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OCCUPATIONAL PHYSICIANS' AND OCCUPATIONAL HEALTH AND
SAFETY SPECIALISTS' PSYCHOSOCIAL RISKS: A MIXED-METHODS
RESEARCH WITH COPENHAGEN PSYCHOSOCIAL QUESTIONNAIRE

SADIK BEKTAŞ
118632014

Assoc. Prof. İdil IŞIK

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**Occupational Physicians' and Occupational Health and Safety Specialists'
Psychosocial Risks: A Mixed-Methods Research with Copenhagen
Psychosocial Questionnaire**

**İşyeri Hekimleri ve İş Sağlığı ve Güvenliği Uzmanlarının Psikososyal Riskleri: Kopenhag
Psikososyal Risk Değerlendirme Ölçeği ile Karma Yöntem Araştırması**

Sadık Bektaş

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

İstanbul Bilgi Üniversitesi

Tez Danışmanı : Doç. Dr. Deniz Kantur (İmza).....

İstanbul Bilgi Üniversitesi

Tez Danışmanı : Dr. Öğr. Üyesi Nevin Kılıç (İmza).....

Fatih Sultan Mehmet Vakıf Üniversitesi

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ABSTRACT

Employees are exposed to psychosocial risks in almost every field in the workplace. Occupational physicians and Occupational Health and safety specialists, as the people responsible for health in the workplaces, are also the frontiers in the fight against psychosocial risks. Our study is to measure the psychosocial risks that occupational physicians and Occupational Health and safety specialists are exposed to and therefore to determine the psychosocial risks that people who struggle with psychosocial risks are exposed to. To measure psychosocial risks within the scope of our study, the Copenhagen Psychosocial Risk Scale (COPSOQ), WHO-5 Well-Being Index, and Challenges Of Occupational Safety Specialist Scale were applied to Occupational Health and safety specialists and occupational physicians. Our study was created using a mixed method. In this way, both the psychosocial risks that Occupational Health and safety specialists and occupational physicians are exposed to were measured with reliable scales. Furthermore, the psychosocial risks they are exposed to from the first source were revealed through their own experiences. In this context, interviews were conducted with six occupational physicians on psychosocial risks, and the results were revealed by qualitative analysis. By measuring the sub-dimensions of psychosocial risks and the extent to which they are exposed, it has been tried to reveal what problems they suffer. In this way, it aims to contribute to the scientific literature on psychosocial risks and prepare a study that will help researchers look for occupational health and safety solutions.

Keywords: Occupational physician, OHS Specialist, Occupational health and safety, psychosocial risk, COPSOQ, KOPSOR

ÖZET

İşyerlerinde neredeyse her alanda, çalışanlar psikososyal risklere maruz kalmaktadırlar. İşyeri hekimleri ve iş sağlığı ve güvenliği uzmanları da işyerlerindeki sağlıktan sorumlu kişiler olarak psikososyal risklerle mücadelede de başı çekmektedirler. Çalışmamız işyeri hekimlerinin ve iş sağlığı ve güvenliği uzmanlarının maruz kaldığı psikososyal risklerin ölçülmesi ve dolayısıyla psikososyal risklerle mücadele eden kişilerin maruz kaldığı psikososyal risklerin belirlenmesidir. Çalışmamız kapsamında psikososyal risklerin ölçülmesi amacıyla Kopenhag Psikososyal Risk Ölçeği(KOPSOR), WHO-5 İyilik Durumu İndeksi ve İş Güvenliği Uzmanlarının Sorunları Ölçeği iş sağlığı ve güvenliği uzmanlarına ve işyeri hekimlerine uygulanmıştır. Çalışmamız karma metot kullanarak oluşturulmuştur. Bu sayede hem güvenilir ölçeklerle iş sağlığı ve güvenliği uzmanları ve işyeri hekimlerinin maruz kaldığı psikososyal riskler ölçülmüş hem de birinci kaynaktan, maruz kaldıkları psikososyal riskler kendi tecrübeleri aracılığıyla ortaya çıkarılmıştır. Bu bağlamda 6 işyeri hekimiyle psikososyal riskler üzerine mülakat gerçekleştirilmiş ve nitel analiz yapılarak sonuçlar ortaya konmuştur. Psikososyal risklerin hangi alt boyutlarına ne derecede maruz kaldıkları ölçülerek hangi sorunlardan muzdarip oldukları ortaya çıkarılmaya çalışılmıştır. Bu sayede psikososyal risklerle ilgili bilimsel literatüre katkıda bulunmak ve iş sağlığı ve güvenliği konusunda çözüm arayan araştırmacılara yardımcı olacak bir çalışma hazırlamak hedeflenmiştir.

Anahtar Kelimeler: İşyeri hekimleri, iş güvenliği uzmanları, psikososyal risk, COPSQ, KOPSOR

INTRODUCTION

Occupational health and safety is an issue that is frequently cared about and discussed. Companies, workplaces, public institutions, non-governmental organizations take initiatives to ensure occupational health and safety.

Occupational health and safety are often mentioned together with occupational accidents. Occupational accidents, which can have severe consequences, rightly attract the attention of institutions and organizations and lead them to take precautions against occupational accidents. However, the scope of occupational health and safety is much broader than that.

Occupational accidents and physical conditions of the workplace are often due to evident and observable reasons. Moreover, its results are often quite obvious. It can result in injury, illness, mutilation, trauma, or even death. Naturally, serious measures have been taken against these, and the damage has been tried to minimize. Physical conditions have been improved in many workplaces, and necessary precautions have been taken to prevent accidents. The state strictly monitors them and harshly punishes institutions that take deficient measures. Today, construction machines and workplaces are designed per robust safety measures. Tools, safety equipment, protective measures are widely used and tried to be standardized.

Another aspect of occupational health and safety is workplace hygiene. Nowadays, workplaces are becoming places where utmost attention is paid to workplace health in all aspects. Workplace health is no longer just about problems caused by physical accidents such as falls, injuries, and burns. Many factors such as air quality, light, dust, radiation in the workplace are measured, and efforts are made to improve them. Non-ergonomic working conditions that may adversely affect employees' health in the long term also fall into this category. For example, using tables, chairs, and monitors in improper positions and choosing non-ergonomic types of furniture and items causes bone and muscle problems, posture disorders, carpal tunnel syndrome, back, back, and neck pain in the long term. Poor

lighting and monitor can cause eye disorders and chronic headaches. Some factors that do not seem to be very important at first glance can cause highly harmful consequences in the long run (Kogi, 2006).

Nevertheless, the scope of occupational health and safety is more than that. It is not just about problems that can cause physical damage in the workplace. Organizations such as the International Labor Organization and the World Health Organization talk about psychosocial factors and physical factors when defining occupational health. The World Health Organization defines the employee's occupational health in the form of physical, mental, economic, and social well-being (WHO, 2010). A healthy workplace is defined as an environment where the employees can use their abilities, develop themselves, the workload is suitable for them and receive social support; psychosocial factors have been directly pointed (WHO, 2020). The European Agency for Occupational Health and Safety defines psychosocial risks as factors increasing stress level due to the economic and social conditions of the work, the design, regulation, and management of the work, and severe deterioration of physical and mental health (EU-OSHA, 2021)

Factors such as job design, working conditions, and interpersonal relationships are essential for business life. Problems arising from these also pose problems for employees and the organization. These can cause mental problems, problems with the person's environment and colleagues, and sometimes physical illnesses. Most of these can be called psychosocial factors. The presence of problems that may arise due to psychosocial factors also creates psychosocial risk (Molen et al., 2020)

European Agency for Safety and Health at Work listed psychosocial risk sources as excessive workload, contradictory demands, lack of role clarity, the ineffectiveness of the worker in decisions, mismanagement of organizational change, ineffective communication, job insecurity, inadequate social support of colleagues, and managers, psychological and sexual harassment and violence (EU-OSHA,2021.)

Many people and organizations suffer from such problems, which are much less visible than physical injuries and often appear gradually over a long period. Physical accidents are much more easily measurable and concrete. It is also very concrete and observable in terms of its results. For example, 431.276 occupational accidents occurred in Turkey in 2018; 1542 of them resulted in death. The number of days lost due to these accidents is 2.488.313 (TC Sağlık Bakanlığı, 2017). Occupational accidents can be identified in terms of number, consequences, and demographics; which kinds of accidents occur in which sectors, how they result and what kind of losses emerge can be known very clearly. However, information and statistical data about the causes and consequences of psychosocial risks are minimal. Psychosocial risks are, by their nature, not as visible as physical risks, as they do not have concrete and observable causes and consequences as occupational accidents. However, thanks to its relatively measurable sub-dimensions, it can be observed that even a few dimensions can cause significant consequences. For example, even the fear of losing their job is an essential source of stress for countless people in our country and around the world (Giménez-Espert et al., 2020). This is just one of the dozens of psychosocial risks. Today, working conditions have become brutal, working hours have increased, and competition has become fierce in the business world. The burden this brings appears to increase the psychosocial risk and is expected to increase further (Kristensen et al., 2004). For this reason, psychosocial risks should be identified, then measured and tried to find a solution.

The term "psychosocial" combines the words psycho, which means spirit in Greek, and social, which means social, which has passed from Latin to English. The concept of psychosocial, which first appeared in English in the 1890s, means cognitive, mental, behavioral, and social aspects (Online Etymology Dictionary, 2021:2). The definition of psychosocial mainly expresses the effect that individuals feel from the social structure. Many different factors such as relationships between individuals, social rules, and group behaviors are included in the concept of psychosocial (Cambridge OnlineDictionary, 2021).

Psychosocial risks are psychological and social factors that negatively affect the individual. Psychosocial risks can arise from many different factors such as social environment, job design, management style, and working conditions. Psychosocial risks may arise when the employee's knowledge, skills, and abilities are incompatible with the job's requirements. One of the psychosocial risks that cause stress is the decreased control of the employee over the job and insufficient social support (Pincheira & Garcés, 2018).

Psychosocial risks are often associated with stress. Stress-related problems are frequently experienced in environments where psychosocial risks exist. The intense psychosocial risks negatively affect employee health (Molen et al., 2020).

Studies show that psychosocial risks can be harmful in many ways. For example, one study found that psychosocial risks cause obesity, smoking, and physical inactivity. A significant relationship has been found between psychosocial risks and obesity, smoking, and physical inactivity in workers who work in heavy jobs (van den Berge et al., 2021).

Physicians are faced with psychosocial risks in our country. Physical and psychological violence against physicians is serious. Occupational physicians working to ensure occupational health and safety at workplaces also face psychosocial risks like other physicians. Occupational physicians are one of the people responsible for identifying and eliminating psychosocial risks in workplaces, and they struggle with psychosocial risks also. Occupational physicians, who are indeed exposed to the same problem, are expected to find solutions to the problems (Büyükbayram & Okçay, 2013).

Another occupational group responsible for occupational health and safety is occupational health and safety specialists. Occupational health and safety professionals also face many risks, just like occupational physicians. For example, occupational health and safety specialists, who often experience work stress and Job Insecurity, are under the threat of psychosocial risks (Karakaya, 2018). Occupational physicians are responsible for the detection and control of

psychosocial risk in the workplace. However, physicians are at risk of psychosocial factors (Şahan & Demiral, 2020).

Our study will measure the psychosocial risks faced by occupational physicians and occupational health and safety experts using the Copenhagen Psychosocial Risk Questionnaire (COPSOQ). In addition, we will identify and discuss psychosocial risks of physicians and occupational health and safety specialists who work to ensure occupational health and safety.

CHAPTER 1

1. LITERATURE REVIEW

1.1. Theoretical Background of Psychosocial Risks

The theoretical models of psychosocial risks try to explain the causes of psychosocial risks, how they arise, what kind of effects they have, and the existence and effects of internal and external factors that affect this process. They analyze the nature of psychosocial risks and understand it in the context of a cause-effect relationship by explaining the direction of the relationship between these factors, direct or indirect, and the consequences of the effect in a model. Thus, scales to measure psychosocial risks are developed by considering these theories (Erwandi et al., 2021).

1.1.1. Job-Demands-Control-Support Model

In this model that he created in 1979, Karasek identified two main factors in evaluating the working right psychosocially. The first construct is the job demands, which can be expressed as expectations from the employee by many factors such as workload, time for the job, work pace, performance, emotional labor, and job demands. Job demand is also the source of stress in general (Pelfrene et al., 2002). The other construct is "control". It defines the level of control employees have over his job. The employee's ability to decide about the job, manage the work as he wishes, and his autonomy determines the power of the control construct.

According to this theory, four different situations result from the increase or decrease of demands and control. The first of these arises when low demand and low control what is called passive business. In this case, the employee works with very low efficiency and without job satisfaction. Employees have neither authority nor responsibility. In this case, employees cannot utilize their potential; moreover, they get bored with the job. Just as a fast-paced or demanding job creates stress and extremely slow-paced tedious job also harms the employee.

Moreover, the employee is unauthorized and ineffective while in a passive business situation, which leads to problems such as feeling useless and worthless. Karasek defines this as acquired despair. In short, this is not the desired way of working (Karasek, 1979).

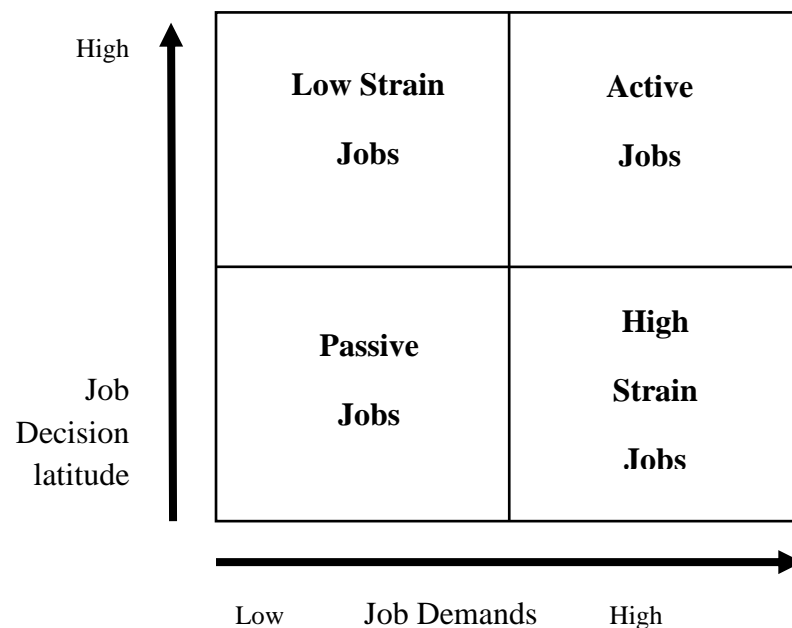
The second level is high strain jobs with high demand and low control. In this case, the employee has been more loaded with what he can do. The workload is excessive, and the employee lacks the resources and tools needed to cope. The employee lacks the authority and influence required to do his job. In this and similar situations, the worker's tension will naturally be very high, which causes stress-related problems, and work efficiency will decrease as the employee tries to manage a process that he cannot control. This is also not the desired result. For all those four situations, this one is the most stressful and harmful one (Karasek, 1979).

The third case is a low strain with the situation of high control and low demand where responsibilities and duties are low with high authority and instruments. In this case, employees are in a situation similar to a passive job. But this time with high authority. However, they lack a working environment in which authority and skill are utilized. The duties assigned are disproportionate to the level of authority. This makes the job boring and meaningless. Because work lacks challenges to apply their abilities. This may be feeling that their power and potential are not being utilized, and they waste time. Such employee also lacks job satisfaction with passive work. This both affects the employee psychosocially and leads to making inefficient of the employee. Therefore, these low strain jobs are not desirable either (Karasek, 1979).

The fourth and last case is active work. Both expectations and demands are high here. A work environment where these conditions are met gives the employees responsibilities in which they feel valuable, show their talents and develop, and also provides the authority and instruments that will make it possible to fulfill these duties. In this way, employees can use skills and effort in total efficiency. As you can predict, active jobs are desired work environment (Karasek et al., 1998).

Social support was added later to this theory. Social support is financial and moral help and a positive attitude that the employee receives from his family, friends, colleagues, and managers (Theorell & Karasek, 1996). As the social support increases, the employee gets a more positive and healthy working environment psychosocially. Conversely, low social support prepares a suitable basis for the emergence of psychosocial risks (Sargent & Terry, 2000).

Figure 1.1. Workload-Demand-Control Model (Dessers et al., 2016).



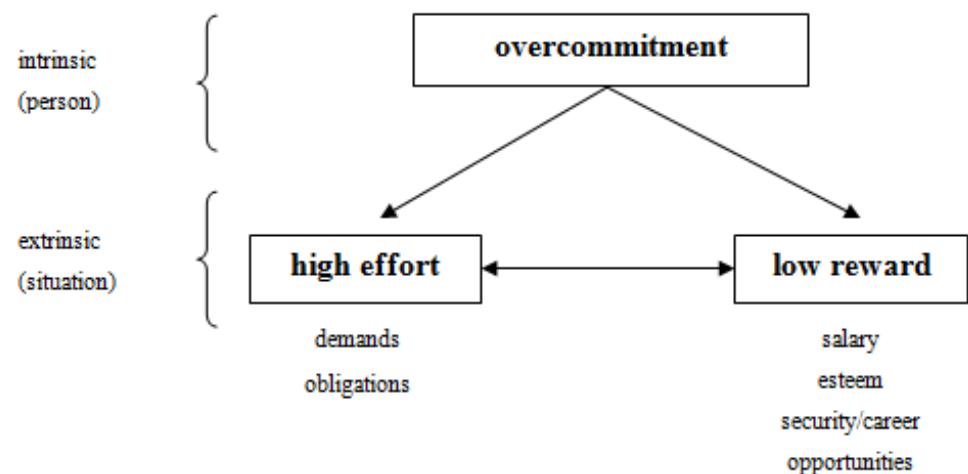
1.1.2. Effort and Reward Mismatch Model

Max Weber's definition of occupational class inspired this model developed by Siegrist in 1996. Work determines the social status of the person. For this reason, both the material and spiritual properties of the work provide the elements that make up the person's identity. Effort and reward mismatch is a balance model. It is a model about how much effort is worth the reward. In this model, factors are divided into two main groups. These are called external factors and individual factors (Siegrist, 1996).

As can be seen in Figure 1.2., individual factors are factors that are dependent on and related to the person himself. It consists of three factors. These

are effort, the anticipation of reward, and dedication (excessive responsibility). Effort refers to the effort of a person to achieve a goal in their work life. This refers to both physical, mental, and spiritual labor. Persistence, patience and time spent by a person are included in this definition. Reward expectation refers to the gains that individuals will gain if they fulfill their responsibilities. Intrinsic rewards arise from one's own motivation for achievement, responsibility, sense of duty, and job satisfaction. On the other hand, extrinsic motivations can be either a financial income such as a salary or a bonus, or a moral gain such as appreciation, assurance such as insurance, or promotion or raise. The main issue here is the ratio of effort to the reward achieved. If the employee thinks they are getting less reward than their effort, anxiety and stress increase, and they are likely disappointed. It is challenging to talk about a psychosocially appropriate work environment (Pellerin & Cloutier, 2018).

Figure 1.2. Effort and Reward Mismatch Model (Peters & Hopkins, 2014).



Overcommitment as another variable affects equality. Regardless of the nature of the reward, it may cause the person to try harder. However, dedication can also increase the expectation of reputation and appreciation. In this context, the external factors that the person expects as a reward may not disappear, but they can turn into something else (Joksimovic et al., 2002).

1.1.3. Person-Environment Fit Model

The person-environment fit model developed by French, Conway and Vickers (1992) is based on the harmony and balance of the person with their environment. There are different categories such as job, organization and profession under the heading of environment. The theory predicts a psychosocially healthy work-life to the extent and quality of the harmony between the job and the person. According to French (1992), the individual's expectations and environment should be mutually compatible. If there is a deficiency among them, the deficiency must be corrected, and harmonization must be achieved. Thus, a healthier and more efficient working environment is achieved (Law et al., 1996).

For example, person-job fit considers the requirements of the work done, the returns, the harmony between the responsibilities imposed and the employee. For instance, if the skills required by the job is acquired, it indicates the harmony between the person and the job. All factors that arise from work, such as working conditions, salary, and social security, are included in this relationship. The psychological responsibilities and benefits of the job are also a part of this relationship. The aspects of the job that may affect the person psychologically should be compatible with the person's expectations and personal characteristics. Otherwise, problems arise in both the person's psychological health and work efficiency (Conway et al., 1992).

Likewise, the person and the environment such as person-job, person-organization, and person-group should be in harmony. For example, one of the most prominent indicators of person-organization fit is seeing one's own goals in the business. Person-job fit can be summarized as the compatibility of the person's skills and interests with the requirements and characteristics of the job. On the other hand, the person-group fit is the harmony of the individual with other persons in the group. A poor adaptation can lead to an increase in accidents and injuries and physical and psychological wear in the long term, as well as a decrease in productivity. Person-environment incompatibility is a situation that increases stress and presents psychosocial risks. It has been found that the stress level decreases

when people feel fit with their environment and other people. Incompatibility can harm both the organization and other group members directly and indirectly (Phillips et al., 2009).

1.2. Occupational Health and Safety Laws and Regulations

There are occupational health and safety laws and regulations in many countries and many international institutions. These laws and regulations particularly emphasize the dangers that can cause physical harm. In our country, occupational health and safety is the subject of Law No. 6331. In this law, the duties and responsibilities of the employer's occupational health and safety specialist, the occupational physician and other occupational health and safety personnel, the duties and responsibilities of the employees, the rules to be followed to protect the occupational health and safety of the employees include many topics such as risk control, emergency response. However, there is no article on psychosocial risks in this law.

The first known modern occupational safety laws are in Great Britain, where the Industrial Revolution took place. With many regulations and laws introduced in the first half of the 19th century, the aim was to restrict child labor and reduce working hours to a reasonable level. In fact, with a law enacted in 1844, it was required to have an occupational physician in factories. In 1895, the notification of some dangerous occupational diseases was made obligatory. In 1900, a health examination was made mandatory when starting a job, and this examination was required to be repeated at regular intervals. The obligation to report occupational diseases, special examinations for dangerous work, and reporting for injured and inoperable employees was introduced in the same year. Britain was a pioneer in occupational safety and health law, and other European states soon followed. In 1849, Germany in 1840, and Switzerland in 1842, for the first time, France passed laws on occupational health and safety (Çiçek & Öçal, 2016.)

The current workplace safety law in Britain was passed in 1974. This law established two important institutions, which was comprehensive to include public,

private sector, and independent employees. The first is the health and work commission (HSC), and the other is the health and safety executive (HSE). There are also the occupational safety standards for psychosocial risks set by HSE. Based on the British researcher Cox's psychological and physical risk factors, standards were identified, and the principles were revealed in 2008. The first psychosocial risk mentioned by HSE is called "the demands". This includes workload, the pace of work, working hours, volume of work, and job complexity. It contains psychosocial dangers caused by the employer's expectations, the firm, the business model, the customers, and the employee. The second topic is "the control". The employee's ability to make decisions about their job is based on their capacity to take the initiative regarding their working style, working hours, holidays, and working environment. The lower the control of the employee, the higher the psychosocial risk. The third topic is "the support from colleagues/managers". It refers to the financial and moral support from people in the work environment of this person. When supporting falls, psychosocial risks are also intensified (Parlak & Olcay, 2016).

"The relationships" dimension refers to the social and communicative situation between employees. Events such as conflict, bullying, and harassment in the workplace are severe and concrete criteria for an unhealthy relationship. Roles refer to knowing the limits of the duties, authorities, and responsibilities of employees in the workplace. Knowing the definition of their duties, hierarchy and the limits of authority-responsibility are evidence that there is no role conflict. In institutions with high role conflict, the risk of psychosocial risk is also high. The change dimension is about whether the institution can make the change it has gone through healthily. Factors such as informing the employees about the change, playing an active role in the shift, ensuring their adaptation to the change, explaining the reasons for the change, and providing the necessary information on time are signs that the change is carried out correctly. Otherwise, change can lead to psychosocial risks. Finally, culture emerges as a dimension that includes all other dimensions. It has fundamental and vital competencies such as fulfilling the institution's commitments and being transparent and reliable. The institution should

be honest, straightforward, and reliable. It should be sincere in its actions and give this feeling to the employees. These are essential for establishing a healthy psychosocial environment. Otherwise, this will not be possible.

Table 1.1. Leka &Cox (2008) PRIME-EF Work-Related Psychosocial Hazards

PSYCHOSOCIAL HAZARDS	
Job content	Lack of variety or short work cycles, fragmented or meaningless work, underuse of skills, high uncertainty, continuous exposure to people through work
Workload & work pace	Work overload or under load, machine pacing, high levels of time pressure, continually subject to deadlines
Work schedule	Shift working, night shifts, inflexible work schedules, unpredictable hours, long or unsociable hours
Control	Low participation in decision making, lack of control over workload, pacing, shift working, etc.
Environment & equipment	Inadequate equipment availability, suitability or maintenance; poor environmental conditions such as lack of space, poor lighting, excessive noise
Organizational culture & function	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on, organizational objectives
Interpersonal relationships at work	Social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support
Role in organization	Role ambiguity, role conflict, and responsibility for people
Career development	Career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value to work
Home-work interface	Conflicting demands of work and home, low support at home, dual career problems

With the environmental directive law enacted in 1989 in Europe, determination of psychosocial risks has been made obligatory (Janetzke & Ertel, 2017). The European Agency for Occupational Health and Safety (EU-OSHA) and the World Health Organization have developed programs to identify psychosocial

risks. One of the most important of these is the Psychosocial Risk Management Excellence Model (PRIMA-EF) (Table 1.1.).

Within this project's scope, a circular prepared by Cox and Leka from Nottingham University was published in 2008 (Leka & Cox, 2008). In this document, psychosocial risks are divided into ten categories. A dimension named Environment and equipment is available on this list in addition to Cox's 1993 classification (Cox & Cox, 1993). The other four dimensions are the same as Cox's mentioned in 1993. The environment and equipment dimension can be explained as the emergence of problems and psychosocial risks due to the insufficiency of vehicles and the environment in the workplace. This dimension addresses the psychosocial risks that may arise from physical conditions in the workplace, such as the inadequacy or lack of equipment used in the workplace, the area of the workplace, temperature and humidity conditions, lighting, air quality and dust and noise (Leka & Cox, 2008). Since working in unfavorable environments in terms of physical conditions will also create stress, it will inevitably pose a psychosocial risk. Cox's classification on this subject is as follows.

With the changing world, business life is also changing. Changing business life brings about changes in working conditions, way of doing business and the problems faced by the employees. For this reason, the understanding of occupational health and safety is constantly updated. For example, in 2012, new and up-to-date psychosocial risks were found across Europe with the work of EU-OSHA, and a report was prepared. These risks were classified under five headings. These are new generation employment contracts and lack of job security, an aging workforce, work intensification, the heavy emotional burden of work, and work-life imbalance (Gagliardi et al., 2012).

New generation business contracts and the lack of job security are related to short-term and external staff. People working in such conditions can generally receive much less training on occupational health and safety. They are also deprived of some of the rights that full-time and permanent workers have. Moreover, work contracts end after working for short periods. In this case, employees do not have

job security, which is a significant source of stress. Therefore, today's increasing number of short-term subcontractors are often at psychosocial risk (Leka & Cox, 2008).

The world population is getting older. Europe has one of the most aged populations in the world. For this reason, the workforce has advanced considerably in terms of age. Senile is a period in which many physical strength, vision, mental capacity, and reflexes are atrophied. Therefore, it can be said that the employees have many inadequacies. Although they have positive aspects such as experience, stability, sense of responsibility and maturity, it has been determined that older people are much more vulnerable to adverse conditions than young people. For this reason, it is thought that older workers are under much more psychosocial risk compared to young people, and old age is a source of psychosocial risk (EU-OSHA, European Risk Observatory Report, 2007).

It is an obvious fact that workload increases stress. Situations such as workload, working pace, and work pressure are the elements of work intensity. These are in themselves psychosocial risk factors. Such situations adversely affect the physical and mental health of the employees. Today, increasing working hours, increasing working pace, and accelerating work-life have radically increased the work intensity and caused a much bigger problem than before. A category that used to exist in the classification has become a more serious threat and has become one of the most current problems (Afonso et al., 2017).

Especially in the rapidly growing service and health sector, competition has reached high levels, which increase the workload, but the pressure on employees (Eichengreen & Gupta, 2013). Employees are expected to perform high to ensure the highest profitability in harsh competitive conditions. In addition, bullying, mobbing, physical and psychological violence are negative situations that are more common with each passing day. Employees have to deal with these constantly. It expects employees to show tolerance for problems that frequently disturb them. Increasing stress causes employees to experience anxiety disorders, eating disorders, sleep disorders, paranoia, depression, even suicide (Hogh et al., 2011).

In addition, many physical ailments in the digestive and muscular systems are stress-related problems, and these are caused by the adverse effects of psychosocial risk factors in the workplace. For this reason, emotional demands in the workplace are considered one of the most severe psychosocial risk factors of our time (Joksimovic et al., 2002).

Fifth and lastly, poor work-life balance is among the psychosocial risks of today. Increasing working hours have caused this problem to become serious nowadays. Other psychosocial risk factors also disrupt the work-life balance as they drain the person physically and mentally. People do not have spare time as their jobs consume their time, energy, and health. Moreover, if they have children or parents who need to take care of them at home, they cannot have enough time for them, and the time left over from this period of care will be pretty insufficient (Pitsenberger, 2006). Problems such as changing shifts and changing days of leave can also threaten the harmony between work and life. Nowadays, married couples and spouses frequently have to work (Doble & Supriya, 2010). If their working hours are incompatible, it will be difficult for them to provide care, and they may not be able to see each other frequently enough, which is also a big problem for married people. When all these reasons come together, today's working conditions affect the work-life balance much more negatively than before and become a severe psychosocial risk (Wharton & Blair-Loy, 2006).

1.3. Stress and Psychosocial Risks

Psychosocial risks are often associated with stress. Still, psychosocial risks cannot be reduced to stressors. However, stress is one of the leading factors in terms of the damage they cause. Psychosocial risks mediate stress directly or indirectly. Just as physical threats cause stress in the workplace, psychosocial risks also create stress. Psychosocial risks cause stress and negatively affect the person psychologically and physically (Bunker et al., 2003). In addition to this, since stress negatively affects the person, it negatively affects work efficiency, communication, physical and mental health. This can lead to situations that trigger psychosocial risk factors. In this sense, psychosocial risks and stress cause each other cyclically. In

this sense, they enter a vicious circle, and they trigger each other's (van den Berge et al., 2021)

Stress comes from the Latin word *strictus*, which means tight, compressed, and pulled together. It passed to English from French in the 13th century. It means the mental pressure that people feel on them. Tension, tension are some of the words used to describe stress. It can also be defined as the tension felt on the person, and the relationship with the Latin root can be established in this way (Online Etymology Dictionary, 2021)

Stress occurs as a result of events in daily life. Many things can be a source of stress in our life. Many different factors such as personal relationships, traffic, economic difficulties, and business life can create intense stressors. Business life is suitable for being a source of stress as it contains many difficulties that its nature must overcome. This situation may vary depending on the profession and the conditions of the field of study. Especially healthcare professionals are a professional group that is under severe stress (Kariv, 2008)

Stress is one of the human warning mechanisms. It is one of the basic instincts that enable people to survive by activating. It occurs in three stages. The first of these is the alarm stage. At this stage, it encounters the factor that can cause stress. It perceives this factor as a threat, and a fight or flight reaction emerges. The sympathetic nervous system is activated, and the body alerts the individual to prepare to face the emerging threat. This causes an increase in blood pressure, acceleration of the breathing, and tension in the muscles. Said state of tension arises. The second situation is the resistance stage. In this case, the individual tries to adapt to the stressful environment. It tries to get the symptoms back to normal. The body tries to repair itself. Parasympathetic reactions occur, and digestive activities increase. The third stage is the exhaustion stage. This phase occurs due to the failure of the compliance phase. In cases where stressors do not decrease, metabolism does not relax. In such cases, the state of tension is prolonged. The person starts to suffer from this physically and mentally. The individual begins to lose control. Willingness to struggle decreases. Parasympathetic reactions occur (Porges, 2010)

Employees who work under high-stress conditions can be exceptionally adversely affected. Employees' mental, behavioral and physical health deteriorates visibly. Sleep disorders, digestive system disorders, ulcers, heart ailments, headaches, low back and back pain, jaw contractions, eye twitches, speech difficulties, stuttering, eating disorders are typical physical symptoms of stress. Mental symptoms of stress include the inability to focus, irritability and nervousness, reluctance, inability to enjoy life, anxiety, anger, depression, memory weakness, intolerance and aggression. Behavioral symptoms of stress manifest themselves as substance abuse. It has been observed in studies that stress causes smoking, alcohol and even drug use and increases the dose of use (WHO, 2021)

Stress is not only effective on an individual basis. Stress can also show symptoms in an organizational context. In a workplace where stress is high, mistakes and accidents increase. It also increases the mistakes made in the decision-making process. Absenteeism is expanding; that is, even if people do not have absenteeism in terms of working days, they cannot be mentally there and cannot engage themselves. The loss of workday and productivity caused by absenteeism can reach severe levels. Stress also negatively affects communication within the organization. It prevents people in the workplace from establishing proper and healthy communication and increases the tension between people (Kariv, 2008)

Occupational physicians are physicians assigned to ensure and protect occupational health and safety in workplaces. The powers, duties and responsibilities of occupational physicians are determined according to occupational health and safety law no 6331. Again, according to this law, physicians gain the status of occupational physicians. As stated in the official newspaper, for a physician to be an occupational physician, they must first have a medical school diploma recognized by the Higher Education Institution. Only in this way can they have the title of the medical doctor. If medical doctors want to become workplace physicians, they receive training approved by the Ministry of Health's occupational health and safety service unit. At the end of their training, they take the Occupational Health and Safety exam held by The Measurement, Selection, and Placement Center of Turkey (ÖSYM, 2020) twice a year. Physicians

who complete the process are entitled to receive an occupational physician certificate. Physicians from all branches can receive this training and apply for the exam when they receive the training. Occupational safety experts with a medical degree can also apply for this exam. If these people have eight years or more experience in occupational health and safety expertise or inspector, they can become occupational physicians without an examination. Since 2014, physicians who have minor degrees in occupational diseases can become occupational physicians without taking the exam (Regulation on Duties, Authorities, Responsibilities, and Training of Occupational physicians and Other Health Personnel, 2013).

Occupational health and safety standards in Turkey are determined according to the Occupational Health and Safety Law No. 6331. This law, adopted on 20 June 2012, entered into force after being published in the Official Gazette on 30 June 2012. As stated in the law, the purpose of the law is to regulate the duties, powers, responsibilities, rights, and obligations of employers and employees to ensure occupational health and safety at workplaces and improve existing health and safety conditions. The definition of the hazard, the way it is identified, the concept of risk, and the provisions on occupational accidents are part of this law. It covers all employees, apprentices and interns in the country. It also includes occupational health and safety standards and the duties and responsibilities of occupational health and safety personnel. Managers and employees in the workplace are also responsible for occupational health and safety. However, some employees directly responsible for occupational health and safety are employed in the workplaces. These are occupational health and safety specialist, occupational physician, workplace nurse and other health personnel (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013).

Occupational physicians are employed per Law No. 6331. According to this law, it is stated that workplaces with different hazard classes must have an occupational physician according to the number of employees. Less dangerous and moderately dangerous workplaces with more than fifty employees have to employ

an occupational physician. If the hazard class of the workplace is classified as very dangerous, an occupational physician should be present even if the number of employees of the workplace is less than 50. This standard was determined according to the law numbered 6331, which entered into force in 2012 and was published in the Official Gazette in July 2013. The same law includes the conditions of being an occupational physician.

Law No. 6331 is a text in which the duties and responsibilities of the occupational physician are stated in the form of articles. The duties and responsibilities of the occupational physician are mentioned in detail in the ninth article of the "Regulation on the Duties, Authorities, Responsibilities and Training of the Workplace Physician and Other Health Personnel". These were determined as guidance, risk assessment, health surveillance, education, information and registration and cooperation with relevant units (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013).a

1.4. Duties and Responsibilities of Occupational Physicians in Turkey

1.4.1. Guidance

Occupational physicians guide the employer about the health and working environment of the employees. Occupational physicians inform the employer about the design of the workplace, the equipment, the protective equipment used by the employees, the suitability of the tools and equipment for occupational health and safety. They suggest whether parts such as canteens, toilets, showers or changing rooms are suitable for health. They also help to protect the health of food in canteens and cafeterias (Yamakoğlu, 2015). The occupational physicians also investigate workplace accidents and occupational diseases in the workplace. They guide the employer to take measures to prevent these from happening and correct if there is a problem. They help to maintain not only physical but also psychological health in the workplace. They identify the factors that cause stress in the workplace and cooperate with the employer to eliminate them. They inform these issues verbally

and, if necessary, in writing (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013).

1.4.2. Risk Assessment

The occupational physicians participate in the studies on risk assessment. They inform the employer about this. The occupational physicians share their deficiencies and the health and safety measures they deem necessary with the employer (Gerek, 1991). They closely monitor people diagnosed with occupational diseases such as pregnant women, breastfeeding women, alcoholics, drug addicts, the disabled, the elderly, under 18, and people with special status. It contributes to the development of measures, taking into account their particular circumstances. It helps them provide suitable facilities at work. The occupational physician gives information about health and safety situations and helps to provide protection (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013).

1.4.3. Health Surveillance

The occupational physicians are obliged to make periodic examinations of the employees. Periodic inspection should be done at least once every five years in less hazardous workplaces, at least once every three years in hazardous workplaces, and at least every year in very dangerous workplaces. Occupational physicians archive these results and inform the necessary institutions. It provides guidance on appropriate job placement for groups requiring particular policies (pregnant, elderly, disabled, under 18, substance addicts, people with multiple occupational accidents, people diagnosed with occupational diseases). Periodic examinations are made to individuals in this group every six months. These periods may be shortened when the occupational physician deems it necessary.

They carry out health checks of employees, including night shifts. Occupational physicians investigate the absenteeism of employees due to recurrent health reasons. They conduct recruitment examinations that indicate that the employees are suitable for their job and organizes and maintains them together with periodic inspection records. Directs the employee to work in a more appropriate

department. Checks whether workers who want to return to work due to leaving their jobs for health reasons are fit for health. They help to take precautions against infectious diseases. Provides hygiene training and carries out immunization-related actions (e.g. vaccination) if deemed necessary. It cooperates with the employer on workplace health and prepares the reports required. It creates annual work plans on this subject (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013).

1.4.4. Education, Information and Registration

The occupational physician also deals with the training of employees. They attend training on occupational health and safety rules. It ensures the establishment of first aid procedures in the workplace. It gives first aid advice to the employees in accordance with the legislation (Regulation on Duties, Authorities, Responsibilities and Training of Occupational physicians and Other Health Personnel, 2013). It provides training to managers and employees on occupational health and safety and the harms of addictive substances. It provides information to employees about periodic examinations and on-the-job hygiene (Akova et al., 2015)

1.4.5. Cooperation with relevant units

Occupational physicians form the occupational health and safety committee with the occupational health specialist and other health personnel. They act together in their research and studies. Occupational physicians should be in constant communication and cooperation with both employers and employees. They recommend making the necessary measurements with the workplace's occupational health and safety committee and evaluating the measurement results. They should also cooperate with the occupational health and safety committee and training units on information and training issues. They attend meetings and training on topics such as using technological equipment, evaluating business practices, and cooperating with the occupational health and safety committee by evaluating workplace hygiene and safety in terms of health. In addition, they participate in occupational health and safety research. Other occupational health and safety experts should be consulted for studies such as preparing action plans (Yamakoğlu, 2015). In

addition, the occupational physician cooperates not only with the people within the institution but also outside the institution when necessary. For example, if an employee who is sick in the workplace is referred to the hospital, the occupational physician cooperates. They transfer the medical information about the patient between the occupational physician and the hospital counterpart (Gerek, 1991).

1.5. Working Hours of Occupational Physicians

Working hours of occupational physicians vary according to the hazard class of the place where they work. As stated in the legislation, there is a quota of time per person per month according to the hazard class. Accordingly, in areas classified as less hazardous, they are required to allocate at least 5 minutes per month per employee. For occupational physicians working in dangerous classes, this period increases to at least 10 minutes per person. For those working in a very dangerous class, the time spent per employee should be at least 15 minutes (Resmi Gazete, 2013). The number of occupational physicians that need to be employed is also determined on the basis of the number of employees and the hazard class. In workplaces classified as less hazardous, there is an obligation to have an occupational physician for every 2000 people. There is an obligation to have an occupational physician for every 1500 people in workplaces classified as dangerous. In workplaces classified as very dangerous, this number is determined as one occupational physician per 750 employees. Occupational physicians who do not work full-time in a single workplace may be employed in more than one workplace by respecting the period determined according to the number of employees and the hazard class. Except physicians working in public institutions which are not in manager positions and occupational physicians other than family physicians cannot work elsewhere if they work full-time as occupational physicians (Resmi Gazete, 2013).

1.6. Duties and Responsibilities of Occupational Health and Safety

Specialists

Danger classes are also an essential factor that determines the working conditions of occupational safety experts. Class C occupational safety specialists

can only work in less dangerous places, B class occupational safety specialists can work in less dangerous and dangerous classes, and A-class occupational safety specialists can work in all workplaces, including hazardous ones.

In workplaces employing more than one occupational safety specialist, it is sufficient that only the full-time occupational safety specialists are in the required class.

According to the regulation, the time required for an occupational safety expert cannot be shared by more than one occupational safety expert. As an exception, work can be done by dividing shifts among occupational health and safety specialists in institutions that work only in shifts (İş Sağlığı ve Güvenliği Hizmetleri Yönetmeliği, 2012)

To obtain A-Class Occupational Health and Safety Certificate, it is necessary to have been providing occupational health and safety services in Class B for four years, to receive training and to be successful in the exams. Or to work in the units affiliated to the general directorates for at least ten years and to be successful in the exam. Engineers, technical staff, and architects with a doctorate in this field are also entitled to be A-class occupational safety experts. Furthermore, regardless of rank, people who have served as an inspector for eight years or more in the field of occupational health and safety can also obtain a class A occupational health and safety certificate. Finally, engineers, architects or technical personnel who have worked in the general directorates for eight years or more, including assistant specialists, are also entitled to receive a Class A occupational health and safety certificate (Aksoy, 2019).

In order to obtain a B-class safety certificate, it is necessary to have worked actively for three years with a C-class occupational safety certificate, attend training, and pass the exam. Alternatively, an engineer, architect, or technical staff member who has a master's degree in occupational health and safety can also become a B-class occupational safety specialist if they succeed in the exam.

To become a C-class occupational safety specialist, it is sufficient to receive training and to be successful in the exam.

The duties of occupational safety experts are grouped under five main headings. These can be listed as follows:

1.6.1.Guidance

The OHS specialists are consulted on the condition, maintenance, and selection of machinery, tools, design, and equipment in the workplace. The recommendations of the OHS expert are also taken into account in matters such as the planning, organization and implementation of the work. An OHS specialist should also be consulted on issues such as the selection, supply, maintenance, storage and use of personal protective equipment.

The OHS specialists should notify the employer in writing of the measures to be taken. Suggestions should be made to investigate accidents and occupational diseases in the workplace and ensure that they do not recur with measures taken against them. Apart from health problems, they should research the precautions to be brought against situations that may cause material damage to the workplace and reveal the causes of existing issues (Occupational Health and Safety Services Regulation, 2012)

1.6.2.Risk Assessment

The OHS specialists make a risk assessment in OHS, determine the measures that can be taken, and make recommendations. They share the results of his work with the employer (Occupational Health and Safety Services Regulation, 2012)

1.6.3.Workplace Surveillance

The OHS specialists plans and monitors situations such as control, measurement and maintenance that must be done in the work environment. Controls the applications made. Participates in the work done to prevent accidents, fires or explosions in the workplace and advises the employer in this regard. It prepares emergency plans on accidents, natural disasters, and fires, helps organize drills, and gives periodic training. It checks whether the emergency plan determined in

extraordinary situations is complied with and the measures taken in this regard (Occupational Health and Safety Services Regulation, 2012)

1.6.4. Training, information and recording

The OHS specialists check whether the training in the field of OHS complies with the legislation. It prepares an annual evaluation report in accordance with the legislation and the law. This report includes the evaluation of the working environment in terms of OHS and the observations of the OHS specialists. It checks the work permit procedures, helps to organize the necessary training and checks whether this training complies with the legislation (Occupational Health and Safety Services Regulation, 2012)

1.6.5. Cooperation with related units

The OHS specialists should coordinate and cooperate with the occupational physician and the Occupational health and safety unit. Occupational physicians and, if any, occupational health and safety unit should collaborate on issues such as evaluations regarding accidents and occupational diseases, measures to be taken, planning the following year in terms of OHS, research and examinations on OHS, annual work plans (Occupational Health and Safety Services Regulation, 2012)

1.6.6. Authorities of occupational safety experts

Suppose the employer ignores the measures regarding the life-threatening situations reported by the occupational safety specialists after a reasonable period. In that case, the OHS specialists notify the provincial directorate of the labor and employment institution to which they are affiliated. If there is a life-threatening situation at the workplace and this situation is urgent and unavoidable, the OHS specialists apply to the employer to stop the work. The OHS specialists can conduct research and examination OHS in all parts of the workplace, access the necessary documents and meet with the employees. OHS experts can cooperate with vital institutions and organizations, provided that they are aware of the employer. Occupational safety specialists, who are assigned with a full-time employment contract, have the right to participate in organizations such as training, seminars and

panels to ensure their professional development related to their workplace. They can attend such training for a total of five working days within a year without any financial deductions (Occupational Health and Safety Services Regulation, 2012)

1.6.7. Responsibilities of occupational safety experts

OHS professionals should take care not to disrupt the workflow while doing their job and should never share business secrets and information about the financial situation of the workplace. OHS experts are responsible to the employer for their negligence in OHS. In cases that result in death, disability or amputation, if there is a violation of the OHS specialists, the authorization certificate is suspended for six months. OHS experts are also responsible for recording their recommendations, observations and suggestions, their activities in the field of OHS and their cooperation with other units in the registry in accordance with the legislation.

1.7. Working hours of occupational safety experts

Occupational safety experts have working hours according to the danger classes and the number of personnel of the institution they work for. According to this, they should allocate at least 60 minutes per year per employee in workplaces with less than ten employees and the less dangerous class, and at least 10 minutes per month per employee in workplaces with low danger class. They should allocate at least 15 minutes per month per employee in workplaces in dangerous class. In the workplaces in the very dangerous class, they are required to allocate at least 20 minutes per month per employee.

At least one OHS specialists should be appointed per 1000 employees in workplaces in the less dangerous class, per 750 employees in the workplaces in the dangerous class, and per 500 employees in the workplaces in the very dangerous class. The OHS specialists works for a specified period. If they work in more than one place, the time spent on the road is deducted from this time (Occupational Health and Safety Services Regulation, 2012)

1.8. The Copenhagen Psychosocial Risk Questionnaire

The Copenhagen Psychosocial Risk Scale (COPSOQ) is a questionnaire-shaped scale developed to measure psychosocial risks. The Copenhagen Psychosocial Questionnaire (COPSOQ), developed in 1997 by the National Research Center for the Danish Work Environment, developed further in 2003 and emerged with COPSOQ II version. In 2007, the current version of COPSOQ III was introduced in Denmark by Tage Kristensen and Vilhelm Borg. COPSOQ is a scale in the form of a test suitable for quantitative research methods. It has been translated into 25 different languages so far (Burr, Berthelsen, et al., 2019). In addition, it was translated into Turkish by Ceyda Şahan in 2016 as a master's thesis (Şahan, 2016). Furthermore, COPSOQ is a scale used by the World Health Organization (WHO), the International Labor Organization (ILO) and the European Union Occupational Health and Safety Agency (COPSOQ, 2020).

Many different institutions use COPSOQ in many other business lines. It can be applied in companies with varying numbers of employees, small or large. It can be used in both public and private sectors and all kinds of workplaces. In addition, the COPSOQ is a suitable scale for work and workplace at every hazard level, not only in high hazard work and workplaces. It helps to measure and determine all kinds of psychosocial risk dimensions with its broad scope.

COPSOQ is an entirely free and open scale. The developer team does not charge any fees for using the scale. Each country's COPSOQ committee translates the scale into its language. The committee not only translates but also adapts the content of the scale to that language. Each country's participants can develop a set of "national standard" medium-length versions, linking with the international COPSOQ network. The international COPSOQ committee should reach a consensus on the content of the scale, definitions, dimensions and criteria. With the created COPSOQ network, harmony is tried to be achieved between the versions in each country. COPSOQ will remain on a free and public scale in any case and any version. Many organizations have used COPSOQ to measure psychosocial risk in the workplace. It is used by organizations that want to understand the psychosocial

risk in the workplace and to produce remedies to solve it or to produce measures to prevent them from occurring. Moreover, it is a very useful control tool for measuring the effectiveness of the solutions created. When the psychosocial risk is used as an independent variable in scales measuring the effects of variables such as return to work, burnout, and mental health, COPSQ is frequently used (Bjorner et al., 2010).

COPSQ is also an essential scale in terms of its scope. It is the only scale capable of measuring all psychosocial risks. It measures 38 different sub-dimensions of Psychosocial Risks through 157 questions (COPSQ,2020). In addition, studies have shown that Siegrist's effort-reward adaptation model overlaps with COPSQ at some points. In this Siegrist's model, it has been determined that the reward is similar to the interaction and change in COPSQ, while effort corresponds to the high demands sub-dimension. However, the COPSQ is more comprehensive than the effort-reward mismatch model and is capable of explaining the burnout dimension better (Tage S Kristensen&Harald Hannerz, 2005).

COPSQ includes three basic versions. These are short, medium and long versions. The long version is the most comprehensive version of COPSQ. It contains all dimensions and items. It includes a total of 38 dimensions and 157 question items. It is a comprehensive and suitable version for researchers and institutions to measure psychosocial risk from all angles. It includes every item and dimension found in the other two versions, i.e. it comprises them. The medium version does not contain all the content in the long version. It is a shorter and more compact version. The 102 items found in the long version are not available in this version. It may be suitable for institutions and researchers. Since it takes less time, it can be easily applied to more people. A number of items in the long version can also be added according to need. The COPSQ team in that country decides on the middle version used in each country. It is not recommended to use the short version. The COPSQ guideline suggests creating a short version for the needs by adding some items in medium and long versions to the short version. It is not recommended to use a short version consisting of core items only. Core substances are essential substances that should not be excluded from COPSQ. There are 32 Core items.

These are the basic building blocks of COPSOQ. Core items should, in any case, be included in the scale (Burr, Moncada, et al., 2019).

COPSOQ includes a 10-point guide for users. This guide contains recommendations for both the use of the COPSOQ and the psychosocial risk management process that will begin with the use of the COPSOQ. The first article of this guideline is about the conditions under which COPSOQ should be applied. If a workplace does not intend to change in this clause, it should not use the COPSOQ and initiate the process. In the second item, it was stated that participation in the questionnaire was optional. Still, if the participant did not answer 60% or more of the questions in the questionnaire, the questionnaire should be considered invalid. The third article of the guide is about confidentiality. All participants must remain anonymous. The fourth item states that the participants have the right to see and discuss their questionnaire results. The content of the fifth item states that the employee representatives, supervisors and managers should participate in the survey in the same way as the employees. The sixth item reminds you that there is no single solution to problems. Solutions should be developed in a manner specific to and appropriate to the participants and the organisation's situation. The seventh article says that what can and cannot be changed should be determined in advance. Advises that what should and should not change should be determined well. In the eighth item, if the necessary interventions are made after the survey and a plan is implemented to deal with psychosocial risks, it is recommended to apply the scale again after about 1-2 years after this process is completed. The ninth article recommends that the risk assessment results should be seen as a dialogue tool. The last point suggests that risk assessment be seen as part of the development concept of the organization (Burr, Berthelsen, et al., 2019).

1.8.1.Sub-dimensions of Psychosocial Risk

Many different sub-dimensions create psychosocial risks. These sub-dimensions consist of factors that create psychosocial risks. Each of these is measured by COPSOQ with a certain number of items. COPSOQ has a total of 36 sub-dimensions (COPSOQ, 2020).

1.8.1.1. Quantitative Demands

Quantitative demands are related to the amount of work or time required from the employee. It is often associated with the workload. This dimension is about how much the work assigned to the person matches the person's time and capacity. As the working time and the amount of work given increase, the quantitative demands increase, posing a psychosocial risk. Long working hours and overtime are the two most important elements of quantitative demands. The high quantitative demands wear out the employee due to the excess of physical and mental labor. At the same time, it causes psychological damage by stressing due to problems such as not being able to complete jobs (Lundberg & Frankenhaeuser, 1999). Quantitative demands are part of the demand variable in Karasek's Demand-Control-Support model. According to Karasek's model, the increase in demand means that the employee's support and control must increase to have a healthy work environment. If the demands increase, the control and support do not increase, and if they are insufficient, a high-stress work environment occurs. Low demands are also undesirable as they will create a passive business environment. Situations where psychosocial risk occurs are usually situations in which quantitative demands are excessive (Veldhoven, 2013).

1.8.1.2. Pace of work

The pace of work is closely related to quantitative demands. A high pace of work together with quantitative demands creates excessive workload and work pressure. A very tight and busy workflow during working hours means that the pace of work is high. One feature that defines the pace of work is that the working speed is constantly forced to be fast. It is faced with situations where the employee must constantly focus on the job and strain their capacity. This brings physical and mental wear and stress to the person. The pace of work is a part of the demands variable of Karasek's model, just like quantitative demands. Like quantitative demands, a high pace of work can lead to a psychosocially unhealthy work environment (Kristensen et al., 2004).

1.8.1.3. Cognitive Demands

It represents the burden of mental labor required for the work done. Cognitive demands increase when the employee has to keep his attention constantly on the job for many things. The fact that the employee has to remember many things consistently indicates the intense cognitive demands (S.-C. Meyer & Hünefeld, 2018). At the same time, it can be said that cognitive demands are intense if the work he is doing expects the employee to come up with new ideas constantly and if he wants a high rate of intellectual work. It can be said that a job in which the employee has to make difficult decisions constantly has a working order with high cognitive demands (Tage S Kristensen, Harald Hannerz, 2005). All questions of the cognitive demands sub-dimension are specific to the long version of the COPSQ. There are no questions about cognitive demands in the middle and core versions. In Karasek's Demand-Control-Support theory, cognitive demands are also part of the demands variable, like job pace and quantitative demands. Increased cognitive demands, just like the other two sub-dimensions, negatively affect the employee and cause an increase in psychosocial risks in the workplace.

1.8.1.4. Demands to hide their emotions

As the name suggests, the demand to hide their emotions occurs when employees should not show their emotions. Situations where everyone should be treated equally despite not feeling that way, are examples of situations where emotions demand to hide. Hiding feelings and reactions such as anger, boredom, stress and fear from other people creates tremendous stress and consume the employee's energy. In such situations, the individual who constantly has to be kind and open to other people feels under a great burden. Employees have to behave positively even if the attitude of the other person is negative. This negatively affects the psychosocial state of that person. As the name suggests, the demand for hiding emotions is included in the demands variable in Karasek's model.

1.8.1.5. Influence at Work

Here effect refers to the employee's authority to take the initiative about their job. Deciding on the job; it includes business hours, the amount and the content of

the work. It is measured by how free a person is in determining the time and way of working and whether he can influence them. At the same time, how much freedom a person can be in matters that determine the way of doing business, such as how to do what he does, which way he will follow, which methods he will use, is a part of the effect. In a sense, the ability of a person to choose their colleagues is also effective at work. Being able to influence who will work with whom in which departments and the quality of the communication between them indicate the high impact on the job (Lund et al., 2005). According to Karasek's Demands-Control-Support model, the effect at work is a part of the control variable or even itself. If the person can control their work, the work efficiency increases, and the working environment reaches a healthier psychosocial level.

1.8.1.6. Possibilities for Development

Possibilities for development are that the employee has the opportunity to learn new things in the workplace, improve themselves, and improve their job skills, knowledge and equipment. If the employee gains something new in terms of his profession and equipment and feels better equipped in his job, there is a suitable workplace environment in terms of possibilities for development. Factors such as accessing new information, being informed about innovations in the sector, attending necessary meetings and seminars, allowing them to develop themselves academically are the subjects of possibilities for development. On the other hand, if the employee feels that they cannot improve and stagnate in their workplace, there is a factor in creating a psychosocially negative workplace environment.

1.8.1.7. Job Diversity

It means that the work done by the employee does not repeat, has no diversity. The low job diversity and the constant performance of the same job in a great monotony affect the motivation and job satisfaction of the employee negatively (Giménez-Espert et al., 2020). Therefore, it can be said that an environment where there is little variety of work creates a psychosocially negative environment. Work diversity sub-dimension is measured with a total of two items. These two substances are the only substances found in the long version.

1.8.1.8. Control over work time

It refers to the control of the employee over working time. It expresses the effect on factors such as when the employee can take a break, when their vacation will take place, and the time to spare for communication with colleagues. If the employee has a private job and can take time to handle it, this is a sign that the employee has control over the work time. For this, the ability to leave the workplace when he needs to leave the workplace also shows that the employee controls the work time (Berg et al., 2004). On the other hand, working overtime is also a sign of poor control over work time. In Karasek's model, control over work time represents the control variable, and a psychosocially negative workplace environment begins to emerge as control over work time decreases like other elements.

1.8.1.9. Meaning of Work

It is a sub-dimension that measures whether the job is meaningful for the employee. If the job can be perceived as significant and valuable for the employee, it can be said that the job is significantly high. If the work done is perceived as valuable and useful, the employee feels moral satisfaction and pleasure from it. This allows him to enjoy his work and to feel love and commitment to his work. Finding the job meaningful is among the intangible benefits of the job. If the person is deprived of this, he will also be deprived of the pleasure he gets from his job spiritually. Meaning of work is among the intrinsic factors in Siegrist's model. It is a psychosocial risk factor that the person does not find their job meaningful and thinks unnecessary (Rosso et al., 2010).

1.8.1.10. Predictability

Predictability is related to whether employees are aware of important events, developments and decisions in the workplace in advance. Sharing the decisions and developments made in the workplace with employees reduces the unpleasant surprises they will encounter (Wang et al., 2019). Otherwise, employees will not be able to predict what will happen in the workplace and face changes that they are unprepared for. This causes both stresses arising from uncertainty and unknown and inexperience arising from being caught unprepared for the new process. Therefore,

high predictability can help reduce psychosocial risks in the workplace (Väänänen et al., 2008). Managers can ensure predictability if they inform their employees about changes in a timely and adequate manner. In the COPSOQ scale, predictability is measured by two questions, and these two items are items found in the core version of the scale.

1.8.1.11. Recognition

Recognition is the recognition and respect of the employee in the workplace by the managers. If the employee feels appreciated, it can be said that recognition is high. It expresses the right to be respected and treated fairly as an individual (Laschinger & Finegan, 2005). If the employee is respected, appreciated and recognized as an individual, the recognition sub-dimension is healthy. Otherwise, the person will feel that they are not respected in the workplace and that they are not treated well as a person. This can be a severe problem for anyone. The person may feel isolated and alone. They may encounter low performance, quitting work, and depression (Kranabetter & Niessen, 2019). Recognition is one of the social outcomes of working life. On the one hand, it can be said that Karasek's model is represented by social support. Because it is a result of social life in the workplace and relationships with other employees and managers are an indicator of recognition.

1.8.1.12. Commitment to Workplace

Commitment refers to the employee's attachment to the workplace. If the employee adopts the workplace as both an institution and a work environment, commitment is high. Being satisfied with the place where the person works and even being proud of their work shows commitment. Employees with high commitment often think that the organization and their job are vital to them. They may identify with the institution they work for, and the institution may even become a part of their identity for them (J. P. Meyer & Herscovitch, 2001). It is one of the intrinsic factors in Siegrist's model and is one of the most prominent. Siegrist says that overcommitment arises at the increase of intrinsic factors. Commitment to the workplace is one of the most characteristic in this respect (Siegrist, 1996).

1.8.1.13. Role Clarity

Role clarity is the employee's straightforward knowledge of his duties, rights, authorities, and responsibilities in the workplace and his place in the organization. In workplaces where roles are not clear and role confusion is experienced, it can be observed that the stress level of the employees rises and the productivity drops drastically. Therefore, role clarity is vital for the organization to function correctly. However, it will be challenging to discuss a healthy psychosocial environment individually and organizationally in workplaces with role confusion (Kauppila, 2014).

1.8.1.14. Role Conflict

Role conflict arises when the duties and responsibilities of the employee are not logical and consistent. Making contradictory, meaningless, and random demands from the employee triggers role conflict. Inconsistency and illogicality about the way things are done are also factors that reveal role conflict. Role conflict is an organizational weakness. It can cause the organization to become inefficient and unhealthy. Studies show that role conflict can also cause serious problems for employees and can cause severe psychological diseases such as depression. Role conflict can be seen as a psychosocial risk factor for organizations (Bebbington et al., 2008).

1.8.1.15. Quality of Leadership

Leadership quality refers to the mastery of the leader in fulfilling his leadership duties and responsibilities. Features such as the leader's ability to plan work, resolve conflicts, help employees develop, and prioritize job satisfaction of employees are leadership skills measured in the COPSOQ scale (Burr, Moncada, et al., 2019). Job satisfaction and productivity do increase in institutions with high leadership skills. On the other hand, job satisfaction, participation, and productivity decrease in workplaces that lack leadership skills (Dellve et al., 2007). This means a workplace environment with psychosocial risks (Pejtersen & Kristensen, 2009)

1.8.1.16. Social Support

Social support refers to the employee's potentiality to receive help from his colleagues. This refers to support and assistance from both employees' colleagues and managers. Opportunities to get information about the job, consult with colleagues and managers, and talk about problems represent the social support opportunities that COPSOQ measures in its items (Burr, Berthelsen, et al., 2019). It has been observed that workers in workplaces with low social support are exposed to high stress (Viswesvaran et al., 1999). In addition, studies have found a strong relationship between social support and job satisfaction (Harris et al., 2007). Social support can be considered one of the extrinsic factors in Siegrist's model (Siegrist, 1996). In Karasek's model, the third variable is social support (Sargent & Terry, 2000). In both models, there is a positive correlation between a healthy psychosocial environment in the workplace and a high level of social support.

1.8.1.17. Emotional Demands

Emotional demands occur when the job puts the employee in situations that exhaust him emotionally and conscientiously and leave them in a dilemma. Dealing with other people's problems and facing moral issues are emotional demands that COPSOQ focuses on. The frequency of emotional demands creates stress in employees. It can even cause depression (Vammen et al., 2016). Emotional demands are in the category of demands in Karasek's model. A working life with intense emotional demands represents an unhealthy situation in terms of psychosocial risks.

1.8.1.18. Work-Life Balance

Work-life balance can be possible if the employee can spare enough time for his work, family, and private life. Work-life balance requires that the time the person allocates for work does not negatively affect his private life. The person should be able to devote sufficient time to his family and personal affairs. Not only in terms of time, the fact that the work completely exploits the person's energy and consumes the person is also a factor that causes work-life imbalance. Work-life imbalance negatively affects many things such as job satisfaction, life satisfaction,

mental health, and job performance. For this reason, it is inevitable to say that there is a psychosocial risk factor (Guest, 2002).

1.8.1.19. Sense of Community

Sense of Community is about making employees feel part of the company. It is possible to talk about a sense of community if the person feels a spiritual and emotional connection to the institution and senses that this situation is common among other employees. Factors such as the support of colleagues, team orientation, sense of belonging, and truth-telling are the factors that increase the sense of community. Sense of community is also closely related to the sense of collaboration. In institutions with a high sense of community, employees have a high sense of belonging. There is also a linear relationship between a high sense of community and job satisfaction. In this sense, a lack of sense of community can be considered an essential psychosocial risk (Burroughs & Eby, 1998). In Karasek's model, social support can also be associated with a sense of community. It is also one of the extrinsic factors in Siegrist's model.

1.8.1.20. Organizational Trust

Trust is the state of being sure of one's accuracy. It is complicated to find a healthy social relationship in an environment where there is no trust. Trust is both honesty and sincerity in words and actions, not doubting the other person's abilities and sense of responsibility. There are items in the COPSQ to measure both the trust of the employees among their peers and the trust between their superiors and subordinates (Burr, Moncada, et al., 2019). In workplaces where trust is low, serious problems can be experienced in job performance, job quality, and productivity (Brown et al., 2015). Trust is one of the extrinsic factors in Siegrist's model. It is also one of the elements of social support in Karasek's model. A workplace with low trust is not considered a psychosocially healthy workplace (Sargent & Terry, 2000).

1.8.1.21. Organizational Justice

Justice means an equal and equitable distribution. It means giving individuals what they deserve, both financially and behaviorally. The sense of justice is an indispensable element for every social structure. It has been observed that work stress increases significantly in unjust workplace environments. It has also been observed that burnout and turnover intention increase in places where the perception of justice in the workplace is weak (Cropanzano et al., 2005). The COPSQ measures fairness through factors such as the fair resolution of conflicts, recognition for good work, and fair treatment (Burr et al., 2019). Justice is one of the extrinsic factors in Siegrist's model. It would not be wrong to say that the psychosocial risk is high in workplaces where the sense of justice is low.

1.8.1.22. Job Satisfaction

Job satisfaction is the state of being satisfied with the job and the results of the job. Many variables such as turnover intention, burnout, absenteeism, lateness, job performance, productivity are closely related to job satisfaction. In addition, many physical and psychosocial factors in the workplace are directly or indirectly related to job performance. Many factors such as social relations, justice, wages, social rights, work-life balance, and trust determine job satisfaction in workplaces. In this sense, job satisfaction is one of the key concepts. In order to measure job satisfaction, COPSQ considers factors such as salary, physical conditions, influence at work, the possibility of consulting, and future promises of the job. Job satisfaction is often the result as well as the cause. Low job satisfaction is a psychosocial risk factor and one of the prominent and vital consequences of high psychosocial risks (Sureda et al., 2019).

1.8.1.23. Burnout

Burnout is a state of physical and psychological weariness. Studies have discovered that burnout is associated with symptoms such as exhaustion, cynicism, and inefficacy. Work overload, lack of control, absence of fairness, value conflicts, and breakdown in the community have been cited as causes of burnout. Burnout has many negative physical, psychosocial, and behavioral consequences. It has

physical consequences such as fatigue, exhaustion, pain in the body, sleep disorders, psychological and emotional consequences such as hopelessness, helplessness, hypersensitivity, intolerance, dissatisfaction, and behavioral consequences such as slowing down work, not paying attention to work, social isolation, and quitting work. In this regard, burnout is a serious threat to physical and psychosocial health in the workplace. Burnout is one of the most obvious outcomes of inappropriate conditions in the workplace. At the same time, when burnout occurs, the psychosocial environment in the workplace deteriorates even more. This creates a vicious circle (Maslach & Leiter, 2006).

1.9. The Aim of the Research

The primary purpose of our study is to measure the psychosocial risk that occupational physicians and occupational health and safety specialists are exposed to using COPSOQ III.

Our study, which used a mixed-method, mediated the psychosocial risks' measurement qualitatively and quantitatively. By measuring the impact of psychosocial risks on the commitment to the workplace, job satisfaction, burnout, and wellbeing experiences on occupational physicians and occupational health and safety experts, the type and amount of emerging problems were determined.

In addition, it aims to understand the nature of the psychosocial risks and the conditions our participants are exposed. The comparisons based on different demographic variables and the work conditions are targeted as well.

Our study aims to contribute to the literature by determining to what extent occupational physicians and OHS specialists are exposed to psychosocial risk and contribute to creating solutions against the psychosocial risks that professionals working in the field are exposed.

CHAPTER 2

Method

2.1. Qualitative Research Method

2.1.1. Sample

A total of 6 occupational physicians were interviewed. Three of the physicians are male, and three are female. The two physicians work in many independent companies. Four physicians serve under a single company and its affiliated institutions. They have an average of 33.8 years of experience as a physician. Our participants have an average of 24.6 years of experience as occupational physicians.

Table 2.1. Demographic Characteristics of Participants In Qualitative Research

Participant No.	Sex	Age	Tenure	Occupational Physician Experience	Sector	Danger Class
1	Female	57	33	10	Stationery production	Dangerous
2	Male	58	34	30	Various	All
3	Female	58	34	18	Education	Less Dangerous
4	Male	61	37	36	Various	All
5	Female	59	35	30	Various/ Textile	Less Dangerous
6	Male	54	30	24	Energy	Less Dangerous

2.1.2. Instruments

In the qualitative part of our study, 11 semi-structured open-ended questions were asked. The content of the questions consists of the general demographic characteristics of the participants, the psychosocial risks frequently encountered in the workplace and various psychosocial risk categories and the physical and psychological problems faced by the participant. Considering the sub-dimensions determined by COPSOQ and the psychosocial risk groups mentioned by Cox, questions were asked about psychosocial risk dimensions. There is a question

covering many subjects such as wages, social rights, job security, working conditions. Another question is about workload, the pace of work, cognitive demands and emotional demands. The scope of the occupational physician's influence on the work, the extent of his powers and responsibilities is the subject of another question. The opinions and experiences of our participants were obtained through the questions in the interview on many topics related to psychosocial risks such as social relations at work, harmony at work, justice, leadership, work-life balance, trust, knowledge sharing, meaning, self-assessment, commitment and job satisfaction. In addition, our participants were asked to give their experiences about problems such as stress, mental and physical problems, and burnout. The effects of psychosocial risks on our participants were tried to be learned through these methods.

The Five Well-Being Index (WHO-5) scale developed by the World Health Organization in 1998 was used. This scale is used to evaluate the mental well-being of people. The scale, which was translated into Turkish by Erhan Eser in 1999, consists of 5 items. Scoring; All of the time (5), Most of the time (4), More than half of the time (3), Less than half of the time (2), Some of the time (1), At no time (0). The raw score is calculated by adding the numbers of the five answers. The raw score ranges from 0 to 25. "0" represents the worst possible quality of life, and "25" represents the best possible quality of life. The raw score is multiplied by 4 to get a percentage score in the range of 0 to 100. "0%" represents the worst possible quality of life, while "100%" represents the best possible quality of life.

Challenges of Occupational Safety Specialists Scale is a scale created to measure the problems faced by occupational safety experts. In the interviews, it was observed that occupational physicians faced some other psychosocial risks that were not included in the COPSOQ. These are problems such as conflict of interest and the work being done on paper. Therefore, this scale's 4th, 7th and 10th items were adapted according to occupational physicians and added to the scale. The scale is in a 6-point Likert format. Participant marks the appropriate ones from the

following six options: Strongly disagree (1), Disagree (2), Somewhat disagree (3), Somewhat agree, (4) Agree,(5), Strongly agree(6).

2.1.3.Procedure

The interviewees were selected by sending a letter of request to the occupational physicians association. The Occupational Physicians Association was asked to send an invitation to its members to attend the interview. The occupational physicians association sent an invitation e-mail to its members to participate in the interview. Occupational physicians who wanted to participate in the interview reached me through the researcher's e-mail and phone number in the invitation e-mail. The names and identities of the participants remained utterly confidential. Each participant was asked to fill out a voluntary participation form. Before the interview started, oral permission was repeated for audio recording. The interviews lasted for 1-1.5 hours. Due to COVID, the interviews took place over Zoom, and voice recordings were made.

2.1.4.Data Analysis

The recorded sound recordings were transcribed. Each audio recording is numbered, and private information such as the name or company names of the participants is kept anonymously. The texts of the voice recordings were subjected to qualitative analysis inductively using MAXQDA.

2.2. Quantitative Research Method

2.2.1.Participants

Data were collected from occupational physicians and occupational health and safety specialists. In 2021, a total of 138 participants, of which 66 occupational physicians and 72 OHS specialists participated in the quantitative part of the study. 79 (57.2%) of our participants are male, and 59 (47.8%) are female. The average age of the participants in our study was 46.51 years. Of our participants, 18 (13%) were single, 106 (76.8%) were married, and 12 (8.7%) were divorced or widowed. Therefore, our participants are between the ages of 23 and 68. Our participants have an average of 12.34 years of work experience. Experience at work varies between

1-40 years. Our participants' workplace experience varies between 1 and 30 years. Our participants have been working at their workplace for an average of 7 years. They work an average of 7.7 hours per day; 35 of our participants (25.4%) work in the workplaces in the less dangerous security class, 52 (37.7%) in the workplaces in the dangerous safety class, and 51 (37%) in the workplaces in the very dangerous security class.

Twenty of our participants (14.5%) work as an independent; 55 (39.9%) work under the joint health and safety units (JHSU; JHSU - Ortak Sağlık ve Güvenlik Birimleri), which are the structures “established by public institutions and organisations, organised industrial zones and companies operating under the Turkish Code of Commerce in order to provide occupational health and safety services to workplaces, with required equipment and personnel and which is authorized by the Ministry” according to Occupational Health And Safety Law, numbered 6331; 56 of them (40.6%) work in only one workplace; 29 (21 %) of our participants work in more than one workplace. While 67 (48.1%) participants have managerial duties, 71 (51.9%) participants do not have managerial duties; 22 (15.9%) participants work in shifts, while the remaining 110 (79.7%) physicians do not have a shift duty. In terms of the management scheme, 45 (32.6%) participants said that they depended on human resources, 43 (31.1%) employees depended on the management, and 19 (13.7%) participants said that they depended on the occupational health and safety unit.

Table 2.2. Demographic Characteristics of Participants In Quantitative Research

		N	%
Age	22-35	25	19.7
	36-45	31	24.4
	46-55	47	37.0
	55-70	24	18.9
Profession	Occupational Physician	66	52
	OHS Specialist	61	48
Marital Status	Single	16	12.6
	Married	99	78.0
	Divorced	12	9.4
Working Hours	Less or equal 8 hours	76	59.8
	More than 8 hours	51	40.2
Work Experience	0-5	55	43.3
	6-10	47	37.0
	11+	23	18.1
Danger Classification	Less Dangerous	32	25.2
	Dangerous	50	39.4
	More Dangerous	45	35.4
Household Population	1	18	14.2
	2	34	26.8
	3	39	30.7
	4+	34	26.8
Waysof Working	Independent	9	7.1
	JHSU	41	32.3
	One company	44	34.6
	Multiple companies	14	11.0
	Independent & one co.	4	3.1
Managerial Duty	Multiple co. & JHSU	7	5.5
	No	71	55.9
	1-5	28	22.0
	5+	21	16.5
	Shift Working	Yes	21
No		101	79.5
Economical Situation	Very Good	20	15.7
	Good	27	21.3
	Medium	60	47.2
	Bad	19	15.0

The most common sectors among our participants is metal with 26 (18,8%) participants , Chemistry/Oil/Plastic 24(17.4%) and fashion/textile and automotive, 22 (15.9%) sectors. 1(0,7%) participant marked "I can spend without thinking", 22

(15,9%) participants marked the option "I can spend comfortably", 29(21%) participants marked the option "I can spend without getting bored", 66 (47,8%) participants marked "I can spend by thinking", 19 (13.8%) our participant marked the option "I can hardly spend except for my basic needs

In general, to the question of how is your physical health, 9 (6.5%) "very good", 87 (63%) "good", 39 (28.3%) "moderate" and 3 (2,2%) "poor" . In general, to the question of how is your psychological health, 4 (2.9%) "very good", 69(50%) "good", 49 (35.5%) "moderate" ,and 16 (11.6%) "poor" .

2.2.2. Instruments

Our study used the version of COPSOQ III edited by Şahan and Demiral in 2020 and translated into Turkish. Items 3, 52,53,55,56,58,61,66 and 69 were removed because they were irrelevant to the working conditions of the occupational physicians in line with the interviews.

The scale consists of 73 5-point Likert-type and 5 4-point Likert-type questions, a total of 78 questions. 5 likert type expressions are as Always (100); Often (75); Sometimes (50); Seldom (25); Never / hardly ever (0) or To a very large extent (100); To a large extent (75); Somewhat (50); to a small extent (25); To a very small extent (0). Inverse items are Always (0); Often (25); sometimes (50); Seldom (75); Never / hardly ever (100) or To a very large extent (0); To a large extent (25); Somewhat (50); to a small extent (25); To a very small extent (100). The 4-point Likert questions are Very satisfied (100), Satisfied (75), Neither/Nor (50), Unsatisfied (25), Very unsatisfied (0).

COPSOQ III Turkish version has a total of 25 dimensions. These are Work Pace, Quantitative Demands, Cognitive Demands, Emotional Demands, Demands to Hiding Emotions, Work-life balance, Influence at Work, Possibilities for Development, Meaning of Work, Commitment, Control over Working Time, Predictability, Recognition, Role Clarity, Role Conflict, Leadership Quality, Social Support from Peers, Social Support from Superiors, Sense of Community, Trust, Justice-Respect, Job Satisfaction and Burnout.

The Five Well-Being Index (WHO-5) scale developed by the World Health Organization in 1998 was used. This scale is used to evaluate the mental well-being of people. The scale, which was translated into Turkish by Erhan Eser in 1999, consists of 5 items. Scoring; all of the time (5), Most of the time (4), More than half of the time (3), Less than half of the time (2), Some of the time (1), At no time (0). The raw score is calculated by adding the numbers of the five answers. The raw score ranges from 0 to 25. 0 represents the worst possible quality of life, and 25 represents the best possible quality of life. The raw score is multiplied by 4 to get a percentage score in the range of 0 to 100. 0 percent represents the worst possible quality of life, while 100% represents the best possible quality of life.

The Challenges of Occupational Safety Specialists Scale is a scale created to measure the problems faced by occupational safety experts. In the interviews, it was observed that occupational physicians faced some other psychosocial risks that were not included in the COPSOQ. These are problems such as conflict of interest and the work being done on paper. Therefore, this scale's 4th, 7th, and 10th items were adapted according to occupational physicians and added to the scale. The scale is in a 6-point Likert format. Participant marks the appropriate ones from the following six options: Strongly disagree (1), Disagree (2), Somewhat disagree (3), Somewhat agree, (4) Agree, 5), Strongly agree (6).

2.2.3.Procedure

An e-mail was sent to the Occupational Physicians Association asking them to invite the association members to participate in the survey. Participants filled out the online questionnaire via the link sent through the Occupational Physicians Association. In order to reach OHS experts, an invitation mail was sent to the mail groups used by OHS experts with the permission of the group managers, an invitation mail was sent to be delivered to ISGDER's members, and an invitation was shared on social media groups which exclusive for OHS experts with the permission of the group managers. At the beginning of the questionnaire, there is an expression about voluntary participation. Participants who do not accept the conditions cannot continue with the survey. The questionnaire was created and

distributed on surveymonkey.com. Each participant can answer the survey only once.

2.2.4.Data Analysis

The collected data was analyzed by SPSS. The data was entered into the reliability analysis of all three scales via SPSS. Items that reduce reliability were removed from the scales. Thus, a scale with higher validity and reliability was obtained. Then, the scales were subjected to factor analysis. In parallel with the load accumulation in the factors that emerged as a result of the analysis, new dimensions were created. These dimensions were compared with each other using correlation analysis, and their relations with each other were measured. It was determined how much the factors explained each other and how significant this explanation was. Demographic statistics of the participants were revealed. The demographic characteristics of the participants were compared with the dimensions of the scale using the T-test. It was revealed how the measurements in the dimensions of the scale differ according to factors such as demographic characteristics and working conditions of the participants. In the continuation of the study, it is aimed to continue these measurements by using one way ANOVA and to determine the relationship between dimensions using regression analysis.

CHAPTER 3

Results

3.1. Qualitative Research Results

In order to investigate psychosocial risks in occupational physicians, questions were asked using the dimensions found in the COPSOQ and determined by Cox in the literature. In this way, it is aimed to determine the risks that occupational physicians are exposed. Interviews were conducted to examine the dimensions mentioned in the scales and all the overlooked dimensions, and it was aimed that the physicians tell first-hand the psychosocial risks they are exposed to with their own experiences and thoughts. When the interviews with our participants were subjected to qualitative analysis, 29 different themes emerged. These are the psychosocial risks themselves or their causes or consequences. Occupational physicians mentioned the psychosocial risks they experience in many different areas, from wages to job security, from commitment to cognitive and emotional labor. The intensity and frequency of psychosocial risks vary according to the working conditions of occupational physicians. Occupational physicians, who generally work in a single institution or are retired, face fewer psychosocial risks than physicians working under JHSU and working in more than one institution. In addition to psychosocial risks, our participants frequently mentioned subjects such as laws, unions, legislation, and organizational culture that could cause psychosocial risks and affect the workplace's psychosocial environment. In the next section, the themes mentioned by occupational physicians are listed and explained by quoting their sentences.

Table 3.1. The themes on psychosocial risks of occupational physicians

1. Justice	16. Taking care of work
2. Belongingness(Commitment to the Workplace)	17. Work-life balance
3. Relations with superiors	18. Corporate system
4. Drudgery (Illegitimate Tasks)	19. Permissions
5. Meaning of Work	20. Formalities (On Paper)
6. Cognitive Labor	21. Self-Development
7. Conflict of interest	22. Corporate culture and tradition
8. Demanding for Hiding Emotions	23. Trade unions and associations
9. Emotional Demands	24. Social support
10. Organizational Trust	25. Stress
11. Legal Regulations and Legislation	26. Ignoring the recommendations
12. Social relations with colleagues	27. Salary and Economic Situations
13. Job security	28. Qualifications
14. Work Pace	29. Lack of Authority/Influence at Work
15. Workload (Quantitative Demands)	30. Persuasion Problem

3.1.1. Justice

Some of our participants mentioned injustices. However, they did not see it as a negative experience that only they experienced. Instead, they generally expressed the view that justice is insufficient.

"No, I do not think there is justice in business life. I do not think in my institution, for one thing, there is a human factor. A manager may try to be

fair, the organization's policies may not allow it, the situation may not allow it to go away. So you know, you could say he did not do it willingly, but he had to. You can say that he always did it like this. So there are a few things. Or a person is chosen for me as soon as he does it for the other"-Participant 3

However, most occupational physicians stated that they did not personally experience any problems.

" I do not encounter injustice. So there are some unfair situations that I mentioned, but these are not personal to me. So it is in terms of functioning. I do not think they would want to do injustice to me, and they are not in such an attitude."-Participant 1

The main reason for this is that there is no other occupational physician in the workplace. Therefore, they do not have a counterpart that could be wronged because they are mostly alone in their departments.

"If he had another occupational physician, he could have done injustice to me, no other like me at work"-Participant 3

When it comes to justice in the workplace, occupational physicians talk about injustice, which is generally caused by wages and social rights, not the relationship between them and their colleagues.

"Because they are companies that make money out of your hard work. I see it that way and all of the responsibility ... the responsibility of signature, you sign the JHSU has no responsibility, but also the man takes to profit from you, and some JHSU s also see that the occupational safety experts are working in our workplace work in JHSU ."

3.1.2. Belongingness (Commitment to the Workplace)

Especially the occupational physicians working under JHSU have problems regarding belonging. The most important reason for this can be shown as not being permanent staff and often working in more than one place.

"I felt the trouble of starting as an JHSU sub-employer very well. I mean, I did not feel belonging there; I could not belong. So they do not accept you among them. They act as if you are doing a technical job. I felt this very violently. I felt very foreign there"-Participant 1

The lack of counterparts working in the same unit may cause them to be alone and unable to establish belonging. The lack of a colleague to share their routines with also caused them to feel lonely and had difficulty feeling that they belonged where they were.

"I do not use the shuttle. I do not eat with them. I do not take a break in their resting area. I do not share a common experience. So I seem like an outsider"-Participant 3

"What am I? Insider or outsider? Am I from outside? I stand like a figure. I am not completely inside"-Participant 3

"You came here from the outside like you cannot do this to me; seems like I am haughty." Participant -1

Generally, physicians who are permanent staff and work in a corporate firm stated that they could feel belonging. In addition, since they do not work in more than one place, those who spend all their time in the same institution have been able to establish a bond with their institution.

"Yes ... When I say now, I mean the international company. Because there is a global health policy, the workplace has a reflection on the country. The basic principles are conveyed to me, and not only to us, that is, to those who work in occupational health and safety, but also to senior management. Policy, in other words, the criterion of occupational health and safety is very serious, and they are critical when you do your job."-Participant 6

However, occupational physicians who spent many years in the same institution and worked under the roof of a single institution say that they do not have any problems with belonging.

"I said I should go now. They did not let me go. As the company bought the companies, I became their physician".-5

"I feel belonging, but they also feel belonging to me"-Participant 5

3.1.3. Relations with superiors

Relationships with supervisors and other issues are smoother when it comes to physicians working with corporate companies and working in a single workplace.

"But it feels tiring and wearing sometimes. There is also at this workplace. I am the dominant here, they say. I gently tell them you are not relevant to me. You cannot do anything to me. There are people that I have passed by saying only "Hello, how are you", but I think that the ruler of the place where I am is a little bit personal."-Participant 3

Generally, occupational physicians are affiliated with the occupational health and safety unit and depend on human resources in the administrative scheme. Managers, who can be called supervisors, are directly bosses. Therefore, they are not exposed to the subordinate relationship much. One of our participants explained this situation as follows.

"Theoretically, my superior is the boss, human resource manager mediate us, he will partially take care of you, and you should not make him feel as a boss. If you do, they will act bossier."- Participant 4

Working conditions is very relevant to the attitude and approach of the employer.

"Therefore, many occupational physician friends of mine care more about the employer's approach than money"-Participant 2

"I see appreciation and thanks Especially in this last pandemic period, I have given them much effort because of the events that happened in them, I give support, I do not have any troubles, I mean there is no problem in them, there is nothing reflected in me"-Participant 3

3.1.4. Drudgery (Illegitimate Tasks)

Occupational physicians often have to deal with the drudgery that they do not have their duties. The most common of these drudgeries is outpatient and medication prescribing. Our participants stated their experiences as follows.

"Also, they were directing me many customer complaints at a time. For example, when the child swallows paint, they say, let us call our doctor. I struggled a lot with him that it was not my duty. On the one hand, of course, I can feel I want to help."-Participant 1

Outside of working hours, employees disturb the occupational physicians for their work. They ask the occupational physician for things that are not his duty. Even a top manager tries to compel the physician by using their rank.

"For example, the other day, someone wrote me a message on WhatsApp to prescribe for a medicine. After that, he also sends a message to see if you wrote this. I did not prescribe the medicine. He called me, and he said to me, "do you know who I am" ... I said, who are you, who sent you to me? Where did you get my phone? Who permitted you? They gave this medicine to me. It was good for my neighbor. I said, "then take it with your own money." - Participant 4

"An imbecile engineer said to his teeth had abscesses, and he prescribed antibiotics. The doctor said I gave it. I wrote the medicine as humanity, and a week passed, and he repeated the same. I said, what the hell is this? Go to the dentist. He said, "I do not want to give money to the medicine". Rather than a complaint about money, show me the prescription. "Participant 4

Occupational physicians can also be burdened with subcontractors coming to the workplace. Subcontracted workers are not from the workplace. However, often, these people are also trained in workplace health. In addition, it is often necessary to take precautions regarding their working conditions.

"There is the reality of a subcontractor in our country, and there is a significant number of subcontractor employees in this only many workplaces. After all, you have to work with them because they serve in your workplace indirectly. When you add them, the number goes over a thousand. These people are not your responsibility, officially. But it is your responsibility to see if their own workplace provisions inspect them. You have the responsibility of checking whether their training is carried out or not, and they also need to comply with these policies in order to implement your company's Health and Safety policies, because you work under the same workplace roof, and that brings an additional responsibility or burden."-Participant 6

Sometimes the wishes of the employees can be much more extreme. The physician can be asked to examine the relatives of the employees as well.

"They come for their relatives. Normal occupational physicians normally only look at the employee"-Participant 4

3.1.5. Meaning of Work

All of the occupational physicians who participated in the research find their work meaningful. They think their work is valuable and necessary.

"I feel like I am touching people. It does not feel like I have much work."-Participant 5

"So if you feel that we are doing a useful job there, as a primary care physician, there are people in need, a factory. So I have started to feel better for him lately"-Participant 1

They feel that they are making a positive contribution to people's lives, and they are happy that it is appreciated.

"Until now, I had many patients who said that nobody told me that noise was such a problem, or I had many employees who said that their blood pressure was 140/90 and nobody told me that this could be a problem.

Touching people, you say I have already lived when you can do this, you say I have a profession, you find yourself in this world in short"-Participant 2

"I guess I am doing it. It is a meaningful job compared to what you have done for so many years. You are touching people. You are taking part in difficult times. You are helping people in a situation they need you"-Participant 3

3.1.6. Cognitive Labor

Occupational physicians may encounter situations where they have cognitive difficulties. For example, they have to learn new things all the time. Moreover, these can be mentally challenging learning.

"There was a much simpler risk analysis in the period I used to work. I found it difficult to learn and bring them to life"-Participant 1

"Chemistry risk analysis, ergonomic risk analysis, these are very technical issues, I try to learn them myself."

Many other tasks can be mentally challenging for occupational physicians. For example, occupational physicians may encounter many complex situations during the recruitment examination or the chemicals used in the workplace.

"Mentally wearing yes. Because you are there to make a decision, for example, can a disabled person come and do this job? So you say you can, you evaluate it from every aspect and register its suitability for the job there. So actually in your hand. You can also send it for inspection. We recently hired someone to the packaging department, and then they gave it to work elsewhere. There are Solvents such as Acetone. He had bronchospasm. He did not say anything when he started the job like "I have asthma". It was not in the examination records, and it was not in the movies. I said, where do you work now, he said, "I am in the paint shop". I asked why he did not tell me. If I tell you, you will not let them hire me, he said. They did not

change, they did not want to change his department. The worker had to leave. He said I would not work. Since you are in a decision-making position, this is cognitively and mentally challenging"-Participant 1

3.1.7. Conflict of interest

In order to save time and money, managers can adopt attitudes that will adversely affect the fulfillment of their duties by workplace physicians. In such cases, occupational physicians are forced to make their work worse and of poor quality and ignore the problems.

"Of course, managers want to everything quickly, they want to employees heal as soon as possible, they want not to works get too many reports, and they have an approach like you watch over them. Because they have personal performance criteria. They want less lost days for personal performance criteria."-Participant 1

"For example, my employer in textile was the one man, the boss, and his son business. I was working in this partnership but directly with the boss. For example, they always say there was a lot there, so let us not do that either. They say it is costly. Now it steals our time. It had a full limitation, for example. More precisely, when the state said to do these, it did not come to their favor."-Participant 3

In a supervisory position, the occupational physician can be seen as an unnecessary employee who is only being cost for the employer.

"When it is seen like this, it is thought that there is only a burden on the employer in the wages we will receive. Therefore, the fee we receive within this framework is absolutely and certainly not related to the right of a physician"-Participant 6

Occupational physicians are not only considered unnecessary. It can be seen as a harmful element in some workplaces. In institutions that do not care about occupational health and safety, when occupational physicians report the risk factors

they see, their employers fear that they will lose money and time. That is why they do not want them to do their job.

"The employer always sees you as a problematic person, and you always say it incompletely. If you say what needs to be done, you will appear to be compelling for the employer, and for the employee, you will appear to be on the side of the employer who shares what is happening with the employer"-Participant 2

For this reason, they are left hesitant to do their job.

"Workplace Physician is the same, and you cannot suspect occupational disease, let us say you suspect, you are brave. You get trouble when you send it"-Participant 2

"I cannot use my existing authorities. Like what? It is elementary because you have to complain to the Ministry of Industry when they do not do a matter that you warn someone because of their existing powers. They want you to complain about the man you get a salary. Since you usually work with JHSU, I cannot do this because I am afraid of playing with the bread (risked them losing their jobs) of the other members of the team. Of course, I did not experience such an event in places where I worked alone. If I lived, I would do it"-Participant 4

"They live cost-effectively. These guys are trying to cost you the cheapest. All the dirty work that Europe does not do now is ours. So it does its best not to do the cost of what you call it"-Participant 4

3.1.8.Demanding for Hiding Emotions

Occupational physicians often feel the need to hide their emotions. They see this as a requirement of the professionalism of their job.

"Yes, I need to hide my emotions. You cannot say all"-Participant 1

"But sometimes it happens that you do not share it, I experience an emotion loading"-Participant 1

"I always do this since I am a doctor. Nobody knew me when I was sad ... When I lost only one of my relatives for 34 years, only one of my patients saw me cry ... There is only him ... You are a doctor. You must not reflect his troubles to his patients"-Participant 3

If you take out the emotional aspect that way, your chances of doing your job properly will decrease.

As it is part of medical ethics to treat everyone equally, they must comply with it. As with hiding their feelings, they see this as a requirement of their profession and do not perceive it as a problem.

"You can love him or not; he may love you too or not. After all, this job is not to love. This is not love. Love is something else. You like it very much as a person, but you do not like your management. You are perfect as a manager, but days do not pass with them. So there are many possibilities"-Participant 3

3.1.9. Emotional Demands

Occupational physicians stated that they often stay in situations when they are emotionally challenged. Employee candidates are asked to ignore their flaws when they undergo a recruitment examination. Employees who have financial difficulties, especially, want to get a job at the expense of risking their health, which puts the occupational physician in a dilemma emotionally. Employee candidates, who are obliged to look after their families, beg the occupational physicians to get a clean report and force the occupational physicians to choose between leaving the candidate's family in financial difficulties and violating the ethical rules by putting the employee's health at risk.

"Mentally wearing yes. Because you are there to decide, for example, can a disabled person come and do this job? So you say you can, you evaluate it from every aspect and register its suitability for the job there. So actually in your hand. You can also send it for inspection. We recently hired someone to the packaging department, and then they gave it to work elsewhere. There

are Solvents such as Acetone. He had bronchospasm. He did not say anything when he started the job like "I have asthma". It was not in the examination records, and it was not in the movies. I asked where you worked now. He said, "I am in the paint shop". I asked why he did not tell me. If I tell you, you will not let them hire me, he said. They did not change. They did not want to change his department. The worker had to leave. He said I would not work. Since you are in a decision-making position, this is cognitively and mentally challenging"-Participant 1

"That is, you will get a job, for example, the person is not suitable for doing that job. Another job is not suitable, but the employee or employee candidate needs that job. So if he does not get a job, his family will not be able to eat today, but if he does, maybe five years later he will have trouble with his ear."-Participant 4

"Okay, we determined that, after determining what we will do, you will neither change your job, change working conditions, nor lay off. How does it feel to you if you have caused an employee to leave your job and caused that family to lose their bread? Therefore, you are trying to get fired, but you cannot change the job, you cannot change the working conditions"-Participant 2

"Of course... Some people sometimes cry when you detect a problem during your recruitment or when you see the problem of it, and sometimes they say, please hire me, sister, and I had a hard time."-Participant 1

They may encounter situations that can harm them psychologically and emotionally.

"When there was a dead work accident in the mine, I experienced the desperation, sadness, and unhappiness of the people, and I saw that these people had a hard time going to that job for a certain period." -Participant 3

They often have to deal with other people's problems.

"Also, they directed me many customer complaints at one time."

Participant-1

3.1.10. Organizational Trust

Any of our participants stated that they do not have any problems with trust in general.

"I say yes, I trust our colleagues"-Participant 1

"They provide information including trade secrets"-Participant 1

"In other words, the condition I just mentioned is a condition I have created, and I trust a person I trust to sign the examination by relying on his examinations"-Participant 2

3.1.11. Legal Regulations and Legislation

Half of the participants emphasized that the legal regulations were insufficient. In addition, they emphasized that there are legal deficiencies in both workplace physicians' working standards and occupational health and safety.

"I was exposed to something like that at my business, but I could not take it to court. Because there was a fine detail to be done in the objection, I could not make that objection. I did not. The lawyer said that there would be no continuation. So I left there, so I am trying to get the money from the Chamber of Medicine"-Participant 3

"When I say ", look, the law says that as the regulation demands it from us," The man said, "all of these are a financial burden to me," and he fired me. Sometimes it is cheaper to give a fine. We have this kind of system"-Participant 3

3.1.12. Social relations with colleagues

Occupational physicians generally do not have a professional equivalent or colleagues in the places they work. Physicians, who have to work in too many places rather than having negative relationships with their colleagues, have a

problem of not establishing social relations with their colleagues. Since they cannot spend enough time with the people at work, they cannot share socially. Therefore, their social relations remain limited.

"It is not possible, this question may be possible for physicians working full-time in one workplace or for physicians who only go to two workplaces"-
Participant 2

"Big trouble, it is supposed that you are going to 30 places, you are in contact with more people or something, but things that do not deepen very superficially, as a result of a human social creature"-Participant 2

Occupational physicians working in corporate companies and a small number of companies did not report any problems in this regard.

3.1.13. Job security

Job security is a big problem for workplace physicians. Employment contracts are renewed in short periods, and when the deadline is over, the renewal initiative is entirely in the company's hands. All occupational physicians participating in the study stated that job security is a significant problem for occupational physicians. Those who did not have any problems in their personal experiences stated that they were in this situation due to their professional skills.

"Not a permanent staff? In other words, they can terminate the employment contract for someone who is paid less than you at any time."-Participant 1

There is nothing to protect me. Currently, I only provide job security with my professional knowledge and experience. There is no legal basis other than that. If they found someone working for 2000 lira cheaper than me now, they may say, "Thank you, we also give your notice period," and they fire me. So I have nothing. My husband was like that; that is, they found a physician who worked for a lower wage than my husband, and they ended after the New Year because his contract was terminated-1

"Job security is zero. My job security is JHSU . Maybe, the relationship between me and the person who owns JHSU and creating meaning for myself in the workplaces I work for. But still, half of the 30 workplaces I work in, They will not mind if I replace with someone."-Participant 2

"We have no job security, so they fire whenever they want. You do not have anything"-Participant 3

"There is no such thing as job security. There is no such thing as job security. In other words, in practice, there are rules about terminating the mutual agreement when you have trouble with the big companies that I mentioned. Here is the termination of our job by giving your legal rights if you have a salary"-Participant 4

"Job security is one of the biggest problems of occupational physicians in this category. In fact, job security is a serious problem for occupational physicians who work on an JHSU . So this theoretically applies to Me too. In other words, we may easily face the loss of our job for the occupational physicians working on JHSU , since we do not have paid employees of the company"-Participant 6

In the event of leaving the job, the physicians are divided into two to obtain the rights. However, some think that these rights are not sufficiently recognized.

"... what about compensation? There is no compensation also. I do not know about a lawsuit filed for this"-Participant 2

The other part says he can get his rights

"It can be said that it is even good for me as I left by taking my rights. I did not have a problem with the money I received"-Participant 3

3.1.14. Work Pace

The high work pace is a frequently mentioned issue. In particular, managers are forcing employees to work at a higher pace. This leads to an increase in the pace of work in the workplace, thus increasing the pace of the occupational physician.

"Of course, managers want to everything quickly, they want to employees heal as soon as possible, they want not to workers get too many reports, and they have an approach like you watch over them. Because they have personal performance criteria. They want less lost days for personal performance criteria."-Participant 1

"Racing against time is also a constraint of time. The deadline is where the time interval you go to is narrow, so there are difficulties in the things you need to do and follow. Okay, maybe it looks like simple things, but it's all rhythmically followed, controlled, and the sense of responsibility is intense"-Participant 2

It is possible that physicians have to work even during meal breaks at the workplace. Occupational physicians may have such a high work pace that they are expected to waive their limited breaks.

"Normally lunch is between 12.00 and 1.00. I work when everyone is on a break. Employees will see that the doctor is on duty to go and get the job done. So let him see the doctor without interfering with another job. Let the order continue, do not skip work, and come to the doctor. There is also a logic so that the employee should not leave whatever he is doing there and come, and that the employee should go to the doctor in his own free time. They start to work, after that ... meal times have changed during the pandemic, but in the normal order, I can start eating as soon as everyone has finished their meals."-Participant 3

"Between 12.10 and 1. It is my lunch break time. At my break, at the time I need to reserve for my own private family and home, we are preparing something about personal protective equipment, updating respiratory guards"-Participant 1

3.1.15. Workload (Quantitative Demands)

Physicians who have problems with long working hours and workload expressed this as follows.

"Also, the long working hours, i.e., I go with the shuttle, I get on the service after ten past six and also it is tiring because of the distance."-Participant 1

Sometimes, jobs that are so absurd that they are almost impossible to perform are expected from occupational physicians. Neither the time nor the facilities of the occupational physician are sufficient to fulfill these duties. One of our participants described memory as follows:

"At an international meeting, the head of the occupational health and safety branch or the department manager at that time was there. I was also giving a presentation, and my presentation was about working at height. I spoke there like this. I said that in a workplace where I work, its headquarters are in Istanbul. He works on high voltage lines, makes transformers, and makes transformer maintenance and assembly—the works all over the world. The normal number of employees is 15 and a workplace in dangerous class. The time I have to go there per month is 150 minutes, but this business center is in Istanbul. But if we assume that we have an employee in Mersin and this is among 15 people and this person is looking at jobs in the Mediterranean Region. I cannot examine him because the center is in Istanbul, and the employee cannot leave Mersin. What did I do as a solution? The manager is there too... I said. I thought this came to my mind. I do not know what our dear manager will say, but I said, I just thought of it. I called a doctor friend in Mersin. I exchanged ideas. He did the requested examinations. Since I am the person to sign, I said I am signing on the medical report. The manager came out and asked for a word. He said you are committing a crime! Oh dear manager, Does we ever do something like that? The company buys me a plane once a year for that person. I go there by plane, rent a hotel, and stay at the hotel for one night and return by plane. I examined it once a year this way. I said, would we do that? (Ironically)" -Participant 2

In extraordinary situations, the workload can suddenly increase too much. During the COVID-19 period, the workload has increased significantly.

"We are faced with a very serious workload. I try to manage the reflection of the epidemic all over the world and in our country, and in our workplace. This is our biggest problem right now"-Participant 6

3.1.16. Taking care of work

Occupational physicians reported their sensitivity about paying attention to work. They stated that this was very important and some colleagues did not pay attention to it.

"Of course, they want to go to something with a faster result in a little more shortcut ways. They say what would happen if you did it like this, what would happen if you did it like that, but our main thing here is not to give up on scientific foundations more than doing it properly."-Participant 1

"For example, he sits at his desk, throws the pen on the floor and says, "Let's take the pen. The worker takes the pen. The doctor says okay. Your waist is solid, get back your work (!) says the physician. Could there be such a waist examination? So there is a physician who does it. I will not meet with the physician who does this!"-Participant 3

3.1.17. Work-life balance

Physicians, who are not retired and work in more than one workplace, have serious problems regarding work-life balance. In extraordinary situations, this problem manifests itself much more severely. Work-life balance is disrupted, especially with COVID-19

"In terms of work-home-life balance, it is now disrupted by COVID. Before that, I was absolutely not doing anything unless there was a work accident on the weekends or in the evenings (after work) I do not interfere"-Participant 1

Retired occupational physicians have relatively few problems with work-life balance

"Of course (I create time to myself), after 2010, when I retired in 2010, I left the faculty, and when I left the place I gave my 8 hours a day, I had a lot of free time"-Participant 3

3.1.18. Corporate system

Our participants often emphasize that the workplace system should be good and sufficient. They stated that when the system in the workplace is good, psychosocial risk factors also appear less.

"Lots of things are due to organizational disorder ... they change the shift, they are forcing you to work too much, the things that it brings so, you wear the employee a lot, you expect more work"-Participant 1

"Of course, it depends on your business. There is a difference between a family business or foundation institution or a company with a corporate identity. Or among foreign-sourced companies. If the sole owner is the business, its view of occupational health and safety will be different"-Participant 3

JHSU system is often found problematic. The contract mediated by JHSU is found to be insufficient in matters such as wages, working conditions, job security.

"JHSU is a system we have been against from the beginning"-Participant 2

The JHSU owner can offer a meager price to hire a physician. Another parameter here is the minimum wage tariff, and the service standards of the occupational physicians are not well established.

3.1.19. Permissions

Going on leave is a severe problem for physicians. Our partners said they could not even use their existing permissions. In addition, most of our participants mentioned that it was difficult when they could not fully use their leave and had to find a physician instead of them.

"For example, going on leave is a huge source of stress for me right now. Will they be able to find a doctor like me instead? So, I would be anxious when I demand such permission. In other words, A physician for 30 years like me should be able to take 20 days off. Permanent employees could use administrative leave. I think the other sub-employer is actually like me. They have a problem about taking permission." -Participant 1

"As of my age, I have an annual leave of 1 month a year. I have not been able to take a yearly leave for one month until now."-Participant 2

"They will not give even annual leave if they can."-Participant 4

3.1.20. Formalities (On Paper)

Occupational physicians reported that they were uncomfortable that many situations remained on paper and only for show. It is common, especially in non-corporate companies, that the employer turns a blind eye to many problems because it requires cost and time so that many jobs remain on paper.

"I was in construction. I was in the shipyard. I did only killing time there"-
Participant 1

"Therefore, according to the ministry, no matter how many laws they pass, it means that the occupational physician has no meaning. It does not matter here they are."-Participant 2

"Of course. Just like that, just like that, just like that. We are only occupy a position, brother. I also occupy that position within limits required. Apart from that, I am telling you about the troubles I see regarding my responsibility. If they do, they do it; if they do not, I am going bro" -
Participant 4

3.1.21. Self-Development

They find it difficult to find the time and opportunities to improve themselves. Both the lack of time and the lack of medical, academic and scientific resources in Turkish make it difficult for physicians to develop themselves.

"I was going to graduate classes for half of the days. We agreed about this when I began the job, but getting permission is being problematic every time. So it is a challenge for me."-Participant 1

"Both the perception of occupational physicians is weak in this topic, and when it is considered on the basis of the country, our resources are very limited, and publications are very limited. Also, another very limited thing is that physicians do not know foreign languages, that is, local resources or translation resources. You have a lot of difficulties finding Turkish resources about occupational health. However, if you have the capacity to access international broadcasts, then the situation gets a little better."-Participant 6

3.1.22. Corporate culture and tradition

Occupational physicians emphasized that the institution's tradition and culture are very effective in creating a psychosocially healthy environment. In addition, our participants mentioned that working in a company with occupational health and safety awareness is very important.

"If I had not worked in such an institutional place, I would not be able to execute it."-Participant 1

"Even before I say anything, they see and fix some things themselves. But this is about corporate culture"-Participant 3

"... It is also about the corporate culture. When they go to the institutional institution, those people do not go less, and you go as far as you need to go. When there is continuity, you establish that communication."-Participant 5

3.1.23. Trade unions and associations

Occupational physicians always emphasize the importance of unions and associations. They mentioned that these methods could only protect the rights and professional standards of occupational physicians. However, it is a common view among our participants that there are many deficiencies in this regard.

"Also, this is a unionized workplace with a different corporate culture; it is a bit coy. If the workers did not do what they wanted right away, they would complain about something and quickly become dissatisfied. Worker satisfaction is very important in the workplace for human resources here"-
Participant 1

"You know, I said a union. The legal regulations in Turkey are in a structure that weakens the sanction power of the unions considerably, and there is a problem brought about by it. Non-governmental organizations, professional organizations, associations can play a role here to a certain extent, but again, I have to turn back and tell colleagues. Unfortunately, the awareness of the need to organize is not high"-Participant 6

"Yes, of course, organization comes to the fore here. Now, whatever you call the name of that organization, but when we say organization in business life, the union comes to mind. Unionization in Turkey is already very low. There is no such structure about occupational physicians, the professional organization can be an assurance here, but its sanction power is low. It has been pruned by law. For this reason, troublesome results may occur. I think many of my colleagues are not conscious enough about the organization topic. "Participant 6

"I have information about Turkey in general. He immediately writes to our association for their major difficulties, asks for ideas, wants to learn the way"-Participant 4

3.1.24. Social support

Occupational physicians stated that they do not have any problems in this regard.

"We get it from the occupational physicians association of the Turkish Medical Association or our medical rooms, so" Participant -1

They say we support you from the top management. If you have trouble at any level, you have been assured that you can come directly to me. These are very serious social supports.

3.1.25. Stress

Our participants who are not retired and do not work in a corporate company are exposed to stress.

"In other words, I lived in my own time; he sent it much before, so not being able to catch up, not being able to keep up with the process, not being able to catch up, came across me slowly from time to time"-Participant 6

3.1.26. Ignoring the recommendations

Occupational physicians frequently complained about taking their advice and warnings. In this context, they also complain about the low influence on the job.

"I say to the employer that if this man does not wear ear protection, it will be a problem, but I cannot check that the man is not wearing ear protection. I cannot follow. And that guy probably is not wearing ear protection or anything."- Participant 2

"I was writing an emergency plan. I wrote that the faucets in the gym should have sensors, but now we have normal old-style faucets, costly to replace. It went twice; it came, the plan came, then I changed it, I increased the cleaning, I wrote something else, I sent it back, it was approved"- Participant 3

It happens in the way of delaying the work. You are talking about a mistake; you are saying that two or three months pass, they do nothing. They make you forget. When you remind them, they pretend to forget, but they expect you to forget the problem.-Participant 3

"The ventilation system of the place where I worked was terrible. They had to have serious ventilation. I have repeatedly said that they sidestepped.

Finally, I told it to be written in the board book, they did not write, and I left. While leaving, I also wrote that I did not report these complaints many times, although I did not want them to be written on the board, but I did not agree to work under these conditions because the company did not accept them. I was leaving. I signed voluntarily. I sent it by e-mail, I sent it by mail"-Participant 4

"We suggest that the employee inspections are done on time or for example there is a risk, let me replace this or choose a safer method instead, this is more costly, or this is difficult, or it slows down our work or production or service slows down or our employees do this. They do not follow the rule ..."- Participant 6

3.1.27. Salary and Economic Situations

Wage is one of the most serious problems among occupational physicians. Our participants working with JHSU receive less than the minimum wage recommended by the occupational physicians association. Incorporate companies, employees working on their contracts work for more reasonable wages.

"In my experience, I think it's twenty-five percent less"-Participant 1

"You have no chance to negotiate wages. In other words, we worked from home every day, we came every day, and you have to pay higher wages. But he made a seventeen percent raise."- Participant 1

"In the past, the Turkish Medical Association and Medical Chambers gave contract approval. Was one of the most important factors in the minimum wage in contract approval, but they eliminated it"-Participant 2

"No, I get a figure close to the minimum wage with the fringe benefits"-Participant 2

"I can say that I was paid quite well individually. In fact, I have not had much trouble with wages from the past to date because I tried to do my job well and not work in a place that does not pay the wage I demanded... In this

sense, I can say that my current situation regarding wages is quite satisfactory." Participant 6

3.1.28. Qualifications

It has often been mentioned that competence is an important variable.

"They tremendously trust my medical knowledge and say we do not need to turn our back."-Participant 5

" I have not had much trouble with wages from the past until today. Because I tried to work in a place that does not pay the wage I demand with my strength from my knowledge to do my job well"-Participant 6

3.1.29. Lack of Authority/Influence at Work

Occupational physicians think that they do not have some of the competencies they need to perform their duties. They think that the lack of powers causes them not to do their job adequately.

"Our responsibilities are too many. We have a lot of responsibilities from A to Z in the regulation on the duties of workplace physicians, but our authority ..."

"Yes ... I have a very competent place as the place where I work, as long as my authorities are very competent, so we have an authority given to me by the human resources director. It's a corporate thing here. We have legal responsibilities. Authority only if you have that job; I think I have the authority in your own medical decisions, but I do not have organizational authority. Normally, I take too much responsibility; I have to take it"-Participant 1

"These are the problems that I experience as a JHSU employee depending on the fact that the drum is in our neck and the mallet is in someone else's hand, that is, we have the responsibility, but the authority is elsewhere"-Participant 2

"I cannot use my existing authorities. It is straightforward like what because when one of the existing powers does not do something when you warn, you have to make a complaint to the Ministry of Industry. They want you to complain about the man you receive a salary. I am afraid of playing with the bread of the other members of the team because you are working with JHSU ."-Participant 4

"In business life, responsibilities are usually more, and authorities are slightly less. In this context, it is not possible to give a 100% positive answer to this. Even if written with written and unwritten responsibilities, you may have powers that you cannot fulfill. For example, the occupational physician has the authority to suspend his work. Stopping this work can be in every sense, for example, stopping production in the production area, this is not an authority that can be done very easily and can be taken into consideration"-Participant 6

3.1.30. Persuasion Problem

Occupational physicians often have to work hard to convince them to take health measures. They must always push people to care about the health and safety rules. This can be tiring for the physicians. Our participants explained this situation in their own words as follows.

"JHSU is making money, and I continue to go; my duty is to go there as a result. I did not expect the employer send to the employees to me by force."-Participant 2

"What should I feel after seeing the stupidity of rejecting to wearing a mask from the most educated to the most ignorant in this pandemic? People are not stupid; people do not care. ... "Why did I catch COVID" they complain then. Go on, go put on your mask, put on your mask! The burr comes to his eyes when he works. "Oh, I got a burr on my eyes," they say. They gave you glasses, stupid! "Well, I am bored", you get into trouble if you get bored, that is it"-Participant 4

"Hand injuries were common while working in the shipyard. Most of the workers in the production area wear gloves, but when going to the production area, when I say production area, I mean the ship; when going to the work area, for example, it still involves risk. They should wear gloves also there. The management did not accept it, I mean, I should not be so tired, I should not be pushing it that much, and I could not get it accepted because the cost of gloves increases and so on."-Participant 6

"I cannot use my existing authorities. Like what? It is very simple because you have to complain to the Ministry of Industry when they do not do a matter that you warn someone because of their existing powers. They want you to complain about the man you get a salary from. Since you usually work with JHSU , I cannot do this because I am afraid of playing with the bread (risked them losing their jobs) of the other members of the team. Of course, I did not experience such an event in places where I worked alone. If I lived, I would do it"-Participant 4

3.2. Quantitative Research Results

3.2.1. Factor Analysis of COPSOQ III

In COPSOQ III, two different answer formats are used across different psychosocial risk dimensions; i.e., items of different risk categories use two different Likert scales. The first type ranges from “Never” to “Always”, and the second one ranges from “To a very small extent” to “To a large extent”. In the factor analysis, we considered the potential inconsistency this difference could create; therefore, we divided the questions into two according to their scale/answer format. Therefore, this led us to conduct two separate factor analyses.

3.2.1.1. Factor analysis results of items and dimensions using “never” to “always”

The first-factor analysis was conducted on items using the "always to never" scale. These belong to the dimensions (a) quantitative demands, (b) cognitive demands, (c) work pace, (d) influence at work, (e) possibilities for development, (f) sense of community at work, (g) work-life conflict, (h) demanding for hiding

emotions, and (i) Control over Working Time in the original COPSOQ III. As a result of the factor analysis, one item was removed. This created a set of 12 categories and 34 items to be included in the first-factor analysis structure.

Table 3.1. shows the eight-factors structure that the factor analysis brought and the items' factor loadings. In this analysis, The Kaiser-Mayer-Olkin (KMO) value was found to be quite high (KMO= .793), and the Bartlett test was found to be statistically significant ($\chi^2=2656.587$, $df=561$, $sig.= .00$) so that the dataset and the size are sufficient for factor analysis.

Table 3.2. Factor Analysis of the items using the scale ranging from "Never" to "Always Scale"

	1	2	3	4	5	6	7	8
Is your workload unevenly distributed, so it piles up?	.880							
Is it necessary to keep working at a high pace?	.824							
Do you get behind with your work?	.802							
Do you work at a high pace throughout the day?	.689							
Do you have to work very fast?	.636							
Can you influence the amount of work assigned to you?		.834						
Do you have a say in choosing who you work with?		.752						
Do you have any influence on WHAT you do at work?		.710						
Do you have any influence on HOW you do your work?		.633						
Do you have a large degree of influence on the decisions concerning your work?		.595						
Does your work require that you remember a lot of things?			.766					
How often do you not have time to complete all your work tasks?			.698					
Does your work demand that you are good at coming up with new ideas?			.680					
Does your work require you to make difficult decisions?			.594					
Do you have the possibility of learning new things through your work?				.794				
Is your work varied?				.719				
Does your work give you the opportunity to develop your skills?				.715				
Can you use your skills or expertise in your work?				.687				
Is there a good atmosphere between you and your colleagues?					.800			
How often do you get help and support from your colleagues, if needed?					.772			
Do you feel part of a community at your place of work?					.724			
How often do you get help and support from your immediate superior, if needed?					.635			

Table 3.2. (Continued). Factor Analysis of the items using the scale ranging from "Never" to "Always Scale"

	1	2	3	4	5	6	7	8
Do you feel that your work takes so much of your time that it has a negative effect on your private life?						.846		
Do you feel that your work drains so much of your energy that it has a negative effect on your private life?						.838		
The demands of my work interfere with my private and family life?						.756		
Does your work require that you hide your feelings?							.720	
Does your work require that you do not state your opinion?							.678	
Are you required to be kind and open towards everyone –regardless of how they behave towards							.562	
Does your work put you in emotionally disturbing situations?							.463	
Do you have to deal with other people’s personal problems as part of your work?							.459	
Can you leave your work to have a chat with a colleague?								.824
Can you decide when to take a break?								.783
Can you take holidays more or less when you wish?								.689
If you have some private business is it possible for you to leave your place of work for half an hour without special permission?								.494

*Factor 1: Quantitative demands, Factor 2: Influence at work, Factor 3: Cognitive Demands, Factor 4: Possibilities for Development, Factor 5: Social Support, Factor 6: Work-life balance, Factor 7: Emotional demands, Factor 8: Control over Working Time

As Table 3.2. summarizes the factor analysis provided eight components which were named as quantitative demands, influence at work, cognitive demands, possibilities for development, social support, work-life balance, emotional demands, and Control over Working Time. Therefore, our analysis on the database of occupational physicians and safety specialists emerged eight risk categories; so that the original COPSOQ III's 12 dimensions were reduced to eight dimensions and as the Table 3.3. depicts, the new combinations make sense; relevant sub-risk categories are now merged.

Table 3.3. Summary of factor analysis conducted on items with “never” to “always” scale

Factor #	New Factor Name	Original risk categories	Number of items loaded under this dimension	Eigen Values	% Explained
1	Quantitative demands	Quantitative demands Work pace	5	7.184	21.129
2	Influence at Work	Influence at Work	5	6.120	18
3	Cognitive Demands	Cognitive Demands Quantitative demands	4	2.282	6.713
4	Possibilities for Development	Possibilities for Development	4	1.984	5.836
5	Social Support	Social Support Sense of community	4	1.505	4.426
6	Work-life balance	Work-life balance	3	1.415	4.161
7	Emotional demands	Emotional demands Demanding for hiding emotions	5	1.357	3.992
8	Control over Working Time	Control over Working Time	4	1.176	3.458
		Total % of Variance Explained			67.715

3.2.1.2. Factor analysis results of items and dimensions using “to a very small extent” to “to a very large extent”

In this group, there are items with to very large extent” to “To a very small extent” to “To a very large extent”. Organizational justice, trust, predictability, recognition, role clarity, quality of leadership and meaning of work dimensions were analyzed in the original COPSOQ, in summary, which has eight risk categories and 26 items.

The Bartlett test was found to be statistically significant ($\chi^2=2826.834$ df=325 sig.= .00).

Table 3.4. Summary of factor analysis conducted on items with "to a very large extent" to " to a very small extent" scale.

Factor Number	New Factor Name	Original risk categories	Number of items loaded under this dimension	Eigen Values	% Explained
1	Justice & trust	Organizational Justice Trust	9	11.875	45.672
2	Quality of Leadership	Quality of Leadership	4	2.315	8.905
3	Recognition	Recognition	3	2.035	7.829
4	Role Conflict	Role Conflict	3	1.425	5.426
5	Meaning of Work	Meaning of Work	3	1.104	4.246
6	Role Clarity	Role Clarity Predictability	4	1.041	4.005
Total % of Variance Explained					76.136

Table 3.4. summarizes the new structure that emerged from the factor analysis of COPSOQ III original risk categories. The new structure brought six risk factors, and Table 3.5. shows the factor loading of the items.

Table 3.5. Factor Analysis of the items using the scale ranging from "to a very large extent" to " to a very small extent"

	1	2	3	4	5	6
Are the employees able to express their views and feelings?	.812					
Are conflicts resolved in a fair way?	.786					
Can the employees trust the information that comes from the management?	.748					
Are all suggestions from employees treated seriously by the management?	.729					
Do the employees in general trust each other?	.718					
Does the management trust the employees to do their work well?	.705					
Is the work distributed fairly?	.633					
Are employees appreciated when they have done a good job?	.621					
At your place of work, are you informed well in advance concerning for example important decisions, changes or plans for the future?	.502					
Your immediate superior is good at work planning?		.798				
Your immediate superior is good at solving conflicts?		.756				
Your immediate superior makes sure that the members of staff have good development opportunities?		.755				
Your immediate superior gives high priority to job satisfaction?		.731				
Does the management at your workplace respect you?			.803			
Are you treated fairly at your workplace?			.758			
Is your work recognized and appreciated by the management?			.748			
Do you sometimes have to do things which seem to be unnecessary?				.904		
Do you sometimes have to do things which ought to have been done in a different way?				.875		
Are contradictory demands placed on you at work?				.827		
Do you feel that the work you do is important?					.872	
Is your work meaningful?					.871	
Do you feel motivated and interested in your work?					.681	
Do you know exactly what is expected of you at work?						.881
Do you know exactly which areas are your responsibility?						.779
Do you receive all the information you need in order to do your work well?						.530
Does your work have clear objectives?						.459

*Factor 1: Justice & trust Factor 2: Quality of Leadership Factor 3: Recognition Factor 4: Role Conflict Factor 5: Meaning of Work

Factor 6:Role Clarity

3.2.1.3. Factor Analysis of Job Insecurity Scale

Items containing job security and insecurity about working conditions dimensions are an anxiety scale. Therefore, these items were subjected to factor analysis separately from the others. As a result of the factor analysis, the items were combined under a single group as shown in the Table 3.6. The KMO and significance values were found to be sufficient (KMO= .830 Sig= .00). This single factor that emerged was named job security.

Table 3.6. Factor Analysis of Job Insecurity Scale

	Factor 1
Are you worried about it being difficult for you to find another job if you became unemployed?	.859
Are you worried about being transferred to another job against your will?	.849
Are you worried about becoming unemployed?	.845
Are you worried about the timetable being changed (shift, weekdays, time to enter and leave ...) against your will?	.790
Are you worried about a decrease in your salary (reduction, variable pay being introduced ...)?	.780

3.2.1.4. Factor Analysis of Burnout scale

Outcome variables were also subjected to factor analysis separately from the others. The materials of the Burnout dimension were subjected to factor analysis and a single component Burnout dimension emerged as shown in Table 3.7., The KMO value is as high as 0.860 and seems to be significant in the Bartlett test ($\chi^2=411.779$ df=6 sig.= .00).

Table 3.7. Factor Analysis of Burnout Scale

	Factor 1
How often have you been physically exhausted?	.921
How often have you been emotionally exhausted?	.899
How often have you felt tired?	.897
How often have you felt worn out?	.896

3.2.1.5. Factor Analysis of Commitment to Workplace Scale

Another outcome variable, Commitment to Workplace, has also been analyzed separately from other items. As can be seen in Table 3.8. the KMO value was .677, which is a sufficient value. It was also significant in the Bartlett test ($\chi^2=113.220$ $df=3$ $sig=.00$). In this dimension, it has been renamed as Commitment to Workplace, staying true to its original name.

Table 3.8. Factor Analysis of Commitment to Workplace Scale

	Factor1
Do you enjoy telling others about your place of work?	.774
Do you feel that your place of work is of great importance to you?	.865
Are you proud of being part of this organization?	.848

3.2.1.6. Factor Analysis of Job Satisfaction

The last outcome variable in COPSQ is job satisfaction. As can be seen in Table 3.9. all the items emerged under one factor. It has a value of .855 in the KMO analysis, which is a sufficient value. In addition, he reached a significant result in the Bartlett test ($\chi^2=324.015$ $df=10$ $sig.=.00$). Like other outcome variables, it is gathered under a single factor and remains true to its name in the original COPSQ.

Table 3.9. Factor Analysis of Job Satisfaction Scale

	Factor 1
Your work prospects?	.858
The physical working conditions?	.746
The way your abilities are used?	.819
Your job as a whole, everything is taken into consideration?	.869
Your salary?	-.767

3.2.2. WHO-5 Well-Being Index

The Kaiser-Meyer-Olkin (KMO) value has increased to .812. This is a high and sufficient value, as shown in Table 3.10. As a result of the factor analysis, one item was removed. After this, all items were weighted under a single factor and thus combined under a single dimension. It was also scored significantly in the Bartlett test ($X^2=278.772$ $df=10$ sig .00). Therefore, the results of the WHO scale are included in our study as an outcome variable, the wellbeing dimension.

Table 3.10. WHO-5 Factor Analysis

	Factor 1
I have felt active and vigorous	.873
I woke up feeling fresh and rested	.865
I have felt calm and relaxed.	.859
My daily life has been filled with things that interest me.	.803

3.2.3. Reliability Analysis

COPSOQ III scale was applied to 138 people in total. In the reliability analysis, the Cronbach-alpha value was found to be .904, which is very high. Since there is no item in the scale that reduces reliability, no item has been removed.

The WHO-5 scale was applied to the same number of people as the COPSOQ, 138 people. As a result of the reliability analysis, the Cronbach-alpha value was determined as 0.762. This is a high-reliability value.

However, when the first item of the scale is deleted, the Cronbach alpha value increases significantly. Therefore, the first item was excluded from the analysis. Reliability increased significantly after the item was removed, and when deleted, no other item could be found to increase reliability. Cronbach's alpha 0.871 is a very high value.

Table 3.11 Descriptives of all psychosocial risk categories of the new COPSOQ III structure

	JT	QL	RG	RC	MW	CL	QD	IN	CD
Mean	50.8	46.693	60.084	50.486	73.852	65.942	52.282	58.587	75.724
Std. Dev.	15	24.599	25.560	24.227	20.142	19.075	21.325	20.109	17.386
	PD	SS	WL	ED	CT	JI	CW	BO	JS
Mean	68.6	59.193	51.509	62.753	67.029	42.826	61.111	57.563	55.688
Std. Dev.	19.4	21.979	23.163	17.478	20.6912	27.385	22.611	22.009	13.439

JT: Justice & Trust QL: Quality of Leadership RG: Recognition RC: Role Conflict MW: Meaning Of Work CL: Role Clarity QD: Quantitative Demands IN: Influence At Work CG: Cognitive Demands PD: Possibilities For Development SS: Social Support WLC: Work Life Conflict ED: Emotinal Demands CT: Control over Working Time JI: Job Insecurity CW: Commitment To Workplace BO: Burnout JS: Job Satisfaction WB: Wellbeing

3.2.4. Correlation between COPSOQ dimensions revealed after factor analysis

We tried to reveal the relationship between dimensions by applying correlation analysis between dimensions. As can be seen in Table 3.12. many different meaningful results emerged. But some were more remarkable, scoring higher than others.

Table 3.12. Correlation between COPSOQ dimensions revealed by factor analysis

		JT	QL	RG	RC	MW	CL	QD	IN	CD	PD	SS	WLC	ED	CT	JI	CW	BO	JS
QL	r	.729**	1																
	p	0.000																	
RG	r	.695**	.612**	1															
	p	0.000	0.000																
RC	r	-.324**	-.327**	-.371**	1														
	p	0.000	0.000	0.000															
MW	r	.431**	.417**	.355**	-0.095	1													
	p	0.000	0.000	0.000	0.270														
CL	r	.570**	.477**	.593**	-.331**	.487**	1												
	p	0.000	0.000	0.000	0.000	0.000													
QD	r	-0.012	0.027	0.031	.350**	0.136	-0.072	1											
	p	0.888	0.756	0.722	0.000	0.112	0.404												
IN	r	.595**	.561**	.633**	-.399**	.427**	.491**	0.044	1										
	p	0.000	0.000	0.000	0.000	0.000	0.000	0.607											
CD	r	0.006	0.095	0.017	.432**	.358**	0.072	.526**	0.125	1									
	p	0.944	0.268	0.845	0.000	0.000	0.405	0.000	0.144										
PD	r	.411**	.464**	.395**	-0.116	.582**	.348**	.201*	.478**	.298**	1								
	p	0.000	0.000	0.000	0.179	0.000	0.000	0.018	0.000	0.000									
SS	r	.638**	.569**	.573**	-.305**	.368**	.551**	0.044	.493**	0.068	.419**	1							
	p	0.000	0.000	0.000	0.000	0.000	0.000	0.605	0.000	0.426	0.000								
WLC	r	-.302**	-.246**	-.256**	.537**	-0.051	-.279**	.481**	-.199*	.415**	-0.003	-.213*	1						
	p	0.000	0.004	0.002	0.000	0.556	0.001	0.000	0.019	0.000	0.972	0.012							
ED	r	-.206*	-.199*	-.201*	.602**	-0.043	-.205*	.342**	-.244**	.505**	-0.056	-.247**	.494**	1					
	p	0.016	0.019	0.018	0.000	0.618	0.016	0.000	0.004	0.000	0.513	0.004	0.000						

JT: Justice & Trust QL: Quality of Leadership RG: Recognition RC: Role Conflict MW: Meaning Of Work CL: Role Clarity QD: Quantitative Demands IN: Influence At Work CG: Cognitive Demands PD: Possibilities For Development SS: Social Support WLC: Work Life Conflict ED: Emotinal Demands CT: Control over Working Time JI: Job Insecurity CW: Commitment To Workplace BO: Burnout JS: Job Satisfaction WB: Wellbeing

Table 3.13. Correlation between COPSOQ dimensions revealed by factor analysis

		JT	QL	RG	RC	MW	CL	QD	IN	CD	PD	SS	WLC	ED	CT	JI	CW	BO	JS
CT	r	.308**	.277**	.265**	-0.148	0.059	.272**	-.202*	.262**	-0.151	0.087	.276**	-.233**	-0.138	1				
	p	0.000	0.001	0.002	0.084	0.491	0.001	0.018	0.002	0.077	0.309	0.001	0.006	0.106					
JS	r	-.309**	-.328**	-.461**	.391**	-0.072	-.267**	.259**	-.368**	0.156	-.217*	-.284**	.272**	.281**	-.200*	1			
	p	0.000	0.000	0.000	0.000	0.403	0.002	0.002	0.000	0.068	0.011	0.001	0.001	0.001	0.019				
CW	r	.587**	.520**	.492**	-.227**	.685**	.550**	0.105	.494**	.188*	.551**	.520**	-0.138	-0.166	.257**	-0.116	1		
	p	0.000	0.000	0.000	0.008	0.000	0.000	0.222	0.000	0.027	0.000	0.000	0.107	0.052	0.002	0.176			
BO	r	-.375**	-.324**	-.289**	.467**	-.190*	-.349**	.488**	-.245**	.290**	-0.123	-0.155	.616**	.404**	-0.111	.304**	-.208*	1	
	p	0.000	0.000	0.001	0.000	0.025	0.000	0.000	0.004	0.001	0.149	0.070	0.000	0.000	0.193	0.000	0.014		
JS	r	.549**	.530**	.456**	-.426**	.296**	.543**	-.191*	.355**	-0.133	.326**	.471**	-.390**	-.308**	.319**	-.178*	.465**	-.376**	1
	p	0.000	0.000	0.000	0.000	0.000	0.000	0.025	0.000	0.119	0.000	0.000	0.000	0.000	0.000	0.037	0.000	0.000	
WB	r	.524**	.502**	.407**	-.345**	.421**	.507**	-.184*	.372**	-0.043	.331**	.533**	-.336**	-.191*	.278**	-.280**	.474**	-.418**	.572**
	p	0.000	0.000	0.000	0.000	0.000	0.000	0.031	0.000	0.616	0.000	0.000	0.000	0.025	0.001	0.001	0.000	0.000	

JT: Justice & Trust QL: Quality of Leadership RG: Recognition RC: Role Conflict MW: Meaning Of Work CL: Role Clarity QD: Quantitative Demands IN: Influence At Work CG: Cognitive Demands PD: Possibilities For Development SS: Social Support WLC: Work Life Conflict ED: Emotinal Demands CT: Control over Working Time JI: Job Insecurity CW: Commitment To Workplace BO: Burnout JS: Job Satisfaction WB: Wellbeing

Justice and trust have a relatively high correlation with many different dimensions. There was a strongly positive and significant correlation between Justice& Trust and Quality of Leadership ($r = .729, p < .001$). There was strongly positive and significant correlation between Justice& Trust and Recognition ($r = .695, p < .001$). There was moderately positive and significant correlation between Justice & Trust and Role Clarity ($r = .570, p < .001$). There was a strongly positive and significant correlation between Justice & Trust and Social Support($r = .638, p < .001$).

Quality of Leadership is often correlated with dimensions related to social relationships in the workplace. Recognition, Influence at Work, and Social Support are dimensions that score relatively high in the analysis. There was a strongly positive and significant correlation between Quality of Leadership and Recognition ($r = .612, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Influence at Work ($r = .561, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Social Support ($r = .569, p < .001$).

Another frequently highly correlated dimension is Recognition. Three dimensions are particularly striking among the analyses. There was moderately positive and significant correlation between Recognition and Role Clarity ($r = .593, p < .001$). There was a strongly positive and significant correlation between Recognition and Influence at Work ($r = .633, p < .001$). There was moderately positive and significant correlation between Recognition Social Support ($r = .573, p < .001$).

Another interesting result is that Cognitive Demands are often accompanied by Quantitative Demands and Emotional Demands. There was a moderately positive and significant correlation between Quantitative Demands and Cognitive Demands ($r = .526, p < .001$). There was a moderately positive and significant correlation between Cognitive Demands and Emotional Demands ($r = .505, p < .001$).

Commitment to Workplace, which is a dependent variable, is in correlation with many dimensions. Some of them are notable for their high scores. There was a moderately positive and significant correlation between Justice & Trust and Commitment to Workplace ($r = .587, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Commitment to Workplace ($r = .520, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Commitment to Workplace ($r = .520, p < .001$). There was a strongly positive and significant correlation between Meaning of Work and Commitment to Workplace ($r = .685, p < .001$). There was a moderately positive and significant correlation between Role Clarity and Commitment to Workplace ($r = .550, p < .001$). There was a moderately positive and significant correlation between Influence at Work and Commitment to Workplace ($r = .494, p < .001$). There was a moderately positive and significant correlation between Possibilities for Development and Commitment to Workplace ($r = .551, p < .001$). There was a moderately positive and significant correlation between Commitment to Workplace and Job Satisfaction ($r = .465, p < .001$). There was a moderately positive and significant correlation between Social Support and Commitment to Workplace ($r = .520, p < .001$).

Another dependent variable is Job Satisfaction. There are dimensions with which it is relatively highly correlated. There was a moderately positive and significant correlation between Justice & Trust and Job Satisfaction ($r = .549, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Job Satisfaction ($r = .530, p < .001$). There was a moderately positive and significant correlation between Role Clarity and Job Satisfaction ($r = .543, p < .001$).

Justice & trust, Quality of Leadership, and Recognition are dimensions that are relatively highly associated with Wellbeing. There was a moderately positive and significant correlation between Justice & Trust and Wellbeing ($r = .524, p < .001$). There was a moderately positive and significant correlation between Quality of Leadership and Well-being ($r = .502, p < .001$). There was a moderately positive

and significant correlation between Role Clarity and Well-being ($r = .507, p < .001$). Finally, there was a moderately positive and significant correlation between Social Support and Wellbeing ($r = .533, p < .001$).

The last dependent variable is Burnout. There was a strongly positive and significant correlation between Work Life Conflict and Burnout ($r = .616, p < .001$).

Some dependent variables are also in a relationship with each other.). There was a moderately positive and significant correlation between Job Satisfaction and Wellbeing ($r = .572, p < .001$). There was a moderately positive and significant correlation between Commitment to Workplace and Wellbeing ($r = .474, p < .001$).

There are also interesting results. For example, there was a strongly positive and significant correlation between Role Conflict and Emotional Demands ($r = .602, p < .001$). There was a moderately positive and significant correlation between Meaning of Work and Possibilities for Development ($r = .582, p < .001$). Also, there was a moderately positive and significant correlation between Role Clarity and Social Support ($r = .551, p < .001$).

3.2.5. The relationship between age and psychosocial risk dimensions

Role Conflict varies according to the age variable ($F = 8.514, p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences less Role Conflict pace than the 46-55 age group ($M_{22-35} = 54.02; M_{46-55} = 65.42$). Also, there is a difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences less Role Conflict pace than the 56-70 age group ($M_{22-35} = 54.02; M_{56-70} = 62.93$). The difference is due to the 36-45 and 56-70 age groups. The 36-45 age group experiences less Role Conflict pace than the 56-70 age group ($M_{36-45} = 55.30; M_{56-70} = 62.93$). The difference is due to the 36-45 and 46-55 age groups. The 36-45 age group experiences less Role Conflict pace than the 46-55 age group ($M_{36-45} = 55.30; M_{46-55} = 65.42$).

Quantitative Demands varies according to the age variable ($F= 9,023$, $p< .001$). For this reason, the Tukey test, which is one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences more Quantitative Demands than the 46-55 age group ($M_{22-35} = 61.89$; $M_{46-55} = 46.17$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Quantitative Demands than the 56-70 age group ($M_{22-35} = 61.89$; $M_{56-70} = 41.89$). The difference is due to the 36-45 and 46-55 age groups. The 36-45 age group experiences more Quantitative Demands than the 46-55 age group ($M_{36-45} = 61.66$; $M_{56-70} = 46.17$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Quantitative Demands than the 56-70 age group ($M_{22-35} = 61.89$; $M_{56-70} = 41,89$).

Influence at Work varies according to the age variable ($F= 3.384$, $p< .05$). For this reason, the Tukey test, which is one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences less Influence at Work than the 46-55 age group ($M_{22-35} = 50$; $M_{46-55} = 63.51$).

Cognitive Demands varies according to the age variable ($F= 6.534$, $p< .001$). For this reason, the Tukey test, which is one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences more Cognitive Demands than the 46-55 age group ($M_{22-35} = 83.83$; $M_{46-55} = 71,01$). . The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Cognitive Demands than the 56-70 age group ($M_{22-35} = 83,83$; $M_{56-70} = 68,96$). The difference is due to the 36-45 and 46-55 age groups. The 36-45 age group experiences more Cognitive Demands than the 46-55 age group ($M_{36-45} = 81.25$; $M_{46-55} = 71.01$). The difference is due to the 36-45 and 56-70 age groups. The 36-45 age group experiences more Cognitive Demands than the 56-70 age group ($M_{36-45} = 81.25$; $M_{56-70} = 68.96$).

Work-life conflict varies according to the age variable ($F= 5.622, p= .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences more Work-life conflict than the 46-55 age group ($M_{22-35} = 60.34; M_{46-55}= 46.63$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Work-life conflict than the 56-70 age group ($M_{22-35} = 60.34; M_{56-70} = 41.66$). The difference is due to the 36-45 and 56-70 age groups. The 36-45 age group experiences more Work-life conflict than the 56-70 age group ($M_{36-45} = 59,34; M_{56-70} = 41.66$).

Job Insecurity varies according to the age variable ($F= 6.549, p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences more Job Insecurity than the 46-55 age group ($M_{22-35} = 58.96; M_{46-55}= 41.06$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Job Insecurity than the 56-70 age group ($M_{22-35} = 58.96; M_{56-70} = 29.13$).

Burnout varies according to the age variable ($F= 7,193, p< .001$). For this reason, the Tukey test, which is one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-55 age groups. The 22-35 age group experiences more Burnout than the 46-55 age group ($M_{22-35} = 68.96; M_{46-55}= 51.59$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences more Burnout than the 56-70 age group ($M_{22-35} = 68.96; M_{56-70} = 48.49$). The difference is due to the 36-45 and 46-55 age groups. The 36-45 age group experiences more Burnout than the 46-55 age group ($M_{36-45} = 64.01; M_{46-55}= 51.59$). The difference is due to the 36-45 and 56-70 age groups. The 36-45 age group experiences more Burnout than the 56-70 age group ($M_{36-45} = 64.01; M_{56-70} = 48.49$).

Wellbeing varies according to the age variable ($F= 5.111, p< .005$). For this reason, the Tukey test, which is one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the 22-35 and 46-

55 age groups. The 22-35 age group experiences less Wellbeing than the 46-55 age group ($M_{22-35} = 1,98$; $M_{46-55} = 2.47$). The difference is due to the 22-35 and 56-70 age groups. The 22-35 age group experiences less Wellbeing than the 56-70 age group ($M_{22-35} = 1.98$; $M_{56-70} = 2.78$).

Table 3.14. ANOVA analysis on the relationship between participants' age and psychosocial risk dimensions

		Sum of Squares	df	Mean Square	F	Sig.
Role Conflict	Between Groups	12860.435	3	4286.812	8.514	.000
	Within Groups	66968.234	133	503.521		
	Total	79828.670	136			
Quantitative Demands	Between Groups	10470.627	3	3490.209	9.023	.000
	Within Groups	51835.351	134	386.831		
	Total	62305.978	137			
Influence at Work	Between Groups	3901.674	3	1300.558	3.384	.020
	Within Groups	51497.782	134	384.312		
	Total	55399.457	137			
Cognitive Demands	Between Groups	5284.917	3	1761.639	6.534	.000
	Within Groups	36126.995	134	269.604		
	Total	41411.911	137			
Work Life Conflict	Between Groups	8217.109	3	2739.036	5.622	.001
	Within Groups	65287.823	134	487.223		
	Total	73504.932	137			
Job Insecurity	Between Groups	13137.695	3	4379.232	6.549	.000
	Within Groups	89610.131	134	668.732		
	Total	102747.82	137			

3.2.6. The relationship between shift status and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Recognition shift workers (Mean=48,48 SD=29.39) scored significantly lower than non-shift workers (Mean=61.81 SD=34.37). $t(130) = -2.260$, $p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Control over Working Time, shift workers (Mean=55.68 SD=24.31) scored significantly lower than non-shift workers (Mean=68.92 SD=19,36). $t(130) = -2.799, p < .01$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, Job Insecurity shift workers (Mean=55 SD=30.27) scored significantly higher than non-shift workers (Mean=40,09 SD=26.12). $t(130) = 2.378, p < .05$.

Table 3.15. Group statistics on the relationship between shift status and psychosocial risk dimensions

	Shift Worker	N	Mean	Std. Deviation	Std. Error Mean
Recognition	Yes	22	48.4848	29.39383	6.26679
	No	110	61.8182	24.37762	2.32431
Control of Working Time	Yes	22	55.6818	24.31419	5.18380
	No	110	68.9205	19.36971	1.84683
Job Insecurity	Yes	22	55.0000	30.27650	6.45497
	No	110	40.0909	26.12586	2.49100

Table 3.16. T-test analysis on the relationship between shift status and psychosocial risk dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Recognition	2.034	.156	-2.260	130	.025	-13.33	5.89	-25.00	-1.664
Control of Working Time	1.162	.283	-2.799	130	.006	-13.23	4.72	-22.59	-3.881
Job Insecurity	1.400	.239	2.378	130	.019	14.90	6.26	2.50	27.310

3.2.7. The relationship between job experience and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in justice and trust, participants who have less than 10 years experience (Mean=47.17 SD=19.52) scored significantly lower than participants who have 10 years or more experience (Mean=54.78 SD=20,20). $t(136) = -2.248, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Recognition, participants who have less than 10 years experience (Mean=54,86 SD=27,03) scored significantly lower than participants who have 10 years or more experience (Mean=65,78 SD=22,69). $t(136) = -2,558, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Role Conflict, participants who have less than 10 years experience (Mean=55.39 SD=23.74)

scored significantly higher than participants who have 10 years or more experience (Mean=45.20 SD=23.79). $t(135) = 2,509, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in role clarity, participants who have less than 10 years experience (Mean=62,23 SD=20,56) scored significantly lower than participants who have 10 years or more experience (Mean=69,98 SD=16,52). $t(133,756) = -2,446, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Influence at Work, participants who have less than 10 years experience (Mean=52,08 SD=18,98) scored significantly lower than participants who have 10 years or more experience (Mean=65,68 SD=18,99). $t(136) = -4,203, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Cognitive Demands, participants who have less than 10 years experience (Mean=78.81 SD=15.18) scored significantly higher than participants who have 10 years or more experience (Mean=72.34 SD=19.05). $t(136) = 2,215, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Job Insecurity, participants who have less than 10 years experience (Mean=51.38 SD=29.42) scored significantly higher than participants who have 10 years or more experience (Mean=33.48 SD=21.57). $t(129.897) = 4,100, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in burnout, participants who have less than 10 years experience (Mean=61.97 SD=22.34) scored significantly higher than participants who have 10 years or more experience (Mean=52.74 SD=20.74). $t(136) = 2.509, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job experience. According to the result, in Wellbeing, participants

who have less than 10 years experience (Mean=2,25 SD=0,87) scored significantly lower than participants who have 10 years or more experience (Mean=2,58 SD=0,73). $t(136) = -2,355, p < .05$.

Table 3.17. Group statistics on the relationship between job experience and psychosocial risk dimensions

	Experience	N	Mean	Std. Deviation	Std. Error Mean
Justice&Trust	Less than 10 years	72	47.1788	19.52027	2.30049
	More than 10 years	66	54.7822	20.20195	2.48669
Recognition	Less than 10 years	72	54.8611	27.03928	3.18661
	More than 10 years	66	65.7828	22.69873	2.79402
Role Conflict	Less than 10 years	71	55.3991	23.74211	2.81767
	More than 10 years	66	45.2020	23.79850	2.92939
Role Clarity	Less than 10 years	72	62.2396	20.56737	2.42389
	More than 10 years	66	69.9811	16.52576	2.03418
Influence at Work	Less than 10 years	72	52.0833	18.98387	2.23727
	More than 10 years	66	65.6818	18.99162	2.33771
Cognitive Demands	Less than 10 years	72	78.8194	15.18502	1.78957
	More than 10 years	66	72.3485	19.05397	2.34538
Job Insecurity	Less than 10 years	72	51.3889	29.42192	3.46741
	More than 10 years	66	33.4848	21.57223	2.65536
Burnout	Less than 10 years	72	61.9792	22.34468	2.63335
	More than 10 years	66	54.7822	20.20195	2.48669

	More than 10 years	66	52.7462	20.74713	2.55379
Wellbeing	Less than 10 years	72	2.2578	.87326	.10291
	More than 10 years	66	2.5830	.73536	.09052

Table 3.18. T-test analysis on the relationship between job experience and psychosocial risk dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2- taile d)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper	
Justice& Trust	.184	.669*	-2.248	136	.026	-7.60338	3.38252	-14.29	-.91425
Recogniti on	2.258	.135*	-2.558	136	.012	-10.9217	4.27032	-19.36	-2.4769
Role Conflict	.114	.736*	2.509	135	.013	10.1970	4.06420	2.159	18.2347
Role Clarity	4.655	.033**	-2.446	133.756	.016	-7.7414	3.16435	-14.0	-1.4828
Influence at Work	.026	.871*	-4.203	136	.000	-13.5984	3.23572	-19.99	-7.1996
Cognitive Demands	2.087	.151*	2.215	136	.028	6.4709	2.92145	.69361	12.2483
Job Insecurity	12.256	.001**	4.100	129.897	.000	17.90404	4.36736	9.2636	26.5444
Burnout	.550	.459*	2.509	136	.013	9.23295	3.68021	1.9551	16.5107
Wellbeing	.941	.334	-2.355	136	.020	-.32525	.13808	-.5983	-.05219

*Equal variances assumed
** Equal variances not assumed

3.2.8. The relationship between financial situation and psychosocial risk dimensions

Justice and trust vary according to the financial situation variable ($F= 10.976$ $p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Very Good and Medium financial situation groups. The Medium financial situation group experiences less justice and trust than the Very Good financial situation group ($M_{\text{Very Good}}=61.54$ $M_{\text{Medium}}= 47.82$). Also, the difference is due to the Very Good

and Bad financial situation groups. Very Good financial situation group experiences more justice and trust than Bad financial situation group ($M_{\text{Very Good}}=61.54$ $M_{\text{Bad}}=33.71$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less justice and trust than the Good financial situation group ($M_{\text{Good}}=58.62$ $M_{\text{Bad}}=33.71$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences less justice and trust than the Medium financial situation group ($M_{\text{Medium}}=47.82$ $M_{\text{Bad}}=33.71$).

Quality of Leadership varies according to the financial situation variable ($F=4.556$ $p<.01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Very Good and Medium financial situation groups. The Medium financial situation group experiences less Quality of Leadership than the Very Good financial situation group ($M_{\text{Very Good}}=57.60$ $M_{\text{Medium}}=44.50$). Also, the difference is due to the Very Good and Bad financial situation groups. Very good financial situation group experiences more Quality of Leadership than Bad financial situation group ($M_{\text{Very Good}}=57,60$ $M_{\text{Bad}}=32,23$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Quality of Leadership than the Good financial situation group ($M_{\text{Good}}=50.64$ $M_{\text{Bad}}=32.23$).

Recognition varies according to the financial situation variable ($F=8.202$ $p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The Bad financial situation group experiences less Quality of Leadership than the Very Good financial situation group ($M_{\text{Very Good}}=71.37$ $M_{\text{Bad}}=40,35$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Recognition than the Good financial situation group ($M_{\text{Good}}=69.82$ $M_{\text{Bad}}=40.35$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences less Recognition than the Medium financial situation group ($M_{\text{Medium}}=56.94$ $M_{\text{Bad}}=40.35$).

Meaning of Work varies according to the financial situation variable ($F=3.168$ $p<.05$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The Bad financial situation group experiences less Meaning of Work than the Very Good financial situation group ($M_{\text{Very Good}}=80.43$ $M_{\text{Bad}}= 62.28$).

Role Clarity varies according to the financial situation variable ($F= 7.149$ $p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. There is a difference is due to the Very Good and Bad financial situation groups. The Medium financial situation group experiences less Role Clarity than the Very Good financial situation group ($M_{\text{Very Good}}=74.72$ $M_{\text{Bad}}= 50$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Role Clarity than the Good financial situation group ($M_{\text{Good}}=68.31$ $M_{\text{Bad}}= 50$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences less Role Clarity than the Medium financial situation group ($M_{\text{Medium}}=65.90$ $M_{\text{Bad}}= 50$).

Influence at Work varies according to the financial situation variable ($F=7,587$ $p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Very Good and Medium financial situation groups. The Medium financial situation group experiences less Influence at Work than the Very Good financial situation group ($M_{\text{Very Good}}=68.69$ $M_{\text{Medium}}= 56.89$). Also, the difference is due to the Very Good and Bad financial situation groups. Very Good financial situation group experiences more Influence at Work than bad financial situation group ($M_{\text{Very Good}}=68,69$ $M_{\text{Bad}}= 42.89$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Influence at Work than the Good financial situation group ($M_{\text{Good}}=63.27$ $M_{\text{Bad}}= 42.89$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences less Influence at Work than the Medium financial situation group ($M_{\text{Medium}}=56.89$ $M_{\text{Bad}}= 42.89$).

Possibilities for Development varies according to the financial situation variable ($F= 3.524$ $p< .05$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. Very Good financial situation group experiences more Possibilities for Development than Bad financial situation group ($M_{\text{Very Good}}=78.80$ $M_{\text{Bad}}= 61.18$).

Social Support varies according to the financial situation variable ($F= 5.758$ $p< .01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. There is a difference is due to the Very Good and Bad financial situation groups. Very Good financial situation group experiences more Social Support than bad financial situation group ($M_{\text{Very Good}}=68.84$ $M_{\text{Bad}}= 41.77$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Social Support than the Good financial situation group ($M_{\text{Good}}=62.93$ $M_{\text{Bad}}= 41.77$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences less Social Support than the Medium financial situation group ($M_{\text{Medium}}=59.46$ $M_{\text{Bad}}= 41.77$).

Job Insecurity varies according to the financial situation variable ($F= 10.617$ $p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. There is a difference is due to the Very Good and Bad financial situation groups. The bad financial situation group experiences more Job Insecurity than the Very Good financial situation group ($M_{\text{Very Good}}=36.08$ $M_{\text{Bad}}= 69.73$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences more Job Insecurity than the Good financial situation group ($M_{\text{Good}}=31.37$ $M_{\text{Bad}}= 69.73$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences more Job Insecurity than the Medium financial situation group ($M_{\text{Medium}}=43.10$ $M_{\text{Bad}}= 69.73$).

Commitment to Workplace varies according to the financial situation variable ($F= 4.728$ $p< .01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the

Very Good and Medium financial situation groups. The Medium financial situation group experiences less Commitment to Workplace than the Very Good financial situation group ($M_{\text{Very Good}}=74.63$ $M_{\text{Medium}}= 58.20$). Also, the difference is due to the Very Good and Bad financial situation groups. Bad financial situation group experiences less Commitment to Workplace than Very Good financial situation group ($M_{\text{Very Good}}=74.63$ $M_{\text{Bad}}=51.31$).

Burnout varies according to the financial situation variable ($F= 5.758$ $p< .01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. There is a difference due to the Good and Bad financial situation groups. The Bad financial situation group experiences more Burnout than the Good financial situation group ($M_{\text{Good}}=68.92$ $M_{\text{Bad}}= 70.72$).

Job Satisfaction varies according to the financial situation variable ($F= 3,025$ $p< .05$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. Bad financial situation group experiences less Job Satisfaction than Very Good financial situation group ($M_{\text{Very Good}}=59.83$ $M_{\text{Bad}}= 49.05$).

Wellbeing varies according to the financial situation variable ($F= 10.976$ $p< .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Very Good and Medium financial situation groups. The Medium financial situation group experiences less Wellbeing than the Very Good financial situation group ($M_{\text{Very Good}}=3$ $M_{\text{Medium}}= 2.39$). Also, the difference is due to the Very Good and Bad financial situation groups. Bad financial situation group experiences less Wellbeing than Very Good financial situation group ($M_{\text{Very Good}}=3$ $M_{\text{Bad}}= 1.64$). There is also the difference is due to the Good and Bad financial situation groups. The Bad financial situation group experiences less Wellbeing than the Good financial situation group ($M_{\text{Good}}=2.51$ $M_{\text{Bad}}= 1.64$). There is also a difference is due to the Medium and Bad financial situation groups. The Bad financial situation group experiences more Wellbeing than the Medium financial situation group ($M_{\text{Medium}}=2.39$ $M_{\text{Bad}}= 1.64$).

Table 3.19. ANOVA analysis on the relationship between financial situation and psychosocial risk dimensions

		Sum of		Mean		
		Squares	df	Square	F	Sig.
Justice&Trust	Between Groups	10544.952	3	3514.984	10.976	.000
	Within Groups	42590.598	133	320.230		
	Total	53135.550	136			
Quality Of Leadership	Between Groups	7458.991	3	2486.330	4.556	.005
	Within Groups	72584.348	133	545.747		
	Total	80043.339	136			
Recognition	Between Groups	13723.811	3	4574.604	8.202	.000
	Within Groups	74178.663	133	557.734		
	Total	87902.474	136			
Role Conflict	Between Groups	4092.305	3	1364.102	2.414	.069
	Within Groups	74584.165	132	565.032		
	Total	78676.471	135			
Meaning of Work	Between Groups	3661.098	3	1220.366	3.168	.027
	Within Groups	51232.454	133	385.206		
	Total	54893.552	136			
Role Clarity	Between Groups	6759.818	3	2253.273	7.149	.000
	Within Groups	41921.181	133	315.197		
	Total	48680.999	136			
Quantitative Demands	Between Groups	2284.162	3	761.387	1.702	.170
	Within Groups	59501.969	133	447.383		
	Total	61786.131	136			
Influence at Work	Between Groups	7843.188	3	2614.396	7.587	.000
	Within Groups	45828.710	133	344.577		
	Total	53671.898	136			
Cognitive Demands	Between Groups	1289.745	3	429.915	1.447	.232
	Within Groups	39528.571	133	297.207		
	Total	40818.317	136			
Possibilities for Development	Between Groups	3758.303	3	1252.768	3.524	.017
	Within Groups	47282.413	133	355.507		
	Total	51040.716	136			
Social Support	Between Groups	7515.659	3	2505.220	5.758	.001
	Within Groups	57864.131	133	435.069		
	Total	65379.790	136			

Table 3.19.(Continued) ANOVA analysis on the relationship between financial situation and psychosocial risk dimensions

		Sum of Squares	df	Mean Square	F	Sig.
Work Life Conflict	Between Groups	3545.613	3	1181.871	2.265	.084
	Within Groups	69403.495	133	521.831		
	Total	72949.108	136			
Emotional Demands	Between Groups	1214.647	3	404.882	1.327	.268
	Within Groups	40586.083	133	305.159		
	Total	41800.730	136			
Control of Working Time	Between Groups	3050.461	3	1016.820	2.481	.064
	Within Groups	54508.276	133	409.837		
	Total	57558.736	136			
Job Insecurity	Between Groups	18595.770	3	6198.590	10.017	.000
	Within Groups	82304.595	133	618.832		
	Total	100900.365	136			
Commitment to Workplace	Between Groups	6603.460	3	2201.153	4.728	.004
	Within Groups	61919.451	133	465.560		
	Total	68522.912	136			
Burnout	Between Groups	5740.941	3	1913.647	4.220	.007
	Within Groups	60316.313	133	453.506		
	Total	66057.254	136			
Job Satisfaction	Between Groups	1579.869	3	526.623	3.025	.032
	Within Groups	23152.336	133	174.078		
	Total	24732.205	136			
Wellbeing	Between Groups	19.517	3	6.506	11.873	.000
	Within Groups	72.877	133	.548		
	Total	92.394	136			

3.2.9. The relationship between physical health and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, in Quality of Leadership good physical health group (Mean=49,87 SD=24,73) scored significantly higher than the medium physical health group (Mean=39.43 SD=22.95). $t(136)= 2.330$, $p<.05$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, in Role Conflict, the good physical health group (Mean=47.74 SD=22.76) scored significantly lower than the medium physical health group (Mean=56.91 SD=26.54). $t(135)= -2.052$, $p<.05$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, the Meaning of Work good physical health group (Mean=76.73 SD=16.88) scored significantly higher than the medium physical health group (Mean=67.26 SD=25.12). $t(57.827)= 2.233$, $p<.05$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, in Role Clarity, the good physical health group (Mean=68.68 SD=18.26) scored significantly higher than the medium physical health group (Mean=59.67 SD=19.62). $t(136)= 2.607$, $p<.01$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, in work life conflict good physical health group (Mean=48.95 SD=23.26) scored significantly lower than the medium physical health group (Mean=57.34 SD=22.10). $t(82.065)= -2.017$, $p<.05$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, in Emotional Demands, good physical health group (Mean=60.99 SD=18.87) scored significantly lower than the medium physical health group (Mean=66.78 SD=13.10). $t(110.047) = -2.076, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' physical health conditions. According to the result, the Wellbeing good physical health group (Mean=2.55 SD=0.81) scored significantly higher than the medium physical health group (Mean=2.09 SD=0.76). $t(136) = 3.153, p < .005$.

Table 3.20. Group statistics on the relationship between physical health and psychosocial risk dimensions

	Physical Health	N	Mean	Std. Deviation	Std. Error Mean
Quality Of Leadership	Good	96	49.8698	24.73510	2.52452
	Medium	42	39.4345	22.95310	3.54174
Role Conflict	Good	96	47.7431	22.76498	2.32344
	Medium	41	56.9106	26.54284	4.14530
Meaning of Work	Good	96	76.7361	16.88093	1.72290
	Medium	42	67.2619	25.12792	3.87732
Role Clarity	Good	96	68.6849	18.26105	1.86376
	Medium	42	59.6726	19.62891	3.02881
Work Life Conflict	Good	96	48.9583	23.26588	2.37456
	Medium	42	57.3413	22.10182	3.41038
Emotional Demands	Good	96	60.9896	18.87103	1.92602
	Medium	42	66.7857	13.10471	2.02210
Wellbeing	Good	96	2.5550	.81225	.08290
	Medium	42	2.0895	.76396	.11788

Table 3.21. T-test analysis on the relationship between physical health and psychosocial risk dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Quality Of Leadership	.474	.492*	2.33	136	.021	10.43527	4.47924	1.577	19.2932
Role Conflict	3.265	.073*	-2.05	135	.042	-9.16751	4.46762	-18.003	-.3319
Meaning of Work	6.011	.015**	2.23	57.817	.029	9.47421	4.24288	.980	17.9678
Role Clarity	.224	.637*	2.607	136	.010	9.01228	3.45659	2.1766	15.8479
Work Life Conflict	.034	.854*	-1.977	136	.050	-8.38294	4.24049	-16.768	.0028
Emotional Demands	5.443	.021**	-2.076	110.047	.040	-5.79613	2.79257	-11.330	-.2619
Wellbeing	.395	.531*	3.153	136	.002	.46548	.14763	.1735	.7574

*Equal variances assumed
**Equal variances not assumed

3.2.10. The relationship between psychological health and psychosocial risk dimensions

Justice and trust vary according to the psychological health variable ($F=9.847, p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Good and Medium psychological health groups. The Good psychological health group experiences more Justice and trust than the Medium psychological health group ($M_{\text{Good}}=56.67, M_{\text{Medium}}=47.19$). On the other hand, the difference is due to the Good

and Bad psychological health groups. The Good psychological health group experiences more Justice and trust than the Medium psychological health group ($M_{\text{Good}}=56.67$ $M_{\text{Medium}}=35.15$).

Quality of Leadership varies according to the psychological health variable ($F= 9.847$ $p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Quality of Leadership than the Good psychological health group ($M_{\text{Medium}}=44.38$ $M_{\text{Bad}}=20.70$). The difference is due to the Good and Bad psychological health groups. The Good psychological health group experiences more Quality of Leadership than Bad psychological health group ($M_{\text{Good}}=53.93$ $M_{\text{Bad}}=20.70$).

Role Conflict varies according to the psychological health variable ($F=13.063$, $p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences less Role Conflict than the Good psychological health group ($M_{\text{Medium}}=52.43$ $M_{\text{Bad}}=75$). The Good psychological health group experiences less Role Conflict than Bad psychological health group ($M_{\text{Good}}=43.83$ $M_{\text{Bad}}=75$).

Recognition varies according to the psychological health variable ($F=9.032$, $p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Recognition than the Good psychological health group ($M_{\text{Medium}}=59$ $M_{\text{Bad}}=37.5$). The Good psychological health group experiences more Recognition than Bad psychological health group ($M_{\text{Good}}=65.75$ $M_{\text{Bad}}=37.5$).

Meaning of Work varies according to the psychological health variable ($F=13.032$, $p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group

experiences more Meaning of Work than the Good psychological health group ($M_{\text{Medium}}=78.76$ $M_{\text{Bad}}=52.60$). The Good psychological health group experiences more Meaning of Work than Bad psychological health group ($M_{\text{Good}}=78.76$ $M_{\text{Bad}}=52.60$).

Role Conflict varies according to the psychological health variable ($F=10.982, p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Role Conflict than the Good psychological health group ($M_{\text{Medium}}=64.54$ $M_{\text{Bad}}=48.04$). The Good psychological health group experiences more Role Conflict than Bad psychological health group ($M_{\text{Good}}=70.80$ $M_{\text{Bad}}=48.04$).

Influence at Work varies according to the psychological health variable ($F=6.829, p = .001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Influence at Work than Bad psychological health group ($M_{\text{Medium}}=58.46$ $M_{\text{Bad}}=42.5$). The Good psychological health group experiences more Influence at Work than Bad psychological health group ($M_{\text{Good}}=62.19$ $M_{\text{Bad}}=42.5$).

Possibilities for Development varies according to the psychological health variable ($F=8.473, p < .001$). For this reason, the Tukey test, which one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Possibilities for Development than Bad psychological health group ($M_{\text{Medium}}=70.53$ $M_{\text{Bad}}=50.78$). On the other hand, the Good psychological health group experiences more Possibilities for Development than Bad psychological health group ($M_{\text{Good}}=71.31$ $M_{\text{Bad}}=50.78$).

Social Support varies according to the psychological health variable ($F=8.650, p < .001$). For this reason, the Tukey test, one of the Post Hoc tests, was

used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Social Support than Bad psychological health group ($M_{\text{Medium}}=58.161$ $M_{\text{Bad}}=40.23$). On the other hand, the Good psychological health group experiences more Social Support than Bad psychological health group ($M_{\text{Good}}=64.04$ $M_{\text{Bad}}=40.23$).

Work Life Conflict varies according to the psychological health variable ($F=9.713, p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences less Work Life Conflict than the Bad psychological health group ($M_{\text{Medium}}=59.35$ $M_{\text{Bad}}=62.5$). The Good psychological health group experiences less Work Life Conflict than Bad psychological health group ($M_{\text{Good}}=43.83$ $M_{\text{Bad}}=62.5$).

Emotional Demands varies according to the psychological health variable ($F=6.124, p<.01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences fewer Emotional Demands than Bad psychological health group ($M_{\text{Medium}}=65.51$ $M_{\text{Bad}}=73.43$). On the other hand, the Good psychological health group experiences fewer Emotional Demands than Bad psychological health group ($M_{\text{Good}}=58.56$ $M_{\text{Bad}}=73.43$).

Job Insecurity varies according to the psychological health variable ($F=6.511, p<.01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences less Job Insecurity than Good psychological health group ($M_{\text{Medium}}=44.18$ $M_{\text{Bad}}=63.43$). On the other hand, the Good psychological health group experiences less Job Insecurity than Bad psychological health group ($M_{\text{Good}}=37.39$ $M_{\text{Bad}}=63.43$).

Commitment to Workplace varies according to the psychological health variable ($F=10.424, p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Commitment to Workplace than Bad psychological health group ($M_{\text{Medium}}=57.65 M_{\text{Bad}}=42.18$). The Good psychological health group experiences more Commitment to Workplace than Bad psychological health group ($M_{\text{Good}}=67.58 M_{\text{Bad}}=42.18$). The Good psychological health group experiences more Commitment to Workplace than the Medium psychological health group ($M_{\text{Good}}=67.58 M_{\text{Medium}}=57.65$).

Burnout varies according to the psychological health variable ($F=14.292, p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Good and Bad psychological health groups. The Good psychological health group experiences less Burnout than Bad psychological health group ($M_{\text{Good}}=49.48 M_{\text{Bad}}=75$). The Good psychological health group experiences less Burnout than the Medium psychological health group ($M_{\text{Good}}=49.48 M_{\text{Medium}}=63.90$).

Job Satisfaction varies according to the psychological health variable ($F=17.793, p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Job Satisfaction than Bad psychological health group ($M_{\text{Medium}}=56 M_{\text{Bad}}=39.26$). On the other hand, the Good psychological health group experiences more Job Satisfaction than Bad psychological health group ($M_{\text{Good}}=59.08 M_{\text{Bad}}=39.26$).

Wellbeing varies according to the psychological health variable ($F=42.155, p<.001$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Medium and Bad psychological health groups. The Medium psychological health group experiences more Wellbeing than Bad psychological health group ($M_{\text{Medium}}=2.27$

$M_{\text{Bad}}=1.16$). The Good psychological health group experiences more Wellbeing than Bad psychological health group ($M_{\text{Good}}=2.77$ $M_{\text{Bad}}=1.16$). The Good psychological health group experiences more Wellbeing than the Medium psychological health group ($M_{\text{Good}}=2.77$ $M_{\text{Medium}}=2.27$).

Table 3.22. ANOVA analysis on the relationship between psychological health and psychosocial risk dimensions

		Sum of		Mean		
		Squares	df	Square	F	Sig.
Justice&Trust	Between Groups	7075.086	2	3537.543	9.847	.000
	Within Groups	48497.265	135	359.239		
	Total	55572.351	137			
Quality Of Leadership	Between Groups	14900.120	2	7450.060	14.789	.000
	Within Groups	68005.508	135	503.745		
	Total	82905.627	137			
Recognition	Between Groups	10563.128	2	5281.564	9.032	.000
	Within Groups	78944.219	135	584.772		
	Total	89507.347	137			
Role Conflict	Between Groups	13025.096	2	6512.548	13.063	.000
	Within Groups	66803.574	134	498.534		
	Total	79828.670	136			
Meaning of Work	Between Groups	8994.266	2	4497.133	13.032	.000
	Within Groups	46587.960	135	345.096		
	Total	55582.226	137			
Role Clarity	Between Groups	6946.185	2	3473.092	10.928	.000
	Within Groups	42903.227	135	317.802		
	Total	49849.411	137			
Quantitative Demands	Between Groups	592.151	2	296.075	.648	.525
	Within Groups	61713.827	135	457.139		
	Total	62305.978	137			
Influence at Work	Between Groups	5089.937	2	2544.969	6.829	.001
	Within Groups	50309.519	135	372.663		
	Total	55399.457	137			
Cognitive Demands	Between Groups	166.777	2	83.388	.273	.762
	Within Groups	41245.134	135	305.520		
	Total	41411.911	137			

Table 3.22.(continued) ANOVA analysis on the relationship between psychological health and psychosocial risk dimensions

		Sum of		Mean		
		Squares	df	Square	F	Sig.
Possibilities for Development	Between Groups	5802.726	2	2901.363	8.473	.000
	Within Groups	46227.392	135	342.425		
	Total	52030.118	137			
Social Support	Between Groups	7518.623	2	3759.312	8.650	.000
	Within Groups	58668.254	135	434.580		
	Total	66186.877	137			
Work Life Conflict	Between Groups	9246.591	2	4623.296	9.713	.000
	Within Groups	64258.340	135	475.988		
	Total	73504.932	137			
Emotional Demands	Between Groups	3481.468	2	1740.734	6.124	.003
	Within Groups	38372.155	135	284.238		
	Total	41853.623	137			
Control of Working Time	Between Groups	789.224	2	394.612	.921	.401
	Within Groups	57864.535	135	428.626		
	Total	58653.759	137			
Job Insecurity	Between Groups	9039.062	2	4519.531	6.511	.002
	Within Groups	93708.764	135	694.139		
	Total	102747.826	137			
Commitment to Workplace	Between Groups	9370.306	2	4685.153	10.424	.000
	Within Groups	60675.990	135	449.452		
	Total	70046.296	137			
Burnout	Between Groups	11596.419	2	5798.210	14.292	.000
	Within Groups	54767.088	135	405.682		
	Total	66363.508	137			
Job Satisfaction	Between Groups	5162.398	2	2581.199	17.793	.000
	Within Groups	19583.684	135	145.064		
	Total	24746.081	137			
Wellbeing	Between Groups	35.727	2	17.864	42.155	.000
	Within Groups	57.208	135	.424		
	Total	92.935	137			

3.2.11. The relationship between participants job and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants' job. According to the result, in Recognition occupational physicians (Mean=65.65 SD=20.33) scored significantly higher than OHS specialists (Mean=54.97 SD=28.75). $t(127.992) = 2.535, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Role Conflict occupational physicians (Mean=40.40 SD=21.69) scored significantly lower than OHS specialists (Mean=59.85 SD=22.76). $t(135) = -5.112, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Quantitative Demands occupational physicians (Mean=44.24 SD=21.18) scored significantly lower than OHS specialists (Mean=59.65 SD=18.75). $t(136) = -4.533, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Influence at Work occupational physicians (Mean=63.33 SD=18.67) scored significantly higher than OHS specialists (Mean=54.23 SD=20.51). $t(136) = 2.716, p < .01$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Cognitive Demands occupational physicians (Mean=67.61 SD=17.53) scored significantly lower than OHS specialists (Mean=83.16 SD=13.58). $t(136) = -5.848, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Work life conflict occupational physicians (Mean=45.58 SD=23.12) scored significantly lower than OHS specialists (Mean=56.94 SD=21.98). $t(136) = -2.959, p < .01$.

An independent t-test was applied between the dimensions of the scale and the participants' jobs. According to the result, in Emotional Demands occupational

physicians (Mean=57.80 SD=16.22) scored significantly lower than OHS specialists (Mean=67.29 SD=17.46). $t(136) = -3.299, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' job. According to the result, in Job Insecurity occupational physicians (Mean=32.19 SD=19.11) scored significantly lower than OHS specialists (Mean=52.57 SD=30.18). $t(121.347) = -4.776, p < .001$.

An independent t-test was applied between the dimensions of the scale and the participants' job. According to the result, in Burnout occupational physicians (Mean=49.90 SD=20.20) scored significantly lower than OHS specialists (Mean=64.58 SD=21.36). $t(136) = -4.137, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' job. According to the result, in Job Satisfaction occupational physicians (Mean=58.53 SD=11.96) scored significantly higher than OHS specialists (Mean=53.08 SD=11.25). $t(136) = 2.423, p < .05$.

Table 3.23. Group statistics on the relationship between participants' jobs and psychosocial risk dimensions

	Job	N	Mean	Std. Deviation	Std. Error
					Mean
Justice&Trust	Occupational Physicians	66	52.6989	18.70898	2.30292
	OHS Specialist	61	46.7213	21.02846	2.69242
Quality Of Leadership	Occupational Physicians	66	48.6742	23.19221	2.85476
	OHS Specialist	61	43.2377	24.24095	3.10374
Recognition	Occupational Physicians	66	65.6566	20.33455	2.50301
	OHS Specialist	61	52.4590	28.72057	3.67729
Role Conflict	Occupational Physicians	66	40.4040	21.69340	2.67027
	OHS Specialist	60	61.1111	21.78837	2.81287
Meaning of Work	Occupational Physicians	66	72.6010	18.59172	2.28848
	OHS Specialist	61	73.7705	21.93404	2.80837
Role Clarity	Occupational Physicians	66	68.6553	14.68796	1.80796
	OHS Specialist	61	61.5779	22.18049	2.83992
Quantitative Demands	Occupational Physicians	66	44.2424	21.18131	2.60724
	OHS Specialist	61	59.3443	18.44983	2.36226

Table 3.23.(Continued) Group statistics on the relationship between participants' jobs and psychosocial risk dimensions

	Job	N	Mean	Std. Deviation	Std. Error
					Mean
Influence at Work	Occupational Physicians	66	63.3333	18.67399	2.29861
	OHS Specialist	61	52.4590	19.59215	2.50852
Cognitive Demands	Occupational Physicians	66	67.6136	17.53805	2.15878
	OHS Specialist	61	82.7869	14.00594	1.79328
Possibilities for Development	Occupational Physicians	66	66.8561	16.66157	2.05090
	OHS Specialist	61	69.1598	22.06373	2.82497
Social Support	Occupational Physicians	66	62.3106	20.80038	2.56035
	OHS Specialist	61	54.9180	22.18867	2.84097
Work Life Conflict	Occupational Physicians	66	45.5808	23.12266	2.84620
	OHS Specialist	61	56.8306	21.10973	2.70282
Emotional Demands	Occupational Physicians	66	57.8030	16.22270	1.99688
	OHS Specialist	61	66.9672	16.61522	2.12736
Control of Working Time	Occupational Physicians	66	66.0038	18.70600	2.30255
	OHS Specialist	61	65.3689	21.39576	2.73945
Job Insecurity	Occupational Physicians	66	32.1970	19.11763	2.35322
	OHS Specialist	61	53.7705	30.03686	3.84583
Commitment to Workplace	Occupational Physicians	66	60.9848	21.83657	2.68790
	OHS Specialist	61	59.5628	23.31527	2.98521
Burnout	Occupational Physicians	66	49.9053	20.20009	2.48646
	OHS Specialist	61	65.1639	21.45304	2.74678
Job Satisfaction	Occupational Physicians	66	58.5333	11.96165	1.47238
	OHS Specialist	61	51.7967	14.30899	1.83208
Wellbeing	Occupational Physicians	66	2.5491	.70506	.08679
	OHS Specialist	61	2.1934	.75783	.09703

Table 3.24. T-test analysis on the relationship between participants' jobs and psychosocial risk dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig.	Mean Difference	Std. Error Diff.	95% Confidence Interval of the Difference	
								Lower	Upper
Recognition	7.982	.006**	2.967	107.229	.004	13.19755	4.44832	4.37949	22.01561
Role Conflict	.006	.936*	-5.340	124	.000	-20.70707	3.87766	-28.38205	-13.03209
Quantitative Demands	.647	.423*	-4.269	125	.000	-15.10184	3.53744	-22.10287	-8.10081
Influence at Work	.097	.756*	3.202	125	.002	10.87432	3.39592	4.15337	17.59527
Cognitive Demands	.965	.328*	-5.359	125	.000	-15.17325	2.83120	-20.77654	-9.56996
Possibilities for Development	3.309	.071*	-.667	125	.506	-2.30378	3.45322	-9.13813	4.53058
Work-Life Conflict	1.081	.300*	-2.856	125	.005	-11.24979	3.93924	-19.04603	-3.45355
Emotional Demands	-3.299	.608	-3.144	125	.002	-9.16418	2.91497	-14.93327	-3.39510
Job Insecurity	18.391	.000**	-4.866	125	.000	-21.57352	4.43352	-30.34801	-12.79904
Burnout	1.081	.300*	-4.128	125	.000	-15.25863	3.69621	-22.57389	-7.94338
Job Satisfaction	1.886	.172*	2.886	125	.005	6.73661	2.33393	2.11748	11.35574
Wellbeing	.007	.933*	2.740	125	.007	.35565	.12981	.09874	.61255

*Equal variance assumed
** Equal variance not

3.2.12. The relationship between working time and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the working time of participants. According to the result, in Cognitive Demands, participants who work more than 8 hours per day (Mean=79.68 SD=15.68) scored significantly higher than participants who work less than 8 hours per day (Mean=73.01 SD=18.05). $t(136) = -2.245, p < .05$.

Table 3.25. Group Statistics On The Relationship Between Working Time And Psychosocial Risk Dimensions

	Working Time	N	Mean	Std. Deviation	Std. Error Mean
Cognitive Demands	Less or equal 8 hours	82	73.0183	18.05230	1.99354
	More than 8 hours	56	79.6875	15.68738	2.09631

Table 3.26. T-Test Analysis On The Relationship Between Working Time And Psychosocial Risk Dimensions

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Cognitive Demands	Equal variances assumed	.072	.788	-2.24	136	.026	-6.66921	2.97050	-12.543	-.794

3.2.13. The relationship between hazard class and psychosocial risk dimensions

Work Life Conflict varies according to the hazard class ($F= 5.033$ $p < .05$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Less Dangerous and Dangerous hazard class. Dangerous hazard class experiences more Work Life Conflict than Less Dangerous hazard class ($M_{\text{Dangerous}}=54$ $M_{\text{Less Dangerous}}=41.19$).

Also, the difference is due to the Dangerous and More Dangerous hazard class. More Dangerous hazard class experiences less work life conflict than the Dangerous hazard class ($M_{\text{More Dangerous}}=56.04$ $M_{\text{Dangerous}}=54$).

Table 3.27. Anova Analysis On The Relationship Between Danger Classes And Psychosocial Risk Dimensions

		Sum of Squares	df	Mean Square	F	Sig.
Work Life Conflict	Between Groups	5100.533	2	2550.26	5.033	.008
	Within Groups	68404.399	135	506.699		
	Total	73504.932	137			

Table 3.28. Post-Hoc Analysis On The Relationship Between Danger Classes And Psychosocial Risk Dimensions

Multiple Comparisons							
Tukey HSD							
Dependent Variable	Danger Class I	Danger Class II	Mean		Sig.	95% Confidence Interval	
			Difference (I-J)	Std. Error		Lower Bound	Upper Bound
Work Life Conflict	Less Dangeorus	Dangeorus	-12.81593*	4.92152	.027	-24.4792	-1.1527
		More Dangeorus	-14.85528*	4.94089	.009	-26.5644	-3.1461
	Dangeorus	Less Dangeorus	12.81593*	4.92152	.027	1.1527	24.4792
		More Dangeorus	-2.03934	4.43616	.890	-12.5524	8.4737
	More Dangeorus	Less Dangeorus	14.85528*	4.94089	.009	3.1461	26.5644
		Dangeorus	2.03934	4.43616	.890	-8.4737	12.5524

*. The mean difference is significant at the 0.05 level.

3.2.14. The relationship between marital status and psychosocial risk dimensions

Quality of Leadership varies according to marital status ($F= 4.815$ $p =.01$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Single and Married marital status. Married participants experiences more Quality of Leadership than Single participants. ($M_{\text{Married}}=49.17$ $M_{\text{Single}}=32.98$).

Influence at Work varies according to marital status ($F= 4.023$ $p <.05$). For this reason, the Tukey test, one of the Post Hoc tests, was used to investigate the cause of the difference. The difference is due to the Single and Married marital status. Married participants experience more Influence at Work than Single participants. ($M_{\text{Married}}=59.19$ $M_{\text{Single}}=46.66$). Also, the difference is due to the Single and Divorced marital status. Divorced participants experience more Influence at Work than Single participants. ($M_{\text{Divorced}}=64.58$ $M_{\text{Single}}=46.66$).

3.2.15. The relationship between gender and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the gender of the participants. According to the result, in Quantitative Demands male participants (Mean=48.98 SD=20.19) scored significantly lower than female participants (Mean=56.69 SD=22.15). $t(136)= -2.127$, $p<.05$.

An independent t-test was applied between the dimensions of the scale and the gender of the participants. According to the result, in Cognitive Demands male participants (Mean=72.78 SD=16.95) scored significantly lower than female participants (Mean=79.66 SD=17.31). $t(136)= -2.336$, $p<.05$.

Table 3.29. Group Statistics On The Relationship Between Participants Job And Psychosocial Risk Dimensions

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Quantitative Demands	Male	79	48.9873	20.19742	2.27239
	Female	59	56.6949	22.15950	2.88492
Cognitive Demands	Male	79	72.7848	16.95577	1.90767
	Female	59	79.6610	17.31558	2.25430
Burnout	Male	79	53.2437	21.96891	2.47170
	Female	59	63.3475	20.87323	2.71746
Job Satisfaction	Male	79	57.6937	13.03203	1.46622
	Female	59	53.0034	13.61796	1.77291
Wellbeing	Male	79	2.5585	.76985	.08662
	Female	59	2.2190	.85917	.11185

An independent t-test was applied between the dimensions of the scale and the gender of the participants. According to the result, in Burnout male participants (Mean=53.24 SD=21.96) scored significantly lower than female participants (Mean=63.34 SD=20.87). $t(128.345) = -2.751, p < .01$.

An independent t-test was applied between the dimensions of the scale and the gender of the participants. According to the result, in Job Satisfaction male participants (Mean=57.69 SD=13.03) scored significantly higher than female participants (Mean=53 SD=13.61). $t(122.025) = -2.039, p < .05$.

An independent t-test was applied between the dimensions of the scale and the gender of the participants. According to the result, in Wellbeing male participants (Mean=2.55 SD=0.76) scored significantly higher than female participants (Mean=2.21 SD=0.85). $t(128.345) = 2.400, p < .05$.

Table 3.30. T-Test Analysis On The Relationship Between Participants Job And Psychosocial Risk Dimensions

	Levene's Test for Equality of Variances*		t-test for Equality of Means						
	F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Quantitative Demands	2.673	.104	-2.127	136	.035	-7.70757	3.62316	-14.87259	-.54256
Cognitive Demands	.399	.529	-2.336	136	.021	-6.87621	2.94411	-12.69836	-1.05406
Burnout	.002	.961	-2.730	136	.007	-10.10379	3.70092	-17.42258	-2.78500
Job Satisfaction	.008	.927	2.052	136	.042	4.69028	2.28594	.16971	9.21086
Wellbeing	.009	.925	2.438	136	.016	.33950	.13923	.06416	.61483

3.2.16. The relationship between working way and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants working way. According to the result, in Meaning of Work, participants affiliated with JHSU (Mean=68.18 SD=21.93) scored significantly lower than participants not affiliated with JHSU (Mean=77.61 SD=18.03). $t(136)=-2.756, p<.01$.

An independent t-test was applied between the dimensions of the scale and the participants working way. According to the result, in Influence at Work participants affiliated with JHSU (Mean=54.18 SD=18.55) scored significantly lower than participants not affiliated with JHSU (Mean=61.5 SD=20.67). $t(136)=-2.121, p<.05$.

An independent t-test was applied between the dimensions of the scale and the participant's way of working. According to the result, in commitment, the workplace participants affiliated with JHSU (Mean=55.60 SD=24.74) scored significantly lower than participants not affiliated with JHSU (Mean=64.75 SD=20.42). $t(136) = -2.376, p < .05$.

Table 3.31. Group Statistics On The Relationship Between Working Way And Psychosocial Risk Dimensions

	Way of Working	N	Mean	Std. Deviation	Std. Error Mean
Meaning of Work	Affiliated with JHSU	55	68.1818	21.93629	2.95789
	Not Affiliated with JHSU	83	77.6104	18.03000	1.97905
Influence at Work	Affiliated with JHSU	55	54.1818	18.55332	2.50173
	Not Affiliated with JHSU	83	61.5060	20.67069	2.26890
Commitment to Workplace	Affiliated with JHSU	55	55.6061	24.74430	3.33652
	Not Affiliated with JHSU	83	64.7590	20.42591	2.24203

Table 3.32. T-Test Analysis On The Relationship Between Working Way And Psychosocial Risk Dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Meaning of Work	2.041	.155	-2.756	136	.007	-9.428	3.420	-16.19	-2.66
Influence at Work	1.184	.279	-2.121	136	.036	-7.324	3.452	-14.15	-.4966
Commitment to Workplace	2.196	.141	-2.367	136	.019	-9.152	3.867	-16.80	-1.505

3.2.17. The relationship managerial duty and psychosocial risk dimensions

An independent t-test was applied between the dimensions of the scale and the participants' managerial duty. According to the result, in Recognition, participants who have a managerial duty (Mean=55.59 SD=27.85) scored significantly lower than participants who have not managerial duty (Mean=66.10 SD=20.86). $t(135.996) = -2.534, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' managerial duty. According to the result, in Influence at Work, participants who have a managerial duty (Mean=54.36 SD=21.42) scored significantly lower than participants who have not managerial duty (Mean=64.23 SD=16.75). $t(135.687) = -3.035, p < .01$.

An independent t-test was applied between the dimensions of the scale and the participants' managerial duty. According to the result, in Cognitive Demands, participants who have a managerial duty (Mean=73.18 SD=18.99) scored

significantly lower than participants who have not managerial duty (Mean=79.13 SD=14.43). $t(136) = -2.011, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' managerial duty. According to the result, in Possibilities for Development, participants who have a managerial duty (Mean=65.11 SD=20.74) scored significantly lower than participants who have not managerial duty (Mean=73.41 SD=16.68). $t(136) = -2.523, p < .05$.

An independent t-test was applied between the dimensions of the scale and the participants' managerial duty. According to the result, in work life conflict, participants who have a managerial duty (Mean=47.89 SD=23.32) scored significantly lower than participants who have not managerial duty (Mean=56.35 SD=22.22). $t(136) = -2.152, p < .05$.

Table 3.33. Group Statistics On The Relationship Managerial Duty And Psychosocial Risk Dimensions

	Managerial Duty		Mean	Std. Deviation	Std. Error Mean
	Yes	No			
Meaning of Work	Yes	79	72.4684	21.53123	2.42245
	No	59	75.7062	18.13161	2.36053
Influence at Work	Yes	79	54.3671	21.42918	2.41097
	No	59	64.2373	16.75929	2.18187
Commitment to Workplace	Yes	79	58.0169	24.03564	2.70422
	No	59	65.2542	20.00674	2.60466

Table 3.34. T-Test Analysis On The Relationship Managerial Duty And Psychosocial Risk Dimensions

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Meaning of Work	2.041	.155	-2.75	136	.007	-9.42862	3.42069	-16.193	-2.6640
Influence at Work	1.184	.279	-2.12	136	.036	-7.32421	3.45250	-14.151	-.49669
Commitment to Workplace	2.196	.141	-2.36	136	.019	-9.15298	3.86702	-16.800	-1.5057

3.2.18. Regression analysis between Psychosocial Risks and Well-being

The data were subjected to regression analysis using the stepwise method. Thus, we have the opportunity to measure the effects of psychosocial risk factors on our participants in terms of explanatory power.

Table 3.35 Model Summary Of Regression Analysis Showing The Impact Of Psychosocial Risks On The Wellbeing

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin- Watson
1	.544 ^a	.296	.291	.69591	
2	.599 ^b	.359	.349	.66672	
3	.627 ^c	.394	.380	.65069	
4	.649 ^d	.422	.404	.63785	
5	.662 ^e	.439	.417	.63084	
6	.675 ^f	.456	.431	.62362	
7	.669 ^g	.447	.426	.62608	1.673

Durbin-Watson statistics are interpreted as whether there is a correlation between the error terms. As shown in Table 3.35., the error term value of 1.673 is between 1-3, indicating that regression analysis can be performed.

Multiple linear regression analysis was performed to determine whether psychosocial risks significantly predicted Wellbeing.

Table 3.36. ANOVA Analysis On The Regression Models That Emerged As A Result Of The Analysis To Measure The Effect Of Psychosocial Risks On The Wellbeing

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	27.504	1	27.504	56.791	.000 ^b
	Residual	65.380	135	.484		
	Total	92.884	136			
2	Regression	33.319	2	16.660	37.478	.000 ^c
	Residual	59.565	134	.445		
	Total	92.884	136			
3	Regression	36.572	3	12.191	28.792	.000 ^d
	Residual	56.312	133	.423		
	Total	92.884	136			
4	Regression	39.180	4	9.795	24.075	.000 ^e
	Residual	53.704	132	.407		
	Total	92.884	136			
5	Regression	40.751	5	8.150	20.480	.000 ^f
	Residual	52.133	131	.398		
	Total	92.884	136			
6	Regression	42.326	6	7.054	18.139	.000 ^g
	Residual	50.558	130	.389		
	Total	92.884	136			
7	Regression	41.534	5	8.307	21.192	.000 ^h
	Residual	51.350	131	.392		
	Total	92.884	136			

As a result of stepwise multiple regression, seven dimensions created a meaningful explanatory relationship with Wellbeing (F=21.192; p=.00). When the R2 value was examined, was determined that psychosocial risks explained 42.6% of Wellbeing. As seen in Table 3.37., Quality of Leadership ($\beta = .190$, $p < .05$), Meaning of Work($\beta = .184$, $p > .05$), Quantitative Demands ($\beta = -.217$, $p = .001$), Role Clarity ($\beta = .153$, $p < .005$) and Social Support ($\beta = .289$; $p = .001$) Wellbeing were found to significantly predict determined.

Table 3.37. The Coefficient Values Of The Scale Regression Analysis Of The Impact Of Psychosocial Risks On The Commitment To Wellbeing

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	VIF
		B	Std. Error	Beta			
1	(Constant)	1.184	.173		6.823	.000	
	Social Support	.021	.003	.544	7.536	.000	1.000
2	(Constant)	.701	.213		3.292	.001	
	Social Support	.014	.003	.379	4.567	.000	1.437
3	Role Clarity	.013	.004	.300	3.617	.000	1.437
	(Constant)	1.223	.280		4.361	.000	
	Social Support	.014	.003	.365	4.496	.000	1.443
	Role Clarity	.011	.004	.254	3.070	.003	1.498
	Work Life Conflict	-.007	.003	-.195	-	.006	1.087
4	(Constant)	.977	.291		3.353	.001	
	Social Support	.013	.003	.331	4.107	.000	1.483
	Role Clarity	.007	.004	.171	1.951	.053	1.745
	Work Life Conflict	-.008	.002	-.214	-	.003	1.100
	Meaning of Life	.008	.003	.196	2.532	.013	1.369
	(Constant)	1.066	.292		3.655	.000	
5	Social Support	.013	.003	.351	4.372	.000	1.508
	Role Clarity	.007	.004	.158	1.820	.071	1.754
	Work Life Conflict	-.005	.003	-.138	-	.080	1.436
	Meaning of Life	.009	.003	.219	2.832	.005	1.401
	Quantitative Demands	-.006	.003	-.152	-	.049	1.373
	(Constant)	1.086	.289		3.763	.000	
6	Social Support	.011	.003	.282	3.258	.001	1.791
	Role Clarity	.006	.004	.136	1.574	.118	1.782
	Work Life Conflict	-.004	.003	-.112	-	.156	1.476
	Meaning of Work	.008	.003	.189	2.424	.017	1.455
	Quantitative Demands	-.006	.003	-.164	-	.033	1.380
	Quality of Leadership	.006	.003	.170	2.013	.046	1.703
	(Constant)	.910	.262		3.474	.001	
	Social Support	.011	.003	.289	3.324	.001	1.786
Role Clarity	.007	.004	.153	1.780	.077	1.749	
7	Meaning of Work	.008	.003	.184	2.348	.020	1.452
	Quantitative Demands	-.008	.003	-.217	-	.001	1.051
	Quality of Leadership	.006	.003	.190	2.270	.025	1.656
	(Constant)				3.252		

3.2.19. Regression analysis between Psychosocial Risks and Job Satisfaction

Durbin-Watson statistics are interpreted as whether there is a correlation between the error terms. As can be seen in table 3.38., the error term value of 1.884 is between 1-3, indicating that regression analysis can be performed.

Table 3.38. Summary Of Regression Analysis Showing The Impact Of Psychosocial Risks On The Job Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.621 ^a	.386	.381	17.37154	
2	.657 ^b	.432	.424	16.76292	
3	.699 ^c	.488	.477	15.97191	
4	.710 ^d	.504	.489	15.77839	1.884

Multiple linear regression analysis was performed to determine whether psychosocial risks significantly predicted Job Satisfaction.

Table 3.39. ANOVA Analysis On The Regression Models That Emerged As A Result Of The Analysis To Measure The Effect Of Psychosocial Risks On The Job Satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25566.884	1	25566.884	84.723	.000 ^b
	Residual	40739.001	135	301.770		
	Total	66305.885	136			
2	Regression	28652.471	2	14326.235	50.984	.000 ^c
	Residual	37653.414	134	280.996		
	Total	66305.885	136			
3	Regression	32377.350	3	10792.450	42.306	.000 ^d
	Residual	33928.535	133	255.102		
	Total	66305.885	136			
4	Regression	33443.473	4	8360.868	33.583	.000 ^e
	Residual	32862.412	132	248.958		
	Total	66305.885	136			

As a result of stepwise multiple regression, what you can see in table 3.39, four dimensions created a meaningful explanatory relationship with Job Satisfaction. ($F=33.583$; $p=.00$). When the R^2 value was examined, it was determined that psychosocial risks explained 48.9% of Job Satisfaction. As seen in Table 3.40, justice and trust ($\beta = .313$ $p= .00$), Meaning of Work($\beta =.415$, $p=.00$), Possibilities for Development ($\beta =.136$ $p< .05$)and Control over Working Time ($\beta =- .291$, $p= .00$) were found to significantly predict determined.

Table 3.40. The Coefficient Values Of The Scale Regression Analysis Of The Impact Of Psychosocial Risks On The Job Satisfaction

	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	VIF
		B	Std. Error	Beta			
1	(Constant)	27.226	3.620		7.521	.000	
	Meaning of Work	.592	.064	.621	9.205	.000	1.000
2	(Constant)	19.760	4.157		4.754	.000	
	Meaning of Work	.479	.071	.502	6.759	.000	1.234
	Justice & Trust	.254	.077	.246	3.314	.001	1.234
3	(Constant)	36.133	5.835		6.193	.000	
	Meaning of Work	.387	.072	.406	5.399	.000	1.243
	Justice & Trust	.299	.074	.290	4.041	.000	1.368
	Control of Working Time	-.275	.072	-.252	-3.821	.000	1.112
4	(Constant)	26.904	7.288		3.691	.000	
	Meaning of Work	.395	.071	.415	5.576	.000	1.645
	Justice & Trust	.322	.074	.313	4.360	.000	1.427
	Control of Working Time	-.318	.074	-.291	-4.291	.000	1.112
	Possibilities for Development	.145	.070	.136	2.069	.040	1.594

3.2.20. Regression Analysis Between Psychosocial Risks and Burnout

Durbin-Watson statistics are interpreted as whether there is a correlation between the error terms. For example, as shown in Table 3.41, the error term value of 1.812 is between 1-3, indicating that regression analysis can be performed.

Table 3.41. Summary Of Regression Analysis Showing The Impact Of Psychosocial Risks On The Burnout

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.553 ^a	.306	.301	11.25173	
2	.622 ^b	.386	.377	10.62209	
3	.656 ^c	.431	.418	10.26834	1.812

Multiple linear regression analysis was performed to determine whether psychosocial risks significantly predicted Burnout. As a result of stepwise multiple regression, three dimensions created a meaningful explanatory relationship with Burnout ($F=33.547$; $p=.00$). When the R^2 value was examined, it was determined that psychosocial risks explained 41.8% of Burnout. As seen in Table 3.43, justice and trust ($\beta = .312$ $p=.00$), Role Clarity ($\beta = .295$, $p=.00$),and Role Conflict ($\beta =-.227$, $p<.01$) were found to significantly predict determined.

Table 3.42. Anova Analysis On The Regression Models That Emerged As A Result Of The Analysis To Measure The Effect Of Psychosocial Risks On The Burnout

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7543.581	1	7543.581	59.585	.000 ^b
	Residual	17091.200	135	126.601		
	Total	24634.781	136			
2	Regression	9515.713	2	4757.857	42.169	.000 ^c
	Residual	15119.068	134	112.829		
	Total	24634.781	136			
3	Regression	10611.407	3	3537.136	33.547	.000 ^d
	Residual	14023.374	133	105.439		
	Total	24634.781	136			

Table 3.43. The Coefficient Values Of The Scale Regression Analysis Of The Impact Of Psychosocial Risks On The Burnout

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	VIF
		B	Std. Error	Beta			
1	(Constant)	36.845	2.614		14.093	.000	
	Justice & Trust	.369	.048	.553	7.719	.000	1.000
2	(Constant)	27.505	3.329		8.262	.000	
	Justice & Trust	.238	.055	.357	4.339	.000	1.480
	Role Clarity	.242	.058	.344	4.181	.000	1.480
3	(Constant)	37.698	4.512		8.356	.000	
	Justice & Trust	.208	.054	.312	3.858	.000	1.527
	Role Clarity	.208	.057	.295	3.640	.000	1.535
	Role Conflict	-.126	.039	-.227	-3.224	.002	1.158

3.2.21. Regression analysis between Psychosocial Risks and Commitment to Workplace

Durbin-Watson statistics are interpreted as whether there is a correlation between the error terms. As shown in Table 3.44, the error term value of 2.017 is between 1-3, indicating that regression analysis can be performed (Field, 2009).

Table 3.44. Summary Of Regression Analysis Showing The Impact Of Psychosocial Risks On The Commitment To Workplace

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.688 ^a	.473	.469	16.53717	
2	.758 ^b	.575	.569	14.90149	
3	.768 ^c	.590	.581	14.69330	
4	.777 ^d	.604	.592	14.49635	2.017

Multiple linear regression analysis was performed to determine whether psychosocial risks significantly predicted workplace commitment. As a result of stepwise multiple regression, four dimensions created a meaningful explanatory relationship with Commitment to Workplace. ($F=90.706$; $p=.00$). When the R^2 value was examined, it was determined that psychosocial risks explained 59.2% of Commitment to Workplace. Justice and trust ($\beta =.282$, $p=.00$), Meaning of Work ($\beta =.470$, $p=.00$), Possibilities for Development ($\beta =.149$, $p<.05$) and Control over Working Time($\beta =.129$, $p<.05$) were found to significantly predict determined.

Table 3.45. ANOVA Analysis On The Regression Models That Emerged As A Result Of The Analysis To Measure The Effect Of Psychosocial Risks On The Commitment To Workplace

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	33119.014	1	33119.014	121.103	.000 ^b
	Residual	36919.510	135	273.478		
	Total	70038.524	136			
2	Regression	40283.223	2	20141.612	90.706	.000 ^c
	Residual	29755.301	134	222.054		
	Total	70038.524	136			
3	Regression	41324.760	3	13774.920	63.804	.000 ^d
	Residual	28713.764	133	215.893		
	Total	70038.524	136			
4	Regression	42299.494	4	10574.873	50.322	.000 ^e
	Residual	27739.030	132	210.144		
	Total	70038.524	136			

Table 3.46. The Coefficient Values Of The Scale Regression Analysis Of The Impact Of Psychosocial Risks On The Commitment To Workplace

	Model	Unstandardized		Standardized	t	Sig.	VIF
		B	Std. Error	Beta			
1	(Constant)	4.059	5.375		.755	.451	
	Meaning of Work	.774	.070	.688	11.005	.000	1.000
2	(Constant)	-3.415	5.019		-.680	.497	
	Meaning of Work	.600	.070	.533	8.519	.000	1.234
	Justice & Trust	.399	.070	.355	5.680	.000	1.234
3	(Constant)	-11.256	6.102		-1.845	.067	
	Meaning of Work	.613	.070	.545	8.796	.000	1.243
	Justice & Trust	.349	.073	.311	4.785	.000	1.368
	Control of Working Time	.141	.064	.129	2.196	.030	1.112
4	(Constant)	-15.318	6.309		-2.428	.017	
	Meaning of Work	.529	.079	.470	6.685	.000	1.645
	Justice & Trust	.317	.074	.282	4.312	.000	1.427
	Control of Working Time	.141	.063	.129	2.233	.027	1.112
	Possibilities for Development	.173	.080	.149	2.154	.033	1.594

CHAPTER 4

DISCUSSION

Occupational physicians and OHS specialists are responsible for occupational health in the workplace. Psychosocial risks are also a factor that threatens the working environment and employee health. These people, who play an active role in combating this situation, are also the target of these problems.

Today, these occupational health and safety personnel have been employed in many workplaces to comply with the norms. However, there are difficulties in maintaining standards both professionally and in terms of working conditions. Occupational physicians had to work in many different workplaces with low wages. They can neither experience Job Satisfaction nor obtain appropriate living standards and social rights. Even occupational physicians working in a single workplace are often restricted and forced to do the drudgery. In this case, it becomes inevitable to experience low Job Satisfaction, decreased commitment to the workplace, and Burnout.

Our study shows that the psychosocial risks experienced by occupational physicians and occupational health and safety specialists are not limited to these. All dimensions of psychosocial risks included in our study affect these people negatively. For this reason, taking precautions against psychosocial risks is very important to protect the health of OHS specialists and occupational physicians.

4.1. The implications of the Research

The results we found in the analyzes made it possible to see the effects of psychosocial risks on occupational physicians and OHS specialists in many ways. The results obtained from the regression analyses provide a very clear view of the effects of psychosocial risks.

As a result of the multiple regression analysis, it was measured how the sub-dimensions of psychosocial risks affected the participants. During the analyses, the stepwise method was used. Several dimensions combined to form a group, and

their levels of explanatory power on psychosocial risks were determined. The first criterion, Burnout, is influenced by a group of three different sub-dimensions. These are justice and trust, Role Clarity, and Role Conflict. The group formed by these three dimensions can explain Burnout at a very large rate of 41.8%. It is naturally impossible to talk about psychosocial health in an environment where there is no justice and trust. As a result of the analysis, fairness and trust were the most important factors affecting Burnout. Fairness and trust is an element that physicians often talk about in our interviews. Role Clarity is second. It means the clear determination of the work, authorities and responsibilities of the employee. It is not difficult to predict that uncertainty in this regard will adversely affect the psychosocial health of the employees and make the work very difficult. More importantly, Role Clarity was a frequently mentioned problem in the interviews. Therefore, the chore also encompasses Role Clarity in a way. The third sub-dimension is Role Conflict. It includes conflicting demands in the workplace and issues about the way work is done. It also includes the issue of drudgery, which is often mentioned in interviews. Occupational physicians are often forced to do non-duty matters such as polyclinics. This causes Burnout. Their duties may be hindered by their superiors as unnecessary, unhelpful, and sometimes even against the company's interests. All these are included in the content of the Role Conflict dimension.

As can be seen, the factors that drag the occupational physicians and OHS specialists to Burnout are not the factors such as too much work, the difficulty of the work, the intensity of the work, but the factors such as justice, fairness, honesty, transparency, clear duties and responsibilities.

Another finding in the regression analysis is the effect of psychosocial risks on Wellbeing. Our model was formed by combining a total of five sub-dimensions using the stepwise method. These sub-dimensions are Social Support, Role Clarity, Meaning of Work, Quantitative Demands, Quality of Leadership. This model explains Wellbeing at a high rate of 42.6%. The sub-dimension that explains Wellbeing at the highest rate is Social Support. This result shows that the most

critical thing in terms of psychosocial health in the workplace is healthy and positive human communication among employees. OHS professionals and occupational physicians experience higher well-being in a constructive and mutually helpful workplace environment. In our interviews, our participants, who had a healthy and supportive communication environment in the workplace, stated that they experienced relatively fewer psychosocial risks.

The second one is Role Clarity. Our participants working in workplaces with high Role Clarity are also satisfied in terms of Wellbeing. When Role Clarity, the deficiency of which causes Burnout, is seen at a high level, it increases the rate of Wellbeing. As can be seen from the analysis results, Role Clarity is one of the most important psychosocial health factors in the workplace. The third sub-dimension is the meaning of the work. Our participants, who consider their work meaningful, valuable and contributing positively to people, experience higher well-being. As mentioned in our interviews, workplace physicians, like all physicians, are very lucky in this regard. Occupational physicians, who try to protect human life and increase its quality, especially when they are allowed to do their job (when they do not have problems with Role Clarity), experience the satisfaction of doing an important job and experience higher Wellbeing with the satisfaction of this.

Quantitative Demands are one of the most critical obstacles to Wellbeing. Physicians, who have to do much work quickly, are naturally very tired and are more deprived of Wellbeing. Quantitative Demands, which are not a fundamental factor in the Burnout experience, appear in Wellbeing. Although it does not lead physicians and OHS specialists to Burnout, our participants exposed to less Quantitative Demands experienced higher well-being.

Quality of Leadership is the last factor influencing Wellbeing in this analysis. The fact that the leader is resourceful and understanding does his job well and establishes constructive and healthy communication is a factor that explains the well-being felt by the employees. Participants who are satisfied with their leaders experience more Wellbeing than those who are not. In the analysis, entirely parallel

results emerged with our participants' comments on this subject under relations with superiors in the interviews.

The third analysis was between psychosocial risk factors and Commitment to Workplace. As a result of this analysis, four different dimensions combined to form a group. These four factors are Meaning of Work, justice and trust, Control over Working Time, and Possibilities for Development. The explanatory rate of this group on Commitment to Workplace is 59.2%. This is a relatively high explanatory rate.

The Meaning of Work dimension, which is the first dimension in the group, was also present in the analysis on Wellbeing. The fact that physicians and OHS specialists see their work as meaningful, valuable, and contributing action provides Wellbeing and has a positive impact on the Commitment to Workplace.

In the second place, there is justice and trust. Our participants have a higher commitment to institutions where they feel a sense of justice and trust, which is quite natural. The sense of justice and trust, the lack of which Burnout occurs, increases the employees' commitment to the workplace when it is sufficiently felt. The third dimension is Control over Working Time. Employees felt higher commitment in more flexible organizations, where their working hours fit them better, where they could spare time for themselves. In the interviews, we know that people cannot spare enough time for their private lives and other responsibilities, especially occupational physicians working in more than one institution have a lot of trouble with time. It is an undeniable fact that this situation restricts the freedom of the person.

Fourth and lastly, it is a factor that explains the Possibilities for Development Commitment to Workplace. It is no surprise that employees feel committed to organizations where they feel they are improving. In the interviews, it was mentioned that many physicians do not have this opportunity and that physicians who have this opportunity feel lucky. It is also highly logical that a participant group, who cares about the meaningfulness of their work, is sensitive to

self-development. It is an undeniable fact that self-development is a means of both material and emotional satisfaction.

The fourth and final set of regression analyses also measures Job Satisfaction. The four-dimensional group that emerged as a result of the analysis includes the same dimensions in the same order as in the Commitment to Workplace. These are Meaning of Work, justice and trust, Control over Working Time and Possibilities for Development. The explanatory rate of this group is also a high number of 48.9%.

Meaning of Work ranks first in terms of Job Satisfaction of employees. The meaningfulness of the job not only provides a commitment to the job but also provides Job Satisfaction. People who think that their work is valuable and meaningful are those who enjoy their work. Likewise, fairness and trust also have a significant explanatory rate for Job Satisfaction. Fairness and trust are indispensable factors as in all positive dependent variables. Control over Working Time has taken its place as one of the keys to achieving Job Satisfaction. For the same reasons, Job Satisfaction increases as people feel that they are improving.

There is a correlation of .465 between Commitment to Workplace and Job Satisfaction. This is not a very high number. However, it seems that everything that explains Job Satisfaction also provides Commitment to Workplace.

As a result of all the regression analysis, it is seen that justice and trust have managed to enter the groups from the top ranks in all analyzes except Wellbeing. Likewise, the Meaning of Work is present in all groups except Burnout, which is the only negative criterion. This shows that these two dimensions are very important for providing psychosocial risks. Moreover, the Meaning of Work has manifested itself in all positive situations. In other words, one of the most important conditions for creating a positive psychosocial environment by occupational physicians and OHS specialists is to understand the meaning and value of the job. It does not seem possible to establish a psychosocially healthy workplace in a workplace where there is no environment of justice and trust. The highest explanatory power on Burnout is again in the dimension of justice and trust.

Although they are few, social factors ranked high in each group due to the regression analysis. Justice and trust, Social Support, and Meaning of Work are three of the five social factors. The fact that Commitment to Workplace and Job Satisfaction has the exact dimensions in the same order is a detail that shows the similarity and relationship between them.

In the interviews we conducted before the quantitative research, we had the opportunity to identify the psychosocial risks and other problems faced by occupational physicians. The themes that emerged from the interviews show us that many of the problems faced by occupational physicians were included in the COPSOQ as a dimension. Therefore, it was possible to evaluate the experiences of occupational physicians by using the COPSOQ. The most distinct topics outside of COPSOQ can be divided into two main topics: the conflict of interest and laws and unions. Laws are often directly linked to the reasons for the emergence of psychosocial risk dimensions. For example, Job Insecurity feeds on illegality to a certain extent. However, conflict of interest can be considered as another dimension. This prompted us to add new items to the survey. The items included in the questionnaire on the difficulties faced by OHS experts were not included in the analysis because they received low scores in the reliability analysis.

The data obtained were analyzed to understand the relationship between the demographic characteristics and working conditions of our participants and the psychosocial risks they were exposed to. As a result of the analyses, a relationship was found between our participants' demographic characteristics, working conditions, physical and psychological health and financial status, and the psychosocial risk dimensions they experienced.

Our findings show that there are certain parallels between the gender of our participants and the psychosocial risks they are exposed to. All of these differences are against women. Our female participants are exposed to Quantitative Demands, Cognitive Demands and Burnout more frequently than our male participants. More is demanded from women, both cognitively and physically, and business life causes more Burnout in women. In addition, our female participants

experience less Job Satisfaction and Wellbeing than male participants. All these results show that our female participants work with less satisfaction and well-being in the workplace and with a higher burden, and the working environment contains more psychosocial risks for women than for men.

There are also certain differences among the participants in many aspects between the professions. Occupational physicians work in environments that are relatively healthier in terms of psychosocial care than OHS specialists. While occupational physicians score relatively higher on positive factors such as Recognition, Influence at Work and Job Satisfaction, OHS professionals are significantly more exposed to Role Conflict, Quantitative Demands, Cognitive Demands, Emotional Demands, work-life conflict, Job Insecurity and Burnout dimensions.

Differences were observed only in Cognitive Demands related to working time. Participants who work more than 8 hours experience more Cognitive Demands.

In the danger classes variable, only work-life conflict is observed. It has been observed that the work-life balance of the institutions where our participants work increases as the danger class increases.

He observed significant differences in only two dimensions between the marital status of our participants and their exposure to psychosocial risks. The first of these is about the Quality of Leadership. Married participants experience higher quality leadership than singles. On the other dimension, Influence at Work, married people work in better conditions than single and widowed participants.

There is a differentiation in three main headings regarding exposure to psychosocial risks between our participants who work in shifts and those who do not work in shifts. Shift workers scored lower on the Recognition dimension and Control over Working Time. They got high scores in Job Insecurity. Our participants, who work in shifts in all three dimensions, work in more unfavorable conditions than the others.

There is also a differentiation between our participants with and without managerial duties. Contrary to expectations, our participants, who have administrative duties in dimensions that define authority and possibilities such as Recognition, Influence at Work and Possibilities for Development, received low scores. Likewise, they are less exposed to Cognitive Demands related to authority. Moreover, these people responsible for others in the workplace also have a healthier work-life balance than those who are managers.

Many different psychosocial risk dimensions vary according to work experience. Our participants were divided into two groups according to their work experience as less than 10 years and 10 years and more. Positive dimensions such as justice and trust, Recognition, Role Clarity, Influence at Work and Wellbeing are the dimensions that our experienced participants scored relatively high. On the other hand, role Conflict, Cognitive Demands, Job Insecurity, and Burnout are the dimensions in which participants with less experience score high. This shows that our participants with less experience are exposed to more psychosocial risks.

As expected, our participants, who stated that they were better psychologically, are relatively less exposed to psychosocial risk. Our participants, who experienced less psychosocial risk in all dimensions, also showed how significant and robust the relationship between these results and psychosocial risk and psychological state is.

There are 13 different dimensions of the relationship between financial dimensions and psychosocial risks. Participants with better financial status in positive dimensions such as justice and trust, Quality of Leadership, Recognition, Meaning of Work, Role Clarity, influence at Work, Possibilities for Development, Social Support, commitment to Workplace, job satisfaction, and Wellbeing achieve higher scores. Conversely, only our participants whose financial situation is relatively bad in Job Insecurity and Burnout dimensions got higher scores on the negative dimensions.

Only the size of the work life conflict has changed according to the hazard class. Participants who work in workplaces with a relatively high hazard class experience more work-home conflict.

Physical health also showed significant differentiation in 7 different dimensions, showing its relationship with psychosocial risks. As a result of the analysis, our participants with high physical health in the dimensions of Quality of Leadership, Meaning of Work, Role Clarity and Wellbeing got high scores as expected. As expected, participants with relatively low physical health scored high in negative dimensions such as Role Conflict, work life conflict, and Emotional Demands.

Whether or not to work under an JHSU has also manifested itself in 3 different dimensions. As a result of the analyzes made, employees affiliated to JHSU achieved lower scores in the dimensions of Meaning of Work, Influence at Work and commitment at work compared to their colleagues not working under JHSU. Employees of JHSU suffer from a lack of meaning, commitment and impact in the workplace. These three dimensions that define the institution of study are entirely parallel in this sense.

There is also a clear relationship between age and psychosocial risks. A significant relationship was found between 8 different psychosocial risk sub-dimensions and age groups of our participants. According to the analysis, it is observed that the score increases as the age of the participant increases in positive dimensions such as Influence at Work and Wellbeing. On the other hand, it was observed that our relatively young participants scored higher in the dimensions of Role Conflict, Quantitative Demands, Cognitive Demands, work life conflict, Job Insecurity and Burnout. In all cases, the results are in favor of our participants in the relatively older age group. This shows that our young participants are exposed to more psychosocial risks than our relatively older participants.

4.2. Limitations and Suggestions for the Future Studies

The scales used in our study are sufficient in many respects. It is a scale with high scores for reliability and validity. The COPSOQ measures psychosocial risk in many different dimensions. This has led to a more comprehensive study by measuring psychosocial risk in all aspects and obtaining a more inclusive result.

The COPSOQ, which has been used in many countries and in many different studies, can measure the differentiation of psychosocial risk between different cultures and countries due to its international nature. WHO-5 is also a scale that is used internationally and has proven its validity and reliability. Therefore, both scales are suitable because the results are healthy and comparable to other measurements in the world.

The entire COPSOQ scale was not used. As a result of the interviews, possible psychosocial risks that occupational physicians may encounter were determined, and relevant dimensions were determined. The COPSOQ is a reasonably long scale. Even at the end of this elimination, the scale takes quite a long time. Nearly half of the participants could not complete the survey and left it unfinished. Therefore, it was not included in the study. In the feedbacks, it is seen that the survey is quite long and takes much time. The medium version was used, as using the short version of the COPSOQ would significantly reduce inclusiveness. Nevertheless, even this version was enough to test the patience of the participants. The number of participants should be increased, but the scope of the study should not be narrowed as much as possible.

Each sub-dimension of the COPSOQ could not be used directly in our study. However, by using the grouping in the Turkish version, sub-dimensions were revealed from the items in the scale. One of the reasons for this is the number of questions in the dimensions and the low number of participants.

A third scale we used was the scale of challenges faced by OHS professionals. This scale was previously created for another master's thesis. In the interviews we made, it was observed that the occupational physicians had some trust problems related to the institutions they worked for. It has been found that

occupational physicians are often prevented from fulfilling their profession's requirements and are not asked to report problems and intervene in mistakes. Thereupon, it aimed to identify these problems using the scale of difficulties faced by OHS experts. Three items related to the mentioned problem were selected from this scale and added to the questionnaire. However, this dimension could not show high reliability in the reliability study by taking the limit value. Therefore, it was not included as a dimension in our research. Future studies can focus on this problem by preparing separate research on this problem.

Subsequent studies may target psychosocial risks not covered in this study. The inclusiveness of the study is related to the number of participants rather than its subject. Subsequent studies may be more specific by reaching only occupational physicians or only OHS specialists. For this, they should either increase the number of participants or reduce the number of questions. While there is no downside to doing the first, it is difficult to do. Reducing the number of questions may make the participants more willing to complete the survey, but it will narrow the scope of the research. With the number of occupational physicians we reached, it was not possible for the scale we applied to pass the reliability tests. For this reason, we had to include participants from both occupational groups. Future studies may focus on a single occupational group by solving this problem.

In our interviews, we observed that many workplace doctors complained about working conditions and laws. In particular, they frequently mentioned that their work affects their work experience and their legal rights. For this reason, a specific study can be carried out on occupational physicians working in JHSU and observe how much this situation changes the psychosocial risks experienced by occupational physicians.

In addition, occupational physicians work in different fields from each other. They provide occupational medicine services in many different business areas, from classical offices to hazardous factories and workshops. In this context, physicians with different hazard classes can also be emphasized because working conditions can be more dangerous and even deadly in business lines where the

hazard class is high. In such cases, the physician assumes much greater responsibility. Specific studies specific to these conditions can be conducted to observe how this situation affects the experience of occupational physicians.

This study, which we created with the mixed method, gave us the opportunity to access many findings. However, as it was a mixed-method, the number of participants in the qualitative part was limited. Future studies may conduct purely qualitative research with an emphasis on the qualitative method. Although the COPSOQ is an extremely inclusive scale, qualitative studies can reveal the specific situations of the profession that are overlooked.

The fact that the research was conducted during the COVID-19 pandemic can also be considered a limitation. Because during this process, the workload of occupational physicians has increased, and they have to deal with a number of procedures outside of the routine. Therefore, it can be said that we are in an unusual situation. Although we remind our participants that an evaluation should be made above the pandemic conditions we are in in the qualitative part, this is not possible, especially in the quantitative part, and the line between routine and extraordinary disappears. Therefore, it can be said that it would be beneficial to repeat the study after the COVID-19 pandemic and to determine how much this situation affects the psychosocial risk experienced by the participants.

Our participants, who are OHS experts, have participated in our study from many different sources. However, all occupational physicians are members of the occupational physicians association. Therefore, they come from a single source. Future studies may try to reach occupational physicians from different sources. In addition, all participants answered their psychological health, physical health, financial situation and experiences in a self-assessment questionnaire. All of our data comes from participants' self-assessments. In addition to all these, our participants are aware that they are part of a research. For this reason, there may have been some deviations from the natural in their attitudes. This is called the "Hawthorne effect", another limitation.

CHAPTER 5

CONCLUSION

Our study measured the psychosocial risk that physicians and OHS are exposed to in many aspects. The results of the research show that both occupational groups are heavily exposed to psychosocial, social risks. This situation seriously affects people regarding Job Satisfaction, Burnout, commitment to the workplace, and Wellbeing. As can be seen here, psychosocial risks are essential problems for physicians and occupational health and safety specialists.

Differences in psychosocial risks that participants were exposed to were determined according to characteristics such as age, gender, occupation, working time, hazard class, household, tenure, experience, shift, managerial duty, financial status, psychological status, and physical health. Especially our young participants and female participants are exposed to a much higher level of psychosocial risk than others. In addition, our studies show that psychosocial risk is closely related to psychological health, physical health, and financial situation.

If it is desired to ensure occupational health and safety in workplaces, it is necessary to make sure that the health of the people responsible for this is not in danger. It is debatable how much efficiency can be obtained from OHS workers and physicians who are not satisfied with their jobs, have low wellbeing, experience Burnout, work for long periods with low wages, and have no job security. Psychological health is an element that determines the quality of life of a person at least as much as physical health. Employee health is an indispensable element in terms of both productivity and fundamental human rights. Since psychological health is also a part of it, it is another facet of this struggle. If it is desired to succeed in this struggle, it is not difficult to guess that it is necessary to start with the people responsible for providing occupational health.

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Appendices

A.1. Copenag Psychosocial Risk Questionnaire (Turkish)

KOPSOR-TR Değerlendirme Anketi						
(Her soru <u>ayrı ayrı</u> yanıtlanmalı ve her satırda <u>bir seçenek</u> işaretlenmelidir.)						
Soru No ve Kodu*	Sorular	Her zaman	Sıklıkla	Bazen	Nadiren	Asla/ Neredeyse hiç
1 CH-C	Çok hızlı çalışmak zorunda kalır mısınız?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
2 CH-C	Gün boyunca yüksek bir hızda mı çalışıyorsunuz?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
3 NT-S	İş yükünüz eşit dağıtılmadığı için birikir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
4 NT-C	İşlerinizin gerisinde kalıyor musunuz?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
5 NT-C	Tüm görevlerinizi tamamlamak için zamanınızın yetmediği ne sıklıkla olur?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
6 BT-L	Çalışırken çok fazla şeye dikkat etmek zorunluluğunuz var mı?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
7 BT-L	İşiniz çok fazla şeyi hatırlamanızı gerektirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
8 BT-L	İşiniz yeni fikirler ortaya koymanızı gerektirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
9 BT-L	İşiniz zor kararlar vermenizi gerektirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
10 DT-S	İşiniz sizi duygusal olarak rahatsız edici durumlara sokar mı?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
11 DT-C	İşinizin bir parçası başkalarının kişisel sorunları ile uğraşmanızı gerektirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
12 DT-C	İşiniz size duygusal olarak bir yük getirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
13 DG-S	İşiniz görüşlerinizi saklamanızı gerektirir mi?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0

		Her zaman	Sıklıkla	Bazen	Nadiren	Asla/ Neredeyse hiç
14 DG-S	İşiniz duygularınızı saklamanızı gerektirir mi?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
15 DG-S	Size davranışları nasıl olursa olsun herkese karşı açık ve nazik olmak olmanız beklenir mi?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
16 IE-C	İşinize ilişkin alınan kararlarda büyük oranda etki gücünüz var mı?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
17 IE-L	Çalışma arkadaşını seçme konusunda söz hakkınız var mı?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
18 IE-S	Size verilen iş miktarını belirlemede etkiniz olur mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
19 IE-S	İşinizde NE yapacağımıza siz karar verebiliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
20 IE-S	İşinizi NASIL yapacağımız konusunda sizin bir etkiniz oluyor mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
21 GO-L	İşinizde çeşitli görevleriniz var mıdır?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
22 GO-C	İşinizde yeni şeyler öğrenme olanağınız var mıdır?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
23 GO-C	İşinizde becerilerizi ya da uzmanlığınızı kullanabiliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
24 GO-S	İşiniz size becerilerinizi geliştirme fırsatı veriyor mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
25 IO-S	İşe ne zaman ara vereceğinize karar verebiliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
26 IO-S	Yıllık izin zamanınız yaklaşık olarak isteğiniz doğrultusunda mı belirlenir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
27 IO-S	Arkadaşınızla kısa bir sohbet için işinize ara verebiliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
28 IO-S	Kendi işiniz için yarım saatliğine özel bir izin almadan işyerinden ayrılabilir misiniz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰

		Çok fazla ölçüde	Büyük ölçüde	Orta ölçüde	Az ölçüde	Çok az ölçüde	
29	IA-C	İşinizi anlamlı buluyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
30	IA-S	Yaptığınız işin önemli olduğunu hissediyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
31	IA**	Kendinizi işinizde motive ve ilgili hissediyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
32	IB-L	Başkalarına işyerinizi anlatmaktan hoşlanır mısınız?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
33	IB-L	İşyerinizin sizin için çok önemli bir yer olduğunu düşünüyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
34	IB-L	Bu işyerinin bir üyesi olmaktan gurur duyuyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
35	O-C	İşyerinde önemli kararlar, değişiklikler veya gelecek planlarına ilişkin önceden size bilgi verilir mi?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
36	O-C	İşinizi iyi yapabilmeniz için gerek duyduğunuz bilgiyi alıyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
37	T-C	Yaptığınız iş yönetim tarafından fark ediliyor ve takdir ediliyor mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
38	T-L	Yönetim size saygı duyuyor mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
39	T-L	İşyerinde size adil davranılıyor mu?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
40	RA-C	İşinizin amaçları net olarak belirli midir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
41	RA-S	Hangi alanların kesin olarak sizin sorumluluğunuzda olduğunu biliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
42	RA-S	İşinizde sizden beklenenleri tam olarak biliyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
43	RC-C	İşinizde sizden birbiri ile çelişkili taleplerde bulunuluyor mu?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
44	RC-C	Bazen başka türlü yapılması gerektiğini düşündüğünüz şeyleri yapmak zorunda kalıyor musunuz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
45	RC-S	Bazen size gereksizmiş gibi görünen şeyleri yapmak zorunda kalıyor musunuz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰

<u>Bir üst amiriniz size göre ne ölçüde...</u>		Çok fazla ölçüde	Büyük ölçüde	Orta ölçüde	Az ölçüde	Çok az ölçüde
46 LK-S	Her bir çalışan için yeterli gelişme fırsatı sağlar?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
47 LK-L	Çalışanların işinden memnun olmasına öncelik verir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
48 LK-C	İş planlaması konusunda iyidir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
49 LK-C	Çatışmaları çözme konusunda iyidir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
		Her zaman	Sıklıkla	Bazen	Nadiren	Asla/ Neredeyse hiç
50 SDA-C	İş arkadaşlarınızdan ne sıklıkta yardım ve destek alırsınız?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
51 SDU-C	Bir üst amirinizden ne sıklıkta yardım ve destek alırsınız?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
52 TD-C	İşyerinde arkadaşlık ortamınız iyi midir?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
53 TD-S	İşyerinizde kendinizi bir topluluğa ait hissediyor musunuz?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
<u>Aşağıdakilerden kaygı duyar mısınız</u>		Çok fazla ölçüde	Büyük ölçüde	Orta ölçüde	Az ölçüde	Çok az ölçüde
54 IG-C	İşsiz kalmaktan?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
55 IG-C	İşsiz kalırsanız yeni bir iş bulmanızın zor olmasından?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
56 CKG-C	İsteğiniz dışında başka bir işe transfer olmaktan?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
57 CKG-S	Çalışma zamanlarınızın (vardiya, işe geliş-gidiş, çalışma günleri vb) isteğiniz dışında değiştirilmesinden?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
58 CKG-S	Maaşımızın azalacağından?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰

		Her zaman	Sıklıkla	Bazen	Nadiren	Asla/ Neredeyse hiç	
59	IEC-C	İşiniz enerjinizin çoğunu tükettiği için özel yaşamınızı olumsuz etkilediğini hissediyor musunuz?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
60	IEC-C	İşiniz zamanınızın çoğunu aldığı için özel yaşamınızı olumsuz etkilediğini hissediyor musunuz?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
61	IEC-L	İşle ilgili görevler nedeniyle, aile ve özel yaşam aktiviteleri için yaptığınız planları değiştirmek zorunda kalıyor musunuz?	<input type="checkbox"/> 100	<input type="checkbox"/> 75	<input type="checkbox"/> 50	<input type="checkbox"/> 25	<input type="checkbox"/> 0
			Çok fazla ölçüde	Büyük ölçüde	Orta ölçüde	Az ölçüde	Çok az ölçüde
62	G-S	İşyerinde çalışanlar genel olarak birbirlerine güvenir mi?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
63	G-C	Yönetim işlerini iyi yaptıkları konusunda çalışanlarına güven duyar mı?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
64	G-C	Çalışanlar yönetim tarafından verilen bilgilere güveniyor mu?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
65	G-S	Çalışanlar görüş ve duygularını ifade edebiliyor mu?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
66	AS-C	Çatışmalar adil bir şekilde çözülüyor mu?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
67	AS-C	İş yükü eşit bir şekilde dağılır mı?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
68	AS-L	Çalışanlar işlerini iyi yaptıklarında takdir ediliyor mu?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
69	AS-L	Çalışanların tüm önerileri yönetim tarafından ciddi bir şekilde değerlendirir mi?	<input type="checkbox"/> 0	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 75	<input type="checkbox"/> 100
		<u>İşiniz ile ilgili aşağıda vazılanlardan ne kadar memnunsunuz?</u>	Çok memnun	Memnun	Memnun değil	Hiç memnun değil	
70	ID-S	İleriye yönelik beklentilerinizden.	<input type="checkbox"/> 0	<input type="checkbox"/> 33.3	<input type="checkbox"/> 66.6	<input type="checkbox"/> 100	
71	ID-L	Fiziksel çalışma koşullarınızdan	<input type="checkbox"/> 0	<input type="checkbox"/> 33.3	<input type="checkbox"/> 66.6	<input type="checkbox"/> 100	
72	ID-L	Yeteneklerinizin kullanılma şeklinden	<input type="checkbox"/> 0	<input type="checkbox"/> 33.3	<input type="checkbox"/> 66.6	<input type="checkbox"/> 100	
73	ID-C	Her şey dikkate alındığında genel olarak işinizden	<input type="checkbox"/> 0	<input type="checkbox"/> 33.3	<input type="checkbox"/> 66.6	<input type="checkbox"/> 100	
74	ID-S	Maaşınızdan	<input type="checkbox"/> 0	<input type="checkbox"/> 33.3	<input type="checkbox"/> 66.6	<input type="checkbox"/> 100	

<u>Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre yanıtlayınız.</u>		Her zaman	Sıklıkla	Bazen	Nadiren	Asla/ Neredeyse hiç
75 TK-L	Kendinizi ne sıklıkta yıpranmış hissettiniz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
76 TK-L	Kendinizi ne sıklıkta fiziksel olarak tükenmiş hissettiniz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
77 TK-L	Kendinizi ne sıklıkta duygusal olarak tükenmiş hissettiniz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
78 TK-L	Kendinizi ne sıklıkta yorgun hissettiniz?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰

A.2.Copenhagen Psychosocial Risk Questionnaire(English)

KOPSOR-TR Değerlendirme Anketi						
(Her soru <u>ayrı ayrı</u> yanıtlanmalı ve her satırda <u>bir seçenek</u> işaretlenmelidir.)						
Question No.	Questions	Always	Often	Sometimes	Seldom	Never/Hardly Ever
CH-C	Do you have to work very fast?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
CH-C	Do you work at a high pace throughout the day?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
NT-S	Is your workload unevenly distributed so it piles up?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
NT-C	Do you get behind with your work?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
NT-C	How often do you not have time to complete all your work tasks?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
BT-L	Do you have to keep your eyes on lots of things while you work?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
BT-L	Does your work require that you remember a lot of things?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
BT-L	Does your work demand that you are good at coming up with new ideas?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
BT-L	Does your work require you to make difficult decisions?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
DT-S	Does your work put you in emotionally disturbing situations?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
DT-C	Do you have to deal with other people's personal problems as part of your work?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
DT-C	Is your work emotionally demanding?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
DG-S	Does your work require that you do not state your opinion?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
		Always	Often	Sometimes	Seldom	Never/Hardly Ever
DG-S	Does your work require that you hide your feelings?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
DG-S	Are you required to be kind and open towards everyone – regardless of how they behave towards	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
IE-C	Do you have a large degree of influence on the decisions concerning your work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰

IE-L	Do you have a say in choosing who you work with?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IE-S	Can you influence the amount of work assigned to you?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IE-S	Do you have any influence on WHAT you do at work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IE-S	Do you have any influence on HOW you do your work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
GO-L	Is your work varied?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
GO-C	Do you have the possibility of learning new things through your work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
GO-C	Can you use your skills or expertise in your work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
GO-S	Does your work give you the opportunity to develop your skills?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IO-S	Can you decide when to take a break?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IO-S	Can you take holidays more or less when you wish?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IO-S	Can you leave your work to have a chat with a colleague?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IO-S	If you have some private business is it possible for you to leave your place of work for half an hour without special permission?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
		To a very large extent	To a large extent	Somewhat	To small extent	To a very small extent
IA-C	Is your work meaningful?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IA-S	Do you feel that the work you do is important?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IA**	Do you feel motivated and interested in your work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IB-L	Do you enjoy telling others about your place of work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IB-L	Do you feel that your place of work is of great importance to you?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
IB-L	Are you proud of being part of this organization?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
O-C	At your place of work, are you informed well in advance concerning for example important decisions, changes or plans for the future?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
O-C	Do you receive all the information you need in order to do your work well?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰

T-C	Is your work recognized and appreciated by the management?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
T-L	Does the management at your workplace respect you?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
T-L	Are you treated fairly at your workplace?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
RA-C	Does your work have clear objectives?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
RA-S	Do you know exactly which areas are your responsibility?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
RA-S	Do you know exactly what is expected of you at work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
RC-C	Are contradictory demands placed on you at work?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
RC-C	Do you sometimes have to do things which ought to have been done in a different way?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
RC-S	Do you sometimes have to do things which seem to be unnecessary?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
<u>To what extent would you say that your immediate superior ...</u>		To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
LK-S	-makes sure that the members of staff have good development opportunities?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
LK-L	-gives high priority to job satisfaction?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
LK-C	-is good at work planning?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
LK-C	-is good at solving conflicts?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
		Always	Often	Sometimes	Seldom	Never/Hardly Ever
SDA-C	How often do you get help and support from your colleagues, if needed?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
SDU-C	How often do you get help and support from your immediate superior, if needed?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
TD-C	Is there a good atmosphere between you and your colleagues?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
TD-S	Do you feel part of a community at your place of work?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰

<u>Are you worried about the following?</u>		To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
IG-C	Are you worried about becoming unemployed?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
IG-C	Are you worried about it being difficult for you to find another job if you became unemployed?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
CKG-C	Are you worried about being transferred to another job against your will?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
CKG-S	Are you worried about the timetable being changed (shift, weekdays, time to enter and leave ...) against your will?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
CKG-S	Are you worried about a decrease in your salary (reduction, variable pay being introduced ...)?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
		Always	Often	Sometimes	Seldom	Never/Hardly Ever
IEC-C	Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
IEC-C	Do you feel that your work takes so much of your time that it has a negative effect on your private life?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
IEC-L	Due to work-related duties, I have to make changes to my plans for private and family activities.	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
		To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
G-S	Do the employees in general trust each other?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
G-C	Does the management trust the employees to do their work well?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
G-C	Can the employees trust the information that comes from the management?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
G-S	Are the employees able to express their views and feelings?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
AS-C	Are conflicts resolved in a fair way?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
AS-C	Is the work distributed fairly?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
AS-L	Are employees appreciated when they have done a good job?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰
AS-L	Are all suggestions from employees treated seriously by the management?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ¹⁰⁰

<u>How satisfied are you with what is written below about your work?</u>		Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	
ID-S	-your work prospects?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^{33.3}	<input type="checkbox"/> ^{66.6}	<input type="checkbox"/> ¹⁰⁰	
ID-L	-the physical working conditions?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^{33.3}	<input type="checkbox"/> ^{66.6}	<input type="checkbox"/> ¹⁰⁰	
ID-L	-the way your abilities are used?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^{33.3}	<input type="checkbox"/> ^{66.6}	<input type="checkbox"/> ¹⁰⁰	
ID-C	-your job as a whole, everything taken into consideration?	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^{33.3}	<input type="checkbox"/> ^{66.6}	<input type="checkbox"/> ¹⁰⁰	
ID-S	your salary	<input type="checkbox"/> ⁰	<input type="checkbox"/> ^{33.3}	<input type="checkbox"/> ^{66.6}	<input type="checkbox"/> ¹⁰⁰	
<u>These questions are about how you have been during the last 4 weeks</u>		Always	Often	Sometimes	Seldom	Never/Hardly Ever
TK-L	How often have you felt worn out?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
TK-L	How often have you been physically exhausted?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
TK-L	How often have you been emotionally exhausted?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰
TK-L	How often have you felt tired?	<input type="checkbox"/> ¹⁰⁰	<input type="checkbox"/> ⁷⁵	<input type="checkbox"/> ⁵⁰	<input type="checkbox"/> ²⁵	<input type="checkbox"/> ⁰

A.3. Demographic Information Form(Turkish)

Kaç yaşındasınız?

.....

Cinsiyetiniz nedir

- ¹Erkek
- ²Kadın

İşinizin güvenlik sınıflandırması hangi gruba aittir?

- ¹Az tehlikeli
- ²Tehlikeli
- ³Çok tehlikeli

Kaç yıldır

hekimsiniz?

.....

Kaç yıldır işyeri

hekimisi olarak

.....

çalışıyorsunuz?

İş yeri hekimi olarak hizmet verdiğiniz kuruluşlardaki çalışma şekliniz aşağıdaki seçeneklerden hangisine uygundur? Birden fazla seçenek işaretleyebilirsiniz.

- ¹ Bağımsız bir iş yeri hekimi olarak çalışıyorum.
- ² Bir ortak sağlık birimine bağlı olarak çalışıyorum.
- ³ Sadece bir şirkete iş yeri hekimi olarak hizmet veriyorum.
- ⁴ Birden fazla şirkete iş yeri hekimi olarak hizmet veriyorum.
- ⁵ Günde kaç saat çalışıyorsunuz?
- ⁶ Günde ortalama kaç çalışanın muayenesini yapıyorsunuz?
-

Hangi sektörde çalışıyorsunuz?

- ⁷ Hangi sektörde çalışıyorsunuz?
- ⁸ Adalet ve Güvenlik
- ⁹ Ağaç İşleri, Kağıt ve Kağıt Ürünleri
- ¹⁰ Akaryakıt/Gaz üretim/Enerji
- ¹¹ Banka/Sigorta/Finans
- ¹² Bilişim
Teknoloji/Telekomünikasyon/Elektrik/Elektronik
- ¹³ Cam, Çimento ve Toprak
- ¹⁴ Çevre

- ¹⁵ Eğitim/Danışmanlık
- ¹⁶ Gıda
- ¹⁷ Havacılık
- ¹⁸ Hızlı tüketim ürünleri
- ¹⁹ İlaç/Kimya/Kozmetik ve Temizlik Ürünleri
- ²⁰ Kamu/Yerel yönetimler
- ²¹ Kimya, Petrol, Lastik ve Plastik
- ²² Kültür, Sanat ve Tasarım
- ²³ Maden
- ²⁴ Makine ve Teçhizat İmalatı
- ²⁵ Medya, İletişim ve Yayıncılık
- ²⁶ Metal
- ²⁷ Moda/Hazır giyim
- ²⁸ Otomotiv/Yan sanayii
- ²⁹ Perakende/Mağazacılık
- ³⁰ Sağlık ve Sosyal Hizmetler
- ³¹ Spor ve Rekreasyon
- ³² Tarım/Ormancılık/Balıkçılık
- ³³ Tekstil, Hazır Giyim, Deri
- ³⁴ Turizm, Konaklama, Yiyecek-İçecek Hizmetleri
- ³⁵ Ulaştırma, Lojistik, Kargo

Yöneticilik göreviniz var mı? Varsa kaç kişilik bir ekibi yönetiyorsunuz?

- ¹Evet
- ⁰Hayır

. Bu işyerinde kaç yıldır çalışıyorsunuz?

Vardiyalı çalışan bir kuruluştaki iş yeri

hekimiyeniz, farklı vardiyalarda bulunuyor musunuz?

Çalıştığımı sağlık birimi örgüt şemasında kime/hangi departmana/yöneticiye bağlıdır?

Medeni durumunuz nedir?

- ¹Bekar
- ²Evli
- ³Dul/Boşanmış/Diğer

Hanede siz dahil kaç kişi yaşıyor?

Ekonomik durumunuzu en iyi tarif eden ifadeyi işaretleyin.

-
- ¹Hiç düşünmeden harcama yapabilirim
 - ²Rahat harcama yapabilirim
 - ³Sıkılmadan harcama yapabilirim
 - ⁴Düşünerek harcama yapabilirim
 - ⁵Temel ihtiyaçlarım dışında oldukça zor harcama yapabilirim
 - ⁶Temel ihtiyaçlarımı bile zor karşılıyorum

Genel olarak fiziksel sağlığınıza nasıl değerlendirirsiniz?

- ¹Çok iyi
- ²İyi
- ³Orta
- ⁴Kötü
- ⁵Çok Kötü

Genel olarak psikolojik sağlığınıza nasıl değerlendirirsiniz?

- ¹Çok iyi
- ²İyi
- ³Orta
- ⁴Kötü
- ⁵Çok Kötü

A.4. Demographic Information Form(English)

How old are you?

.....

What is your gender?

- ¹Male
- ²Female

Which group does your business belong to in the danger classification?

- ¹Less Dangerous
- ²Dangerous
- ³Very Dangerous

How many years have you been a physician?

.....

How many years have you been working as an occupational physician?

.....

Which of the following options is suitable for the way you work in the organizations you serve as an occupational physician? You can select more than one option.

- ¹I work as an independent occupational physician.
- ²I work under a common health unit.
- ³I only serve one company as an occupational physician.
- ⁴I serve as a workplace physician for more than one company.

How many hours a day do you work?

.....

How many employees do you inspect on average per day?

.....

Which sector do you work in?

- Justice and Security
- Woodworking, Paper and Paper Products
- Fuel / Gas production / Energy
- Bank/Insurance/Finance
- Information Technology/Telecommunications/Electricity/Electronics
- Glass, Cement and Soil
- Environment
- Education / Consultancy
- Food
- Aviation
- FMCG products
- Pharmaceutical/Chemistry/Cosmetic and Cleaning Products
- Public / Local governments
- Chemical, Petroleum, Rubber and Plastic
- Culture, Art and Design
- Mine
- Machinery and Equipment Manufacturing
- Media, Communication and Publishing
- Fashion/Apparel
- Automotive/supply industry
- Retail / Merchandising
- Health and Social Services
- Sports and Recreation
- Agriculture/Forestry/Fishing
- Textiles, Ready-to-Wear, Leather
- Tourism, Accommodation, Food and Beverage
- Services
- Transport, Logistics, Cargo

Do you have a managerial role?
If yes, how many people do you manage a team?

- ¹Yes
- ⁰No

How many years
have you been
working in this
workplace?

If you are an
occupational
physician in an
organization that
works in shifts, do
you work in
different shifts?

The health unit
you work in
depends on whom
/ which
department/manag
er in the
organizational
chart?

Your marital status? ¹Single
 ²Married
 ³Widowed/Divorced/Other

How many people
live in the
household,
including you?

Mark the statement that best
describes your economic
situation. ¹I can spend money comfortably
 ²I can spend money without feeling uneasy
 ³I can spend money mindful of my budget
 ⁴I can hardly spend except for my basic needs
 ⁵I barely meet even my basic needs

How would you
rate your physical
health in general? ¹Very good
 ²Good
 ³Medium
 ⁴Bad
 ⁵Too bad

How would you
rate your ¹Very good
 ²Good

psychological
health in general?

- ³Medium
- ⁴Bad
- ⁵Too bad

A.5. Challenges Of Occupational Safety Specialist Scale: Turkish and English

Kesinlikle Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Kısmen Katılıyorum	Katılıyorum	Kesinlikle Katılıyorum
(1)	(2)	(3)	(4)	(5)	(6)

Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
(1)	(2)	(3)	(4)	(5)	(6)

<p>Lütfen işyerinizde aşağıda verilen önermeler ile karşılaştığınızı düşünüyorsanız;1 - Kesinlikle Katılmıyorum, 2- Katılmıyorum,3 - Kısmen Katılmıyorum, 4 - Kısmen Katılıyorum, 5 - Katılıyorum, 6 - Kesinlikle Katılıyorum şeklinde işaretleyiniz</p>	<p>If you think to confront challenges stated below, please score in the range of 1 - Strongly disagree, 2–Disagree 3- Somewhat disagree, 4 –Somewhat agree, 5 - Agree, 6 - Strongly agree</p>
<p>Hizmet verdiğiniz işyer(ler)inde işverenin, nitelikli sağlık ve güvenlik çözümleri sunmak yerine sadece yasal yükümlülüğü yerine getirmeye çalıştığı izlenimine kapılırmısınız?</p>	<p>In the workplace(s) you serve, do you get the impression that the employer is only trying to fulfill the legal obligation instead of providing qualified health and safety solutions?</p>
<p>İşiniz gereği tespit ettiğiniz olumsuz durumlar ya da iyileştirilmesi gereken koşulları açık şekilde raporlayıp raporlamamak konusunda ikilemde kalırmısınız?</p>	<p>Do you have a dilemma about whether or not to report openly the negative situations or conditions that need improvement that you detect due to your job?</p>
<p>Teşhis, tedbir ve önerilerinizi resmi kayıtlara girip girmemek konusunda yönetimin baskısını ya da sınırlamasını hissettiğiniz olur mu?</p>	<p>Do you feel pressure or limitation from the management about whether or not to enter your diagnosis, precautions and suggestions in the official records?</p>

A.7. WHO-5 Well-being Index (Turkish)

<i>Son iki hafta boyunca</i>	Her zaman	Çoğu zaman	Geçen zamanın yarısında n çoğunda	Geçen zamanın yarısında n daha azında	Bazen	Hiçbir zaman
1 Kendimi neşeli ve keyifli hissettim	5	4	3	2	1	0
2 Kendimi sakin ve gevşemiş hissettim	5	4	3	2	1	0
3 Kendimi aktif ve dinç hissettim	5	4	3	2	1	0
4 Sabahları kendimi taze ve dinlenmiş hissederek uyandım	5	4	3	2	1	0
5 Günlük yaşantım beni ilgilendiren şeylerle dolu	5	4	3	2	1	0

A.8. WHO-5 Well-being Index (English)

	<i>Over the last two weeks</i>	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful and in good spirits	5	4	3	2	1	0
2	I have felt calm and relaxed	5	4	3	2	1	0
3	I have felt active and vigorous	5	4	3	2	1	0
4	I woke up feeling fresh and rested	5	4	3	2	1	0
5	My daily life has been filled with things that interest me	5	4	3	2	1	0

A.9. Informed Consent Form for Interviews (English)

Informed Consent Form:

The objective of this study is to examine the psychosocial risks that occupational physicians are exposed to. The study will be carried out as a master's thesis in the Department of Organizational Psychology at Istanbul Bilgi University.

Personal information of the participants will be kept in private, and the finding of the study will only be used for scientific purposes.

There will be no harm expected from this study for the participants. It is voluntary to participate in this study. You can quit any time during the interview and/or skip any question that you do not want to answer without mentioning an excuse.

If you accept, there will be audio-recording during the interview. I prefer audio-recording in order not to miss any information during our interview. Voice records will be transcribed, and content analysis will be conducted. Not to mention from your name and your organization name will be taken care of. The data collected from participants will not be used individually; they will be combined in a data pool, and analysis will be conducted as a whole.

If you do not prefer audio recording, the interviewer will take detailed notes during the session. Even if you accept audio recording, you can request the interviewer to stop recording any time you want during the interview. The recordings will be kept with a participant number which will let us keep recordings private.

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 do not accept ()

I accept audio recording () I do not accept ()

Signature of the participant

Signature and contact information of the researcher

Date

If there is, Name-Surname of Participant's Surrogate

:.....

Signature :.....

A.10. Informed Consent Form for Interviews (Turkish)

Bilgilendirilmiş Onay Formu:

Bu çalışmanın amacı, işyeri hekimlerinin maruz kaldığı psikososyal riskleri incelemektir. Çalışma, İstanbul Bilgi Üniversitesi'nde Örgütsel Psikoloji Bölümü'nde yüksek lisans tezi olarak yürütülecektir.

Katılımcıların kişisel bilgileri gizli tutulacak ve çalışmanın bulguları sadece bilimsel amaçlarla kullanılacaktır.

Bu çalışmadan katılımcıların herhangi bir zarar görmesine dikkat edilmektedir. Bu çalışmaya katılmak gönüllüdür. Görüşme sırasında istediğiniz zaman vazgeçebilir ve / veya cevaplamak istemediğiniz herhangi bir soruyu mazeret belirtmeden atlayabilirsiniz.

Kabul ederseniz, görüşme sırasında ses kaydı yapılacaktır. Görüşmemiz sırasında hiçbir bilgiyi kaçırmamak için ses kaydını tercih edilmektedir. Ses kayıtları yazılacak ve içerik analizi yapılacaktır. İsminiz ve kurumunuz tamamen gizli tutulacaktır. Katılımcılardan toplanan veriler bireysel olarak kullanılmayacak, bir veri havuzunda birleştirilecek ve bir bütün olarak analiz yapılacaktır.

Ses kaydını tercih etmiyorsanız, görüşmecisi oturum sırasında ayrıntılı notlar alacaktır. Ses kaydını kabul etmeniz bile, görüşmeciden görüşme sırasında istediğiniz zaman kaydı durdurmasını isteyebilirsiniz. Kayıtlar, kayıtları gizli tutmamızı sağlayacak bir katılımcı numarası ile saklanacaktır.

Bana verilen açıklamayı okudum ve anladım. Tüm sorularımı tatmin edecek şekilde cevaplandırdım ve bu çalışmaya gönüllü olarak katılmayı kabul ediyorum.

Kabul ediyorum Kabul etmiyorum

Ses kaydını kabul ediyorum Kabul etmiyorum

Katılımcının imzası

Araştırmacının imza ve iletişim bilgileri

Tarih

Varsa Katılımcı Vekilinin Adı-Soyadı:

İmza:

A.11. Interview Questions(Turkish)

Mülakat soruları

1. İsim soy isim ve şirket adı vermeden kısaca kendinizden bahsedebilir misiniz?
2. Karşılaştığınız en önemli, sizi en çok etkileyen psikosoyal riskler nelerdir.
3. Ücret, sosyal haklar, izinler, çalışma saatleri, iş güvencesi gibi çalışma şartlarınız hakkında neler söyleyebilirsiniz?
4. İş yükünüz ve iş temponuz hakkında neler söyleyebilirsiniz? Yaptığınız iş sizi zihinsel ve duygusal olarak yıpratıyor mu?
5. Yetki ve sorumluluklarınızın genişliği ve dengesi hakkında neler söyleyebilirsiniz? İhtiyacınız olan yetkilere sahip olduğunuzu düşünüyor musunuz ya da var olan yetkilerinizi kullanabiliyor musunuz? Kontrol edemediğiniz ya da göreviniz olmayan şeyler(angaryalar) hakkında sorumluluk almak zorunda kalıyor musunuz?
6. Çalışma arkadaşlarınız ve amirlerinizle olan ilişkileriniz hakkında neler söyleyebilirsiniz?
7. Çalıştığınız kuruma aidiyet ve bağlılık hissediyor musunuz? İşinizi anlamlı buluyor ve/veya severek yapıyor musunuz? İş performansınızı nasıl değerlendirirsiniz?
8. İş-yaşam dengeniz ne durumda? Kendinize ve ailenize yeterli kadar vakit ayırabiliyor musunuz? Kendinizi geliştirmeye zaman ayırabiliyor musunuz ya da şu anki işiniz kendinizi geliştirmenize fırsat tanıyor mu?
9. İş yerinizde çalışma arkadaşlarınız ve amirlerinizle aranızda güvene dayalı bir ilişki var mı? Bilgi paylaşımı açık ve dürüst mü? Kurumunuzda adalet olduğunu düşünüyor musunuz?
10. Stres, bedensel ve zihinsel problemler, burnout vb. problemler yaşıyor musunuz?
11. Psikososyal riskler sizi nasıl etkiliyor?

A.12.Interview Questions(English)

Interview questions

1. Can you briefly tell about yourself without giving your name, surname and company name?
2. What are the most important psychosocial risks you encounter and affect you the most.
3. What can you say about your working conditions such as wages, social rights, leaves, working hours, job security?
4. What can you say about your workload and work pace? Does your work wear you mentally and emotionally?
5. What can you say about the breadth and balance of your powers and responsibilities? Do you think you have the powers you need, or can you use your existing powers? Do you have to take responsibility for things (chores) that you cannot control or have no role in?
6. What can you say about your relationships with your colleagues and supervisors?
7. Do you feel belonging and loyal to the institution you work for? How would you evaluate your job performance?
10. How is your work-life balance? Can you spare enough time for yourself and your family? Can you take the time to improve, or does your current job give you the opportunity to improve?
11. Do you have a trusting relationship with your work colleagues and supervisors? Is information sharing open and honest? Do you think there is justice in your institution?
12. Do you have problems like stress, physical and mental problems, burnout etc.
13. How do psychosocial risks affect you?

A.13. Informed Consent Form for Quantitive Data Collection(English)

Informed Consent Form

This project aims to obtain descriptive data about the social perception of participants.

The research is conducted by Sadık Bektaş from İstanbul Bilgi University for Organizational Psychology Master Thesis.

A questionnaire will be applied in this research. Please do not write your name on the questionnaires. Personal information of the participants will be kept confidential, and data collected will only be used for the aims of the present study. Your participation is completely voluntary. You can quit answering the questionnaire any time without mentioning an excuse. The results of the study will be sent to you if you send a request. You can contact Sadık Bektaş if you have any further questions on the study.

Contact Information:

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.

Sadık Bektaş

sadikbektas1299@outlook.com

Please write your approval with your had writing as **“I voluntarily participate in this study.”**

A.14. Informed Consent Form for Quantitative Data Collection(Turkish)

Gönüllü Katılım Formu

Bu proje katılımcıların sosyal algıları konusunda tanımlayıcı veri elde etmeyi amaçlamaktadır.

Araştırma İstanbul Bilgi Üniversitesi Örgütsel Psikoloji bölümünden Sadık Bektaş tarafından yüksek lisans tezi kapsamında yürütülmektedir.

Bu araştırmada bir anket sunulmaktadır. Lütfen anket üzerine isim yazmayınız. Katılımcıların kişisel bilgileri gizli tutulacak ve elde edilen bulgular sadece bilimsel amaçla kullanılacaktır.

Katılımınız tamamen gönüllülük üzerine kuruludur. Çalışma sırasında sebep bildirmeksizin çalışmayı bırakabilirsiniz. Araştırmaya katıldıktan sonra herhangi bir sorunuz olduğu takdirde ya da araştırma sonuçlarını elde etmek için İdil Işık ile irtibata geçebilirsiniz.

Contact Information:

Yukarıdaki çalışmanın amacını ve içeriğini belirten bildiriye okudum, anladım ve araştırmaya katılmayı kabul ediyorum.

Sadık Bektaş
Istanbul Bilgi University

sadikbektas1299@outlook.com

Lütfen aşağıdaki boşluğa kendi el yazınızla **“Bu araştırmaya kendi isteğimle katılıyorum”** yazınız.

A.15. Differentiation in the relationship between psychosocial risks and participants' psychological health

ANOVA						
		Sum of		Mean		
		Squares	df	Square	F	Sig.
Justice&Trust	Between Groups	7075.086	2	3537.543	9.847	.000
	Within Groups	48497.265	135	359.239		
	Total	55572.351	137			
Quality Of Leadership	Between Groups	14900.120	2	7450.060	14.789	.000
	Within Groups	68005.508	135	503.745		
	Total	82905.627	137			
Recognition	Between Groups	10563.128	2	5281.564	9.032	.000
	Within Groups	78944.219	135	584.772		
	Total	89507.347	137			
Role Conflict	Between Groups	13025.096	2	6512.548	13.063	.000
	Within Groups	66803.574	134	498.534		
	Total	79828.670	136			
Meaning of Work	Between Groups	8994.266	2	4497.133	13.032	.000
	Within Groups	46587.960	135	345.096		
	Total	55582.226	137			
Role Clarity	Between Groups	6946.185	2	3473.092	10.928	.000
	Within Groups	42903.227	135	317.802		
	Total	49849.411	137			
Quantitative Demands	Between Groups	592.151	2	296.075	.648	.525
	Within Groups	61713.827	135	457.139		
	Total	62305.978	137			
Influence at Work	Between Groups	5089.937	2	2544.969	6.829	.001
	Within Groups	50309.519	135	372.663		
	Total	55399.457	137			
Cognitive Demands	Between Groups	166.777	2	83.388	.273	.762
	Within Groups	41245.134	135	305.520		
	Total	41411.911	137			
Possibilities for Development	Between Groups	5802.726	2	2901.363	8.473	.000
	Within Groups	46227.392	135	342.425		
	Total	52030.118	137			
Social Support	Between Groups	7518.623	2	3759.312	8.650	.000
	Within Groups	58668.254	135	434.580		
	Total					

	Total	66186.877	137			
Work Life Conflict	Between Groups	9246.591	2	4623.296	9.713	.000
	Within Groups	64258.340	135	475.988		
	Total	73504.932	137			
Emotional Demands	Between Groups	3481.468	2	1740.734	6.124	.003
	Within Groups	38372.155	135	284.238		
	Total	41853.623	137			
Control of Working Time	Between Groups	789.224	2	394.612	.921	.401
	Within Groups	57864.535	135	428.626		
	Total	58653.759	137			
Job Insecurity	Between Groups	9039.062	2	4519.531	6.511	.002
	Within Groups	93708.764	135	694.139		
	Total	102747.826	137			
Commitment to Workplace	Between Groups	9370.306	2	4685.153	10.424	.000
	Within Groups	60675.990	135	449.452		
	Total	70046.296	137			
Burnout	Between Groups	11596.419	2	5798.210	14.292	.000
	Within Groups	54767.088	135	405.682		
	Total	66363.508	137			
Job Satisfaction	Between Groups	5162.398	2	2581.199	17.793	.000
	Within Groups	19583.684	135	145.064		
	Total	24746.081	137			
Wellbeing	Between Groups	35.727	2	17.864	42.155	.000
	Within Groups	57.208	135	.424		
	Total	92.935	137			

A.16. Differentiation in the relationship between psychosocial risks and participants' financial status

Multiple Comparisons							
Tukey HSD							
Dependent Variable	financial situation I	financial situation II	Mean Difference			95% Confidence Interval	
			(I-II)	Std. Error	Sig.	Lower Bound	Upper Bound
Justice&Trust	Bad	Medium	2.92822	4.99654	.936	-10.0718	15.9283
		Good	13.72694*	4.33301	.010	2.4533	25.0006
		Very Good	27.83181*	5.54773	.000	13.3977	42.2659
	Medium	Bad	-2.92822	4.99654	.936	-15.9283	10.0718
		Good	10.79872*	3.98678	.038	.4259	21.1716
		Very Good	24.90358*	5.28173	.000	11.1615	38.6456
	Good	Bad	-13.72694*	4.33301	.010	-25.0006	-2.4533
		Medium	-10.79872*	3.98678	.038	-21.1716	-.4259
		Very Good	14.10486*	4.65899	.016	1.9831	26.2267
	Very Good	Bad	-27.83181*	5.54773	.000	-42.2659	-13.3977
		Medium	-24.90358*	5.28173	.000	-38.6456	-11.1615
		Good	-14.10486*	4.65899	.016	-26.2267	-1.9831
Quality Of Leadership	Bad	Medium	6.96214	6.52281	.710	-10.0090	23.9332
		Good	13.10112	5.65659	.100	-1.6163	27.8185
		Very Good	25.37185*	7.24235	.003	6.5286	44.2151
	Medium	Bad	-6.96214	6.52281	.710	-23.9332	10.0090
		Good	6.13898	5.20459	.641	-7.4024	19.6803
		Very Good	18.40971*	6.89510	.042	.4700	36.3494
	Good	Bad	-13.10112	5.65659	.100	-27.8185	1.6163
		Medium	-6.13898	5.20459	.641	-19.6803	7.4024
		Very Good	12.27073	6.08214	.187	-3.5538	28.0953
	Very Good	Bad	-25.37185*	7.24235	.003	-44.2151	-6.5286
		Medium	-18.40971*	6.89510	.042	-36.3494	-.4700
		Good	-12.27073	6.08214	.187	-28.0953	3.5538
Recognition	Bad	Medium	1.54923	6.59405	.995	-15.6072	18.7057
		Good	14.43237	5.71838	.061	-.4458	29.3105
		Very Good	31.02593*	7.32146	.000	11.9769	50.0750
	Medium	Bad	-1.54923	6.59405	.995	-18.7057	15.6072
		Good	12.88314	5.26144	.073	-.8061	26.5724
		Very Good	29.47671*	6.97041	.000	11.3410	47.6124

	Good	Bad	-14.43237	5.71838	.061	-29.3105	.4458
		Medium	-12.88314	5.26144	.073	-26.5724	.8061
		Very Good	16.59357*	6.14857	.039	.5961	32.5910
	Very Good	Bad	-31.02593*	7.32146	.000	-50.0750	-11.9769
		Medium	-29.47671*	6.97041	.000	-47.6124	-11.3410
		Good	-16.59357*	6.14857	.039	-32.5910	-.5961
Meaning of Work	Bad	Medium	7.73363	5.48006	.495	-6.5244	21.9917
		Good	5.43478	4.75232	.663	-6.9299	17.7994
		Very Good	18.15408*	6.08458	.018	2.3232	33.9850
	Medium	Bad	-7.73363	5.48006	.495	-21.9917	6.5244
		Good	-2.29885	4.37258	.953	-13.6755	9.0778
		Very Good	10.42045	5.79284	.278	-4.6514	25.4923
	Good	Bad	-5.43478	4.75232	.663	-17.7994	6.9299
		Medium	2.29885	4.37258	.953	-9.0778	13.6755
		Very Good	12.71930	5.10984	.066	-.5755	26.0141
	Very Good	Bad	-18.15408*	6.08458	.018	-33.9850	-2.3232
		Medium	-10.42045	5.79284	.278	-25.4923	4.6514
		Good	-12.71930	5.10984	.066	-26.0141	.5755
Role Clarity	Bad	Medium	6.40930	4.95712	.569	-6.4882	19.3068
		Good	8.81917	4.29883	.175	-2.3656	20.0039
		Very Good	24.72826*	5.50395	.000	10.4080	39.0485
	Medium	Bad	-6.40930	4.95712	.569	-19.3068	6.4882
		Good	2.40987	3.95532	.929	-7.8811	12.7009
		Very Good	18.31897*	5.24005	.004	4.6853	31.9526
	Good	Bad	-8.81917	4.29883	.175	-20.0039	2.3656
		Medium	-2.40987	3.95532	.929	-12.7009	7.8811
		Very Good	15.90909*	4.62223	.004	3.8829	27.9353
	Very Good	Bad	-24.72826*	5.50395	.000	-39.0485	-10.4080
		Medium	-18.31897*	5.24005	.004	-31.9526	-4.6853
		Good	-15.90909*	4.62223	.004	-27.9353	-3.8829
Influence at Work	Bad	Medium	5.41979	5.18301	.723	-8.0654	18.9050
		Good	11.80171*	4.49471	.047	.1073	23.4961
		Very Good	25.80092*	5.75476	.000	10.8281	40.7737
	Medium	Bad	-5.41979	5.18301	.723	-18.9050	8.0654
		Good	6.38192	4.13556	.415	-4.3780	17.1419
		Very Good	20.38113*	5.47883	.002	6.1263	34.6360
	Good	Bad	-11.80171*	4.49471	.047	-23.4961	-.1073
		Medium	-6.38192	4.13556	.415	-17.1419	4.3780

		Very Good	13.99920*	4.83285	.023	1.4250	26.5734
	Very Good	Bad	-25.80092*	5.75476	.000	-40.7737	-10.8281
		Medium	-20.38113*	5.47883	.002	-34.6360	-6.1263
		Good	-13.99920*	4.83285	.023	-26.5734	-1.4250
Possibilities for Development	Bad	Medium	13.50262	5.26457	.055	-.1948	27.2000
		Good	10.52783	4.56544	.102	-1.3506	22.4063
		Very Good	17.62014*	5.84532	.016	2.4117	32.8285
	Medium	Bad	-13.50262	5.26457	.055	-27.2000	.1948
		Good	-2.97479	4.20063	.894	-13.9040	7.9545
		Very Good	4.11751	5.56505	.881	-10.3617	18.5967
	Good	Bad	-10.52783	4.56544	.102	-22.4063	1.3506
		Medium	2.97479	4.20063	.894	-7.9545	13.9040
		Very Good	7.09230	4.90891	.474	-5.6797	19.8643
	Very Good	Bad	-17.62014*	5.84532	.016	-32.8285	-2.4117
		Medium	-4.11751	5.56505	.881	-18.5967	10.3617
		Good	-7.09230	4.90891	.474	-19.8643	5.6797
Social Support	Bad	Medium	3.91679	5.82395	.907	-11.2360	19.0696
		Good	7.37813	5.05054	.464	-5.7624	20.5187
		Very Good	25.07151*	6.46640	.001	8.2472	41.8959
	Medium	Bad	-3.91679	5.82395	.907	-19.0696	11.2360
		Good	3.46134	4.64697	.879	-8.6292	15.5519
		Very Good	21.15472*	6.15636	.004	5.1371	37.1724
	Good	Bad	-7.37813	5.05054	.464	-20.5187	5.7624
		Medium	-3.46134	4.64697	.879	-15.5519	8.6292
		Very Good	17.69338*	5.43050	.008	3.5643	31.8225
	Very Good	Bad	-25.07151*	6.46640	.001	-41.8959	-8.2472
		Medium	-21.15472*	6.15636	.004	-37.1724	-5.1371
		Good	-17.69338*	5.43050	.008	-31.8225	-3.5643
Work Life Conflict	Bad	Medium	3.79810	6.37828	.933	-12.7970	20.3932
		Good	-2.85463	5.53126	.955	-17.2459	11.5366
		Very Good	-13.36766	7.08188	.238	-31.7934	5.0581
	Medium	Bad	-3.79810	6.37828	.933	-20.3932	12.7970
		Good	-6.65273	5.08927	.560	-19.8941	6.5886
		Very Good	-17.16576	6.74232	.058	-34.7080	.3765
	Good	Bad	2.85463	5.53126	.955	-11.5366	17.2459
		Medium	6.65273	5.08927	.560	-6.5886	19.8941
		Very Good	-10.51302	5.94738	.294	-25.9870	4.9609
	Very Good	Bad	13.36766	7.08188	.238	-5.0581	31.7934

		Medium	17.16576	6.74232	.058	-.3765	34.7080
		Good	10.51302	5.94738	.294	-4.9609	25.9870
Job Insecurity	Bad	Medium	4.70765	6.94584	.905	-13.3641	22.7794
		Good	-7.01910	6.02345	.650	-22.6910	8.6528
		Very Good	-33.64989*	7.71206	.000	-53.7152	-13.5846
	Medium	Bad	-4.70765	6.94584	.905	-22.7794	13.3641
		Good	-11.72675	5.54213	.153	-26.1463	2.6928
		Very Good	-38.35753*	7.34228	.000	-57.4608	-19.2543
	Good	Bad	7.01910	6.02345	.650	-8.6528	22.6910
		Medium	11.72675	5.54213	.153	-2.6928	26.1463
		Very Good	-26.63078*	6.47660	.000	-43.4817	-9.7799
	Very Good	Bad	33.64989*	7.71206	.000	13.5846	53.7152
		Medium	38.35753*	7.34228	.000	19.2543	57.4608
		Good	26.63078*	6.47660	.000	9.7799	43.4817
Commitment to Workplace	Bad	Medium	12.56872	6.02458	.163	-3.1061	28.2435
		Good	16.43061*	5.22453	.011	2.8374	30.0238
		Very Good	23.32189*	6.68916	.004	5.9180	40.7258
	Medium	Bad	-12.56872	6.02458	.163	-28.2435	3.1061
		Good	3.86189	4.80705	.853	-8.6451	16.3689
		Very Good	10.75318	6.36843	.334	-5.8163	27.3226
	Good	Bad	-16.43061*	5.22453	.011	-30.0238	-2.8374
		Medium	-3.86189	4.80705	.853	-16.3689	8.6451
		Very Good	6.89128	5.61757	.611	-7.7246	21.5071
	Very Good	Bad	-23.32189*	6.68916	.004	-40.7258	-5.9180
		Medium	-10.75318	6.36843	.334	-27.3226	5.8163
		Good	-6.89128	5.61757	.611	-21.5071	7.7246
Burnout	Bad	Medium	5.42541	5.94607	.798	-10.0451	20.8960
		Good	-4.08020	5.15645	.858	-17.4963	9.3359
		Very Good	-16.37586	6.60200	.068	-33.5530	.8013
	Medium	Bad	-5.42541	5.94607	.798	-20.8960	10.0451
		Good	-9.50562	4.74441	.192	-21.8497	2.8384
		Very Good	-21.80127*	6.28545	.004	-38.1548	-5.4477
	Good	Bad	4.08020	5.15645	.858	-9.3359	17.4963
		Medium	9.50562	4.74441	.192	-2.8384	21.8497
		Very Good	-12.29565	5.54437	.124	-26.7211	2.1297
	Very Good	Bad	16.37586	6.60200	.068	-.8013	33.5530
		Medium	21.80127*	6.28545	.004	5.4477	38.1548
		Good	12.29565	5.54437	.124	-2.1297	26.7211

Job Satisfaction	Bad	Medium	1.00720	3.68392	.993	-8.5777	10.5921
		Good	5.11660	3.19470	.381	-3.1954	13.4286
		Very Good	10.78215*	4.09030	.046	.1400	21.4243
	Medium	Bad	-1.00720	3.68392	.993	-10.5921	8.5777
		Good	4.10940	2.93943	.503	-3.5384	11.7572
		Very Good	9.77495	3.89418	.063	-.3570	19.9069
	Good	Bad	-5.11660	3.19470	.381	-13.4286	3.1954
		Medium	-4.10940	2.93943	.503	-11.7572	3.5384
		Very Good	5.66555	3.43504	.355	-3.2718	14.6029
	Very Good	Bad	-10.78215*	4.09030	.046	-21.4243	-.1400
		Medium	-9.77495	3.89418	.063	-19.9069	.3570
		Good	-5.66555	3.43504	.355	-14.6029	3.2718
Wellbeing	Bad	Medium	.48690	.20668	.091	-.0509	1.0246
		Good	.60182*	.17924	.006	.1355	1.0682
		Very Good	1.35789*	.22948	.000	.7608	1.9550
	Medium	Bad	-.48690	.20668	.091	-1.0246	.0509
		Good	.11492	.16491	.898	-.3142	.5440
		Very Good	.87100*	.21848	.001	.3026	1.4394
	Good	Bad	-.60182*	.17924	.006	-1.0682	-.1355
		Medium	-.11492	.16491	.898	-.5440	.3142
		Very Good	.75608*	.19272	.001	.2547	1.2575
	Very Good	Bad	-1.35789*	.22948	.000	-1.9550	-.7608
		Medium	-.87100*	.21848	.001	-1.4394	-.3026
		Good	-.75608*	.19272	.001	-1.2575	-.2547

*. The mean difference is significant at the 0.05 level.

A.17. Variation in the relationship between psychosocial risks and age of participants

Multiple Comparisons							
Tukey HSD							
Dependent Variable	Age group	Age group II	Mean		Sig.	95% Confidence Interval	
			Difference (I-II)	Std. Error		Lower Bound	Upper Bound
Role Conflict	22-35	36-45	4.85209	5.76551	.835	-10.1487	19.8528
		46-55	20.42806*	5.35687	.001	6.4905	34.3656
		56-70	23.74795*	5.94522	.001	8.2796	39.2163
	36-45	22-35	-4.85209	5.76551	.835	-19.8528	10.1487
		46-55	15.57597*	5.09621	.014	2.3166	28.8354
		56-70	18.89586*	5.71148	.007	4.0357	33.7560
	46-55	22-35	-20.42806*	5.35687	.001	-34.3656	-6.4905
		36-45	-15.57597*	5.09621	.014	-28.8354	-2.3166
		56-70	3.31988	5.29868	.923	-10.4663	17.1060
	56-70	22-35	-23.74795*	5.94522	.001	-39.2163	-8.2796
		36-45	-18.89586*	5.71148	.007	-33.7560	-4.0357
		46-55	-3.31988	5.29868	.923	-17.1060	10.4663
Quantitative Demands	22-35	36-45	.22989	5.00611	1.000	-12.7938	13.2536
		46-55	15.72634*	4.64429	.005	3.6439	27.8088
		56-70	20.00000*	5.16507	.001	6.5627	33.4373
	36-45	22-35	-.22989	5.00611	1.000	-13.2536	12.7938
		46-55	15.49645*	4.46683	.004	3.8757	27.1172
		56-70	19.77011*	5.00611	.001	6.7464	32.7938
	46-55	22-35	-15.72634*	4.64429	.005	-27.8088	-3.6439
		36-45	-15.49645*	4.46683	.004	-27.1172	-3.8757
		56-70	4.27366	4.64429	.794	-7.8088	16.3561
	56-70	22-35	-20.00000*	5.16507	.001	-33.4373	-6.5627
		36-45	-19.77011*	5.00611	.001	-32.7938	-6.7464
		46-55	-4.27366	4.64429	.794	-16.3561	7.8088
Influence at Work	22-35	36-45	-5.90909	4.98978	.638	-18.8903	7.0721
		46-55	-13.51064*	4.62914	.021	-25.5536	-1.4676
		56-70	-12.24138	5.14823	.086	-25.6348	1.1521
	36-45	22-35	5.90909	4.98978	.638	-7.0721	18.8903
		46-55	-7.60155	4.45226	.324	-19.1844	3.9813
		56-70	-6.33229	4.98978	.584	-19.3135	6.6489

	46-55	22-35	13.51064*	4.62914	.021	1.4676	25.5536
		36-45	7.60155	4.45226	.324	-3.9813	19.1844
		56-70	1.26926	4.62914	.993	-10.7738	13.3123
	56-70	22-35	12.24138	5.14823	.086	-1.1521	25.6348
		36-45	6.33229	4.98978	.584	-6.6489	19.3135
		46-55	-1.26926	4.62914	.993	-13.3123	10.7738
Cognitive Demands	22-35	36-45	2.58621	4.17930	.926	-8.2865	13.4589
		46-55	12.82557*	3.87724	.007	2.7387	22.9124
		56-70	14.87069*	4.31201	.004	3.6527	26.0886
	36-45	22-35	-2.58621	4.17930	.926	-13.4589	8.2865
		46-55	10.23936*	3.72909	.034	.5379	19.9408
		56-70	12.28448*	4.17930	.020	1.4118	23.1572
	46-55	22-35	-12.82557*	3.87724	.007	-22.9124	-2.7387
		36-45	-10.23936*	3.72909	.034	-19.9408	-5.379
		56-70	2.04512	3.87724	.952	-8.0418	12.1320
	56-70	22-35	-14.87069*	4.31201	.004	-26.0886	-3.6527
		36-45	-12.28448*	4.17930	.020	-23.1572	-1.4118
		46-55	-2.04512	3.87724	.952	-12.1320	8.0418
Work Life Conflict	22-35	36-45	1.00139	5.61828	.998	-13.6149	15.6177
		46-55	13.71362*	5.21222	.046	.1537	27.2735
		56-70	18.67816*	5.79668	.009	3.5977	33.7586
	36-45	22-35	-1.00139	5.61828	.998	-15.6177	13.6149
		46-55	12.71223	5.01306	.059	-.3296	25.7540
		56-70	17.67677*	5.61828	.011	3.0605	32.2931
	46-55	22-35	-13.71362*	5.21222	.046	-27.2735	-.1537
		36-45	-12.71223	5.01306	.059	-25.7540	.3296
		56-70	4.96454	5.21222	.776	-8.5954	18.5245
	56-70	22-35	-18.67816*	5.79668	.009	-33.7586	-3.5977
		36-45	-17.67677*	5.61828	.011	-32.2931	-3.0605
		46-55	-4.96454	5.21222	.776	-18.5245	8.5954
Job Insecurity	22-35	36-45	15.78370	6.58212	.082	-1.3401	32.9075
		46-55	17.90169*	6.10640	.020	2.0155	33.7879
		56-70	29.82759*	6.79113	.000	12.1600	47.4951
	36-45	22-35	-15.78370	6.58212	.082	-32.9075	1.3401
		46-55	2.11799	5.87307	.984	-13.1612	17.3972
		56-70	14.04389	6.58212	.148	-3.0799	31.1677
	46-55	22-35	-17.90169*	6.10640	.020	-33.7879	-2.0155
		36-45	-2.11799	5.87307	.984	-17.3972	13.1612

	56-70	11.92590	6.10640	.211	-3.9603	27.8121
56-70	22-35	-29.82759*	6.79113	.000	-47.4951	-12.1600
	36-45	-14.04389	6.58212	.148	-31.1677	3.0799
	46-55	-11.92590	6.10640	.211	-27.8121	3.9603

*. The mean difference is significant at the 0.05 level.

A.18. Normality Tests Results

	Shapiro-Wilk (Sample size is between 0-2000)			Ref: IBM SPSS for Introductory Statistics: Use and Interpretation, Fifth Edition Yazar: George A. Morgan, Nancy L. Leech, Gene W. Gloeckner, Karen C. Barrett (2013). Routledge			
	Statistic	df	Sig.	Skewness	Std. Error (SE)	Skewness /SE	
Justice&Trust	0.982	137	0.066	-0.257	0.207	-1.23990002	Normally distributed
Quality Of Leadership	0.965	137	0.001	-0.207	0.207	-1.00199891	Normally distributed
Role Conflict	0.972	137	0.006	0.249	0.207	1.203560613	Normally distributed
Quantitative Demands	0.985	137	0.131	-0.140	0.207	-0.67455338	Normally distributed
Influence at Work	0.977	137	0.023	-0.420	0.207	-2.03036777	Normally distributed
Social Support	0.980	137	0.045	-0.245	0.207	-1.18215167	Normally distributed
Emotional Demands	0.981	137	0.052	-0.381	0.207	-1.84063942	Normally distributed
Control of Working Time	0.966	137	0.002	-0.357	0.207	-1.72234464	Normally distributed
Commitment to Workplace	0.959	137	0.000	-0.476	0.207	-2.29712823	Normally distributed
Job Satisfaction	0.971	137	0.005	-0.296	0.207	-1.42850662	Normally distributed
Wellbeing	0.981	137	0.051	-0.063	0.207	-0.30329623	Normally distributed
Recognition	0.967	111	0.007	-0.067	0.229	-0.29332129	Normally distributed After the outliers were removed the analysis were re-run, the sample size shows the removal of cases

Meaning of Work	0.937	123	0.000	-0.207	0.247	-0.83487099	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Role Clarity	0.973	123	0.013	-0.281	0.247	-1.13445636	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Cognitive Demands	0.956	123	0.000	-0.033	0.247	-0.13368149	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Possibilities for Development	0.957	123	0.001	-0.264	0.247	-1.06862157	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Work Life Conflict	0.963	123	0.002	0.126	0.247	0.507275054	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Job Insecurity	0.909	114	0.000	0.643	0.226	2.838502346	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases
Burnout	0.950	111	0.000	0.163	0.229	0.71021179	Normally distributed	After the outliers were removed the analysis were re-run, the sample size shows the removal of cases

A.19. Result Of Evaluation By The Ethics Committee

ETİK KURUL DEĞERLENDİRME SONUCU / RESULT OF EVALUATION BY THE ETHICS COMMITTEE

Covid-19 salgını nedeniyle İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurulu, 2020-2021 Bahar döneminde teslim edilecek lisansüstü tezlerin onay yetkisini ilgili etik kurul alt komitelerine devretmiştir. / Due to the Covid-19 outbreak, İstanbul Bilgi University Human Research Ethics Committee has transferred its approval authority to the Ethics Board Sub-Committees organized within each graduate program. Thus, the graduate theses to be submitted in the Spring semester of 2020-2021 should/must get the approval of the Ethics Board Sub-Committee within their own graduate program.

ETİK KURUL ALT KOMİTESİ DEĞERLENDİRME SONUCU / ETHICS BOARD SUB-COMMITTEE EVALUATION RESULT

Bu bölüm lisansüstü tez araştırmaları için ilgili Etik Kurul alt komitesince doldurulacaktır./ This part to be completed by the Ethics Board sub-committee responsible for graduate dissertation studies.

Başvuru Sahibi / Applicant: **Sadık Bektaş**

Proje Başlığı / Project Title: **Occupational Physicians' Psychosocial Risks: A Mixed-Methods Research with Copenhagen Psychosocial Questionnaire**

Değerlendirme Sonucu/ Result of Evaluation

1. Herhangi bir değişikliğe gerek yoktur. Veri toplama/uygulama başlatılabilir./
There is no need for revision. Data collection/application may commence :

2. Ret / Application Rejected : _____

Reddin gerekçesi / Reason of Rejection: _____

Değerlendirme Tarihi / Date of Evaluation:

April 1, 2021

Gergely Czukor

Unvanı, Adı, Soyadı / Title, Name, Surname: Ümit Akırmak

İmza / Signature:

