the determination of well-being is essential for occupational health. In a study, the relationship between psychosocial working conditions and well-being in 34 European countries was examined. Moreover, low job meaning, low role conflict, low leadership quality, low social support, low community sense, low job development and were found to be significantly associated with low well-being for both genders. Moreover, high

work-life imbalance, high job insecurity, high discrimination, high bullying levels were also associated with low well-being (Schütte et al., 2014).

Organizational traumatic events such as terrorist attacks, robbery, mobbing, harassment, job strain, and pandemics may create psychological distress. Also, the literature showed that traumatic events in daily life or organizations are associated with a low level of psychological stress.

However, the quality of work-life factors may have a buffer effect on workplace stress and psychological well-being state. Urquijo, Extremera, & Villa (2016) investigated the relationships between perceived stress, life satisfaction, and psychological well-being among 400 graduates aged 22-60 from Deusto University. According to the results, psychological well-being has a negative relationship with perceived stress. However, life satisfaction mediated the relationship between perceived stress and psychological well-being. In other words, perceived stress negatively affects employee well-being, but life satisfaction decreases the effect of perceived stress on psychological well-being.

Incidents that cause physical injuries to employees, such as work accidents, terrorist attacks or natural disasters, can also negatively affect their psychological health. However, at this point, factors such as leadership and working atmosphere can have a protective effect on employees. For example, Birkeland, Nielsen, Hansen, Knardahl and Heir (2015) found that experience terrorism in the workplace is associated with a low level of psychological well-being. In that study, the main aim was to investigate the buffer effect of work environment factors such as role clarity, social support, and leader support against psychological distress after a workplace terrorist attack. The study was conducted ten months after the 2011 Oslo Bombing, which targeted the Norwegian ministries, and participants were employees of Norwegian ministries. Findings show that psychosocial work factors such as high levels of role clarity, low levels of role conflict, high levels of predictability as well as high levels of leader support were associated with a low level of psychological distress. Because, role clarity and leader support provide clear expectations and may act as especially essential resources that contribute to

rebuilding coherent and consistent beliefs and alleviate psychological distress after a traumatic event (Birkeland et al., 2015).

As mentioned earlier, robbery, as a traumatic event, has also consequence on well-being. In a study within 383 bank employees, who are victims of robbery in Italy, results indicate that robbery harms psychological well-being as a traumatic experience. This study also demonstrates that not only primary victims of robbery, also employees who work in the same place but were not in there at that time, also affected by these incidents (Fichera et al., 2014).

Mobbing and harassment are important reasons for low psychological well-being because these behaviours affect employees' both work and personal life. In a study conducted in Turkey have an impressive result about mobbing. According to the study, employees' who applied to get a report about their traumatic experiences, 130 individuals of 300 individuals were victims of mobbing in the workplace. According to results, victims of mobbing were between 18-61 years old, and 100 were female, and 30 were male, and 110 were graduate. Ninety-three of 130 diagnosed with Post-traumatic stress disorder, nine of them diagnosed adjustment disorder, and 102 of them diagnosed with major depression according to DSM-IV. These results showed that mobbing in the workplace causes post-traumatic stress disorder. In the study, it was observed that especially mobbing in the workplace caused the diagnosis of psychological disorder. Also, the number of victims of mobbing indicate that repression and mobbing in the workplace getting higher day by day (Tatar & Yüksel, 2019).

Moreover, some occupations such as firefighters, medical dispatchers and police officers are exposed to traumatic events and occupational hazards more than other occupations and their psychological well-being more vulnerable than others. However, there are limited studies about high-risk occupation group well-being. In one study, which investigate police officers' prior traumatic events, organizational stressors and psychological well-being, results indicate that both traumatic events and organizational stressors affected psychological well-being. Moreover, results indicate that traumatic stress is a hazard for police officers' well-being (Huddleston,

Stephens, & Paton, 2007). In another study, the relationship between stress and psychological well-being of medical dispatchers working as Telehealth support was investigated. Results of the study showed that traumatic events create stress on workers, even if they are physically far away; moreover, distance creates a sense of helplessness on workers. Because of that, medical organizations must be care mental health of their teleworkers and promote more positive well-being activities (Adams, Shakespeare-Finch, & Armstrong, 2014).

As mentioned in the first section, pandemics are also traumatic organizational events, and like others have a detrimental effect on psychological well-being besides physical effects. Therefore, in this study, COVID- 19 investigated as a traumatic organizational event. Although Covid-19 starts recently, there are several studies about the effects of coronavirus. In a systematic literature study on Covid-19 and psychological health, results showed that individuals who diagnosed with psychiatric disorders and healthcare professionals showed more psychiatric symptoms and psychological well-being of general public decreased during the pandemic period (Vindegaard & Benros, 2020). Moreover, in a large-scale study conducted in China that examined the impact of Covid-19 on emotional well-being. In that study, a questionnaire which including emotional well-being scale was applied to the participants in two different periods, one at the end of December 2019 (32 districts, 48% female, mean age 37.78, N=11,131) and the other in the middle of February 2020 (30 districts, %50 female, mean age. 34.7, N=3.000). Firstly, as a result of comparing the questionnaire findings, it was observed that emotional well-being decreased by 74% due to Covid-19. However, the residency of individual, proximity of pandemic centre, vulnerability and personal factors such as marriage and work status moderate effect on well-being. Besides, being informed about coronavirus or individual perception about their knowledge about the virus are essential factors for well-being state. Secondly, these factors persist even after controlling for demographic and economic variables. Because of that, this study shows that factors mentioned earlier must be taken into

account for psychological well-being interventions implemented in pandemics (Yang & Ma, 2020).

Coronavirus outbreak, to the best of our knowledge, affected especially health care professionals. Since coronavirus pandemic disease start, healthcare professionals affected both physically and psychologically even when they do not directly contact with coronavirus patients. There is a study which implemented in Pandemic Hospitals show effects of coronavirus on gynaecology and obstetrics department employees. Even the number of participants was limited (N=101), results indicate coronavirus as a pandemic outbreak have detrimental effects on health care professionals also, these could be a permanent effect on the mental health of healthcare professionals. Because of that, hospitals and governments must evaluate the risk of pandemics for health care employees; must take interventions against the harmful effects of pandemics and protect their well-being (Uzun, Tekin, Sertel, & Tuncar, 2020).

1.4. Occupational Self-Efficacy

Self-efficacy is a personal source for an individual because it defined as an own individual perception about their skill to produce specific outcome by their behaviours. Bandura (1997) states that individuals are self-organizing, proactive beings and also perception and beliefs about how much they have control over their lives affect their perception about lives, their behaviours, their perspective of reality at his social cognitive theory (Bandura, 1997).

Self-efficacy also affects individuals' behaviours, thoughts; for example, it affects the amount of energy and length of time individuals invest a mission or duty (Bandura, 1999). Because, for individuals to use their skills effectively, they must have self-confidence in the relevant field at first. Individuals weigh and evaluate their abilities and use this information to choose to act and how to act (Bandura, 1997). In this sense, the expectation of the individual about the positive results of behaviour may reduce if individual doubt own capacity to successfully implement the behaviour (Hsu et al., 2007).

In the organizational context, studies shown that employee with high self-efficacy display more self-esteem and trust in their skills and pursue to achieve their goals when they encounter any setback. Also, self-efficacy helps an employee to protect from adverse effects of work-related stress (Lane, Lane, & Kyprianou, 2004; Schwarzer & Hallum, 2008).

According to the literature, self-efficacy acts as a general buffer in the stressor-strain relationship, i.e., self-efficacy has a protective role in the stress-strain relationship (Rigotti, Schyns, & Mohr, 2008). Self-efficacy also a personal resource in the organizational context; according to Lent, Brown and Hackett (1994), self-efficacy is a significant predictor of job satisfaction and career development (Lent, Brown, & Hackett, 1994).

However, there are some categories in the self-efficacy concept (Lent & Brown, 2006). Organizational literature explains self-efficacy as the employee's perception and faith in their skills to have successful performance in their jobs (Rigotti, Schyns, & Mohr, 2008).

Vocational self-efficacy, on the other hand, is defined as the competence that the individual feels about the ability to perform duties and behaviours related to his job successfully and accepted as a unique form of self-efficacy (Fülleman Jenny, Brauchil, & Bauer, 2015; Jayawardena & Gregar, 2013). The concept reflects the individual's self-confidence or opinion that he/she can fulfil his job-related behaviour in a complete and acceptable level by the employer. At the same time, professional self-efficacy expresses the belief that the individual can exhibit the necessary behaviours to produce outputs for his profession (Schyns & von Collani, 2002). However, professional self-efficacy is said to be more variable compared to general self-efficacy as it can be affected by the employee's (most recent) work experience (Jayawardena & Gregar, 2013).

As a personal resource, occupational self-efficacy reduces work-related stress because it helps employees control their job environment (Luthans, Norman, Avolio, & Avey, 2008). Moreover, occupational self-efficacy has a positive effect

on motivational state related to work, and individuals with high self-efficacy set more challenging future goals (Chaudhary, Rangnekar, & Barua, 2012; Guarnaccia, Scrima, Civilleri, & Salerno, 2018), and this leads higher performance at work. In this sense, occupational self-efficacy plays a vital role in dealing with the job and work environment stress and setbacks in professional life, for both employees and organizations (Rigotti, Schyns, & Mohr, 2008).

In the literature, there was limited research about the role of occupational self-efficacy as a moderator. However, according to Rigotti, Schyns and Mohr (2008), OSE is a vital personal resource for employees in organizations to cope with problems. In addition to that, according to Bandura (2001), occupational self-efficacy influence employees' motivation and behaviours.

However, occupational self- efficacy may act as a protective factor for the well-being of employees. In a study, the relationship between occupational self-efficacy and burnout was investigated within 584 white-collar professionals. The results of analyses indicated that occupational self-efficacy was negatively associated with burnout (Freitas, Silva, Damásio, Koller, & Teixeira, 2016). In another study, occupational self-efficacy was buffering the relationship between work factors such as job control, social support, and psychological distress. Moreover, the results of the study showed that factors such as high demands, low job control, and low social support related to distress variables such as job satisfaction, emotional exhaustion, distress (Pisanti et al., 2015).

Like mentioned earlier, there was only one study found in the literature which examines the moderator role of the occupational self-efficacy in between the relationship between job demands, job social support, and psychological well-being. Participants of the study were 203 academics from Nigerian universities. The results showed that occupational self-efficacy had a moderate role in the relationship between job demands and psychological well-being. Besides, results indicate that occupational self-efficacy protects employee's well-being against high job-demands (Onyishi, Ugwu, Onyishi, & Okwueze, 2018).

1.5. Conservation of Resources Theory

Conservation of resources (COR) is a stress and motivation theory developed by Hobfoll (1989). In the conservation of resources theory, individuals strive to obtain, protect, and increase the resources they value. Because as individuals improve their characteristics such as self-esteem and social conditions such as seniority and maintain these conditions, they can realize the aim of providing them with a successful life. Conservation of resources theory separates resources that are valuable to individuals into four groups: material resources, conditions, personal characteristics, and energy (Hobfoll, 1989).

Environmental conditions often threaten or reduce resources. The individual's status, position, economic situation, loved environmental conditions threaten fundamental beliefs or self-esteem. This threat is critical in two different ways. Firstly because of the instrumental value of resources for individuals, and secondly, as a symbolic value of individuals' identity. In other words, the resources that an individual try to obtain, maintain, and increase are valuable both because of their characteristics, and they allow the individual to obtain new resources.

In this theory, individuals start feeling stress as a consequence of the following states:

a) possible threat to the resources available,

b) if the resources are lost,

c) if sufficient resources do not obtain despite the available resources.

Hobfoll (2001) emphasizes that individuals will experience burnout as a result of these three conditions in theory. According to this, although individuals spend a considerable amount of time and energy, stealing from their family time, they cannot obtain new resources, and even they continue to lose resources chronically, they eventually will experience burnout. Moreover, the theory emphasized that individuals with multiple resources will be more resistant to the

loss of resources, whereas those with limited resource will be more vulnerable (Hobfoll, 2001).

1.6. Aim of the Research

In this study, the main aim is to understand the influence of organizational trauma on employees and organizations in terms of COR theory. Because of that, it is better to understand the principles of COR theory in organizational trauma perspective at first.

In COR theory, there are several fundamental principles. Firstly, according to COR theory, resource loss has more apparent effects on individuals than resource gain. In studies related to the effects of loss and gain, the loss has more effect on behavioural changes (Hobfoll, Tracy, & Galea, 2006; Wells, Hobfoll, & Lavin, 1999). The second principle of COR theory defends that individuals and groups must invest their resources because this investment helps the protection against possible resource loss, makes it easier to recover from loss and also enables new resources to be obtained. Also, individuals and groups who have invested resources are less vulnerable to resource loss (Wells, Hobfoll, & Lavin, 1999). From this point of view, the psychological and physical well-being of employees and organizations with more considerable resources, will not be affected by stressful events; also, they will cope much better with loss situations (King et al., 1999)

According to Hobfoll's conservation of resources theory, individuals and groups try to get, keep, and protect their resources. Actual loss of resources, possible threats of loss or being unsuccessful in getting resources are causing stress. Besides, traumatic events and their physical, social and psychological demands are cause a negative impact on individuals and organizations such as fear, anxiety, depression, reduce performance and damage to organizations (Walter, Hall, & Hobfoll, 2008).

Additionally, when individuals and groups experience a traumatic event, such as a terrorist attack, they are likely to experience a particularly critical and

rapid loss of resources. Hence, it is not uncommon for attempts to respond to these losses by investing resources in falling short, particularly at first. A primary result to COR theory postulates that when stress occurs and resources are lost, those lacking resources are especially susceptible to experience resource loss cycles of increasing strength and speed. These individuals and groups then enter into an escalating spiral of losses termed a loss spiral, particularly if they have few initial resources or where the stress is especially severe or chronic. Thus, after a mass casualty event, preventing or at least limiting the accelerating force of loss spirals is critical to post-trauma recovery (Hobfoll, 1989; Hobfoll & Lilly, 1993).

For example, studies after the terrorist attacks on September 11, 2001, in the United States showed that those who exposed to terrorist attacks are at higher risk to develop depression and post-traumatic stress disorder (PTSD) (Silver et al., 2002; Hobfoll et al., 2006). PTSD is marked by a distinct symptom picture involving three diagnostic clusters: reexperiencing the traumatic event in thoughts or dreams, avoidance of thoughts and stimuli that remind people of the trauma, and hyperarousal (Galea et al., 2002; Hobfoll et al., 2006).

Moreover, researchers demonstrated that one month following 9/11 terrorist attack in New York, a prevalence rate for PTSD was 7.5% (Galea et al., 2002), but also prevalence rates were around 20% for individuals who lived south of New york. Research also demonstrated that although proximity to the epicentre of terrorist attack exacerbates post-traumatic symptomatology (e.g., direct terrorism exposure), individuals living in distant areas from New York City were also affected psychologically (Silver et al., 2002), albeit considerably less severely. Several studies have linked watching television (e.g., indirect terrorism exposure) to increases in PTSD symptoms for individuals (Silver et al., 2002).

After a traumatic event, individuals could feel that their daily activities are simply more demanding than they can handle with this increased burden. In response, their reactions will range from quite adequate coping to a rather severe dysfunction and withdrawal. Even though a majority of individuals will respond

adequately (Bonanno, 2004), higher-order functioning and decision-making will be widely impaired, with important implications for business.

It is essential to recognize that individual's initial responses should not be evaluated as pathological responses or as indicators of psychological disorder. Nevertheless, people may experience immense distress and require clinical intervention and significant organizational support to decrease psychological symptoms and impairment (Galea et al., 2002).

In this point of view, self-efficacy could help to reduce stress caused by traumatic organizational events. Self-efficacy could help employees to regulate disturbing feelings and to solve problems related to work stressors and tasks (Benight et al., 2000). Consistent with this theory, interventions focused on prevention of burnout in the workforce (Freedy & Hobfoll, 1994) have been applied to victims of trauma (Resick, Nishith, Weaver, Astin, & Feuer, 2002). People need to feel that they have the necessary skills and abilities to overcome risk and solve problems that may arise. In the workforce, employees need to believe that they are capable of attaining goals, and the collective organization can attain positive outcomes.

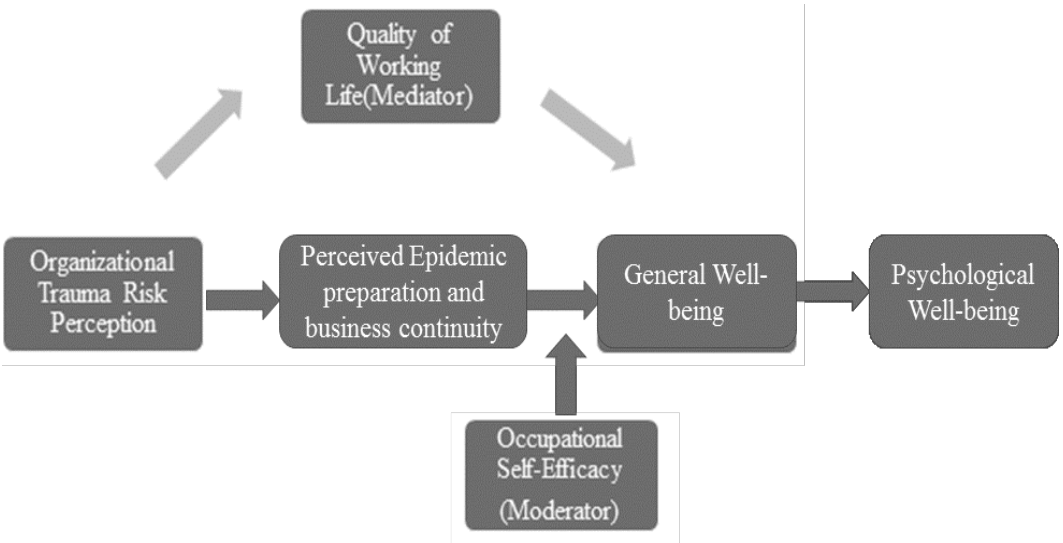
In light of the information obtained from the literature, and also according to COR theory, when an employee perceives a risk related to organizational trauma, this employee may feel stress. Also, stress caused by organizational trauma risk affects the psychological well-being of this employee. Also, individual quality of work-life may be negatively affected by stress; however, the quality of work-life still may protect psychological well-being against the perceived risk of organizational trauma. Moreover, occupational self-efficacy of an employee could protect the employee from the harmful effects of stress and perceived risk of organizational trauma. Because of that, this study will examine the relationship between perceived risk of organizational trauma and well-being. Moreover, it will investigate the mediation effect of quality of work-life and the moderation effect of occupational self-efficacy.

Furthermore, when the preparations of this study started, COVID-19 pandemic had appeared and began to affect the organizations. As pandemics are also a type of organizational trauma, the organizational pandemic preparation scale will be developed to understand the attitudes of organizations towards pandemics. Moreover, another aim is to investigate the relationship between the perceived organizational pandemic preparedness and well-being of employees. To understanding the short-term effect of the pandemic on employee well-being, the WHO-5 well-being index will be used in this study because the WHO-5 well-being index is a self-report scale in which individuals assess their last two weeks.

1.7. Research Model

This study investigates the relationship between perceived risk of organizational trauma and psychological well-being. Moreover, it will test the mediating effect of quality of work-life and the moderating effect of occupational self-efficacy.

Figure 1.1. Research design



In this study, occupational self-efficacy and quality of work-life are thinking to serve as the resources that protect against the stress caused by the perception of organizational trauma.

1.8. Research Questions of Study

The research questions of this study mainly focus on the employees' organizational trauma risk, well-being, work-life quality and professional self-efficacy perception and their relationship with each other.

a) Is there a relationship between Perceived Organizational Trauma Risk, Organizational Pandemic Preparation, General Well-Being, Quality of Work Life and Psychological Well-being?

b) Do demographic and work-related variables such as age, gender and tenure of employees and organizations create a difference in perceived organizational trauma risk, well-being, quality of work-life, occupational self-efficacy and perceived pandemic preparation?

c) Does Occupational Self-Efficacy moderate the relationship between Perceived Organizational Trauma Risk and psychological well-being?

d) Does Quality of Work-life mediate the relationship between Perceived Organizational Trauma Risk and Psychological Well-being?

1.9. The Hypotheses of Study

Organizational traumas can affect organizations physically and financially. In terms of COR theory, perceived risk of organizational traumas may also cause stress on employees, and this stress reduces well-being level of employees. Therefore, the first hypotheses of this study are about the relationships between perceived organizational trauma risk, psychological well-being, quality of working life, and professional self-efficacy.

H1.1 The perceived risk of organizational trauma negatively correlated with psychological well-being.

H1.2. The perceived risk of organizational trauma negatively correlated with quality of work-life.

H1.3. The perceived risk of organizational trauma negatively correlated with occupational self-efficacy.

Organizations need to create a proper working environment for their employees, physically and psychologically. The characteristics of the workplace and the resources are part of the quality of work-life of the employees. The quality of work-life reflects the different needs of employees and their interactions. One of the issues that organizations should pay attention to is the needs of employees that should meet within the scope of increasing the quality of working life. Because, in the COR theory perspective, employees with more resources can cope with stress more efficiently and obtain resources more quickly. Moreover, as an employee's quality of work-life improves, their commitment to the organization will increase, and they will have more resources to cope with potential organizational trauma and stress situations.

H2. The quality of work-life has a mediator role between perceived risk of organizational trauma and psychological well-being.

H3. The occupational self-efficacy has a moderator role between perceived risk of organizational trauma and psychological well-being.

Measures taken by an organization against any risk of organizational trauma will positively affect the health of employees as well as maintaining the financial structure of the organization. Pandemics also create an organizational trauma risk for organizations. However, factors such as the level of preparedness of the organizations, the measures organizations take, and the speed of taking action may shape the employees' perceptions of their organizations. Moreover, this perception will affect employees' sense of security and well-being.

H4. There is a relationship between perceived organizational pandemic preparation and employee's well-being.

CHAPTER 2

METHOD

This quantitative research will use non-experimental, correlational, and cross-sectional design technique. Before starting to research, the first step was to get the Ethics Committee Approval Form from Istanbul Bilgi University (Appendix J).

2.1. Participants

The sampling technique was convenience sampling. White-collar employees from various organizations reached through the social media platforms such as Facebook, Twitter and LinkedIn by posting a survey link. By this way, participants company would not be identifiable.

White-collar employees (N=232) from different companies connected via convenience sampling participated in this phase. Demographic and job-related variables of the participants are present in Table 2.1. Participants gender rate of this study was 60.3% of females and 39,7% of males in this study. Age mean was 35.01 (Min.=21, Max.= 64), (*SD*=8.4). Participants' 18.5% was from the public sector while 184 participants were from the private sector (78.3%). Majority of participants has tenure in their current organization of 10 years or less (56.5%). The sample contains 77 participants who have managerial roles in their work (33.2%) and 155 participants who have not the managerial role (66.8%). Participants' 34.9% was from small, 31.9% was from middle size organizations, and 77 of them was from large organizations (33.2%).

Table 2.1. Demographic characteristics and job-related variables of participants

		N	%
Gender	Male	92	60,3
	Female	140	39,7
	Total	232	100
Age	21-34	131	56,5
	35 and older	101	43,5
	Total	232	100
Managerial Role	Yes	77	33,2
	No	155	66,8
	Total	232	100
Total Tenure	11 and above	100	43,5
	10 and below	130	56,5
	Total	230	100
Company Tenure	5 and more	131	58,7
	4 and below	92	41,3
	Total	223	100
Sector	Finance	21	9,30
	Education	59	26,0
	Service	75	33,0
	Production	48	21,1
	Health	24	10,6
	Total	227	100
Organizational Size	0-50	81	34,9
	50-500	74	31,9
	500 and above	77	33,2
	Total	232	100
Type of Organization	Government	43	18,5
	Local Authority	3	1,3
	Non-Governmental Organizations	3	1,3
	Private Sector (National)	119	51,3
	Private Sector (International)	63	27,2
	Total	231	100

2.2. Instruments

In this study, instruments were Traumatic Organizational Events Scale, Quality of Work-life Scale, Occupational Self-Efficacy Scale, Who-5 Well-Being Index, Organizational Pandemic Preparation Scale and lastly Demographic Information form. A survey link created by Survey Monkey, including the following instruments.

2.2.1. Demographics

Participants in this study responded to demographic questions such as age, gender, marital status, level of education, tenure and also questions related to their work and their current organizations (Appendix I).

2.2.2. Traumatic Organizational Events Scale

The Traumatic Organizational Events Scale, which developed by Özbudak (2018), evaluates the probability of exposure to potentially traumatic events and preventability of these incidents. The scale has 36 items and two segments which are Organizational Level and Individual Level impact. The organizational level impact has two dimensions which are Financial Organizational Change, Uncontrollable-External and Individual level impact have five dimensions, which are Violence, Psycho-Social, Accidents, Theft, Reputation. In her study, Cronbach's alpha was .87 for 36 items, and that showed that the Traumatic Organizational Events Scale is highly reliable (Özbudak, 2018). (Appendix C).

2.2.3. Perceived Organizational Pandemic Preparation Survey

In this study, perceived organizational pandemic preparation survey raises questions to understand the perception of employees about the current readiness statuses of the companies for pandemic problems and the measures they will take in the coming period. Item development was through by examination of literature,

business continuity programs, guidances released by WHO, CDC, and the Turkish Ministry of Health (CDC, 2020; WHO, 2020; Turkey Ministry of Health, 2020).

The survey consisted of 8 items. In the first three items of the survey, participants evaluated the extent to which the organization cares about the physical and psychological health of its employees. In the other five items, participants evaluated business sustainability plans, job security, the adequacy and action speed of measures taken by organizations against Covid-19. Participants had the right to give 0 points to 5 items; it was not taken any measures against Covid-19 in their organizations (Appendix H).

2.2.4. Quality of Work-life Scale

In this study, the level of quality of work-life of participants evaluated through by Quality of Work Life Scale (QWLS) which developed by Sirgy, Efraty, Siegel, & Lee's (2001). According to Sirgy, Efraty, Siegel, & Lee (2001), seven needs of employees can be satisfied with their activities in the workplace, and this shows their quality of work life. The scale is a 16 item Likert-type scale that measures the degree of quality of working life. The scale was adapted to Turkish by Afşar (2011). The scale consists of seven needs, such as health and safety needs, financial and family needs, social needs, esteem needs, actualization needs, knowledge needs, and aesthetic needs (Appendix D).

2.2.5. The World Health Organisation- Five Well-Being Index (WHO-5)

WHO-5 well-being index is a short scale that evaluates emotional well-being during the previous two weeks. The development process of the WHO-5 well-being index was part of DEPCARE project on the measures of well-being and presented by the WHO Regional Office in Europe at 1998 WHO meeting in Stockholm. The WHO-5 index translated and adapted to Turkish in 1999 by Eser. The scale consists of 5 positive items about the emotions of the participant. Participants evaluated each item between 0-6 with a 7-point Likert type scale; 0

points indicate that there are no positive emotions in the last two weeks, 6 points indicate that there are continuous positive emotions (Appendix G).

2.2.6. Psychological Well-Being Scale

The level of psychological well-being of the participants measured with Psychological Well-Being Scale, which was developed by Diener et al., (2009). The scale translated and validated by Telef (2013). The 8-item Psychological Well-Being Scale describes the crucial elements of human function, from positive relationships to competence feelings, meaningful and purposeful life. Although the scale does not provide separate measurements of the dimensions of psychological well-being, it provides an overview of psychological well-being. Diener et al. (2009) named the scale first as the Psychological Well-Being Scale. However, they changed the name of the scale to "Flourishing Scale", which is reflect the content of well-being more accurately. In the validation study, the Cronbach's alpha internal consistency coefficient of the scale was .87Telef (2013). (Appendix E).

2.2.7. Occupational Self-Efficacy Scale

Schyns and von Collani (2002) developed the original and extended version of the Occupational Self-Efficacy scale. However, in this study, the self-efficacy level of participants measured with the short version of the occupational self-efficacy scale which adapted by Rigotti, Schyns and Mohr (2008). The scale was adapted to Turkish by Kuyubaşı (2019). The scale is a six-item Likert-type scale that measures the degree of occupational self-efficacy. Every item in the scale will be answered range from 1-6. High scores indicate high occupational self-efficacy. In the original study, internal consistency calculated with Cronbachs Alpha which was .83, and it shows that the scale is highly reliable (Appendix F).

2.3. Factor Analysis of Scales

In the scope of this study, factor construct of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, WHO-5 Well-Being and Organizational Pandemic Preparation scales analysed with Principal Axis Factoring (PAF) and Direct Oblimin rotation method on SPSS. Also, Kaiser-Mayer-Olkin (KMO) Sampling Adequacy and Bartlett Test for Sphericity were examined and declared. Additionally, for internal consistency Cronbach Alpha values of the scales were calculated.

2.3.1. Factor Analysis of Quality of Work Life Scale

The quality of work-life scale has 16 items. The Barlet Sphericity value of the scale was significant (p=.00 < .05) and KMO value was .881, which is very high. The factor analysis of the scale emerged only a single component. As seen in Table 2.3, factor loadings for every item were above 0.40. Furthermore, the structure of the scale that explained a total of 41.4% of the variance.

Besides, internal consistency calculation showed that the quality of work-life scale has a .913 Cronbach's alpha value, which represents a high level of internal consistency.

Table 2.2. Factor loadings of the quality of work-life scale

Items	Factor 1
11. I feel that my job allows me to realize my full potential.	.866
14. This job allows me to sharpen my professional skills.	.838
12. I feel that I am realizing my potential as an expert in my line of work.	.789
13. I feel that I'm always learning new things that help do my job better.	.772
9. I feel appreciated at work at (name of the organization)	.743
10. People at (name of the organization) and/or within my profession respect me as a professional and an expert in my field of work.	.709
16. My job helps me develop my creativity outside of work.	.707
15. There is a lot of creativity involved in my job.	.644
5. I feel that my job at (name of the organization) is secure for life.	.575
6. My job does well for my family.	.543
4. I am satisfied with what I'm getting paid for my work.	.502
8. I have enough time away from work to enjoy other things in life.	.493
2. My job provides good health benefits.	.490
7. I have good friends at work.	.481
3. I do my best to stay healthy and fit.	.458
1. I feel physically safe at work.	.441
Total Eigenvalue	6.667
% of Variance	41.47

2.3.2. Factor Analysis of Psychological Well-Being Scale

The psychological well-being scale evaluates the general state of well-being by eight items. The Barlet Sphericity value of psychological well-being scale was significant (p=.00 < .05) and KMO value was .888, which is very high. Table 2.3. shows the factor loadings of items. The scale had one component structure that explained a total of 53.9% of the variance.

Also, internal consistency calculation showed that psychological well-being scale has a .901 Cronbach's alpha value, which represents a high level of internal consistency.

Table 2.3. Factor loadings of the psychological well-being scale

Items	Factor 1
2. My social relationships are supportive and rewarding.	.823
3. I am engaged and interested in my daily activities	.795
1. I lead a purposeful and meaningful life.	.794
5. I am competent and capable in the activities that are important to me	.729
6. I am a good person and live a good life	.724
7. I am optimistic about my future	.685
8. People respect me	.668
4. I actively contribute to the happiness and well-being of others	.635
Total Eigenvalue	4.313
% of Variance	53.91

2.3.3. Factor Analysis of Occupational Self-Efficacy Scale

The Occupational Self-Efficacy scale is a short self-report scale which assesses an individual's self-efficacy beliefs with six items. The Barlet Sphericity value of occupational self-efficacy scale was significant (p=.00 < .05) and KMO value was .883, which is very high. Table 2.4 shows the factor loading of items. The scale explained a total of 67.3% of the variance.

Besides, internal consistency calculation showed that occupational self-efficacy scale has a .923 Cronbach's alpha value, which represents a high level of internal consistency.

Table 2.4. Factor loadings of the occupational self-efficacy scale

Items	Factor 1
6. I feel prepared for most of the demands in my job.	.886
2. When I am confronted with a problem in my job, I can usually find several solutions.	.866
5. I meet the goals that I set for myself in my job.	.834
3. Whatever comes my way in my job, I can usually handle it.	.813
1. I can remain calm when facing difficulties in my job because I can rely on my abilities.	.808
4. My past experiences in my job have prepared me well for my occupational future.	.706
Total Eigenvalue	4.044
% of Variance	67.93

2.3.4. Factor Analysis of the WHO-5 Scale

The WHO-5 Well-Being Index has five items which assess an individual's well-being states in the last two weeks. The Barlet Sphericity value of scale was significant (p=.00 < .05) and KMO value was .819, which is very high. As seen in Table 2.5, the factor loadings of item were above .040. The scale explained a total of 56.6% of the variance.

Besides, internal consistency calculation showed that WHO5 well-being index has a .864 Cronbach's alpha value, which represents a high level of internal consistency.

Table 2.5. Factor loadings of WHO-5 scale

Items	Factor 1
3. I have felt active and vigorous	.832
2. I have felt calm and relaxed	.778
1. I have felt cheerful and in good spirits	.776
4. I woke up feeling fresh and rested	.719
5. My daily life has been filled with things that interest me	.646
Total Eigenvalue	2.834
% of Variance	56.68

2.3.5. Factor Analysis of Organizational Pandemic Preparation Survey

Employees perception of Organizational Pandemic Preparation measured with eight-item self-reported Organizational Pandemic Preparation survey, which is developed by within this research.

Factor analysis of organizational pandemic preparation survey examined with Principal Axis Factoring and Direct oblimin rotation method. The Barlet Sphericity value of survey was significant (p=.00 < .05) and KMO value was .913, which is very high. As seen in Table 2.6, the factor loadings of items were above 0.40. Only one component emerged in factor analysis, and it explained a total of 65.5% of the variance.

Also, in internal consistency calculation, Cronbach's Alpha value of organizational pandemic preparation survey was.937, which represents a high level of internal consistency.

Table 2.6. Factor loadings of pandemic preparation scale

Items	Factor 1
7. Do you feel confident that your company will take the necessary measures to ensure the health of its employees?	.911
5. Do you think the measures taken to protect the employees of Coronavirus outbreaks in your company are sufficient?	.880
4. How quickly do you think your company reacted to protect its employees against the Coronavirus outbreak, which declared a global pandemic by the World Health Organization?	.843
3. Do you think your company will prioritize employee health in the coming days?	.822
6. How adequate are your company business continuity plans during and after the coronavirus outbreak?	.769
2. How much does your company top management care about the psychological health of its employees?	.760
1. How much does your company top management care about the physical health of its employees?	.756
8. How do you feel in terms of job security?	.714
Total Eigenvalue	5.240
% of Variance	65.50

2.4. Procedure

Surveys were sent to participants as an online survey via SurveyMonkey. The survey link was shared online with brief information, and the informed consent form was on the first page. The informed consent form is given in the Appendix in English and Turkish (Appendix A and B). If participants agree to participate, they could click yes, and they pursue with the questionnaire items. The participants had the right not to answer the questions they did not want in the questionnaire and to leave the questionnaire at any time.

2.5. Data Analysis

SPSS, Statistics 22. the version used to analyse the data. Also, PROCESS MACRO 3. version used to examine the mediator role of quality of work-life and the moderator role occupational self-efficacy (Hayes, 2017).

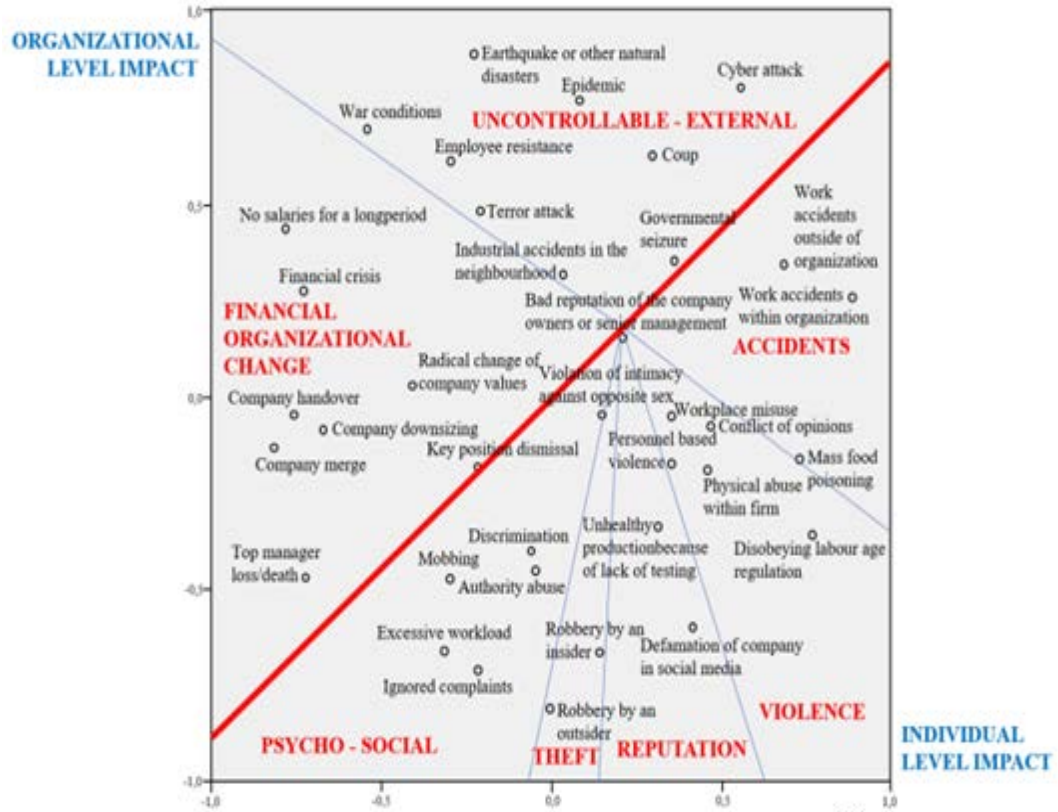
As first, participants' "perceived risk score" was calculated by using the Organizational Trauma Scale. According to the probability of exposure to potentially traumatic events listed in the questionnaire and the perception related to their preventability/unpreventability, participants evaluated 36 items twice on two different scales. The ratio of the probability of exposure to potentially traumatic events to the level of perceived preventability became the indicator of perceived risk for each scenario defined in the item. For example, the perceived risk for scenario #1 was the ratio of the probability of exposure to a potentially traumatic event defined in item #1 to the preventability of the event in item #1. This ratio could range between 1/6 (lowest level of perceived risk) and 6/1(highest level of perceived risk), so that score of six reflects the highest possible level of risk for a, particularly traumatic event. The rest of the statistical analysis was conducted by using these calculated "perceived risk score" for each traumatic event. Traumatic events grouped into two dimensions and seven segments (Table 2.7.).

Table 2.7. Dimensions, segments and events in organizational trauma scale

Organizational Level Impact		Individual Level Impact				
Financial-Organizational Change	**Uncontrollable-External**	**Violence**	**Psycho-Social**	**Accidents**	**Theft**	**Reputation**
Financial crisis	Earthquake or other natural disasters	Disobeying labour age regulations	Ignored complaints	Work accidents within the organization	Robbery by an insider	Defamation of company in social media
Key position dismissal	Pandemic	Physical abuse within the firm	Excessive workload	Work accidents outside of the organization	Robbery by an outsider	Bad reputation of the company owners or senior management
No salaries for a long period	Cyberattack	Conflict of opinions	Violation of intimacy against the opposite sex	Mass food poisoning		Unhealthy production because of lack of testing
Radical change of company values	War conditions	Personnel based violence	Authority abuse			
Top manager loss/death	Coup	Workplace misuse	Discrimination			
Company downsizing	Governmental seizure		Mobbing			
Company handover	Terror attack					
Company merge	Employee resistance					
	Industrial accidents in the neighbourhood					

In the data analysis of this study, the grouping of traumatic events was carried out according to the model presented by Özbudak (2018). As seen in Figure 2.1 and Table 2.7, there are two dimensions and seven segments in the model. Moreover, this study also applied Multi-Dimensional Scaling based on perceived risk, probability and preventability to organizational traumatic events scale (Appendix J).

Figure 2.1. Multi-Dimensional Scaling of Traumatic Organizational Events Scale (Segments and Dimension)



(Özbudak, 2018)

Pearson correlation analysis was used to examine relationships between variables. For mediator role of quality of work-life and mediator role of

occupational self-efficacy PROCESS macro used in this study. Also, Linear Regression Analysis was used to analyse the impact of sub-dimensions of perceived organizational trauma risk on psychological well-being. In a similar vein, Multi-Regression analysis was used to analyse the impact of organizational pandemic preparation and who-5 well-being on psychological well-being.

Although it is not one of the main aims of this study, it carried out analyses based on demographic and job-related variables. These analyses and their results are available in the appendix (Appendix K).

CHAPTER 3

RESULTS

3.1. Perceived Risk of Traumatic Events

As it elaborated in the data analysis section, the ratio of the probability of exposure and perceived level of preventability was used to evaluate the perceived risk of 36 potentially traumatic events. The descriptive statistics of variables for these calculated perceived risks, probability and preventability, are as shown in Table 3.1.

The riskiest traumatic events are top manager loss (M=3.27, SD=2.25), war conditions (M=2.01, SD=1.68) and coup (M=1.99, SD=1.76). The least risky traumatic event is the disobey to labour age regulations (M=0.41, SD=0.65).

Furthermore, pandemic (M=5.01, SD=1.39) is the most probable event while disobeying labour age (M=5.32, SD=1.36) is the most preventable event. Moreover, disobeying labour age (M=1.57, SD=1.14) is the least probable event while top manager loss (M=2.23, SD=1.57) is the least preventable event according to findings.

Table 3.1. Descriptive statistics of traumatic events variables

Traumatic Events	Probability		Preventability		Perceived	
	M	***SD***	***M***	***SD***	***M***	***SD***
Top Manager Loss/Death	4.45	1.63	2.23	1.57	3.2	2.25
War conditions	4.16	1.55	3.01	1.47	2.0	1.68
Coup	4.19	1.57	3.17	1.55	1.9	1.76
Pandemic	5.01	1.39	3.81	1.64	1.8	1.49
Key Position Dismissal	4.23	1.71	3.64	1.64	1.7	1.67
Financial crisis	4.49	1.59	3.50	1.45	1.6	1.30
Company Downsizing	3.78	1.67	3.73	1.60	1.4	1.46
Company Merge	3.32	1.74	3.72	1.71	1.3	1.47
Defamation of Company in Social Media	3.76	1.74	3.95	1.59	1.3	1.27
Company Handover	3.17	1.80	3.89	1.80	1.3	1.47
Discrimination	3.93	1.74	4.25	1.65	1.3	1.31
Excessive workload	4.22	1.52	4.22	1.52	1.3	1.16
Radical change of company values	3.49	1.76	3.89	1.61	1.3	1.36
Earthquake or other natural disasters	3.89	1.54	4.10	1.59	1.2	1.14
Mobbing	3.78	1.74	4.25	1.66	1.2	1.30
Ignored Complaints	3.74	1.68	4.21	1.59	1.2	1.19
Cyber Attack	4.22	1.57	4.45	1.36	1.1	1.00
Authority Abuse	3.66	1.70	4.44	1.60	1.1	1.16
Governmental seizure	2.49	1.68	3.97	1.80	1.0	1.39
Terror attack	2.93	1.57	3.97	1.61	1.0	1.07
Bad Reputation of the company owners or	2.99	1.67	4.40	1.57	.94	.99
Conflict of Opinions	2.99	1.66	4.44	1.50	.89	.85
No salaries for a long period	2.63	1.55	4.38	1.56	.84	.96
Robbery by an insider	3.12	1.64	4.68	1.37	.82	.76
Robbery by an outsider	3.02	1.54	4.64	1.40	.82	.83
Mass food poisoning	3.25	1.81	4.92	1.36	.81	.85
Employee Resistance	2.84	1.59	4.62	1.41	.81	.93
Work accidents outside of organization	2.52	1.45	4.47	1.54	.75	.85
Violation of İntimacy against Opposite Sex	2.84	1.63	4.90	1.37	.72	.76
Industrial Accidents in the neighbour hood	2.34	1.60	4.63	1.58	.71	.88
Physical Abuse Within Firm	2.53	1.48	4.82	1.37	.68	.77
Workplace Misuse	2.49	1.51	4.82	1.37	.67	.78
Work accidents within organization	2.63	1.56	4.91	1.40	.65	.58
Personnel Based Violence	2.18	1.33	4.78	1.39	.62	.78
Unhealthy production because of lack of	2.04	1.33	5.08	1.39	.52	.65
Disobeying labour age regulation	1.57	1.14	5.32	1.36	.41	.65

3.2. Correlation among Segments and Dimensions of Perceived Risk for Traumatic Events

As seen in Table 3.2, the Pearson correlation coefficients show interaction among the segments and dimensions of the organizational trauma scale.

Organizational level impact dimension was positively correlated with its segments which are financial-organizational change segment ($r = .900$, $p < .01$), and uncontrollable-external segment ($r = .895$, $p < .01$).

Also, individual-level impact dimension was positively correlated with its segments which are violence segment ($r = .809$, $p < .01$), psycho-social segment ($r = .893$, $p < .01$), accidents segment ($r = .550$, $p < .01$), theft segment ($r = .497$, $p < .01$) and reputation segment ($r = .714$, $p < .01$).

These results show that organizational trauma dimensions and segments are significantly and positively correlate with each other. In addition to that, General Risk score was also positively correlated with organizational level dimension ($r = .905$, $p < .01$) and individual level dimension ($r = .853$, $p < .01$).

Table 3.2. Correlation among segments and dimensions of perceived risk for traumatic events

	M	*SD*		General Risk	Org. Level Impact	Individual Level	Financial-Org. Change	Uncontrollable External	Violence	Psycho-Social	Accidents	Theft
General Risk	1.16	.54										
Org. Level Impact	1.46	.72	*r*	.905**								
			p	0.000								
Individual Level Impact	.88	.52	*r*	.853**	.550**							
			p	0.000	0.000							
Financial-Org. Change	1.62	.86	*r*	.800**	.900**	.466**						
			p	0.000	0.000	0.000						
Uncontrollable External	1.32	.75	*r*	.825**	.895**	.522**	.611**					
			p	0.000	0.000	0.000	0.000					
Violence	.65	.55	*r*	.670**	.412**	.809**	.312**	.430**				
			p	0.000	0.000	0.000	0.000	0.000				
Psycho-Social	1.15	.85	*r*	.696**	.384**	.893**	.365**	.324**	.633**			
			p	0.000	0.000	0.000	0.000	0.000	0.000			
Accidents	.73	.58	*r*	.614**	.534**	.550**	.364**	.598**	.293**	.336**		
			p	0.000	0.000	0.000	0.000	0.000	0.000	0.000		
Theft	.82	.67	*r*	.480**	.362**	.497**	.270**	.382**	.306**	.272**	.419**	
			p	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Reputation	.93	.71	*r*	.642**	.445**	.714**	.427**	.371**	.531**	.506**	.295**	.299**
			p	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000

3.3. Relationships among Psychological Well-Being, Occupational Self-Efficacy, WHO-5 Well-Being, Pandemic Preparation and Perceived Trauma Risk

Table 3.3 shows Pearson correlation coefficients among the research variables and subscales. As seen in Table 3.3, all dimensions of perceived trauma risk had a negative and statistically significant correlation with quality of work-life, psychological well-being, WHO-5 well-being index and organizational pandemic preparation. These negative and statistically significant correlations show that high organizational trauma risk is associated with lower well-being. The highest negative correlation was between pandemic preparation and individual impact dimension (r (232) =-.479, p=.000) and psycho-social segment (r (232) =-.489, p=.000).

The lowest negative correlation in analysis was between WHO-5 index and accidents segment (r(232) =-.131, p=.046) and organizational level impact dimension (r(232) =-.165, p=.012).

Moreover, correlation analysis results showed that organizational trauma risk dimensions and segments are significantly and negatively correlate with the quality of work-life and organizational pandemic preparation. Also, organizational trauma risk dimensions and segments had significant and negative correlations with psychological well-being, except financial-organizational change segment (r (232) =-.124, p=.060), which had a partial correlation. The partial correlation might be caused by insufficient participant number. The correlation between financial-organizational change and psychological well-being would be entirely significant if more employee has participated in this study.

Table 3.3. Correlation between organizational trauma and other variables

		PWB	OSE	WHO-5	OPP	Risk	Org.L	Ind.L	Fin. Chang	Unc. Ext.	Vio.	Psy.	Acc.	Theft	Rep.
QWL	*r*	.641**	.579**	.363**	.684**	-.362**	-.206*	-.459**	-.201*	-.168*	-.336**	-.466**	-.163*	-.278**	-.280**
	p	.000	.000	.000	.000	.000	.002	.000	.002	.010	.000	0.000	0.013	0.000	0.000
PWB	*r*		.713**	.516**	.372**	-.272**	-.165*	-.332*	-0.124	-.173*	-.306**	-.292**	-.131*	-.163*	-.242**
	p		0.000	0.000	0.000	0.000	0.012	0.000	0.060	0.008	0.000	0.000	0.046	0.013	0.000
OSE	*r*			.467**	.355**	-.214*	-0.115	-.278**	-0.050	-.158*	-.229*	-.254*	-0.126	-0.102	-.224*
	p			0.000	0.000	0.001	0.080	0.000	0.452	0.016	0.000	0.000	0.054	0.123	0.001
Who5	*r*				.331**	-.239**	-.172*	-.258**	-.161*	-.148*	-.229**	-.251**	-0.106	-0.035	-.196*
	p				0.000	0.000	0.009	0.000	0.014	0.025	0.000	0.000	0.106	0.595	0.003
OPP	*r*					-.365**	-.193*	-.479**	-.198*	-.148*	-.344**	-.489**	-.191*	-.297**	-.274**
	p					0.000	0.003	0.000	0.002	0.024	0.000	0.000	0.004	0.000	0.000

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

3.4. The Relationship Between Perceived Risk for Traumatic Events and Psychological Well-Being

Regression analysis was applied to determine the predictive relationship between perceived risk for traumatic events and psychological well-being.

Table 3.4. Regression analysis of perceived risk for traumatic events and psychological well-being

IV	DV	*Adjusted R2*	ANOVA		Coefficents[a]			Effect Size
			F	***Sig***	***Beta***	***t***	***Sig***	
General Risk Mean	PWB	.070	18.392	.000	-.471	35.638	**.000**	Small to medium
Org.Level	PWB	.027	6.421	.012	-.216	-2.534	**.012**	Small
Ind.Level	PWB	.110	28.439	.000	-.594	-5.333	**.000**	Small to Medium
Financial	PWB	.011	3.583	.060	-.136	-1.893	**.060**	Small
Uncontrollable	PWB	.026	7.059	.008	-.217	-2.657	**.008**	Small
Violence	PWB	.094	23.775	.000	-.520	-4.876	**.000**	Small to medium
Psychosocial	PWB	.081	21.388	.000	-.321	-4.625	**.000**	Small to Medium
Accidents	PWB	.013	4.032	.046	-.211	-2.008	**.046**	Small
Theft	PWB	.022	6.301	.013	-.228	-2.510	**.013**	Small
Reputation	PWB	.055	14.339	.000	-.321	-3.787	**.000**	Small to medium

*PWB (Psychological Well-Being)

As seen in Table 3.4, when perceived organizational traumatic events dimensions and segments were inputted as independent variable for predicting psychological well-being, general risk score mean (B=-.471, t=35,638, R^2=.07, p=.000), organizational level impact dimension (B=-.216, t=-2,534, R^2=.027, p=.012), individual level impact dimension (B=-.594, t=-5,333, R^2=.110, p=.000), uncontrollable and external segment (B=-.217, t=-2,657, R^2=.026, p=.008), violence segment (B=-.520, t=-4,876, R^2=.094, p=.000), psycho-social segment (B=-.321, t=-4,625, R^2=.081, p=.000), accidents segment (B=-.211, t=-2,008, R^2=.013, p= .046), theft segment (B=-.228, t=-2,510, R^2=.022, p= .012), reputation segment (B=-.321, t=-3,787, $R^{2=}$·055, p= .000) had significant effects (Table 3.4).

Only financial, organizational change segment (B=-.136, t=-1,893, R^2=.011, p=.060) have a marginally significant effect on psychological well-being. Marginal significance may cause a small number of participants (Pritschet, Powell, & Horne, 2016).

Regression analysis shows a negative relationship between perceived organizational traumatic events dimensions and segments and psychological well-being.

3.5. The Mediator Role of Quality of Work-Life and Moderator Role of Occupational Self-Efficacy In The Relationship between Perceived Trauma Risk and Psychological Well-Being

In this study, one of the aims was to investigate the relationship between perceived organizational trauma risk and psychological well-being. Moreover, it tested the mediator role of quality of work-life and the moderator role of occupational self-efficacy between the perceived organizational trauma risk and psychological well-being.

The mediator role of quality of work-life and moderator role of occupational self – efficacy belief examined with PROCESS macro version 3.5 (Model 1 and Model 4) (Hayes, 2017). The mediator role of quality of work-life in the

relationship between perceived organizational trauma risk and psychological well-being tested by using indirect effect and bootstrapping results.

3.5.1. The Mediator Role of Quality of Work-Life In The Relationship Between Perceived Trauma Risk and Psychological Well-Being

At this section, the general risk score of perceived organizational trauma risk included to analysis as an independent variable, psychological well-being included to analysis as a dependent variable, and quality of work-life included analysis as a mediator variable. As illustrated in Figure 3.1, there was a statistically significant relationship between general risk and psychological well-being without the quality of work-life (β=-,4712, p=.000). However, when the quality of work-life added to analysis as a mediator variable, the β interaction value between general risk and psychological well-being was decreased and turned insignificant (β=-.0792, p>.001).

Figure 3.1. The mediator role of quality of work-life between general perceived organizational trauma risk and psychological well-being

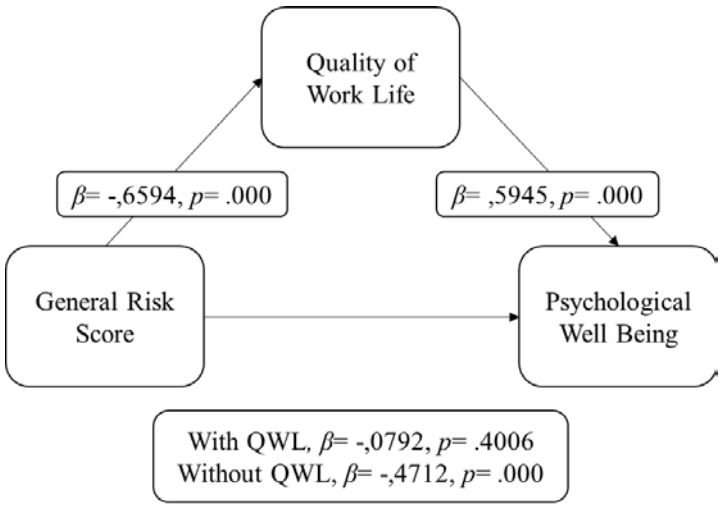


Table 3.5. show bootstrapping results and 95% confidence intervals of mediator role of psychological well-being between general trauma risk perception and psychological well-being.

Table 3.5. Bootstrapping results of mediator role of quality of work-life between general trauma risk perception and psychological well-being

		%95 Confidence Interval	
	Effect	**Low Limit**	**Up Limit**
Indirect effect			
GRS>QWL>PWB	-0.3920	-0.5946	-0.2188
Direct effect			
GRS>QWL	-0.6594	--0.8797	-0.4391
QWL>PWB	0.5945	0.4926	0.6964
***R2*=.4129**	***F*=80.52**		

* GRS (General Risk Score), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Bootstrapping results show the importance of the indirect effect, and it calculated with 10.000 bootstrapped samples in this study. The standardized indirect effect was (-.325) (-.129) =-.226. Thus, the indirect effect of the quality of work-life was statistically significant.

At the other analysis, organizational level impact dimension was the independent variable, psychological well-being was the dependent variable, and quality of work-life was the mediator variable. As illustrated in Figure 3.2, there was a significant relationship between organizational level impact dimension and psychological well-being without the quality of work-life (β=-.2160, p=.0119). However, the quality of work-life reduced β interaction value between organizational level impact and psychological well-being as the mediator in this interaction, and p interaction significance value turned insignificant (β=-0.450, p>.001) when the quality of work-life was the mediator variable.

Figure 3.2. The mediator role of quality of work-life between psychological well-being and individual level impact dimension

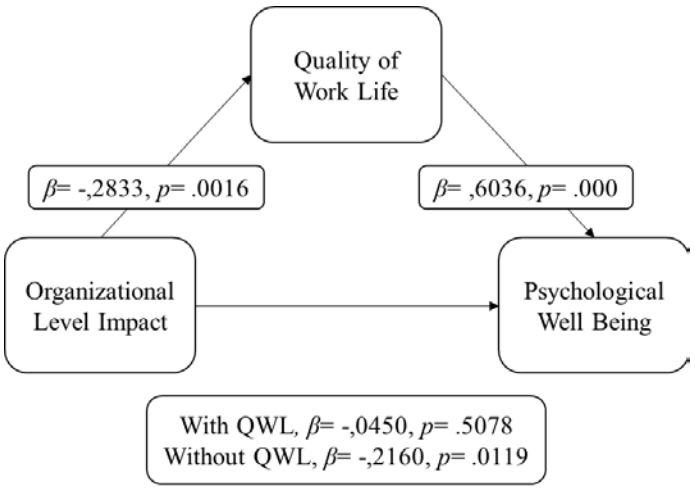


Table 3.6 show bootstrapping results and 95% confidence intervals of mediator role of psychological well-being between organizational level impact dimension and psychological well-being. Bootstrapping results shows that the standardized indirect effect was (-.225) (-.045) =-.130. Thus, the indirect effect of the quality of work-life was statistically significant.

Table 3.6. Bootstrapping results of mediator role of quality of work-life between organizational level impact dimension and psychological well-being

		%95 Confidence Interval	
	Effect	**Low Limit**	**Up Limit**
Indirect effect			
OLI>QWL>PWB	-0.171	-0.3189	-0.0574
Direct effect			
OLI>QWL	-0.2833	-0.4583	-0.1082
QWL>PWB	0.6036	0.5065	0.7007
R2=.4122	***F*=80.59**		

* OLI (Organizational Level Impact), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

As seen in Figure 3.3, the individual-level impact was the independent variable, psychological well-being was the dependent variable, and quality of work-life was the mediator variable in this mediator analyse. As illustrated in Figure 3.3, there was a significant relationship between individual-level impact and psychological well-being without the quality of work-life (β=-.5942, p=.000). However, when the quality of work-life added to analysis as a mediator variable, the β interaction value between individual-level impact and psychological well-being was reduced and turned insignificant (β=-.0854, p>.001).

Figure 3.3. The mediator role of quality of work-life between psychological well-being and individual level impact dimension

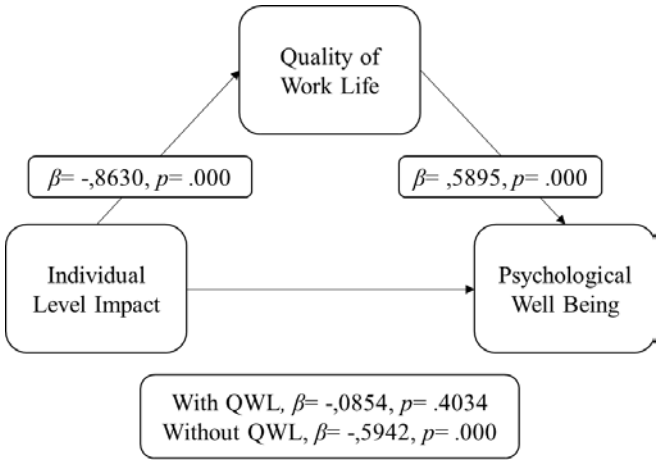


Table 3.7. shows the bootstrapping results and 95% confidence intervals of mediator role of psychological well-being between individual-level impact dimension and psychological well-being. Bootstrapping results show that the standardized indirect effect was (-.370) (-.192) =-.284. Thus, the indirect effect of the quality of work-life was statistically significant.

Table 3.7. Bootstrapping results of mediator role of quality of work-life between individual-level impact dimension and psychological well-being

		%95 Confidence Interval	
	Effect	**Low Limit**	**Up Limit**
Indirect effect			
ILI>QWL>PWB	-0.5087	-0.6997	-0.3465
Direct effect			
ILI>QWL	-0.863	-1.0803	-0.6458
QWL>PWB	0.5895	0.4826	0.6963
R2=.4129	***F*=80.51**		

* ILI (Individual Level Impact), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

The bootstrapping result showed that the quality of work-life has a mediator role in the relationship between perceived organizational trauma risk and psychological well-being.

Furthermore, the mediation effect of the quality of work-life in the relationship between segments of traumatic organizational events and psychological well-being was analysed. Table 3.8, Table 3.9, Table 3.10, Table 3.11, Table 3.12 and Table 3.13 respectively show the mediating effect of quality of work-life between perceived organizational trauma and psychological well-being.

Table 3.8. Bootstrapping results of mediator role of quality of work-life between organizational level impact dimension segments and psychological well-being

Segments			%95 Confidence Interval		
		Effect	**Low Limit**	**Up Limit**	***P***
Financial-Organizational Change	**Total Effect Without QWL**				
	FOC>PWB	-0.1356	-0.2767	0.0055	.0596
	Total Effect With QWL				
	FOC>QWL>PWB	0.0059	-.1057	0.1176	.9170
	Indirect effect				
	FOC>QWL>PWB	-0.1415	-0.2599	-0.0445	-
	Direct effect				
	FOC>QWL	-0.2315	-.3778	-0.0851	.0021
	QWL>PWB	0.6113	0.5142	0.7084	.0000
	R2=.4111	***F*=79.93**	P=.0000		
External-Uncontrollable	**Total Effect Without QWL**				
	EU>PWB	-.2174	-.3787	-.0562	.0084
	Total Effect With QWL				
	EU>QWL>PWB	-0.0843	-.2115	.0429	.1930
	Indirect effect				
	EU>QWL>PWB	-0.1331	-0.2754	-0.0209	-
	Direct effect				
	EU>QWL	-0.2220	-0.3916	-0.0525	.0105
	QWL>PWB	0.5996	0.5035	0.6957	.0000
	***R2*=.4154**	***F*=81.36**	P=.0000		

*FOC(Financial-Organizational Change), * EU(External-Uncontrollable), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Table 3.9. Bootstrapping results of mediator role of quality of work-life between violence segment and psychological well-being

Segments		%95 Confidence Interval			
		Effect	**Low Limit**	**Up Limit**	***P***
Violence	**Total Effect Without QWL**				
	V>PWB	-0.5201	-0.7303	-0.3099	.0000
	Total Effect With QWL				
	V>QWL>PWB	-0.1731	-.3520	.0058	.0578
	Indirect effect				
	V>QWL>PWB	-0.3470	-0.4821	-0.2194	-
	Direct effect				
	V>QWL	-0.6007	-0.8191	-0.3823	.0000
	QWL>PWB	0.5777	0.4774	0.6779	.0000
	***R2*=.4203**	***F*=83.00**	P=.0000		

*V (Violence), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Table 3.10. Bootstrapping results of mediator role of quality of work-life between psycho-social segment and psychological well-being

Segments		%95 Confidence Interval			
		Effect	**Low Limit**	**Up Limit**	***P***
Psycho-Social	**Total Effect Without QWL**				
	PS> PWB	-0.3211	-0.4579	-0.1843	.0000
	Total Effect With QWL				
	PS>QWL>PWB	0.0097	-.1146	.1340	.8784
	Indirect effect				
	PS>QWL>PWB	-0.3308	-0.4759	-0.2125	-
	Direct effect				
	PS>QWL	-0.5386	-0.6716	-0.4056	.0000
	QWL>PWB	0.6142	0.5067	0.7217	.0000
	***R2*=.4111**	***F*=79.94**	P=.0000		

* PS (Psycho-Social), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Table 3.11. Bootstrapping results of mediator role of quality of work-life between accidents segment and psychological well-being

Segments			%95 Confidence Interval		
		Effect	**Low Limit**	**Up Limit**	***P***
Accidents	**Total Effect Without QWL**				
	A> PWB	-0.2107	-0.4174	-0.0040	.0458
	Total Effect With QWL				
	A>QWL>PWB	-0.0436	-0.2061	.1188	.5971
	Indirect effect				
	A>QWL>PWB	-0.1670	-0.4958	-0.0108	-
	Direct effect				
	A>QWL	-0.2756	-0.4917	-0.0595	.0127
	QWL>PWB	0.6061	0.5097	0.7024	.0000
	***R2*=.4118**	***F*=80.15**	P=.0000		

*A (Accidents), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Table 3.12. Bootstrapping results of mediator role of quality of work-life between theft segment and psychological well-being

Segments			%95 Confidence Interval		
		Effect	**Low Limit**	**Up Limit**	***P***
Thefts	**Total Effect Without QWL**				
	T>PWB	-0.2277	-0.4065	-0.0490	.0128
	Total Effect With QWL				
	T>QWL>PWB	0.0223	-0.1227	.1673	.7620
	Indirect effect				
	T>QWL>PWB	-0.5087	-0.6997	-0.3465	-
	Direct effect				
	T>QWL	-0.4069	-0.5898	-0.2240	.0000
	QWL>PWB	0.6145	0.5155	0.7135	.0000
	***R2*=.4113**	***F*=79.96**	P=.0000		

* T (Theft), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Table 3.13. Bootstrapping results of mediator role of quality of work-life between reputation segment and psychological well-being

Segments			%95 Confidence Interval		
		Effect	**Low Limit**	**Up Limit**	***P***
Reputation	**Total Effect Without QWL**				
	R>PWB	0.3207	-0.4875	-0.1538	.0002
	Total Effect With QWL				
	R>QWL>PWB	-0.0905	-0.2278	.04670	.1950
	Indirect effect				
	R>QWL>PWB	-0.2301	-0.3733	-0.1241	-
	Direct effect				
	R>QWL	-0.3887	-0.5622	-0.2152	.0000
	QWL>PWB	0.5921	0.4934	0.6908	.0000
	***R2*=.4154**	***F*=81.35**	P=.0000		

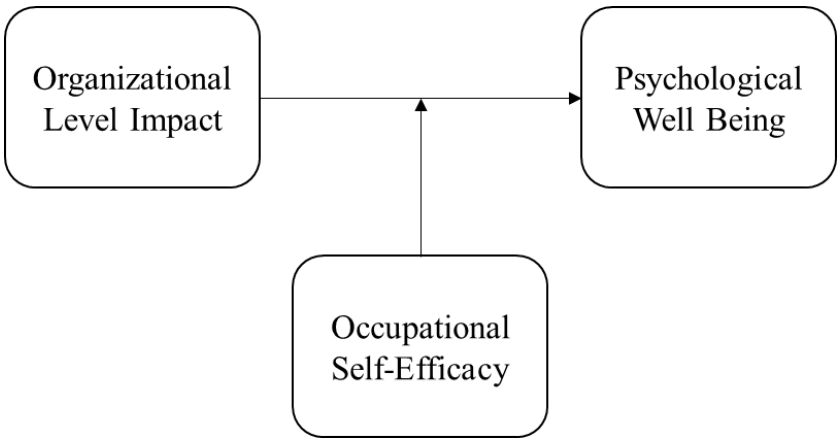
* R (Reputation), QWL (Quality of Work-Life), PWB (Psychological Well-Being)

Mediation analysis showed that the quality of work-life mediates the relationships between segments of organizational trauma risk and psychological well-being. In all of the analyses, *p*-value turned insignificant when the quality of work-life was the mediator variable. Moreover, %95 confidence intervals the limits of indirect effects did not contain 0 value; this also proves that the quality of work-life meaningfully mediates the relationship between segments and psychological well-being. However, only the financial-organizational segment showed partially significant result with psychological well-being; however, the model was significant.

3.5.2. The Moderator Role of Occupational Self-Efficacy in Relationship Between Perceived Trauma Risk And Psychological Well-Being

Figure 3.4. shows the model for the moderator role of occupational self–efficacy belief between organizational level impact dimension of perceived organizational trauma risk and psychological.

Figure 3.4. The Moderator role of occupational self–efficacy between organizational level impact and psychological well-being



As seen is in Table 3.14, the interaction result was insignificant (β=-.0694, t=-1.4484, p=.1489, LLCI= -.1639, ULCI= -.0250). The results of the moderator analyse means that occupational self–efficacy had not moderated the relationship between organizational level impact, which is a dimension of perceived organizational trauma risk and psychological well-being.

Table 3.14. The moderator role of occupational self-efficacy between organizational level impact dimension and psychological well-being

Conditional Effects					
				%95	
	β	***t***	***p***	**Low**	**Up Limit**
Interaction	-.0694	-1.4484	.1489	-.1639	.0250
$\mathbf{R^2}$=.5198 ***F***=82.25					

Figure 3.5 shows the model for the moderator role of occupational self–efficacy belief between individual-level impact dimension of perceived organizational trauma risk and psychological.

Figure 3.5. The Moderator role of occupational self-efficacy between individual-level impact dimension and psychological well-being

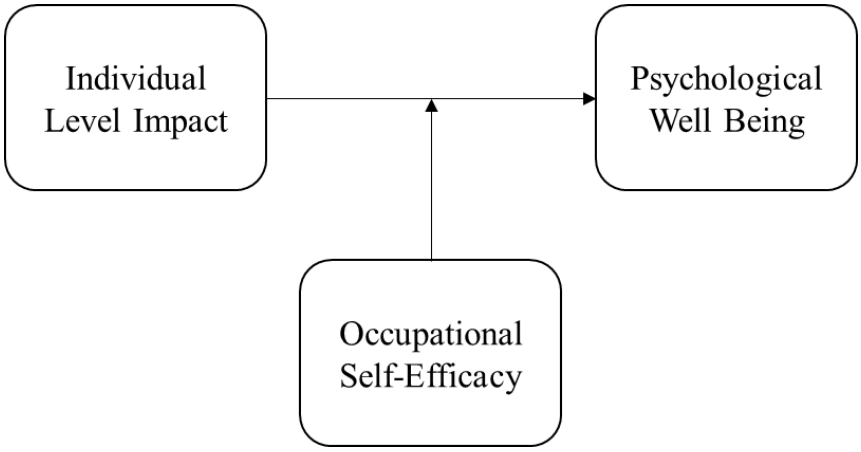


Table 3.15 shows the results of the moderator role of occupational self–efficacy between individual-level impact, which is a dimension of perceived organizational trauma risk and psychological well-being. The interaction result of moderator analysis was insignificant (β=-.0932, t=-1.5006, p=.1348, LLCI= -.2155, ULCI= -.0292).

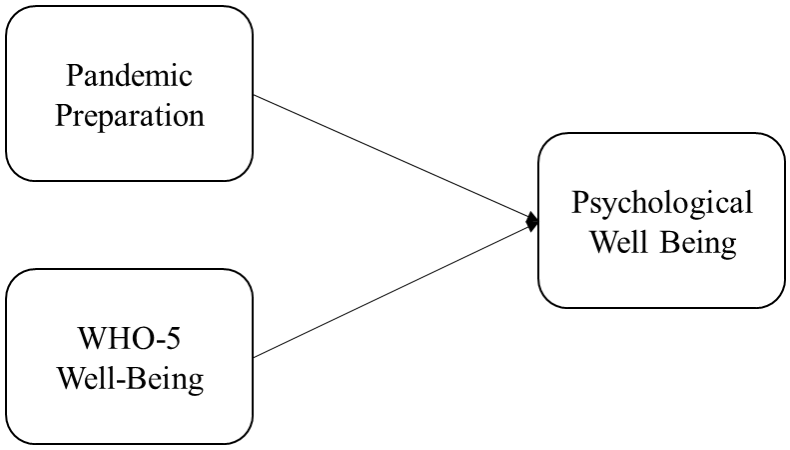
Table 3.15. The Results of the moderator role of occupational self-efficacy between individual-level impact dimension and psychological well-being

Conditional Effects					
				%95	
	β	***t***	***p***	**Low**	**Up Limit**
Interaction	-.0932	-1.5006	.1348	-.2155	.0292
$\mathbf{R^2}$=.53 ***F***=86.51					

3.6. The Relationship Between Organizational Pandemic Preparation, WHO-5 Well-Being and Psychological Well-Being

Linear regression analysis was performed to examine the relationship between pandemic preparation, who-5 well-being index and psychological well-being. In Model 1, who-5 well-being entered as an independent variable, and in Model 2, who-5 well-being and organizational pandemic preparation, both entered as independent variables.

Figure 3.6. Multi-Regression model between organizational pandemic preparation, who-5 well-being and psychological well-being



Model 1 showed that who-5 (β=.516, t(232)=9,139, p=.012) had a significant positive effect on psychological well-being (F=83,522, R^2=.263, p=.000). Moreover, in model 2 both who-5 (β=.442, t(232) =7,598, p=.000). and organizational pandemic preparation (β=.225, t(232)=3,878, p=.000). had a significant effect on psychological well-being (F=51,830, R^2=.306, p=.000). Besides, both models show that who-5 and organizational pandemic preparation had a large effect on psychological well-being (Table 3.16).

Table 3.16. Multi-Regression analysis between organizational pandemic preparation, who-5 well-being and psychological well-being

IV	Adjusted R^2	ANOVA		Coefficents[a]			Effect Size
		F	*p*	*Beta*	*t*	*p*	
Model 1							
IV: WHO-5	.263	83.522	.000	.516	9.139	.012	Large
Model 2							
IV: WHO-5	.306	51.830	.000	.442	7.598	.000	Large
IV: Pandemic Preparation				.225	3.878	.000	

3.7. Summary of Hypothesis Testing

Table 3.17 shows the results of hypothesis testing.

Table 3.17. Summary of hypothesis testing results

No	Hypothesis	Result
H1.1	The perceived risk of organizational trauma negatively correlated with psychological well-being.	Supported
H1.2	The perceived risk of organizational trauma negatively correlated with quality of work-life.	Supported
H1.3	The perceived risk of organizational trauma negatively correlated with occupational self-efficacy.	Supported
H2.	The quality of work-life has a mediator role between perceived risk of organizational trauma and psychological well-being.	Supported
H3.	The occupational self-efficacy has a moderator role between perceived risk of organizational trauma and psychological well-being.	Not Supported
H4.	There is a relationship between perceived organizational pandemic preparation and employee's well-being.	Supported

CHAPTER 4

DISCUSSION

This study investigates the relationship between perceived organizational trauma risk and employee well-being. However, Covid-19 already started to affect individuals and organizations in the preparation period of this study. Since pandemic is a type of organizational trauma, a survey developed to measure the perception of employees about their organizations' level of readiness for Covid-19 in this study. Factor analysis and Cronbach Alpha values of organizational pandemic preparation have shown that scale was psychometrically applicable. Besides, this study examined the relationship between perceived organizational pandemic preparation and employee well-being.

This study is vital in terms of assessing perceived organizational trauma risk in challenging times like the pandemic period. Additionally, it investigated the mediator role of quality of work-life and the moderator role of occupational self-efficacy in the relationship perceived organizational trauma risk and psychological well-being.

In this study, Özbudak (2018) dimensions and segments of traumatic organizational events was used. Moreover, results showed that all dimension and segment had a negative relationship with quality of work-life, occupational self-efficacy and psychological well-being. This result indicates that possible trauma risk has a negative effect on the psychological well-being of employees. Furthermore, based on the findings of correlation analysis, it could be said that individual-level impact dimension is significantly higher effect than the organizational level impact dimension on psychological well-being and quality of work-life.

Moreover, in light of results, we can say that the multi-dimensional scaling in Özbudak study was also meaningful in this research. However, multi-

dimensional scaling applied in this study too. The results were slightly different from Özbudak (2018) research; the time frame of the research could cause this difference because data collection period of this study was in coronavirus period so participants could be given higher points based on this issue. Moreover, participants of this study were mainly human resources professional, government employees and this could be effective on results too. For example, human resources employees' duties cover taking precautions against traumatic events such as mobbing, work accidents and labour age. Because of that, they may evaluate possible traumatic scenarios different than other white-collar employees. Besides, participants of this study were from different organizations, and every company have different customs, organizational culture and these differences may have to affect results.

4.1. The Perceived Risk of Traumatic Events

There are different types of organizational traumatic events, and in this research, participants evaluated 36 different organizational traumatic scenarios. According to result, top manager loss/death, war conditions, coup, pandemic and key position dismissal are the first five risky events. Moreover, work-place misuse, work accidents within the organization, personnel-based violence and unhealthy production because of lack of testing least risky events based on white-collar employees. The top five risky items are in organizational level impact dimension, and their source can be internal and external. However, their consequences influence all of the organization mentally, physically and economically (Walter, Hall, & Hobfoll, 2008).

Furthermore, perceived traumatic risk can differ according to the sector, job and even time. For example, this research was conducted in Covid-19 pandemic period and based on results; pandemics are fourth risky event. However, the pandemic was 17th risky event in Özbudak (2018) research. From the same point of view, in the research conducted by Özbudak, terrorist attacks were among the

top five events in the ranking made according to the perceived organizational trauma risk. Because at that time, many terrorist attacks happened in Turkey.

Moreover, possibility scores showed that the first risky item is pandemic. It can be caused by the research period because while collecting data, Covid-19 was an important topic and risk for everyone. Covid-19 not only affected the health of individuals as a disease but also affected organizations particularly economically. Because of the precautions taken by governments to reduce the spread of the pandemic, most organizations had to stop or reduce their operations.

One of the most significant results of the current study, the top manager loss/death was most risky event according to participants. Top manager loss/death may create lots of changes in a company such as organizational changes, cultural changes and economic changes, and this risk cannot avoid by organizational measures. Because of that, participants could seem this event riskier than others.

4.2. The Relationships Between Perceived Organizational Trauma Risk, Quality of Work Life, Occupational Self-Efficacy, WHO-5 Well-Being Index, Organizational Pandemic Preparation and Psychological Well-Being

All dimensions and segments of organizational trauma have a negative relationship with quality of work-life, occupational self-efficacy, who-5 well-being index, organizational pandemic preparation and psychological well-being.

This study demonstrated that perceived trauma risk has a negative relationship with psychological well-being and quality of work-life. In other words, employee well-being is affected by organizational traumatic events. Regression analysis showed that individual-level impact dimension and psycho-social segment predict psychological well-being more than other dimension and segments. In this study, scenarios such as mobbing and robbery are in individual impact dimension. Furthermore, in parallel with this study findings studies in literature showed that traumatic events such as robbery (Fichera et al., 2014), mobbing (Tatar & Yüksel,

2019) has a negative impact on psychological well-being. Moreover, witnessing any kind of trauma and stress caused by traumatic events has a negative impact on psychological well-being (Huddleston et al., 2007; Adams, Shakespeare-Finch, & Armstrong, 2014).

Besides, for employees to be affected by any traumatic event, the event does not need to have an individual-level impact. The results of the study showed that organizational level impact scenarios had a negative relationship with psychological well-being, such scenarios as wars and terrorist attacks. Similarly, Silver et al. (2002), research showed that when the terrorist attack occurred, individuals who were not close to the incident were negatively affected by the incident.

Another finding in this study was perceived organizational trauma risk have a negative relationship with quality of work-life. Traumas at work or witnessing these traumas may decrease the quality of work-life of employees (Skogbrott et al., 2008; Bolduc, 2001). However, in the light of the findings of this study, it can be said that if the needs of the employees, such as financial, social and aesthetic needs, are adequately met, they will have better psychological well-being levels.

According to COR theory (Hobfoll, 1989), traumatic events, or even possible threat such as possible natural disasters, upcoming war conditions, or financial crisis creates stress for individuals and organizations. Possible traumatic events and their effects such as fear, anxiety and concerns for others reduce individual psychological well-being and also damages employee's performance. However, individuals and organizations who have more considerable resources may be less affected by traumatic events. In this sense, resources such as quality of work-life and occupational self-efficacy maybe act as protective factors against organizational traumatic events. Besides that, as parallel findings with this study, according to Rigotti, Schyns and Mohr (2008), occupational self-efficacy is to help employees cope with problems at the workplace.

Business continuity plans and preparation against a traumatic event it enables organizations to be more prepared for possible traumatic scenarios. As seen in the results of this study, organizational pandemic preparation had a negative relationship with perceived trauma risk. It means that organizations may protect themselves from harmful effects of traumatic incidents by making preparation, plans and include these preparations to business continuity management plans. Besides, pre-incident planning and took necessary precaution against a traumatic event such as a pandemic, may influence the psychological well-being of employee in a positive way.

4.3. The Mediator Role of Quality of Work Life and Moderator Role of Occupational Self-Efficacy Between Perceived Organizational Trauma Risk and Psychological Well-Being

Process analysis showed that the relationship between perceived organizational trauma risk and psychological well-being mediated by the quality of work-life. This finding showed that white-collar employees, which satisfied of health and safety needs, financial and family needs, social needs, esteem needs, actualization needs, knowledge needs, and aesthetic needs, have better psychological well-being and more prepared against organizational traumatic events. In other words, the psychological well-being of white-collar employees with high quality of work-life is less affected by organizational traumatic events.

In the COR theory perspective, employees with more resources could cope more effectively against traumas and stress caused by traumatic events. The quality of work-life may be a collective work-related and personal resources for an employee because it consists of several different needs. In this point of view, quality of work-life act as a resource to employee cope with traumatic stress and helps employees to gain more resource (King et al., 1999). Also, employees with a higher quality of work-life can cope much better with organizational stress and stressors (Tuuli & Karisalmi, 1999; Bircan, 2014). Furthermore, an employee who has

satisfactory physically working conditions has better health and attitudes (Morrow, McElroy, & Scheibe, 2012).

In literature, studies showed that occupational self-efficacy helps employees to cope with workplace caused stress and high job-demands (Luthans, Norman, Avolio, & Avey, 2008; Onyishi, Ugwu, Onyishi, & Okwueze, 2018). However, results showed that occupational self-efficacy had not moderated the relationship between perceived organizational trauma risk and psychological well-being. Even so, correlation analysis showed a negative relationship between perceived organizational trauma risk and occupational self-efficacy. Because of that, it can be said that employees who have high occupational self-efficacy level, have low trauma risk perception besides they can cope more easily organizational stress and stressors.

4.4. The Relationship Between Organizational Pandemic Preparation, WHO-5 Well-Being Index and Psychological Well-Being

Since the coronavirus pandemic outbreak started, governments and organizations took different actions against it. These actions were closing school, closing organizations such as restaurants, cinemas, cancelling significant events. Both pandemic itself and these actions created stress for every individual. However, some organizations and companies continued to work, and even their business grow in this period, such as cargo organizations, supermarkets and healthcare centres.

Besides to be a deadly disease, coronavirus can also affect the psychological well-being of individuals. In this context, Yang & Ma (2020) conducted a study in China in the early stages of the pandemic, and their results indicate that coronavirus reduces individuals' psychological well-being by an average of 74% (Yang & Ma, 2020).

Against the recent Covid-19 pandemic, organizations took specific actions such as distance working, alternating working or at least hygiene measures.

However, some organizations took more actions and faster than others. Therefore, coronavirus-induced stress levels of employees will naturally differ from each other. In the context of disease prevention, some companies have chosen the method of working from home to protect employees. In a study, which compares working from home and working from the office, results showed that individuals working from home had higher job loyalty and job satisfaction than individuals who continued to work in the office. Nevertheless, worrying about being unemployed due to Covid-19 was a risk factor for anxiety, depression and insomnia (Song et al., 2020).

The result of correlation analysis indicates that pandemics, as part of the uncontrollable-external segment of organizational traumatic events scale, has a negative relationship with psychological well-being.

In this study, we developed a scale which assesses employee perception of organizational pandemic preparation level. For item developing, new business continuity programs, and guidance released by WHO, CDC, and the Turkey Ministry of Health has been examined (CDC, 2020; WHO, 2020; Turkey Ministry of Health, 2020). The items in the scale aim to measure the following subjects; the action of the speed of the organization, the adequacy of business continuity programs, the degree to which the organization cares about the physical and psychological well-being of the employees. After all, the factor analysis and internal consistency analysis of scale was statistically significant and showed that it was suitable for use.

Moreover, the relationships between psychological well-being, who-5 well-being and participants perception of organizational pandemic preparation were investigated. Multiple regression analysis showed that participants perception of organizational pandemic preparation level was affected their WHO-5 well-being and psychological well-being. In other words, as participants scores of

organizational pandemic scores increase, psychological well-being level and who-5 well-being level increase too.

Based on the results, employees who work in organizations which take rapid actions and take better precautions to protect employee health, are in a better state not only physically but also psychologically. Also, based on the COR theory perspective, it can be said that the measures taken by organizations against coronavirus increase their resources. Thus, the employee is both psychologically supported and able to better deal with possible harmful situations.

4.5. Limitation of Current Research

Although we reached the proper sample size in this study, the main limitation of this study is that participants were from various organizations. Every organization have different perspectives about organizational traumas, and because of that, results may not be representative.

There are different collars in the business world, such as a white-collar, blue-collar and black collar. However, participants were white-collar professionals in this study, so the results of this study only represent white-collar employees. In future studies, specific results can be obtained by including different collar employees, profession or collar.

In analyses, statistically significant results obtained in term of perceived trauma risk, QWL, PWB, OSE, WHO-5 and organizational pandemic preparation. However, in the study, especially the data collection phase took place at a time when the coronavirus pandemic was intense. Therefore, the participants tended to perceive the pandemic as riskier, which may have affected the results of the study.

4.6. The Implications of Current Research

Although organizational trauma is a new and limited research concept in the organizational literature, events such as mobbing, harassment, organizational

accidents and more importantly, organizational stressors are well-known subject for researchers and organizations.

Gathering and investigating the events that may cause organizational trauma under a single heading may enable organizations to improve themselves. Any company can take the necessary precautions by identifying the areas that its employees consider risky with a single examination.

Besides, the results of the study showed that potential trauma risk significantly affects the well-being of employees. Also, the analysis showed that the quality of work-life has a mediating effect between perceived risk and psychological well-being. Therefore, we can say that companies will not only get rid of the physical and financial consequences of these events but also increase their employees' well-being, thanks to the precautions they will take against the potentially traumatic events. Increased well-being of employees can also affect the overall performance of the company because an employee can work with better performance when she/he feels psychologically safe. In the literature, studies are showing that pre-incident preparations against traumatic events, preparatory training about traumatic events to be given to the employees and work-place psychological support have a positive effect in coping with work-place traumas and their effects (Fairris & Brenner, 2001; Kleinberg, 2005).

However, it is difficult to take precautions against all potentially traumatic events. For example, the death of a top manager, terrorist attacks or a coup, but the quality of work-life may come into play at this point. Because, as our study shows, as the quality of work-life of employees increases, they see traumatic events less risky. We can think that individuals with high quality of work-life can better cope with potentially traumatic events or the consequences of these events.

When this study started, the coronavirus pandemic had just emerged, and as a potentially traumatic event, pandemics have many physical, psychological and economic traumatic effects. The perception of employees about the measures taken

by their organizations against coronavirus examined in this study. Furthermore, the relationship between perceived organizational pandemic preparation and well-being examined. Results showed that the well-being levels of employees, who work in organizations which take faster, more effective measures against pandemic and who have business continuity plans, are positively affected by this. Due to the increasing pandemics in recent years and the light of the results, organizations should include pandemic preparedness in their business continuity plans in order to protect the physical and psychological health of employees.

Lastly, MDS analysis showed that perceived risk dimensions, probability dimensions and preventability dimensions of items were different from each other. Researchers should take these differences into account when interpreting results, especially while using the scale for a single organization or a sector. These different MDS solutions can assist researchers while investigating the underlying causes. The grouping of the most probable and preventable events, especially when applying on a company or industry basis, may provide different information and may provide a more straightforward understanding of the underlying causes and enable the necessary measures to be taken more quickly.

4.7. Future Studies

At first, this study showed that perceived traumatic events could be different based on the application period. Such as, while applying perceived organizational traumatic events scale on the pandemic outbreak period, participants score was higher in this event and segment. Because of that, while applying this scale in future studies, recent events must be taken into account. Organizational traumatic events, such as terrorist attacks, pandemic, or financial crisis, could affect the perceived risk score. In this case, in future studies, deleting items related to current situations will provide more accurate results.

Secondly, participants in this study were white-collar employees from different organizations. The perceived risk of organizational traumas could be

different based on the collar. For example, blue-collar employees and white-collar employees may be differed scores for accidents within organizations or even disasters. The nature of the job possibly causes this difference. Moreover, sectoral and organizational differences may be influence perceived risk and psychological well-being. If participants of the study were from the same organization or at least same sector more accurate and generalizable results could be obtained for that occupation, organization or sector.

In this study, quality of work-life was the mediator in the relationship between perceived trauma risk and psychological well-being. However, other factors such as organizational culture, human resources policies, psycho-social well-being applications in an organization may affect both perceived risk and psychological well-being. Because of that, these could be another research variable in future studies.

REFERENCES

Adams, K., Shakespeare-Finch, J., & Armstrong, D. (2014). An Interpretative Phenomenological Analysis of Stress and Well-Being in Emergency Medical Dispatchers. *Journal of Loss and Trauma, 20*(5), 430–448. https://doi.org/10.1080/15325024.2014.949141

Afşar, S. T. (2011). *Çalışma Yaşam Kalitesinin Örgütsel Bağlılık Düzeyi Üzerindeki Etkisi: Devlet ve Vakıf Üniversitelerinde Çalışan Akademisyenler Üzerine Nicel Bir Araştırma*. (Master Thesis). Hacettepe University, Social Sciences Institute, Ankara.

Afşar, S. T. (2015). Impact of the Quality of Work-Life on Organizational Commitment: A Comparative Study on Academicians Working for State and Foundation. *The Journal of Industrial Relations and Human Resources, 17*(2), 45–75. https://doi.org/10.4026/1303-2860.2015.0278.x

Anon. FF. (2009) Who taught them greed is good? *The Observer*.

Ashcraft, D. M. (1992). Health in the Workplace. In L. Kelley (Ed.), *Issues, Theory, and Research in Industrial/Organizational Psychology* (Vol. 82, pp. 259–283). New York: Elsevier Science Publishing Company, Inc. https://doi.org/10.1016/S0166-4115(08)62605-9

Bandura, A. (1997). *Self-efficacy: The Exercise of Control*. New York: Freeman.

Bandura, A. (1999). A social cognitive theory of personality. In L. Pervin & O. John (Ed.), *Handbook of personality* (2nd. ed., pp. 154-196). New York: Guilford Publications.

Bandura, A. (2001). Social Cognitive Theory: An Agentic Perspective. *Annual Review of Psychology, 52*(1), 1-26. https://doi:10.1146/annurev.psych.52.1.1

Benight, C. C., Freyaldenhoven, R. W., Hughes, J., Ruiz, J. M., Zoschke, T. A., & Lovallo, W. R. (2000). Coping Self-Efficacy and Psychological Distress Following the Oklahoma City Bombing. *Journal of Applied Social Psychology, 30*(7), 1331-1344. https://doi:10.1111/j.1559-1816.2000.tb02523.x

Bircan, N. (2014). *Stresin Hemşirelerde Çalışma Yaşam Kalitesine Etkisi.* (Unpublished Master Thesis). Beykent University, Social Sciences Institute, İstanbul.

Birkeland, M. S., Nielsen, M. B., Hansen, M. B., Knardahl, S., & Heir, T. (2017). The impact of a workplace terrorist attack on employees' perceptions of leadership: A longitudinal study from pre- to postdisaster. *The Leadership Quarterly, 28*(5), 659–671. https://doi.org/10.1016/j.leaqua.2017.01.002

Bolduc, R. R. (2001). An Analysis of the Relationship between Quality of Work Life and Motivation for Correctional Services Officers in the Montreal Area. Doctoral Thesis, Department of Educational and Counselling Psychology, McGill University, Montreal.

Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist, 59*(1), 20–28. https://doi.org/10.1037/0003-066X.59.1.20

Brug, J., Aro, A. R., Oenema, A., de Zwart, O., Richardus, J. H., & Bishop, G. D. (2004). SARS risk perception, knowledge, precautions, and information sources, the Netherlands. *Emerging Infectious Diseases, 10*(8), 1486–1489. https://doi.org/10.3201/eid1008.040283

Burke, R. J. (2012). Organizations: Causes, Consequences, and Remedies. *International Handbook of Workplace Trauma Support*, 71-75.

Business Continuity Plan Infectious Disease. OSH Answers, (2018). Canadian Centre for Occupational Health and Safety (CCOHS).

Butt, R. S., Chohan, I. M., Sheikh, B. A., & Iqbal, M. B. (2019). Assessing the Impact of Leadership and Quality of Work Life on Employees Job Satisfaction: Evidence from Jiangsu University. *International Journal of Management. Accounting & Economics, 6*(9), 655–671.

Byron, K., & Peterson, S. (2002). The impact of a large-scale traumatic event on individual and organizational outcomes: Exploring employee and company reactions to

September 11, 2001. *Journal of Organizational Behavior, 23*(8), 895–910. https://doi.org/10.1002/job.176

Carayon, P., Hoonakker, P., Marchand, S. & Schwarz, J. (2003). *Job Characteristics and Quality of Working Life in the IT Workforce: The Role of Gender*. In Proceedings of the 2003 SIGMIS Conference on Computer Personnel Research: Freedom in Philadelphia--Leveraging Differences and Diversity in the IT Workforce (58-63). ACM. https://doi.org/10.1145/761849.761859

Centres for Disease Control and Prevention. (2020). *Guidance on Preparing Workplaces for COVID-19*. COVID-19 Guidance: Businesses and Employers. (2020). Retrieved March 09, 2020, from https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

Chaudhary, R., Rangnekar, S., & Barua, M. K. (2012). HRD climate, occupational self-efficacy and work engagement: A study from India. *The Psychologist Manager Journal, 15*(2), 86–105. https://doi.org/10.1080/10887156.2012.676938

Clark, R. A. (2016). *Business Continuity and The Pandemic Threat: Potentially The Biggest Survival Challenge Facing Organisations*. IT Governance Publishing.

Colligan, M. S. W., & Higgins, E. M. (2006). Workplace Stress. *Journal of Workplace Behavioral Health, 21*(2), 89–97. https://doi.org/10.1300/J490v21n02_07

Danna, K., & Griffin, R. W. (1999). Health and Well-Being in the Workplace: A Review and Synthesis of the Literature. *Journal of Management, 25*(3), 357–384. https://doi.org/10.1177/014920639902500305

De Klerk, S. (2007). Healing emotional trauma in organizations: An o.d. framework and case study. *Organization Development Journal, 25*(1), 49–55.

Dickson, G. C., Price, L., Maclaren, W. M., & Stein, W. M. (2004). Perception of risk: A study of A&E nurses and NHS managers. *Journal of Health Organization and Management, 18*(4-5), 308–320. https://doi.org/10.1108/14777260410560857

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542–575. https://doi.org/10.1037/0033-2909.95.3.542

Diener, E. (2000). Subjective well-being. The science of happiness and a proposal for a national index. *The American Psychologist, 55*(1), 34–43. https://doi.org/10.1037/0003-066X.55.1.34

Diener, E., & Chan, M. Y. (2011). Happy People Live Longer: Subjective Well-Being Contributes to Health and Longevity. *Applied Psychology. Health and Well-Being, 3*(1), 1–43. https://doi.org/10.1111/j.1758-0854.2010.01045.x

Fairris, D., & Brenner, M. (2001). Workplace Transformation and the Rise in Cumulative Trauma Disorders: Is There a Connection? *Journal of Labor Research, 22*(1), 15–28. https://doi.org/10.1007/s12122-001-1001-3

Fichera, G. P., Fattori, A., Neri, L., Musti, M., Coggiola, M., & Costa, G. (2015). Post-traumatic stress disorder among bank employee victims of robbery. *Occupational Medicine, 65*(4), 283–289. https://doi.org/10.1093/occmed/kqu180

Figley, C. R. (1995). Compassion fatigue: towards a new understanding of the cost of caring. In B. Hudnall Stamm (Ed.), *Secondary Traumatic Stress: Self-care Issues for Clinicians, Researchers and Educators* (2nd ed.). Lutherville, MD: Sidran Press.

Freedy, J. R., & Hobfoll, S. E. (1994). Stress inoculation for reduction of burnout: A Conservation of Resources approach. Anxiety, Stress, and Coping, 6, 311–325.

Freitas, C. P., Silva, C. S., Damásio, B. F., Koller, S. H., & Teixeira, M. A. (2016). Impact of Job-Related Well-Being on the Relationship of Self-Efficacy With Burnout. *Paidéia (Ribeirão Preto), 26*(63), 45-52. https://doi:10.1590/1982-43272663201606

Fülleman, D., Jenny, G. J., Brauchil, R., & Bauer, G. F. F. (2015). The Key Role of Shared Participation in Changing Occupational Self- Efficacy Through Stress Management Courses. *Journal of Occupational and Organizational Psychology*, *88*(3), 490–510. https://doi.org/10.1111/joop.12124

Galea, S., Ahern, J., Resnick, H., Kilpatrick, D., Bucuvalas, M., Gold, J., et al. (2002). Psychological sequelae of the September 11 terrorist attacks in New York City. *New England Journal of Medicine, 346,* 982–987.

Guarnaccia, C., Scrima, F. F., Civilleri, A., & Salerno, L. (2018). The role of occupational self-efficacy in mediating the effect of job insecurity on work engagement, satisfaction and general health. *Current Psychology (New Brunswick, N.J.), 37*(3), 488–497. https://doi.org/10.1007/s12144-016-9525-0

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis : a regression-based approach* (2nd ed.). The Guilford Press.

Harnois, G., Gabriel, G., & Harnois, P. (2000). *Mental health and work.* Geneva: World Health Organization.

Headey, B., Kelley, J., & Wearing, A. (1993). Dimensions of mental health: Life satisfaction, positive affect, anxiety and depression. *Social Indicators Research, 29*(1), 63–82. https://doi.org/10.1007/BF01136197

Herzberg, F*F*. I. (1966). *Work and the Nature of Man.* Cleveland: World Publishing.

Hobfoll, S. E. (1989). Conservation of resources. A new attempt at conceptualizing stress. *The American Psychologist, 44*(3), 513–524. https://doi.org/10.1037/0003-066X.44.3.513

Hobfoll, S. E. (2001). The Influence of Culture, Community, and the Nested Self in the Stress Process: Advancing Conservation of Resources Theory. *Applied Psychology, 50*(3), 337–421. https://doi.org/10.1111/1464-0597.00062

Hobfoll, S. E. & Lilly, R. (1993). Resource conservation as a strategy for community psychology. *Journal of Community Psychology, 21,* 128–148.

Hobfoll, S. E., Tracy, M., & Galea, S. (2006). The impact of resource loss and traumatic growth on probable PTSD and depression following terrorist attacks. *Journal of Traumatic Stress, 19*(6), 867-878. https://doi.org/10.1002/jts.20166

Hopper, E. (2010). *Trauma and organizations*. London: Karnac Books.

Hopper, E., Bassuk, E., & Olivet, J. (2009). Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. *The Open Health Services and Policy Journal, 3*(2), 80–100. https://doi.org/10.2174/1874924001003020080

Hormann, S., & Vivian, P. (2005). Toward an understanding of traumatized organizations and how to intervene in them. *Traumatology, 11*(3), 159–169. https://doi.org/10.1177/153476560501100302

Hsu, M. H., Ju, T. L., Yen, C. H., & Chang, C. M. (2007). Knowledge Sharing Behavior in Virtual Communities: The Relationship Between Trust, Self-efficacy, and Outcome Expectations. *International Journal of Human-Computer Studies, 65*(2), 153–169. https://doi.org/10.1016/j.ijhcs.2006.09.003

Huddleston, L. M., Paton, D., & Stephens, C. (2006). Conceptualizing traumatic stress in police officers: Pre-employment, critical incident, and organizational influences. *Traumatology, 12*(3), 170-177. https://doi.org/10.1177/1534765606294911

Işık, İ. (2017). Organizations and exposure to trauma at a collective level: The taxonomy of potentially traumatic events. In S. Hasa & R.B. Thornton (Eds), Impact of organizational trauma on workplace behaviour and performance (pp. 18-57). USA: IGI Global.

Jayawardena, C., & Gregar, A. (2013). *Career and Knowledge Management and Organizational Learning*. Proceedings of the 10th International Conference on Intellectual Capital, Knowledge Management and Organisational Learning (ICICKM-2013), 533-539.

Jones, K. E., Patel, N. G., Levy, M. A., Storeygard, A., Balk, D., Gittleman, J. L., & Daszak, P. (2008). Global trends in emerging infectious diseases. *Nature, 451*(7181), 990–993. https://doi.org/10.1038/nature06536

Kahn, W. A. (2003). The revelation of organizational trauma. *The Journal of Applied Behavioral Science, 39*(4), 364–380. https://doi.org/10.1177/0021886303261954

Kantur, D., & Iseri-Say, A. (2015). Measuring organizational resilience: A scale development. *Journal of Business. Economics and Finance*, *4*(3), 456–472.

Tuuli, P., & Karisalmi, S. (1999). Impact of working life quality on burnout. *Experimental Aging Research, 25*(4), 441–449. https://doi.org/10.1080/036107399243922

Keleş, H. N. (2017). Anlamlı iş ile psikolojik iyi oluş ilişkisi. *The Journal of Happiness & Well-Being*, *5*(1), 154–167.

Kibel, H. D. (2012). A study in institutional change: The experience of trauma and the role of rumour in a case of paranoiagenesis. In *Trauma and organizations* (pp. 3–22). London: Karnac Books.

King, D.W., King, L.A., Foy, D.W., Keane, T.M., & Fairbank, J.A. (1999). Posttraumatic stress disorder in a national sample of female and male Vietnam veterans: Risk factors, war-zone stressors, and resilience-recovery variables. *Journal of Abnormal Psychology, 108,* 164–170. https://doi:10.1037/0021-843X.108.1.164

Klein, S., & Alexander, D. (2011). The impact of trauma within organisations. In *Managing trauma in the workplace: Supporting workers and organizations*. London: Routledge.

Kleinberg, J. (2005). On the Job after 9/11: Looking at Worker's Block Through a Group Lens. *Group Analysis, 38*(2), 203–218. https://doi.org/10.1177/0533316405052379

Kuyubaşı, A. G. (2019). *Kamuda Kadın Bilişim Çalışanlarının Kariyer Motivasyonu Düzeyleri ve Kariyer Hedeflerini Belirleyen Etmenler: Sgk Örneği*. (Unpublished Master Thesis). Ankara Hacı Bayram Veli University, Graduate Education Institute, Ankara.

Lacerte, S., Marchand, A., Guay, S., Beaulieu-Prévost, D., & Belleville, G. (2017). Quality of life in workplace trauma victims seeking treatment for posttraumatic stress disorder. *Journal of Workplace Behavioral Health*, *32*(4), 249–266. https://doi.org/10.1080/15555240.2017.1370379

Lane, J., Lane, A. M., & Kyprianou, A. (2004). Self-efficacy, self-esteem and their impact on academic performance. *Social Behavior and Personality*, *32*(3), 247–256. https://doi.org/10.2224/sbp.2004.32.3.247

Lee, V. J., Lye, D. C., & Wilder-Smith, A. (2009). Combination strategies for pandemic influenza response - a systematic review of mathematical modeling studies. *BMC Medicine*, *7*(1), 76. https://doi.org/10.1186/1741-7015-7-76

Lent, R. W., & Brown, S. D. (2006). On conceptualizing and assessing social cognitive constructs in career research: A measurement guide. *Journal of Career Assessment*, *14*(1), 12–35. https://doi.org/10.1177/1069072705281364

Lent, R. W., Brown, S. D., & Hackett, G. (1994). Toward a unifying social cognitive theory of career and academic interest, choice, and performance. *Journal of Vocational Behavior*, *45*(1), 79–122. https://doi.org/10.1006/jvbe.1994.1027

Leymann, H. (1996). The Content and Development of Mobbing at Work. Zapf D, Leymann H, editors. Mobbing and Victimization at work. *Special Issue.the Eur J Work Organ Psy;* 5:165–184. https://doi.org/10.1080/13594329608414853

Luthans, F. F., Norman, S., Avolio, B. J., & Avey, J. B. (2008). The mediating role of psychological capital in the supportive organizational climate—Employee performance relationship. *Journal of Organizational Behavior*, *29*(2), 219–238. https://doi.org/10.1002/job.507

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, *131*(6), 803–855. https://doi.org/10.1037/0033-2909.131.6.803

Halloran, M. E., Ferguson, N. M., Eubank, S., Longini, I. M., Jr., Cummings, D. A., Lewis, B., . . . Cooley, P. (2008). Modelling targeted layered containment of an influenza pandemic in the United States. *Proceedings of the National Academy of Sciences of the United States of America*, *105*(12), 4639–4644. https://doi.org/10.1073/pnas.0706849105

Maslow, A. (1954). *Motivation and Personality*. New York: Harper.

Maunder, R., Hunter, J., Vincent, L., Bennett, J., Peladeau, N., Leszcz, M., . . . Mazzulli, T. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Canadian Medical Association Journal, 168*(10), 1245–1251.

Mercer. (2007). *HR Transformation v. 2.0: It's All About the Business*. London: Mercer Human Resource.

Moayed, F. F. A., & Langsdale, C. J. (2016). Perception of Occupational Risk by Volunteers & Paid Construction Workers. *Journal of Safety, Health and Environmental Research, 12*(2), 307–316.

Morrow, P. C., McElroy, J. C., & Scheibe, K. P. (2012). Influencing Organizational Commitment through Office Redesign. *Journal of Vocational Behavior, 81*(1), 99–111. https://doi.org/10.1016/j.jvb.2012.05.004

Mihashi, M., Otsubo, Y., Yinjuan, X., Nagatomi, K., Hoshiko, M., & Ishitake, T. (2009). Predictive factors of psychological disorder development during recovery following SARS outbreak. *Health Psychology, 28*(1), 91–100. https://doi.org/10.1037/a0013674

Nair, G. S. (2013). A Study on the Effect of Quality of Work Life (QWL) on Organisational Citizenship Behaviour (OCB)-With Special Reference to College Teachers in Thrissur District, Kerala. *Integral Review, 6*(1), 34–46.

Nielsen, M. B., Mearns, K., Matthiesen, S. B., & Eid, J. (2011). Using the Job Demands-Resources model to investigate risk perception, safety climate and job satisfaction in safety-critical organizations. *Scandinavian Journal of Psychology, 52*(5), 465–475. https://doi.org/10.1111/j.1467-9450.2011.00885.x

Onyishi, I. E., Ugwu, F. F. O., Onyishi, C. N., & Okwueze, F. F. O. (2018). Job demands and psychological well-being: Moderating role of occupational self-efficacy and job social support among mid-career academics. *Journal of Psychology in Africa, 28*(4), 267–272. https://doi.org/10.1080/14330237.2018.1501908

Opollo, J. G., Gray, J., & Spies, L. A. (2014). Work-related quality of life of Ugandan healthcare workers. *International Nursing Review*, *61*(1), 116–123. https://doi.org/10.1111/inr.12077

Özbudak, E. Ç. (2018). *Are You Prepared? Measuring the Level of Perceived Risk for Organizational Trauma and Its Relationship with Organizational Resilience*. (Master Thesis). İstanbul Bilgi University/Social Sciences Institute, İstanbul.

Patel, J. (2019). Impact of Quality of Work Life on Employee Satisfaction at Private Organization. *CLEAR International Journal of Research in Commerce & Management, 10*(5), 20–24.

Pisanti, R., van der Doef, M., Maes, S., Lombardo, C., Lazzari, D., & Violani, C. (2015). Occupational coping self-efficacy explains distress and well-being in nurses beyond psychosocial job characteristics. *Frontiers in Psychology*, *6*, 1143. https://doi.org/10.3389/fpsyg.2015.01143

Prost, M. (2007) Fighting workplace bullying: http://www.hreonline.com/HRE/printstory/ [accessed 01 June 2020]

Raphael, B. (1986). *When Disaster Strikes: How Individuals and Communities Cope with Catastrophe*. New York: Basic Book.

Resick, P. A., Nishith, P., Weaver, T. L., Astin, M. C., & Feuer, C. A. (2002). A comparison of cognitive–processing therapy with prolonged exposure and a waiting condition for the treatment of chronic Posttraumatic Stress Disorder in female rape victims. *Journal of Consulting and Clinical Psychology, 70(4),* 867–879.

Rigotti, T., Schyns, B., & Mohr, G. (2008). A short version of the occupational self-efficacy scale. Structural and construct validity across five countries. *Journal of Career Assessment, 16*(2), 238–255. https://doi.org/10.1177/1069072707305763

Robbins, S. P. (1989). *Organizational behavior: Concepts, controversies and applications*. Indianapolis: Prentice-Hall.

Roberts, K. H., & Martelli, P. F. (2011). A Variegated Approach to Occupational Safety. In R. J. Burke, S. Clarke, & C. L. Cooper (Ed.), Occupational Health & Safety: Psychological & Behavioral Aspects of Risk (pp. 325- 42). Burlington: Gower

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, *69*(4), 719–727. https://doi.org/10.1037/0022-3514.69.4.719

Ryff, C. D. (1989). Happiness Is Everything or Is It? Explorations on The Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, *57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Ryff, C. D. (1995). Psychological Well-Being in Adult Life. *Current Directions in Psychological Science*, *4*(4), 99–104. https://doi.org/10.1111/1467-8721.ep10772395

Schmitt, N., & Mellon, P. M. (1980). Life and job satisfaction: Is the job central? *Journal of Vocational Behavior*, *16*(1), 51–58. https://doi.org/10.1016/0001-8791(80)90037-8

Schütte, S., Chastang, J.-F. F., Malard, L., Parent-Thirion, A., Vermeylen, G., & Niedhammer, I. (2014). Psychosocial working conditions and psychological well-being among employees in 34 European countries. *International Archives of Occupational and Environmental Health*, *87*(8), 897–907. https://doi.org/10.1007/s00420-014-0930-0

Schwarzer, R., & Hallum, S. (2008). Perceived teacher self-efficacy as a predictor of job stress and burnout: Mediation analyses. *Applied Psychology*, *57*(s1), 152–171. https://doi.org/10.1111/j.1464-0597.2008.00359.x

Schyns, B., & Von Collani, G. (2002). A New Occupational Self-Efficacy Scale and Its Relation to Personality Constructs and Organizational Variables. *European Journal of Work and Organizational Psychology*, *11*(2), 219–241. https://doi.org/10.1080/13594320244000148

Shirom, A., Toker, S., Shapira, I., Berliner, S., & Melamed, S. (2008). Exposure to and fear of terror as predictors of self-rated health among apparently healthy employees. *British Journal of Health Psychology, 13*(2), 257-271. https://doi:10.1348/135910707x180747

Silver R.C., Holman E.A., McIntosh D.N., Poulin M., Gil-Rivas V. (2002). Nationwide Longitudinal Study of Psychological Responses to September 11. *JAMA.* 288(10):1235–1244. https://doi:10.1001/jama.288.10.1235

Sirgy, J., Efraty, D., Siegel, P., & Lee, D. (2001). A new Measure of Quality of Work Life (QWL) Based on Need Satisfaction and Spillover Theories. *Social Indicators Research, 55*(3), 241–302. https://doi.org/10.1023/A:1010986923468

Song, L., Wang, Y., Li, Z., Yang, Y., Li, H. (2020) Mental Health and Work Attitudes among People Resuming Work during the COVID-19 Pandemic: A Cross-Sectional Study in China. *International Journal of Environmental Research and Public Health*. 17(14):1–15.

Staines, G. L. (1980). Spillover Versus Compensation: A Review of the Literature on the Relationship Between Work and Nonwork. *Human Relations, 33*(2), 111–129. https://doi.org/10.1177/001872678003300203

Stein, H. F. F. (1991). Metaphors of organizational trauma and organizational development: A case example. *Organization Development Journal, 9*(4), 22–30.

Steiner, D. D., & Truxillo, D. M. (1989). An improved test of the disaggregation hypothesis of job and life satisfaction. *Journal of Occupational Psychology, 62*(1), 33–39. https://doi.org/10.1111/j.2044-8325.1989.tb00475.x

Tapsell, S., & Tunstall, S. (2008). “I wish I’d never heard of Banbury”: The relationship between ‘place’ and the health impacts from flooding. *Health & Place, 14*(2), 133-154. doi:10.1016/j.healthplace.2007.05.006

Tatar, Z. B. & Yüksel, Ş. (2019). Mobbing at Workplace -Psychological Trauma and Documentation of Psychiatric Symptoms. *Archives of Neuropsychiatry, 56*(1), 57–62. https://doi.org/10.29399/npa.22924

Taylor, A.J.W., Frazer, A.G. (1982) The stress of post-disaster body handling and victim identification work. *Journal of Human Stress*, 8, 4– 12.

Tehrani, N. (2011). *Managing trauma in the workplace: Supporting workers and organisations*. Hove, East Sussex: Routledge.

Telef, B. (2013). Psikolojik İyi Oluş Ölçeği: Türkçeye Uyarlama, Geçerlik ve Güvenirlik Çalışması. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 28 (28-3), 374-384.

Urquijo, I., Extremera, N., & Villa, A. (2016). Emotional intelligence, life satisfaction, and psychological well-being in graduates: The mediating effect of perceived stress. *Applied Research in Quality of Life, 11*(4), 1241–1252. https://doi.org/10.1007/s11482-015-9432-9

Uzun, N. D., Tekin, M., Sertel, E., & Tuncar, A. (2020). Psychological and social effects of COVID-19 pandemic on obstetrics and gynaecology employees. *Journal of Surgery and Medicine*. doi:10.28982/josam.735384

Vivian, P., & Hormann, S. (2013). *Organizational Trauma and Healing*. CreateSpace Independent Publishing Platform.

Walter, K. H., Hall, B. J., & Hobfoll, S. E. (2008). Not business as usual: The psychological impact of terrorism and mass casualty on business and organizational behavior. In R. J. Burke & C. L. Cooper (Eds.), *International terrorism and threats to security: Managerial and organizational challenges* (pp. 81–104). Cheltenham, UK: Edward Elgar. https://doi.org/10.4337/9781848443815.00012

Wells, J. D., Hobfoll, S. E., & Lavin, J. (1999). When it Rains, it Pours: The Greater Impact of Resource Loss Compared to Gain on Psychological Distress. *Personality and Social Psychology Bulletin*, *25*(9), 1172-1182. https://doi:10.1177/01461672992512010

Weick, K. E. (1993). The Collapse of Sensemaking in Organizations: The Mann Gulch Disaster. *Administrative Science Quarterly*, *38*(4), 628. https://doi:10.2307/2393339

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience, and recovery*. Ithaca, NY: Cornell University Press.

WHO. International health conference, New York, N.Y., June 19 to July 22, 1946, Washington, D.C.: U.S. Govt. Print. Off.; 1948, p. 100.

World Health Organization. (1998). *Wellbeing Measures in Primary Health Care/The Depcare Project*. Copenhagen: WHO Regional Office for Europe.

WHO (1998). *WHO (Five) Well-Being Index*. Collaborating Center for Mental Health, Psychiatric Research Unit. Hillerød.

World Health Organization. (2020). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. Retrieved August 05, 2020, from https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

World Health Organization. (2020). *Getting your workplace ready for COVID-19*.

Wright, T. A., & Cropanzano, R. (2000). Psychological well-being and job satisfaction as predictors of job performance. *Journal of Occupational Health Psychology*, *5*(1), 84–94. https://doi.org/10.1037/1076-8998.5.1.84

Vindegaard, N., & Benros, M. E. (2020). COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. *Brain, Behavior, and Immunity*. doi:10.1016/j.bbi.2020.05.048

Yang, H., & Ma, J. (2020). How an Epidemic Outbreak Impacts Happiness: Factors that Worsen (vs. Protect) Emotional Well-being during the Coronavirus Pandemic. *Psychiatry Research*, *289*, 113045. https://doi.org/10.1016/j.psychres.2020.113045

APPENDICES

Appendix A: Informed Consent Form (English)

Dear Participant,

You are being asked to take part in a research study being conducted by Kağan Güney, which is designed to gather information for his master's degree in organizational psychology, Bilgi University. Please read this form carefully and ask any questions you may have before deciding whether to participate in the study.

Purpose:

This study aims to examine what adverse events white-collar employees may experience in their companies and their thoughts about their preventability. Also, it explores the opinions of employees regarding precautions taken by organizations against the coronavirus emerging in recent days. In this study, the relationship between the perception against organizational traumatic events and psychological well-being and, also, the possible effects of the quality of working life and professional self-efficacy are investigated in this relationship.

Procedures:

If you agree to be in the study, you will be asked to participate in an online survey via using a link sent to you.

Risks/Benefits:

There are no foreseeable risks involved in participating in this research beyond those experienced in everyday life, with the possible exception of discomfort experienced recalling these stressful experiences.

Confidentiality:

No information is required to identify the company you are currently working. Personal information of the participants will be kept in private, and the finding of the study will only be used for scientific purposes. The data collected from participants will not be used individually; they will be combined in a data pool, and analysis will be conducted on this anonymous database. The survey will be anonymous to protect your confidentiality.

Voluntary Participation:

Participation in this study is voluntary. If you do not want to be in this study, you do not have to participate. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty.

Contacts and Questions:

If you have questions about this research study, please feel free to contact kaganguney1@gmail.com.

Statement of Consent:

I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

I accept ( ) I don't accept ( )

Appendix B: Informed Consent Form (Turkish)

Değerli Katılımcı,

Bu çalışma Kağan Güney tarafından Örgütsel Psikoloji yüksek lisans derecesi bitirme tezi için bilgi toplamak üzere tasarlanmıştır. Lütfen bu formu dikkatle okuyun ve çalışmaya katılmaya karar vermeden önce sorularınızı sorun.

Amaç:

Bu çalışmanın amacı, beyaz yakalı çalışanların şirketlerinde hangi istenmeyen olayları yaşayabileceğini ve bunların önlenebilirliği hakkındaki düşünceleri incelemektir. Ayrıca son günlerde ortaya çıkan koronavirüs karşısında şirketlerin aldığı önlemleri ve çalışanların bu konu hakkındaki görüşlerini öğrenmektedir. Çalışmada örgütsel travma yaratabilecek olaylara ilişkin algı ile psikolojik iyi oluş arasındaki ilişki ve ayrıca bu ilişkide çalışma yaşamının kalitesi ve mesleki öz-yeterliliğin olası etkileri araştırılmaktadır.

Prosedür:

Çalışmaya katılmayı kabul ederseniz, size gönderilen bir bağlantıyı kullanarak çevrimiçi bir ankete katılmanız istenecektir.

Riskler:

Bu araştırmada, örgütsel travma ile ilgili stresli deneyimleri hatırlarken yaşanabilecek rahatsızlık dışında öngörülebilir bir risk yoktur.

Gizlilik:

Katılımcıların kişisel bilgileri gizli tutulacak ve araştırmanın bulguları yalnızca bilimsel amaçlarla kullanılacaktır. Katılımcılardan toplanan veriler ayrı ayrı kullanılmayacak, bir veri havuzunda birleştirilecek ve analiz bu anonim veritabanında yapılacaktır. Gizliliğinizi korumak için anket gizli tutulacaktır.

Gönüllü Katılım:

Bu çalışmaya katılım tamamen gönüllüdür. Bu çalışmaya katılmak istemiyorsanız, katılmak zorunda değilsiniz. Katılmaya karar verseniz bile, herhangi bir soruyu cevaplamamak veya herhangi bir zamanda herhangi bir ceza vermeden katılımdan çekilmek konusunda özgürsünüz.

İletişim:

Eğer herhangi bir sorunuz olursa kaganguney1@gmail.com üstünden iletişime geçebilirsiniz.

Gönüllü Katılım Onayı:

Bana verilen açıklamayı okudum ve anladım. Bu çalışmaya katılmayı gönüllü olarak kabul ediyorum.

Kabul ediyorum ( ) Kabul etmiyorum ( )

Appendix C1: Traumatic Organizational Events Scale- Instruction

Aşağıda ülkemizde ve dünyada pek çok kurumda karşılaşılabilecek bir dizi olay verilmektedir. Çalıştığınız kurumun mevcut durumunu, içinde bulunduğu şartları ve özelliklerini düşünün. Bu olayla karşılaşma ihtimalinizi ve olayın önlenebilir ya da önlenemez olma durumu ile ilgili düşüncenizi verilen cevap seçenekleri üzerinden belirtmeniz beklenmektedir. 1 ile 6 arasında değişen ölçekte "1" kesinlikle hayır, "6" kesinlikle evet anlamına gelmektedir. Sizin görüşünüz hangi tarafa yakınsa 1 ile 6 arasında uygun bir rakamı seçerek cevabınızı veriniz.	Below, a series of scenarios are given, which is possible to be experienced in many firms within our country or the whole world. Please think about the current situation and characteristics of the firm you are working in. You are expected to indicate your likelihood of encountering this event and your thoughts about the event being preventable or unavoidable through the answer options. Rate from 1 to 6 in the questionnaire below, 1 meaning "absolutely no" to 6, meaning "absolutely yes". According to which point your opinion is nearer, choose a number between 1 and 6 to give your answer.

Appendix C2: Traumatic Organizational Events Scale- Items in English & Turkish

1	Şirket içinde meydana gelebilecek, can kaybı ya da uzuv kayıpları ile sonuçlanabilecek iş kazaları	Work accidents within organization causing life loss or loss of limbs
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
2	Şirket dışında, eğitim ya da etkinlikler sırasında yaşanan can kaybı ya da uzuv kayıpları ile sonuçlanabileek iş kazaları	Work accidents outside organization causing life loss or loss of limbs
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
3	Deprem ve diğer doğal afetlere bağlı çalıştığınız binanın ve içindekilerin zarar görmesi	Earthquake or other natural disasters
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
4	Ekonomik krizlerin şirketinize olumsuz etkileri	Negative effects of financial crisis
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
5	Şirket içini etkileyen salgın hastalıklar	Pandemic
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
6	Siber saldırı (internet üzerinden yapılan elektronik saldırı)	Cyber Attack
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
7	Kilit pozisyondaki üst düzey yöneticilerin görevden alınması, işten çıkarılması	Dismissal of top-level managers in key-positions
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?

8	Maaşların uzun süre ödenmemesi	Not receiving salaries for a long period
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
9	Ulusal ya da global ölçekte savaş şartlarının şirkete yansımaları	Negative effects of local or global war conditions
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
10	Darbe ve benzeri politik içerikli olayların kuruma yansımaları	Negative effects of coup or other political issues
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
11	Şirkete kayyum atanması ve şirket yönetiminin devletin görevlendirdiği kişilere devredilmesi	Governmental seizure of management
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
12	Şirket kültürü ve değerlerindeki ani ve köklü değişim (çalışana bakış açısının ve yönetim anlayışının değişmesi gibi)	Radical changes in company culture and values
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
13	Çalışanların şikayetlerinin ciddiye alınmaması, çözüm üretilmemesi	Serious complaints being ignored and not resolved by the company
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
14	Kontrolsüz büyüme ya da plansızlık gibi nedenlerle aşırı iş yükü	Excessive workload because of uncontrolled growth or lack of planning
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?

15	Kurum içinden birinin planladığı ve gerçekleştirdiği kurumun kaynaklarına yönelik hırsızlık	Massive robbery or theft by an insider
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
16	Kurum dışından birinin planladığı ve gerçekleştirdiği kurumun kaynaklarına yönelik hırsızlık	Massive robbery or theft by an outsider
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
17	Toplu gıda zehirlenmesi	Mass food poisoning
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
18	Terör saldırısı	Terror attack
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
19	Çalışan direnişleri: çalışmayı bırakması, işi durdurması	The resistance of employees: stopping work, ceasing processes
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
20	Kurum fiziksel çevresinde yaşanan endüstriyel kazaların yarattığı etkiler (kurumun da içinde bulunduğu sanayi bölgesinde kimyasal patlama olması gibi)	Effects of industrial accidents in near locations (like chemical explosions in industrial district)
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
21	Karşı cinse yönelik mahremiyeti zedeleyen davranışlarda bulunulması	Being confronted with acts related to violation of intimacy against opposite sex
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?

22	Firmada ya da bağlı taşeron firmalarda yaş kuralına uymayan işçilerin çalıştırılması	Disobeying working age law within firm or subcontractors
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
23	Şirketin en üst düzeyindeki kişilerin hayatını kaybetmesi	The loss/death of top management
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
24	Şirketin küçülmeye gitmesi dolayısıyla çalışanların işten çıkartılması	Personnel dismissal because of company downsizing
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
25	Şirketin başka bir kuruma satılması / devredilmesi / el değiştirmesi	Handover or transfer of company to another company
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
26	Şirketin başka bir firma ile birleşmesi	Company merge
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
27	Yetkilerin çalışanlar ya da yöneticiler tarafından kötüye kullanımı	Authority abuse
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
28	Karalama politikaları, şirket aleyhinde sosyal medyada duyurular ve yayınlar olması	Defamation of company in social media
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
29	Çalışanlara eşit şekilde davranılmaması, ayrımcılık	Discrimination between employees, inequity
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?

30	Şirket içinde çalışanlar arasında fiziksel şiddet / saldırı yaşanması	Physical abuse within the firm
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
31	Çalışanlar arasında farklı görüş ve inançlar nedeniyle gruplar arası anlaşmazlık yaşanması	The conflict between groups of employees because of different opinion and beliefs
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
32	Çalışan kaynaklı şiddet, saldırı ya da kavga nedeniyle yaralanmalar ve can kaybı yaşanması	Injury and life lost because of personnel based violence, attack, assault or fight
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
33	İş yerinin, depoların ve benzeri iş ortamlarının firma yönetiminden habersiz kötüye kullanımı	Physical abuse within the firm
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
34	Firma sahiplerinin ya da üst düzey yöneticilerin, şirket itibarını etkileyecek şekilde farklı bağlantılar ya da istenmeyen haberler ile duyulması	The bad reputation of the company owners or senior management heard through different links or unwanted news
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
35	Psikolojik yıldırma, mobbing uygulanması	Mobbing
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?
36	Yetersiz kalite testleri ve denetimler nedeniyle sağlıksız üretim (insan sağlığını olumsuz etkileyen bir madde kullanılmış olması gibi)	Unhealthy production because of lack of testing
	Şirketinizde çalışanların bu olayla karşılaşma ihtimali var mı?	Is there any possibility that employees in their company will encounter the event?
	Bu olayın ortaya çıkması önlenebilir mi?	Is occurrence of this scenario preventable?

Appendix D: Quality of Work-life Scale

Aşağıdaki ölçekte yer alan sorulara sizin görüşünüze uygun bir şekilde cevap vermeniz istenmektedir.

1 ile 6 arasında değişen ölçekte “1” kesinlikle katılmadığınıza, “6” tamamen katıldığınıza işaret etmektedir.

You are asked to answer the questions on the scale below, in accordance with your opinion.

On a scale ranging from 1 to 6, "1" indicates that you have not participated, "6" indicates that you have fully participated.

1. Kendimi işyerimde fiziksel olarak güvende hissederim.	1. I feel physically safe at work.
2. İşim bana sağlık güvencesi sağlar.	2. My job provides good health benefits.
3. Sağlıklı ve zinde kalmak için elimden geleni yaparım.	3.I do my best to stay healthy and fit.
4.Yaptığım işin karşılığında aldığım ücretten memnunum.	4.I am satisfied with what I’m getting paid for my work.
5. Bu işyerindeki işimin yaşam boyunca garanti altında olduğunu düşünüyorum.	5. I feel that my job at (name of the organization) is secure for life.
6. İşim ailem için iyi olanaklar sunar.	6. My job does well for my family.
7. İşyerimde iyi arkadaşlarım var.	7. I have good friends at work.
8. İşim dışında yaşamdaki diğer şeylere ayıracak yeterli zamanı bulabiliyorum.	8. I have enough time away from work to enjoy other things in life.
9. Bu iş yerindeki işimde takdir edildiğimi düşünüyorum.	9.I feel appreciated at work at (name of the organization)
10.Bu işyerindeki insanlar ve/veya meslektaşlarım beni alanında profesyonel ve uzman biri olarak algılayıp saygı gösterirler.	10. People at (name of the organization) and/or within my profession respect me as a professional and an expert in my field of work.
11. İşimin bütün potansiyelimi gerçekleştirmeme olanak sağladığını düşünürüm.	11. I feel that my job allows me to realize my full potential.
12. Kendi iş kolumda bir uzman olarak potansiyelimi gerçekleştirmekte olduğumu düşünüyorum.	12. I feel that I am realizing my potential as an expert in my line of work.
13. Sürekli olarak işimi daha iyi yapmama yardımcı olacak yeni şeyler öğrendiğimi düşünüyorum.	13. I feel that I’m always learning new things that help do my job better.
14. İşim mesleki becerilerimi güçlendirmeme olanak sağlar.	14. This job allows me to sharpen my professional skills.
15. İşimin yaratıcılık içeren birçok yönü var.	15. There is a lot of creativity involved in my job.
16. İşim, iş dışında da yaratıcılığımı geliştirmeme yardımcı olur.	16. My job helps me develop my creativity outside of work.

Appendix E: Psychological Well-Being Scale

Aşağıdaki ölçekte yer alan sorulara sizin görüşünüze uygun bir şekilde cevap vermeniz istenmektedir.

1 ile 6 arasında değişen ölçekte “1” kesinlikle katılmadığınıza, “6” tamamen katıldığınıza işaret etmektedir.

You are asked to answer the questions on the scale below, in accordance with your opinion.

On a scale ranging from 1 to 6, "1" indicates that you have not participated, "6" indicates that you have fully participated.

1. Bir amaca yönelik, anlamlı bir yaşam sürdürüyorum.	1. I lead a purposeful and meaningful life.
2. Sosyal ilişkilerim, amaçlarımı destekleyici nitelikte ve tatmin edicidir.	2. My social relationships are supportive and rewarding.
3. Günlük aktivitelerime bağlı ve ilgiliyim.	3. I am engaged and interested in my daily activities
4. Başkalarının mutlu ve iyi olmasına aktif olarak katkıda bulunurum.	4. I actively contribute to the happiness and well-being of others
5. Benim için önemli olan etkinliklerde yetenekli ve yeterliyim.	5. I am competent and capable in the activities that are important to me
6. Ben iyi bir insanım ve iyi bir hayat yaşıyorum.	6. I am a good person and live a good life
7. Geleceğim hakkında iyimserim.	7. I am optimistic about my future
8. İnsanlar bana saygı duyar.	8. People respect me

Appendix F: Occupational Self-Efficacy Scale

Aşağıdaki ölçekte yer alan sorulara sizin görüşünüze uygun bir şekilde cevap vermeniz istenmektedir.

1 ile 6 arasında değişen ölçekte “1” kesinlikle katılmadığınıza, “6” kesinlikle katıldığınıza işaret etmektedir.

You are asked to answer the questions on the scale below, in accordance with your opinion.

On a scale ranging from 1 to 6, "1" indicates that you have not participated, "6" indicates that you have fully participated.

1. İşimle ilgili sorunları çok sakin karşılarım çünkü yeteneklerime güvenirim.	1. I can remain calm when facing difficulties in my job because I can rely on my abilities.
2. İşimle ilgili bir sorunla karşılaştığımda birçok çözüm üretebilirim.	2. When I am confronted with a problem in my job, I can usually find several solutions.
3. Genellikle işimle ilgili önüme çıkan her konuyu rahatlıkla halledebilirim.	3. Whatever comes my way in my job, I can usually handle it.
4. İşimle ilgili geçmiş deneyimlerim beni mesleki geleceğim konusunda çok iyi hazırladı.	4. My past experiences in my job have prepared me well for my occupational future.
5. İşimde koyduğum hedeflere ulaşırım.	5. I meet the goals that I set for myself in my job.
6. İşimin beklentilerine karşı kendimi hazır hissederim.	6. I feel prepared for most of the demands in my job.

Appendix G: The World Health Organisation- Five Well-Being Index (WHO-5)

Aşağıdaki beş tanımlamadan her biri için, son iki hafta süresince kendinizi nasıl hissettiğinize en yakın olan yanıtı veriniz. Daha büyük sayıların daha iyi bir iyilik hali anlamına geldiğine dikkat ediniz.

Örnek: Son iki hafta süresince geçen sürenin yarısından çoğunda neşeli ve keyifli hissettiyseniz, sağ üst köşesinde 4 sayısı olan kutucuğu işaretleyin.

Please indicate for each of the five statements which are closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits, more than half of the time during the last two weeks, put a tick in the box with the number 4 in the upper right corner.

	Son iki hafta boyunca	Over the last two weeks	Her zaman						Hiçbir zaman
			All of the time						At no time
			6	5	4	3	2	1	0

1	Kendimi neşeli ve keyifli hissettim	I have felt cheerful and in good spirits
2	Kendimi sakin ve gevşemiş hissettim	I have felt calm and relaxed
3	Kendimi aktif ve dinç hissettim	I have felt active and vigorous
4	Sabahları kendimi taze ve dinlenmiş hissederek uyandım	I woke up feeling fresh and rested
5	Günlük yaşantım beni ilgilendiren şeylerle dolu	My daily life has been filled with things that interest me

Appendix H: Pandemic Preparedness Survey

1. Aşağıdaki listede şirketiniz için en önemli beş önceliği seçin. (En fazla beş seçim yapın) • Şirket birleşmeleri & satın alımları • Sosyal medyadaki varlığını yönetme • Şirket yapısının zorunlu olarak yeniden düzenlenmesi • Sağlık hizmetlerinin maliyetlerini kontrol etme • Müşteri ihtiyaçlarını karşılama • Kalifiye çalışanların ilgisini çekme ve şirkette kalmalarını sağlama • Çalışanların sağlıklı bir iş-özel hayat dengesi kurmasına yardımcı olma • Değişen pazar ve müşteri ihtiyaçlarını karşılama/güncel ve/veya yenilikçi kalma • İtibarı/markayı koruma ve zararı önleme • Gelişmekte olan teknolojiler ve dijitalleşme • Demografik yapının değişimi ve çalışan ihtiyaçlarını karşılama • Düzenleyici/yasal değişiklikler • Çalışanların iyi olma halini geliştirme • Küresel genişleme • Finansal hedeflere ulaşma/hissedarların gereksinimlerini karşılama • Rekabeti ve yenilik yapma ihtiyacını artırma • Çalışan sağlığını yönetme	1. Select the top five priorities for your company in the list below. (Makeup to five selections) • Company mergers & acquisitions • Managing company presence on social media • Mandatory reorganization of the company structure • Controlling the costs of health care • Meeting customer needs • Attracting skilled employees and ensuring they stay in the company • Helping employees establish a healthy work-private life balance • Stay up-to-date and/or innovative to meet changing market and customer needs • Protect to brand and reputation • Emerging technologies and digitalization • Change of demographic structure and meet employee needs • Regulatory/legal changes • Improve the well-being of employees • Global expansion • Meet financial goals and meet the needs of shareholders • Increase competition and the need to innovate • Managing employee health

Appendix H: Pandemic Preparedness Survey- Continued

2	Şirketinizde, tepe yönetim çalışanlarının **fiziksel** sağlığını ne kadar önemsiyor? (Bu soruya yaygın/baskın tutumdan hareketle cevap verebilirsiniz.) **1** Hiç önemli değil 2 3 4 5 6 Son derece önemli	How much does your company top management care about the physical health of its employees? (You can answer this question based on the common/dominant attitude.) 1 Not important 2 3 4 5 6 Extremely important
3	Şirketinizde, tepe yönetim çalışanlarının **psikolojik** sağlığını ne kadar önemsiyor? (Bu soruya yaygın/baskın tutumdan hareketle cevap verebilirsiniz.) **1** Hiç önemli değil 2 3 4 5 6 Son derece önemli	How much does your company top management care about the psychological health of its employees? (You can answer this question based on the common/dominant attitude.) 1 Not important 2 3 4 5 6 Extremely important
4	Şirketinizin, önümüzdeki günlerde çalışan sağlığını öncelikleri arasına alacağını düşünüyor musunuz? 1- Hiç düşünmüyorum 2 3 4 5 6- Kesinlikle düşünüyorum	Do you think your company will prioritize employee health in the coming days? 1- I never think 2 3 4 5 6- I think absolutely
5	Şu an içinde bulunduğumuz ve Dünya Sağlık Örgütü tarafından küresel salgın ilan edilen Korona virüs salgınına karşı çalışanlarını korumak için **sizce kurumunuz ne kadar hızlı tepki verdi?** 0- Tepki Vermedi 1- Çok yavaş 2 3 4 5 6- Çok hızlı	How quickly do you think your company reacted to protect its employees against the Coronavirus outbreak, which declared a global pandemic by the World Health Organization? 0- No Response 1- Very slow 2 3 4 5 6- Very fast
6	Sizce kurumunuzda Korona virüs salgınına çalışanlarını korumak için alınan tedbirler yeterli mi? 0- Tedbir alınmadı 1- Hiç yeterli değil 2 3 4 5 6- Çok yeterli	Do you think the measures taken to protect the employees of Coronavirus outbreaks in your company are sufficient? 0- No measures were taken 1- Not enough 2 3 4 5 6- Very sufficient
7	Kurumunuzun Koronavirüs salgını süresince ve sonrasında **iş sürdürebilirlik planları ne kadar yeterli?** 0-Sürdürülebilirlik planları yok 1- Hiç yeterli değil 2 3 4 5 6- Çok yeterli	How adequate are your company business continuity plans during and after the coronavirus outbreak? 0-No sustainability plans1- Not enough 2 3 4 5 6- Very sufficient
8	Kurumunuzun, çalışanlarının sağlığını güvenceye almak için gereken önlemleri alacağına dair güven duyuyor musunuz? 0- Önlem alınmıyor 1- Hiç güvenmiyorum 2 3 4 5 6- Oldukça güveniyorum	Do you feel confident that your company will take the necessary measures to ensure the health of its employees? 0- No precautions were taken 1- I do not trust at all 2 3 4 5 6- I trust quite
9	Kendinizi iş güvencesi açısından nasıl hissediyorsunuz? 0- İş güvencem yok 1- Hiç güvende hissetmiyorum 2 3 4 5 6- Oldukça güvende hissediyorum	**8)** How do you feel in terms of job security? 0- I do not have job security 1- I do not feel safe at all 2 3 4 5 6- I feel quite safe

Appendix I: Demographic Questions

Cinsiyetiniz: □ Erkek □ Kadın	Gender: □ Male □ Female
Medeni durumunuz: □ Bekar □ Evli □ Boşanmış □ Diğer: - _____	Marital status: □ Single □ Married □ Divorced □ Other: _____
Yaşınız: _____	Age: _____
Eğitim durumunuz: □ İlköğretim □ Ortaöğretim (Lise) □ Ön lisans □ Lisans □ Yüksek Lisans □ Doktora	Education level: □ Primary School □ High School □ Associate degree □ University Degree □ Master's degree □ PhD
Ekonomik durumunuz: _____	
İş deneyiminiz: _____	Work experience (in years): _____
Kaç yıldır mevcut şirketinizde çalışmaktasınız: _____	Seniority in the current company: _____
Yöneticilik rolünüz var mı? □ Hayır □ Evet	Do you have a managerial position? □ No □ Yes
Çalıştığınız departman: _____	Your department in current organization: _____
Çalıştığınız sektör: _____	Company sector of activity:_____
Çalıştığınız kurumda yaklaşık çalışan sayısı: _____	Organization size (# of employees): _____
Kurumunuzun özelliği? □ Devlet kurumu □ Yerel Yönetim □ Sivil Toplum Kuruluşu	The organization you work for: □ Government agency □ Local government □ Non-governmental organization □ Private organization □ National □ International
Yaşadığınız şehir: _____	The city which you are living: _____

Appendix J: Multi-Dimensional Scaling of Traumatic Organizational Events Scale

Multi-Dimensional Scaling (MDS) was separately used to detect significant distances between the perceived risk, probability and preventability scores of organizational traumatic events. PROXSCAL, MDS module in SPSS was utilized. The matrices of Pearson correlation coefficients between the 36 perceived risk scores, possibility scores and preventability scores were analysed separately with interval MDS and initial Simplex configuration (defaults for ties and iteration criteria: keep ties; stress convergence = .0001, minimum stress = .0001, maximum iterations = 100).

As a result, MDS brought three different solutions for traumatic organizational events scale. In results, coordinates of items were grouped as higher positive points in dimension 1, higher negative points dimension 1 and higher positive points in dimension 2, higher negative points in dimension 2.

1. Organizational Trauma Risk Perception Multi-Dimensional Scaling

Firstly, MDS analysis performed based on perceived trauma risk scores. Table 1 and Table 2 respectively show the positive and negative coordinates in the first and second dimensions, which emerged in the multidimensional scaling analysis made according to the perceived trauma risk scores.

Table 1. Higher positive and negative points in dimension 1

	Dimension			Dimension	
	1	**2**		**1**	**2**
War conditions	**0.949**	0.161	Conflict of opinions	**-0.749**	0.213
Company merge	**0.824**	-0.398	Disobeying age law	**-0.690**	-0.106
Company handover	**0.787**	-0.446	Physical abuse within	**-0.648**	-0.228
Financial crisis	**0.746**	0.300	Authority abuse	**-0.610**	-0.513
Governmental seizure	**0.726**	-0.236	Unhealthy production	**-0.609**	-0.160
Top manager loss	**0.681**	-0.587	Bad reputation	**-0.593**	0.218
Terror attack	**0.523**	0.388	Intimacy violation	**-0.586**	0.025
Downsizing	**0.338**	-0.227	Personnel based injury	**-0.563**	0.081
Coup	**0.276**	0.000	Mobbing	**-0.501**	-0.389
Cyber attack	**0.168**	0.054			

Table 2. Higher positive and negative points in dimension 2

	Dimension			Dimension	
	1	**2**		**1**	**2**
Outsider robbery	-0.440	**0.911**	Radical change of values	0.305	**-0.850**
Food poisoning	-0.185	**0.835**	Discrimination	-0.487	**-0.568**
Nearby industrial accidents	0.036	**0.801**	Ignored complaints	-0.383	**-0.494**
Natural disasters	0.584	**0.617**	Excessive workload	-0.422	**-0.455**
Employee resistance	0.220	**0.580**	Defamation in social media	0.224	**-0.404**
Accident within	-0.261	**0.549**	No salaries long period	-0.119	**-0.321**
Accidents outside	0.200	**0.366**	Key position dismissal	0.144	**-0.304**
Pandemic	-0.131	**0.348**	Workplace misuse	-0.071	**-0.105**
Insider robbery	0.317	**0.344**			

2. Organizational Trauma Risk Possibility Multi-Dimensional Scaling

In another MDS analysis was implemented based on the possibility of organizational traumatic events. Table 3 and Table 4 respectively show the positive and negative coordinates in the first and second dimensions, which emerged in the multidimensional scaling analysis made according to the probability scores.

Table 3. Higher positive and negative points in dimension 1

	Dimension			**Dimension**	
	1	**2**		**1**	**2**
Disobeying age law	**0.972**	0.680	War conditions	**-1.071**	0.196
Unhealthy production	**0.805**	-0.024	Company merge	**-0.835**	-0.611
Personnel based injury	**0.727**	0.070	Financial crisis	**-0.786**	-0.074
Conflict of opinions	**0.581**	-0.077	Natural disasters	**-0.773**	0.776
Physical abuse within	**0.571**	0.089	Pandemic	**-0.737**	0.048
Outsider robbery	**0.500**	-0.298	Company handover	**-0.716**	-0.435
Intimacy violation	**0.430**	-0.160	Coup	**-0.642**	0.218
Authority abuse	**0.301**	-0.297	Downsizing	**-0.415**	-0.230
Bad reputation	**0.311**	-0.230	Terror attack	**-0.168**	0.177
Insider robbery	**0.006**	-0.028			
Workplace misuse	**0.331**	-0.023			
Food poisoning	**0.105**	0.034			

Table 4. Higher positive and negative points in dimension 2

	Dimension			Dimension	
	1	**2**		**1**	**2**
Governmental seizure	-0.107	**0.751**	Top manager loss	-0.513	**-0.618**
Cyber attack	-0.602	**0.670**	Discrimination	0.273	**-0.611**
Accidents outside	0.201	**0.669**	Radical change of values	-0.119	**-0.593**
Nearby industrial accidents	0.390	**0.634**	Ignored complaints	0.216	**-0.513**
No salaries long period	-0.305	**0.616**	Defamation in social media	0.388	**-0.499**
Accident within	0.356	**0.472**	Excessive workload	0.038	**-0.423**
Employee resistance	0.150	**0.238**	Mobbing	0.294	**-0.410**
			Key position dismissal	-0.156	**-0.184**

3. Organizational Trauma Risk Preventability Multi-Dimensional Scaling

And lastly, the preventability of traumatic organizational events has been investigated by multidimensional scaling. Table 5 and Table 6 respectively show the positive and negative coordinates in the first and second dimensions, which emerged in the multidimensional scaling analysis made according to the probability scores.

Table 5. Higher positive and negative points in dimension 1

	Dimension			Dimension	
	1	**2**		**1**	**2**
War conditions	**1.093**	0.114	Mobbing	**-0.822**	-0.320
Top manager loss	**1.058**	-0.437	Discrimination	**-0.725**	-0.429
Financial crisis	**0.813**	0.455	Physical abuse within	**-0.721**	0.071
Terror attack	**0.730**	0.161	Personnel based injury	**-0.621**	0.117
Company handover	**0.698**	-0.643	Authority abuse	**-0.618**	-0.325
Governmental seizure	**0.547**	-0.446	Conflict of opinions	**-0.607**	0.009
Downsizing	**0.363**	-0.353	Unhealthy production	**-0.591**	0.282
Coup	**0.565**	-0.095	Bad reputation	**-0.495**	-0.072
No salaries long period	**0.138**	-0.061	Intimacy violation	**-0.455**	0.188
			Excessive workload	**-0.429**	-0.292
			Workplace misuse	-0.362	0.061

Table 6. Higher positive and negative points in dimension 2

	Dimension			Dimension	
	1	**2**		**1**	**2**
Natural disasters	0.497	**0.833**	Company merge	0.638	**-0.756**
Accident within	0.106	**0.763**	Radical change of values	-0.006	**-0.691**
Pandemic	-0.110	**0.746**	Ignored complaints	-0.421	**-0.497**
Accidents outside	0.289	**0.713**	Key position dismissal	0.148	**-0.473**
Nearby industrial accidents	0.211	**0.525**	Defamation in social media	-0.169	**-0.413**
Disobeying age law	-0.394	**0.488**	Employee resistance	-0.023	**-0.153**
Cyber attack	-0.049	**0.346**			
Food poisoning	-0.200	**0.240**			
Insider robbery	0.086	**0.197**			
Outsider robbery	-0.161	**0.144**			

All MDS solutions have shown that scenarios on the scale of possible traumatic events can be classified separately on the basis of risk perception, probability and preventability.

Appendix K: Additional Analysis

Comparison of Perceived Risk for Traumatic Events Based on Work-Related and Demographic Variables

In this study, perceived risk, possibility and preventability mean scores for traumatic events, quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation compared based on work-related and demographic variables such as gender, age, managerial status and tenure. Independent Sample t-test and One Way Anova was used for analyses.

In One Way Anova test, in order to analyse the difference between the groups, first, the homogeneous distribution analysis was applied, and the Tukey test was used since the data showed a homogeneous distribution.

1. Comparison of Perceived Risk for Traumatic Events Based on Managerial Role

Perceived risk scores of participants were compared as segment and dimensions based on a managerial role. For the comparison, "Independent Sample t-test" was used. There was a statistically significant difference in the scores of managers (M=1.60, SD=0.85) and non-managers (M=1.39, SD=0.64) in organizational level impact dimension (t=2.071, p=.040). *Cohen's d* of the result was 0.27, which refers to small to medium effect size. Moreover, there was a significant difference in financial-organizational change segment (t=2.080, p=.039) between the scores of the manager (M=1,79, SD=1.04) and the non-managers (M=1.54, SD=0.76). *Cohen's d* of the result was 0.38, which refers to small to medium effect size (Table 1.). These results show that managerial role affects risk perception of organizational level risks and organizational-financial change risks. However, in individual impact dimension and other segments being a manager did not have any effect on risk perception (Table 1.).

Also, preventability and possibility means of managers and non-managers were compared; there was not any significant difference. Table 2. shows the

probability and preventability scores of employees with and without a managerial role.

Table 1. Comparison of managers' and non-managers risk perception

Traumatic Events Scale Segments & Dimensions	Managerial Role	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Org. Level Impact	Manager	77	1.60	.85	2.071	**.040**	0.27	Small to medium
	Non-Manager	155	1.39	.64				
Individual Level Impact	Manager	77	.86	.50	-.388	.698	0.05	No effect
	Non-Manager	155	.89	.54				
Financial-Org. Change	Manager	77	1.79	1.04	2.080	**.039**	0.38	Small to medium
	Non-Manager	155	1.54	.76				
Uncontrollable External	Manager	77	1.43	.85	1.626	.105	0.22	Small to medium
	Non-Manager	155	1.26	.68				
Violence	Manager	77	.69	.59	.749	.454	0.10	No effect
	Non-Manager	155	.63	.53				
Psycho-Social	Manager	77	1.08	.84	-.934	.351	0.12	No effect
	Non-Manager	155	1.19	.86				
Accidents	Manager	77	.69	.45	-.741	.459	0.12	No effect
	Non-Manager	155	.75	.64				
Theft	Manager	77	.80	.45	-.338	.736	0.04	No effect
	Non-Manager	155	.83	.76				
Reputation	Manager	77	.95	.66	.276	.783	0.04	No effect
	Non-Manager	155	.92	.73				

Table 2. Comparison of managers' and non-managerial people's preventability and possibility means

Preventability & Possibility Means	Managerial Role	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Possibility	Manager	77	3.32	.91	.246	.806	0.033	No effect
	Non-Manager	155	3.29	.87				
Preventability	Manager	77	4.20	.88	.272	.722	0.055	No effect
	Non-Manager	155	4.24	.50				

2. Comparison of Perceived Risk for Traumatic Events Based on Gender

In this study, gender differences in perceived organizational trauma risk analyzed with Independent t-test. There was not any significant difference in the scores of women and men for any dimensions and segments. Because of that, we may say that both men's and women's perception of risk is similar to each other (Table 3.).

However, there is a statistically significant difference between females (M=4.33, SD=0.78) and males (M=4.06, SD=0.87) mean scores of preventability (t=2.423, p=.016). *Cohen's d* of the result was 0.32, which refers to small to medium effect size (Table 4.).

Table 3. Comparison of male and female participants' risk perception

Traumatic Events Scale Segments & Dimensions	Gender	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Org. Level Impact	Female	140	1.46	.72	.027	.979	0	No effect
	Male	92	1.46	.72				
Individual Level Impact	Female	140	.85	.50	-1.353	.177	0.172	No effect
	Male	92	.94	.55				
Financial-Org. Change	Female	140	1.65	.89	.583	.560	0.08	No effect
	Male	92	1.58	.82				
Uncontrollable External	Female	140	1.29	.72	-.548	.584	0.07	No effect
	Male	92	1.35	.79				
Violence	Female	140	.64	.53	-.268	.789	0.03	No effect
	Male	92	.66	.59				
Psycho-Social	Female	140	1.10	.81	-1.245	.214	0.16	No effect
	Male	92	1.24	.92				
Accidents	Female	140	.70	.43	-1.070	.286	0.12	No effect
	Male	92	.78	.76				
Theft	Female	140	.77	.60	-1.295	.197	0.17	No effect
	Male	92	.89	.77				
Reputation	Female	140	.88	.75	-1.285	.200	0.17	No effect
	Male	92	1.00	.65				

Table 4. Comparison of male and female participants' preventability and possibility means

Preventability & Possibility Means	Gender	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Possibility	Female	140	3.31	.96	.360	.719	0.04	No effect
	Male	92	3.27	.74				
Preventability	Female	140	4.33	.78	2.423	**.016**	0.32	Small to medium
	Male	92	4.06	.87				

3. Comparison of Perceived Risk for Traumatic Events Based on Age

In this study, Independent t-test applied to see whether the perceived organizational trauma risk differs based on age. Firstly, mean age used as a cut point and participants was separated two grouped into 21-34 and 35 years and over.

Analyse showed that, statistically significant differences in the dimension of organizational level impact (t=2.115, p=.036) and the segment financial-organizational change (t=2.117, p=.028). Participants who are 35 years and older have a significantly higher risk perception on organizational level impact dimension (M=1.57, SD=0.78) than the participants who are between 21-34 (M=1.37, SD=0.66), and *Cohen's d* of the result was 0.36 which refers to small to medium effect size. Furthermore, participants who are 35 years and older have a significantly higher risk perception on financial-organizational change segment (M=1.77, SD=0.92) than the participants who are between 21-34 (M=1.51, SD=0.79) and *Cohen's d* of the result was 0.28 which refers to small to medium effect size.

Moreover, analyse showed that significant differences in the possibility score (t=2.415, p=.016). Participants who are 35 years and older (M=3.45, SD=0.83) have a significantly higher possibility point than participants between 21-34 (M=3.17, SD=0.90).

Table 5. Comparison of 22-34 and 35 years or older groups risk perception

Traumatic Events Scale Segments & Dimensions	Age Group	N	M	*SD*	t	p	*Cohen's d*	Effect size
Org. Level Impact	>= 35	101	1.57	.78	2.115	**.036**	0.27	Small to medium
	< 35	131	1.37	.66				
Individual Level Impact	>= 35	101	.91	.51	.730	.466	0.096	No effect
	< 35	131	.86	.53				
Financial-Org. Change	>= 35	101	1.77	.92	2.217	**.028**	0.303	Small to medium
	< 35	131	1.51	.79				
Uncontrollable External	>= 35	101	1.40	.78	1.568	.118	0.201	Small
	< 35	131	1.25	.71				
Violence	>= 35	101	.66	.51	.202	.840	0.036	No effect
	< 35	131	.64	.58				
Psycho-Social	>= 35	101	1.18	.87	.463	.643	0.058	No effect
	< 35	131	1.13	.84				
Accidents	>= 35	101	.80	.67	1.504	.134	0.202	Small
	< 35	131	.68	.50				
Theft	>= 35	101	.84	.61	.408	.684	0.059	No effect
	< 35	131	.80	.72				
Reputation	>= 35	101	.96	.62	.547	.585	0.071	No effect
	< 35	131	.91	.77				

Table 6. Comparison of 22-34 and 35 years or older participants' preventability and possibility means

Preventability & Possibility Means	Age Group	N	M	*SD*	t	p	*Cohen's d*	Effect size
Possibility	>= 35	101	3.45	.83	2.415	**.016**	0.323	Small to medium
	< 35	131	3.17	.90				
Preventability	>= 35	101	4.17	.85	-.844	.400	0.109	No effect
	< 35	131	4.26	.80				

4. Comparison of Perceived Risk for Traumatic Events Based on Total Tenure

Participants perceived risk for traumatic events scores analysed based on total tenure. At first, participants separated two different groups. For that, mean total tenure used as a cut point and participants grouped as ten years and 11 and more.

In the analysis based on the total experience, Table 7. shows that there is no significant difference in the dimensions of perceived organizational trauma risk. However, there are statistically significant differences in accidents (t=2.279, p=.024) and theft (t=2.453, p=.015) segments (Table 7.). Participants who work 11 years and more (M=0.84, SD=0.71) have a higher risk perception than participants who work ten years and less (M=0.66, SD=0.47) in accidents segment and according to *Cohen's d* of the result, it has small to medium effect size. Similarly, participants who work 11 years and more (M=0.95, SD=0.85) have a higher risk perception than participants who work ten years and less (M=0.73, SD=0.49) in theft segment and *Cohen's d* result was 0.317 which refers small to medium effect size.

Moreover, the possibility points analysed based on total tenure, and analysis showed that total tenure has a marginally significant difference in possibility point (t=1.876, p=.062). Participants who work 11 years and more (M=3.43, SD=0.88)

have a higher point than participants who work ten years and less (*M*=3.21, *SD*=0.87) in possibility (Table 8.).

Table 7. Comparison of risk perception based on tenure

Traumatic Events Scale Segments & Dimensions	**Tenure**	**N**	**M**	***SD***	**t**	**p**	***Cohen's d***	**Effect size**
Org. Level Impact	>= 11	100	1.56	0.80	1.694	0.092	0.218	Small
	< 11	130	1.40	0.66				
Individual Level Impact	>= 11	100	0.93	0.52	1.056	0.292	0.133	No effect
	< 11	130	0.86	0.53				
Financial-Org. Change	>= 11	100	1.73	0.95	1.462	0.145	0.194	No effect
	< 11	130	1.56	0.79				
Uncontrollable External	>= 11	100	1.42	0.81	1.578	0.116	0.224	Small
	< 11	130	1.26	0.70				
Violence	>= 11	100	0.67	0.54	0.525	0.6	0.072	No effect
	< 11	130	0.63	0.56				
Psycho-Social	>= 11	100	1.18	0.87	0.226	0.598	0.034	No effect
	< 11	130	1.15	0.85				
Accidents	>= 11	100	0.84	0.71	2.279	**0.024**	0.298	Small to medium
	< 11	130	0.66	0.47				
Theft	>= 11	100	0.95	0.85	2.453	**0.015**	0.317	Small to medium
	< 11	130	0.73	0.49				
Reputation	>= 11	100	0.95	0.63	0.307	0.759	0.042	No effect
	< 11	130	0.92	0.77				

Table 8. Comparison of participants' preventability and possibility means based on tenure

Preventability & Possibility Means	Tenure	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Possibility	>= 11	100	3.43	.88	1.876	**.062**	0.204	Small
	< 11	130	3.21	.87				
Preventability	>= 11	100	4.15	.91	-1.047	.296	0.014	No effect
	< 11	130	4.27	.75				

5. Comparison of Perceived Risk for Traumatic Events Based on Company Based Tenure

On a similar vein, participants perceived risks scores compared by company-based tenure by Independent t-test. And, analyse show that, significant differences in organizational level impact dimension (t=2.288, p=.023), financial-organizational change (t=1.876, p=.062) and uncontrollable-external segments (t=2.048, p=.042).

Participants who work five years or more in the same company (M=1.61, SD=0.83) have higher scores than participants who work four years or less (M=1.38, SD=0.64) in organizational level impact dimension and *Cohen's d* of the result was 0.423 which refers to small to medium effect size. Also, Participants who work five years or more in the same company (M=1.78, SD=0.97) have higher scores than participants who work four years or less (M=1.54, SD=0.79) in financial-organizational change segment and participants who work five years or more in the same company (M=1.45, SD=0.85) have higher scores than participants who work four years or less (M=1.24, SD=0.67) in the uncontrollable-external segment. For both analyses, *Cohen's d* of the results were 0.42, which refers to small to medium effect size (Table 9.).

However, participants possibility and preventability means did not differ based on company-based tenure (Table 10.).

Table 9. Comparison of perceived risk for traumatic events based on company-based tenure

Traumatic Events Scale Segments & Dimensions	Company Tenure	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Org. Level Impact	>= 5	92	1.61	0.83	2.288	**.023**	0.310	Small to medium
	< 5	131	1.38	0.64				
Individual Level Impact	>= 5	92	0.89	0.48	-.170	.865	0.019	No effect
	< 5	131	0.90	0.56				
Financial-Org. Change	>= 5	92	1.78	0.97	2.050	**.042**	0.271	Small to medium
	< 5	131	1.54	0.79				
Uncontrollable External	>= 5	92	1.45	0.85	2.048	**.042**	0.274	Small to medium
	< 5	131	1.24	0.67				
Violence	>= 5	92	0.65	0.44	-.202	.840	0.018	No effect
	< 5	131	0.66	0.63				
Psycho-Social	>= 5	92	1.13	0.82	-.630	.529	0.082	No effect
	< 5	131	1.20	0.88				
Accidents	>= 5	92	0.79	0.69	.956	.340	0.130	No effect
	< 5	131	0.71	0.52				
Theft	>= 5	92	0.85	0.64	.368	.713	0.058	No effect
	< 5	131	0.81	0.72				
Reputation	>= 5	92	0.93	0.67	-.062	.951	0.013	No effect
	< 5	131	0.94	0.76				

Table 10. Comparison of possibility and preventability means based on company-based tenure

Preventability & Possibility Means	Company Tenure	*N*	*M*	*SD*	*t*	*p*	*Cohen's d*	Effect size
Possibility	>= 5	92	3.43	.84	1.620	.107	0.219	Small
	< 5	131	3.24	.89				
Preventability	>= 5	92	4.17	.90	-.654	.514	0.095	No effect
	< 5	131	4.25	.77				

6. Comparison of Perceived Risk for Traumatic Events Based on Company Specify

Participants in this study were employees of government and private organizations. Furthermore, to see is there any difference between participants perceived trauma risk score according to their organizations Anova test was applied. Participants grouped as government, national private sector and international private sector. Results showed that significant difference in individual-level impact dimension ($F(2,224)=3.036$, $p=.050$) and accident segment ($F(2,224)=3.074$, $p=.048$).

As seen in Table 11. participants who work in government ($M=.98$, $SD=0.48$) have higher scores than participants who work in the international private organization ($M=.75$, $SD=0.45$) in individual-level impact dimension. Also, participants who work in government ($M=.88$, $SD=0.89$) have higher scores than participants who work in the international private organization ($M=.60$, $SD=0.36$) in accidents segment (Table 11.).

Table 11. Comparison of participants' risk perception based on company specify

Dim. and Segm.	Specify	N	Mean	*SD*	Source of Variance	Sum of Squares	Sd	Mean Square	*F*	p	Diff.
Org. L.	Government	43	1.45	0.62	Between Groups	1.964	2	0.982	1.945	0.145	
	Private Sector (National)	119	1.53	0.79	Within Groups	112.053	222	0.505			
	Private Sector (International)	63	1.31	0.59	Total	114.017	224				
Ind. L.	Government	43	0.98	0.48	Between Groups	1.622	2	0.811	3.036	**0.050**	1-3
	Private Sector (National)	119	0.91	0.56	Within Groups	59.320	222	0.267			
	Private Sector (International)	63	0.75	0.45	Total	60.942	224				

Fin.-Org. Change	Government	43	1.52	0.64	Between Groups	2.906	2	1.453	2.121	0.122	
	Private Sector (National)	119	1.72	0.93	Within Groups	152.098	222	0.685			
	Private Sector (International)	63	1.48	0.72	Total	155.004	224				
Uncont. Ext.	Government	43	1.39	0.73	Between Groups	1.903	2	0.951	1.690	0.187	
	Private Sector (National)	119	1.36	0.82	Within Groups	124.968	222	0.563			
	Private Sector (International)	63	1.16	0.62	Total	126.871	224				
Violence	Government	43	0.76	0.47	Between Groups	0.955	2	0.478	1.546	0.215	
	Private Sector (National)	119	0.64	0.64	Within Groups	68.582	222	0.309			
	Private Sector (International)	63	0.57	0.43	Total	69.538	224				
Psycho-Social	Government	43	1.26	0.72	Between Groups	3.660	2	1.830	2.653	0.073	
	Private Sector (National)	119	1.21	0.85	Within Groups	153.156	222	0.690			
	Private Sector (International)	63	0.94	0.87	Total	156.816	224				
Acc.	Government	43	0.88	0.89	Between Groups	2.130	2	1.065	3.074	**0.048**	1-3
	Private Sector (National)	119	0.76	0.55	Within Groups	76.905	222	0.346			
	Private Sector (International)	63	0.60	0.36	Total	79.034	224				
Theft	Government	43	0.89	0.78	Between Groups	0.619	2	0.309	0.661	0.517	
	Private Sector (National)	119	0.83	0.76	Within Groups	103.847	222	0.468			
	Private Sector (International)	63	0.74	0.39	Total	104.465	224				
Rep.	Government	43	0.93	0.60	Between Groups	0.837	2	0.419	0.888	0.413	
	Private Sector (National)	119	0.95	0.76	Within Groups	104.672	222	0.471			
	Private Sector (International)	63	0.81	0.58	Total	105.509	224				

7. Comparison of Participants Perceived Risk for Traumatic Events Based on Sector

Participants in this study from various sectors. Because of that, participants sectors grouped as finance, education, service, production and health to see is there any difference between the perceived trauma risk scores of participants based on the sector. ANOVA test applied to compare sector groups.

However, the analysis showed that perceived trauma risk not significantly differ based on sector (Table 12.). Nevertheless, participants possibility mean score was significantly differ based on their sector ($F(4,226)= 3.823$, $p=0.005$). As seen in Table 13. results showed that participants who work in education ($M=3.47$, $SD=0.86$) and production ($M=3.58$, $SD=0.79$) sectors have higher scores than participants who work in the service sector ($M=3.04$, $SD=0.86$).

Table 12. Comparison of participants' risk perception according to their sector

Dim. and segm.	Sector	N	Mean	*SD*	Source of Variance	Sum of Squares	Sd	Mean Square	*F*	p
Org. L. Imp.	Finance	21	1.31	0.58	Between Groups	2.921	4	0.730	1.408	.232
	Education	59	1.57	0.85						
	Service	75	1.44	0.76	Within Groups	115.149	222	0.519		
	Production	48	1.55	0.57						
	Health	24	1.22	0.62	Total	118.070	226			
Ind.Level Impact	Finance	21	0.81	0.36	Between Groups	0.750	4	0.188	0.676	.610
	Education	59	0.93	0.47						
	Service	75	0.87	0.62	Within Groups	61.612	222	0.278		
	Production	48	0.94	0.54						
	Health	24	0.76	0.42	Total	62.362	226			
Fin.-Org. Change	Finance	21	1.44	0.67	Between Groups	3.810	4	0.953	1.288	.276
	Education	59	1.76	0.94						
	Service	75	1.61	0.94	Within Groups	164.164	222	0.739		
	Production	48	1.69	0.68						
	Health	24	1.35	0.84	Total	167.974	226			

Uncont. Ext.	Finance	21	1.19	0.57	Between Groups	2.310	4	0.578	1.023	.396
	Education	59	1.40	0.88						
	Service	75	1.29	0.78	Within Groups	125.296	222	0.564		
	Production	48	1.42	0.64						
	Health	24	1.11	0.63	Total	127.607	226			
Violence	Finance	21	0.64	0.42	Between Groups	0.757	4	0.189	0.603	.661
	Education	59	0.69	0.43						
	Service	75	0.59	0.65	Within Groups	69.676	222	0.314		
	Production	48	0.73	0.65						
	Health	24	0.58	0.44	Total	70.433	226			
Psycho-Social	Finance	21	1.00	0.60	Between Groups	1.621	4	0.405	0.552	.698
	Education	59	1.14	0.66						
	Service	75	1.18	0.97	Within Groups	163.017	222	0.734		
	Production	48	1.26	1.06						
	Health	24	1.00	0.60	Total	164.638	226			
Acc.	Finance	21	0.64	0.32	Between Groups	1.486	4	0.371	1.099	.358
	Education	59	0.84	0.83						
	Service	75	0.67	0.55	Within Groups	75.039	222	0.338		
	Production	48	0.76	0.40						
	Health	24	0.62	0.37	Total	76.525	226			
Theft	Finance	21	0.89	0.69	Between Groups	1.752	4	0.438	0.949	.436
	Education	59	0.92	0.83						
	Service	75	0.78	0.47	Within Groups	102.465	222	0.462		
	Production	48	0.81	0.85						
	Health	24	0.63	0.35	Total	104.218	226			
Rep.	Finance	21	0.86	0.42	Between Groups	1.008	4	0.252	0.484	.748
	Education	59	1.01	0.68						
	Service	75	0.97	0.87	Within Groups	115.623	222	0.521		
	Production	48	0.90	0.63						
	Health	24	0.80	0.67	Total	116.631	226			

Table 13. Comparison of participants' preventability and possibility means according to their sector

	Sector	N	M	*SD*	Source of Variance	Sum of Squares	Sd	Mean Square	*F*	p	Dif.
Possibility	Finance	21	3.31	0.84	Between Groups	11.393	2	2.848	3.823	**.005**	2-3 4-3
	Education	59	3.47	0.86							
	Service	75	3.04	0.86	Within Groups	165.390	224	.745			
	Production	48	3.58	0.79							
	Health	24	3.09	1.01	Total	176.784	226				
Preventability	Finance	21	4.31	0.94	Between Groups	4.458	2	1.114	1.679	.156	
	Education	59	4.12	0.83							
	Service	75	4.14	0.85	Within Groups	147.336	224	.664			
	Production	48	4.31	0.69							
	Health	24	4.57	0.77	Total	161.794	226				

8. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, WHO-5 Index and Organizational Pandemic Preparation Based on Managerial Role

Mean scores of the quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation were compared based on whether participants have a managerial role. For the comparison, "Independent Sample t-test" was used.

There was a statistically significant difference in the scores for the managers (M=4.74, SD=1.02) and non-managers (M=4.37, SD=0.99) in occupational self-efficacy (t=2.630, p=.009). *Cohen's d* of the result was 0.37, which refers to small to medium effect size. Moreover, there was a significant difference in organizational pandemic preparation (t=2.054, p=.041). Participants who have a managerial role (M=4.14, SD=1.24) have higher scores than participants who have not the managerial role (M=3.75, SD=1.41). *Cohen's d* of the result was 0.30, which refers to small to medium effect size (Table 14.). These results show that managerial

role affects occupational self-efficacy and organizational pandemic preparation perception.

Table 14. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation based on the managerial role

Scales	Managerial Role	N	Mean	*SD*	t	p	*Cohen's d*	Effect size
QWL	Manager	77	4.14	1.07	1.237	.217	0.168	No effect
	Non-Manager	155	3.97	.94				
PWB	Manager	77	4.57	.99	1.136	.257	0.156	No effect
	Non-Manager	155	4.42	.92				
OSE	Manager	77	4.74	1.02	2.630	**.009**	0.37	Small to medium
	Non-Manager	155	4.37	.99				
WHO-5	Manager	77	3.36	1.08	.993	.322	0.137	No effect
	Non-Manager	155	3.20	1.24				
OPP	Manager	77	4.14	1.24	2.054	**.041**	0.30	Small to medium
	Non-Manager	155	3.75	1.41				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

9. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, Who-5 Index and Organizational Pandemic Preparation Based on Gender

Scores of the quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation were compared based on gender. For the comparison, "Independent Sample t-test" was used.

There was a significant difference between the scores of female (M=4.59, SD=0.88) and male (M=4.29, SD=1.01) in psychological well-being (t=2,412,

p=.017). *Cohen's d* of the result was 0.37, which refers to small to medium effect size (Table 15.). These results show that gender only affects psychological well-being; female participants have better perceived psychological well-being rather than male participants.

Table 15. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation based on gender

Scales	**Gender**	**N**	**Mean**	***SD***	**t**	**p**	***Cohen's d***	**Effect size**
QWL	Female	140	4.04	.98	.224	.823	0.030	No effect
	Male	92	4.01	1.00				
PWB	Female	140	4.59	.88	2.412	**.017**	0.316	Small to mediu m
	Male	92	4.29	1.01				
OSE	Female	140	4.50	1.01	0.75	.941	0.009	No effect
	Male	92	4.49	1.02				
WHO-5	Female	140	3.35	1.24	1.623	.106	0.220	Small
	Male	92	3.09	1.11				
OPP	Female	140	3.85	1.37	-.341	.734	0.043	No effect
	Male	92	3.91	1.36				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

10. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, Who-5 Index and Organizational Pandemic Preparation Based on Age

Scores of the quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation were compared based on age. Participants split by age groups which are 21-34 and 35 and older. For the comparison, "Independent Sample t-test" was used.

There was a marginally significant difference in the scores of female (*M*=4.64, *SD*=1.09) and male (*M*=4.38, *SD*=0.94) in occupational self-efficacy (*t*=1,955, *p*=.052). *Cohen's d* of the result was 0.25, which refers to small to medium effect size (Table 16.). These results show that age only has an effect on occupational self-efficacy; participants who 35 years old and older have high occupational self-efficacy belief than other participants.

Table 16. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, WHO-5 index and organizational pandemic preparation based on age

Scales	Age	*N*	*M*	*SD*	*t*	*p*	*Cohen's*	Effect
QWL	35 and older	101	4.12	1.05	1.309	.192	0.171	No effect
	21-34	131	3.95	.93				
PWB	35 and older	101	4.52	.96	.630	.530	0.084	No effect
	21-34	131	4.44	.93				
OSE	35 and older	101	4.64	1.09	1.955	**.052**	0.250	Small to medium
	21-34	131	4.38	.94				
WHO-5	35 and older	101	3.30	1.22	0.497	.620	0.066	No effect
	21-34	131	3.22	1.18				
OPP	35 and older	101	3.92	1.29	0.428	.669	0.058	No effect
	21-34	131	3.84	1.42				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

11. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, WHO-5 Index and Organizational Pandemic Preparation Based on Total Tenure

Scores of the quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation were compared based on total tenure. For the comparison, "Independent Sample t-test" was used.

There was a significant difference in the scores of 11 and more year's tenure group (*M*=4.72, *SD*=1.05) and ten and fewer years tenure group (*M*=4.32, *SD*=0.95) in occupational self-efficacy (*t*=3.031, *p*=.003). *Cohen's d* of the result

was 0.399, which refers to small to medium effect size. As seen in Table 17., results showed that tenure only has an effect on occupational self-efficacy, participants who work 11 years and more have high occupational self-efficacy belief than other participants.

Table 17. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation based on total tenure

Scales	Tenure	*N*	*Mean*	*SD*	*t*	*p*	*Cohen's d*	Effect size
QWL	11 and more	100	4.15	1.04	1.815	.71	0.243	Small to medium
	10 and less	130	3.91	.93				
PWB	11 and more	100	4.58	.95	1.588	.114	0.212	No effect
	10 and less	130	4.38	.93				
OSE	11 and more	100	4.72	1.05	3.031	**.003**	0.399	Small to medium
	10 and less	130	4.32	.95				
WHO-5	11 and more	100	3.29	1.18	0.476	.635	0.067	No effect
	10 and less	130	3.21	1.20				
OPP	11 and more	100	3.94	1.29	0.670	.503	0.095	No effect
	10 and less	130	3.81	1.42				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

12. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy, WHO-5 Index and Organizational Pandemic Preparation Based on Company Tenure

The effect of company tenure on the quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation were compared by "Independent Sample t-test".

There was a significant difference between the scores of five and more year's company tenure group (M=4.26, SD=0.89) and four and fewer years company tenure group (M=3.86, SD=0.99) in quality of work-life (t=3.104,

p=.002). *Cohen's d* of the result was 0.424, which refers to small to medium effect size. Also, participants psychological well-being (*t*=2.389, *p*=.018) was significantly different based on company tenure. Five and more year's company tenure group (*M*=4.64, *SD*=0.87) have higher scores than four and less year's company tenure group (*M*=4.34, *SD*=0.97). *Cohen's d* of the result was 0.325, which refers to small to medium effect size. Moreover, a significant difference in the scores for five and more year's company tenure group (*M*=4.76, *SD*=0.93) and four and less year's company tenure group (*M*=4.32, *SD*=1.01) in occupational self-efficacy (*t*=3.360, *p*=.001) and *Cohen's d* of the result was 0.453 which refers to small to medium effect size (Table 18.).

These results show that company-based tenure affects the quality of work-life, psychological well-being and occupational self-efficacy. Participants who work five years and more in the same organization have a high quality of work-life, psychological well-being and occupational self-efficacy score than other participants.

Table 18. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, who-5 index and organizational pandemic preparation based on company tenure

Scales	Tenure	N	Mean	SD	t	p	Cohen's d	Effect size
QWL	5 and more	92	4.26	.89	3.104	.002	0.424	Small to medium
	4 and less	131	3.86	.99				
PWB	5 and more	92	4.64	.87	2.389	.018	0.325	Small to medium
	4 and less	131	4.34	.97				
OSE	5 and more	92	4.76	.93	3.360	.001	0.453	Small to medium
	4 and less	131	4.32	1.01				
WHO-5	5 and more	92	3.34	1.11	1.105	.271	0.152	No effect
	4 and less	131	3.16	1.24				
OPP	5 and more	92	4.00	1.29	1.342	.181	0.185	No effect
	4 and less	131	3.75	1.40				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

13. Comparison of Quality of Work Life, Psychological Well-Being, Occupational Self-Efficacy and Who-5 Index Based on Company Specify

Participants of this study were working in governmental and private organizations. For exploring differences between groups, “One-Way Anova” was used and participants grouped as government, national private organizations and international private organizations.

There was a significant difference in the scores of quality of work-life ($F(2,224)=5.968$, $p=.003$) and organizational pandemic preparation ($F(2,224)= 8.290$, $p=.000$).

As seen in Table 19., participants who work in international private organizations ($M=4.33$, $SD=0.96$) have a higher score than participants who work in national private organizations ($M=3.82$, $SD=1.00$) in quality of the work-life domain. Moreover, participants who work in the international private organization ($M=4.42$, $SD=1.35$) have a higher score than participants who work in national private organizations ($M=3.72$, $SD=1.36$) and governmental organizations ($M=3.44$, $SD=1.25$) in organizational pandemic preparation domain.

Table 19. Comparison of quality of work-life, psychological well-being, occupational self-efficacy, WHO-5 index and organizational pandemic preparation based on company specify

Scales	Tenure	N	M	*SD*	S. V.	S.S.	Sd	MS	*F*	p	
	Gov.	43	4.13	.86	BG	11.245	2	5.623			
QWL	PS (Nat.)	119	3.82	1.00	WG	209.138	222	.942	5.968	**.003**	3-2
	PS(Int.)	63	4.33	.96	T	220.384	224				
	Gov.	43	4.33	1.05	BG	4.772	2	2.386			
PWB	PS (Nat.)	119	4.40	.97	WG	198.233	222	.893	2.672	.071	
	PS(Int.)	63	4.70	.80	T	203.005	224				
	Gov.	43	4.42	1.15	BG	4.404	2	2.202			
OSE	PS (Nat.)	119	4.42	1.04	WG	229.818	222	1.035	2.127	.122	
	PS(Int.)	63	4.73	.85	T	234.222	224				
	Gov.	43	2.98	1.22	BG	6.624	2	3.312			
WHO-5	PS (Nat.)	119	3.23	1.13	WG	315.397	222	1.421	2.331	.100	
	PS(Int.)	63	3.48	1.26	T	322.021	224				
	Gov.	43	3.44	1.25	BG	29.594	2	14.797			
OPP	PS (Nat.)	119	3.72	1.36	WG	396.279	222	1.785	8.290	**.000**	3-1 3-2
	PS(Int.)	63	4.42	1.35	T	29.594	2				

*QWL (Quality of Work-Life), PWB (Psychological Well-Being), OSE (Occupational Self-Efficacy), OPP(Organizational Pandemic Preparation)

Discussion of the additional analysis

Result of analysis based on managerial role showed that employees with managerial role had higher perceived risk scores in organizational level impact dimension and financial, organizational change segment than non-managers.

Secondly, managers had a higher score at occupational self-efficacy and organizational pandemic preparation.

The organizational level impact dimension and financial-organizational change segment items may affect all company, all employees and its managers responsible for identifying these risks and taking necessary actions to prevent them. Because of that, managers scores of organizational level impact and financial-organizational change segment may be higher than non-managers. Moreover, in potential trauma situations that may affect the company financially and organizationally, at first managers have to face these problems. In such situations, they may have to consider not only one employee but the whole company. Because of that, their perceived risk score and occupational self-efficacy score may be higher than non-managers. In the study of Dickson, Price, Maclaren, and Stein (2004), managers and non-managers, who were working in the healthcare setting, was compared for perceived risk and found significant result in line with this study. According to the results, non-managers evaluated violence and stressful events as riskier than managers, but managers evaluated potential risks that patients may face as riskier than non-managers. At this point, it is necessary to consider that patients are also customers for hospital managers and the risks that these patients may encounter may negatively affect the entire hospital. These results showed that risks could affect an organization or customer are more important for managers.

In individual impact dimension and other segments, perception of managers and non-managers was same. In line with this study, Nielsen, Mearns, Matthiesen, and Eid (2011) found a similar result. According to the results, whether have a managerial role did not make a difference in the evaluation of accidents and safety climate.

This study explored gender differences in the perception of organizational trauma risk. In perceived organizational trauma, the risk was the same for both male and females. However, only female participants preventability score was higher

than male participants. Results indicate that there is no difference based on gender for evaluating traumatic events. Also, Moayed and Langsdale (2016) researched the occupational risk of workers, and they also found that there is no significant relationship between gender and perceived risk. Moayed and Langsdale (2016) research were very similar to this study because they also calculate perceived risk the same way in their study (Moayed & Langsdale, 2016). Moreover, in a study about mobbing and victimization in the workplace, there was no difference based on gender, too (Leymann, 1996).

Age was another demographic variable in this study, and analysis showed that age is an essential factor for perceived organizational trauma risk. Perceived organizational trauma risk analysed based on two different age group; these are 21-35 years older group and 35 and older years group. The results showed that participants who older than 35 and older have higher scores in organizational level impact dimension and financial-organizational change segment. Moreover, possibility scores of participants of 35 years old and older were higher than the 21-35 age participant group. In addition to that, occupational self-efficacy was significantly different based on age groups. 35 and older participant group' occupational self-efficacy score was higher than 34 and younger age group. The maturation and experience can explain the differences based on age. During the maturation process, every individual encounter different problems and gains essential experiences that can affect their behaviour in future problems. Therefore, employees with more experience may think that risks are more likely than those who are less inexperienced. Also, in the maturation process, individuals have to find solutions to problems encountered in their lives, in order to make progress. For this reason, the experiences gained by maturation may cause individuals to think that they are better at solving problems.

In this study, work experience was separately analysed based on total and company. Analysis of tenure variable showed similar results to the age variable. When perceived organizational trauma risk scores of participants compared based

on total tenure, there is a significant difference in accidents and theft segments. Participants possibility scores were significantly different based on total tenure. Moreover, occupational self-efficacy scores of participants who have 11 years and more tenure were higher than participants who have less than ten-year tenure.

Like in total tenure, participants perceived organizational trauma risk scores were compared based on company-based tenure. The analysis showed that participants who have five years or more company-based tenure have higher scores in organizational level impact dimension, financial-organizational change and external-uncontrollable segments than other participants.

In the current study, analysis based on company-based tenure gave impressive results about the quality of work-life, psychological well-being, occupational self-efficacy of participants. Employees who work in the same company over five years have a better quality of work-life, psychological well-being, occupational self-efficacy scores. This result may indicate that the employees continue to work in places where they feel sound and secure; thus, this may affect their psychological well-being in a good way.

While examining differences based on organizational traumatic risks, organization type is another critical topic. The participants of this study were mainly work in the government sector and the private sector. Also, private sector divided two different sub-group, which are national organizations and international organizations. Results showed that participants who work in government type organization have a higher score in individual-level impact dimension. Moreover, participants of international private organization employees had higher scores in the quality of working life. These results may cause by private sector organization practices. In general, employees of private sector organizations have fringe benefits such as private health insurance, psycho-social activities, and clubs. These benefits both protect employee's health and may positively affect their psychological well-

being. Because of that, participants who work in private sector organizations may have evaluated scenarios less risky than government employees.

Also, participants working in international private organizations had higher organizational pandemic preparation scores than participants of government and national private organizations. International companies' organizational culture, business size may have caused these differences. Because such organizations operate at more points and their business volumes are higher than others, they are more likely to encounter risks and therefore can be considered more prepared for risks. Also, the effects of Covid-19 pandemic started to feel in Turkey later than in other countries. International organizations may have to faced pandemic in another country before than organizations locally operated in Turkey; therefore, they may be more prepared than others.

There was no difference in the perceived organizational trauma risk dimension and segments in the analysis based on the sector. However, the analysis of possibility scores showed that participants who work in production and education sector have high possibility score than other sectors. When the results evaluated specifically sectoral perspective, employees who work in the production sector are more prone the organizational traumatic events such as accidents within the organization, industrial accidents. Besides, in a study conducted in the field of psychiatry showed that employees who applied to psychiatric services diagnosed with psychological disorders, mostly due to mobbing and harassment. Moreover, the participants of the study mainly were teachers (Tatar & Yüksel, 2019). These results indicate that production and education sectors are more open to organizational traumas than others; however, the preventability of organizational traumas the same as other sectors.

Appendix L: Ethics Committee Approval

This section will be filled by İstanbul Bilgi University Human Subjects Ethics Sub-Committee:
Project No:

HUMAN SUBJECTS ETHICS SUB-COMMITTEE
EVALUATION OUTCOME

Applicant: Kağan Güney
Project Title: Perceived Organizational Trauma Risk and its Impact on Employee Well-being

Date of evaluation:
20.3.2020

Signature:

Assist. Prof. Ümit Akırmak

Assist. Prof. Gergely Czukor

1.	**No revision is required. Data collection can be started** __23.3.2020__
2.	**Revision is needed** _____ Comments:
3.	**Rejected**_____ Comments: