The Relationship of Occupational Safety Culture of Healthcare Professionals with Quality of Work Life and Work Performance

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Abstract

The purpose of this study is to investigate the relationship of occupational safety culture of healthcare professionals with quality of work life and work performance. The study was conducted with 140 healthcare professionals working in Muş State Hospital. Data were collected through questionnaires using "Personal Information Form", "Safety Culture Scale", "Quality of Work Life Scale For Healthcare Personnel" and "Work Performance Scale". The study is a descriptive and cross-sectional study. Frequency distribution, percentage values, mean and standard deviation were calculated in the analysis of descriptive data, and "Pearson correlation test" and "Spearman test" were used to test the relationships between the three parameters. According to the results obtained from the study, a positive statistical relationship was found between the sub-dimensions of the safety culture of health workers and the sub-dimensions of the quality of work life ($p<.05$), and between the sub-dimensions of the safety culture and work performance ($p<.05$). These results show that the development of an occupational safety culture for health personnel working in hospitals increases the performance of the employees and the quality of their working lives. It can be claimed here that the hospital management's showing the necessary sensitivity to the "safety culture" phenomenon, performing the needs analysis by including the employees and ensuring that the safety trainings are given by the experts will lay the groundwork for a healthy and safe working environment. It is predicted that this situation will increase the quality of working life and work performance.

Keywords: Occupational Safety Culture, Quality of Work Life, Work Performance, Healthcare Professionals.

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1. Introduction

In order to maintain accident prevention strategies more effectively, the safety culture focuses primarily on the underlying cause of accidents, rather than the symptoms of accidents (Tetzlaff et al., 2021, p. 202). Occupational safety culture is evaluated holistically as the combinations of all values, attitudes, and beliefs pertaining to ensuring occupational health and safety in the working life, which are created by organizations with the influence of social culture and shared by the members of the organization (Çiftci, 2016, p. 18).

The reflections on the effects of safety culture on employees in occupational health and safety have been an interesting topic in the literature (Edwards et al., 2013; Aburumman et al., 2019). In this context, the safety culture of work accidents (Jafari Nodoushan et al., 2011), national culture (Noort et al., 2016), work stress (Zamanian et al., 2016), employee engagement (Biddison et al., 2016), ethical leadership (Khan et al., 2018) and psychosocial risk factors (Naji et al., 2021) have been studied. However, no study has been found that directly addresses the relationship between safety culture and quality of work life.

The quality of working life is a broad term that encompasses adequate and fair wages, social integration, healthy and safe working conditions, and an organizational structure that allows the employee to use and develop their talents and skills (Narehan et al., 2014, p. 25). Utilizing the ability of workers to provide value to the firm, the notion of quality of work life is crucially vital. Initially, the employee's job satisfaction enhances his productivity. Achieving a balance between work and personal life and creating a positive work environment are factors that affect the quality of working life (Acharya & Anand, 2020, p. 677). If the company cares about the quality of the workers' working lives, it might increase their loyalty to the organization (Karimi & Karimi, 2016, p. 281).

Work life quality at work has been frequently studied by researchers (Bagtasos, 2011; Nanjundeswaraswamy & Swamy, 2013). There are studies that deal with the topics of work life quality and work stress (Khaghanizadeh et al., 2008), organizational commitment (Normala, 2010), intention to leave (Almalki et al., 2012), employee engagement (Beloor et al., 2017), job performance (Bakhshi & Kalantari, 2017), transformational leadership (Gillet et al., 2013), organizational performance (Leitão & Gonçalves, 2019), human resource efficiency (Barzegar et al., 2012), intention to stay at work (Agus & Selvaraj, 2020), and ethical behaviors (Pio & Lengkong, 2020).

Like the quality of working life, job performance has frequently been discussed in the literature. Performance is the operational process of what an employee does at work. Job performance reflects the employee's knowledge, skills and ethical values in the organization. Employees fulfill their duties and the expectations of the organization thanks to their performance (Darvishmotevalia & Ali, 2020, p. 5). The success of the organization depends on the performance of the employees. As employees develop, productivity and output increase, which also affects organizational effectiveness. For this reason,

organizations strive for the development of employees and invest in human capital (Hameed & Waheed, 2011, p. 228).

There are studies in the literature that are related to job performance. The relationship between job performance and the concepts such as competence job satisfaction (Bowling, 2007; Kamis & Zakaria, 2022; Sheridan & Slocum, 1975; Usop et al., 2013), work climate (Suliman, 2002), work passion (Astakhova & Porter, 2015), perceived job autonomy (Anders & Kuvaas, 2011), job burnout (Ashtari et al., 2009), perceived organizational policy (Bodla & Danish, 2009), work engagement, perceived career support and career adaptability (Gupta, 2019), psychological, physical and behavioral health (Ford et al., 2011), organizational commitment (Kaplan & Kaplan, 2018), work commitment, work alienation (Kartal, 2018), psychological contract breach (Bal et al., 2010), and self sufficient (Tian et al., 2019) has been examined in the relevant literature.

There are studies focusing on the relationship between safety culture and safety performance rather than the relationship established between safety culture and job performance in the literature. However, no study has been found that directly reveals the relationship of safety culture with work performance and safety culture with quality of work life. Therefore, this study aims to investigate the relationship of occupational safety culture of healthcare professionals with quality of work life and work performance. The research questions that will guide the study for this purpose are as follows:

    i-Is there a relationship between occupational safety culture and working life quality?

    ii-Is there a relationship between occupational safety culture and job performance?

Method

1. Universe and Sample

The universe of the study consists of doctors, nurses, midwives and other health professionals (such as technicians, pharmacists, psychologists) working in Muş State Hospital between 04.03.2022 and 22.04.2022. The sample was chosen according to the convenience and accessibility of the participants and simple random sampling was used. The study was carried out with healthcare professionals working in Muş State Hospital who voluntarily agreed to participate in the study. The purpose of the research was explained to the participants before the research. A total of 190 questionnaires were distributed, and responses were received from 160 of these questionnaires. Of the returned questionnaires, 20 were excluded from the analysis due to incomplete data entry or unclear markings in 12 of them, and 8 of the returned questionnaires were not responded. Therefore, a total of 140 healthcare workers' questionnaires were included in the analysis.

The 3.1.9.4 version of the G*Power program (Heinrich-Heine-Universität Düsseldorf, Germany) was utilized to determine the sample size of the study (Faul et al., 2007). Based on similar articles (Arslan et al., 2017), a total of 140 healthcare workers (n=140) were included in the study, with the power ratio of the sample calculated as $\beta = .90$, $\alpha = .05$ and effect size is d=0.27.

2. Data Collection Tools

Questionnaire was used as data collection method in the study. Questionnaire forms were distributed through face-to-face interviews and filled in by the participants themselves. The research is descriptive and cross-sectional. The data were collected through the "Personal Information Form", "Occupational Safety Culture Scale", " Quality of Work Life Scale for Healthcare Personnel " and "Work Performance Scale" using the questionnaire method.

Personal Information Form

This form consists of a total of 9 questions asking about gender, age, marital status, educational status, position at work, work experience, working year in the institution, weekly working hours, and being in a work accident.

Occupational Safety Culture Scale

The occupational safety culture scale consists of 8 sub-dimensions containing a total of 35 questions. The sub-dimensions are "managers' attitudes (questions 1-4)", "managers' behaviors (questions 5-8)", "security priority (questions 9-12)", "security communication (questions 13-17)", consisting of "safety training (questions 18-21)", "safety awareness (questions 22-26)", "employee participation (questions 27-30)", and "reporting culture (questions 31-35)". The scale is in the form of a 5-point Likert scale, with 1: strongly disagree, 2: disagree, 3: partially agree, 4: agree, 5: completely agree. This scale was adapted into Turkish by Dursun. The reliability values of the scales used in the study ranged from 0.70 to 0.87, and these values were found within acceptable limits (Dursun, 2013, p. 69).

Quality of Work Life Scale for Healthcare Personnel

Aydın et al. developed a scale to evaluate the working life quality of health workers, and also made the validity and reliability of the scale. In order to determine the construct validity of the scale, 52 questions obtained from the literature were rearranged by subjecting explanatory factor analysis. As a result of the analysis, the number of questions was reduced to 27 and a scale with 6 factors was created. The Cronbach Alpha coefficient for the whole scale was determined as 0.882. It was found that the item-total correlation values for the scale items varied between 0.20 and 0.57, and factor loads varied between 0.58 and 0.83. Participants' participation in the statement in the survey is measured using a 5-point Likert. The degree of participation of the employees in the statements ranges from 1: strongly disagree, 2: disagree, 3: undecided, 4: agree and 5: strongly agree (Aydın et al., 2011).

Job Performance Scale

The Employee Performance scale was adapted into Turkish by Çöl (2008) with 4 statements taken by Sigler & Pearson (2000) from Kirkman & Rosen (1999). Participants' participation in the statement was in the form of a 5-point Likert type: 1: strongly disagree, 2: disagree, 3: undecided, 4: agree, and 5: strongly agree. The Cronbach α value of the scale was found to be above the 0.70 level, which is accepted in the literature. The cronbach alpha coefficients (α) determined according to the variables are

as follows. Meaning-Competence is 0,87, Autonomy is 0,81, Impact is 0,94 and Employee Performance is 0,82 (Çöl, 2008).

3. Statistical Analysis

Statistical analyzes were performed using IBM® SPSS© 24 software. Compliance of numerical variables with normal distribution was made using visual (histogram and probability graphs) and analytical methods (Kolmogorov-Smirnov test). Descriptive statistics for normally distributed numerical variables were given with mean and standard deviation, while those for categorical variables were given using numbers and percentages. "Pearson correlation test" was used for data with normally distributed relationships between variables. The Pearson correlation test was used to evaluate the relationships between the variables in the data with normal distribution, whereas the Spearman test was used to investigate the relationships between the variables in the data without normal distribution. The degree of correlation was interpreted as low correlation when the correlation coefficient was between 0.05-0.4, moderate correlation between 0.4-0.7 and high correlation between 0.7-1.0 (Hayran & Hayran, 2011). Statistical significance level was accepted as $p<.05$.

Results

The data on the sociodemographic characteristics of the health workers participating in the study are given in Table 1. The average age of the health workers is 28.4, the average working year is 6.5, and the weekly working hours are 49.2. 60.9% of the participants are women, 62.3% are nurses/midwives, 58% are undergraduates, and 52% are single. It was determined that 22.5% of the participants have a work accident (Table 1).

Table 1. Data on Sociodemographic Characteristics of Healthcare Workers

Variable	Level	n	%
Gender	Female	84	60,9
	Male	54	39,1
Occupation	Doctor	7	5,1
	Nurse/Midwife	86	62,3
	Other (psychologist, pharmacist and technician)	45	32,6
Education Level	High School	11	8
	Two-year degree	35	25,4
	Undergraduate degree	80	58
	Graduate degree	12	8,7
Marital status	Single	72	52,2
	Married	66	47,8
Occupational accident	Yes	31	22,5
	No	107	77,5

Variable	AM	S	Min	Max
Age	28,4	5,5	17	52
Year of work	6,5	6,3	0	32
Years of work at this workplace	4,3	5,3	0	29
Weekly working hours	49,2	15	8	96

n; frequency analysis, %; percent, AM; arithmetic mean, SD; standard deviation

Table 2 displays the relationship between the occupational safety culture and the job performance of the health workers who participated in the research. This table shows the correlation analysis between safety culture variables and job performance. Accordingly, all sub-parameters of occupational safety culture (manager attitudes, manager behaviors, safety priority, safety communication, safety training, safety awareness, employee participation, and reporting culture) were found to have a positive statistical relationship with job performance (p<.05). This shows that as the occupational safety culture scores of the health workers participating in the study increase, so does their job performance.

Table 2. The Relationship Between Occupational Safety Culture and Work Performance of Healthcare Workers

Occupational Safety Culture Scale Dimensions	*Level*	*Job Performance*
Attitudes of managers	r	0,288
	p	**0,001**
Behaviors of managers	r	0,202
	p	**0,018**
Security priority	r	0,313
	p	**0,000**
Security communication	r	0,246
	p	**0,005**
Safety training	r	0,284
	p	**0,001**
Security awareness	r	0,271
	p	**0,001**
Employee participation	r	0,418
	p	**0,000**
Reporting culture	r	0,366
	p	**0,000**

r; Pearson correlation test

The relationship between the occupational safety culture of the participating health workers and the quality of working life is given in Table 3. This table shows the correlation analysis between safety culture variables and job performance.

According to the table, there is a low level of positive statistical correlation between "managers' attitudes", which is sub-parameters of occupational safety culture, and "continuous development and improvement opportunities (CDIO)," "social integration into the organization (SIO)" and "laws in the organization (LO)", which are sub-parameters of health personnel quality of work life (p<.05).

A low level of positive statistical correlation was found between the sub-parameters of occupational safety culture, "behaviors of managers" and the sub-parameters of quality of work life, "CDIO", "SIO" and "LO" (p<.05) (Table 3).

A low level of positive statistical correlation was found between the sub-parameters of occupational safety culture, "safety priority", and the sub-parameters of work life quality, "CDIO", "SIO" and "LO" (p<.05) (Table 3).

A low level of positive statistical correlation was found between "safety communication", one of the sub-parameters of the occupational safety culture, and "CDIO", "SIO" and "LO", which are the sub-parameters of the quality of work life (p<.05) (Table 3).

A positive moderate statistical correlation was found between "safety training", one of the sub-parameters of occupational safety culture, and "CDIO", "SIO" and "LO", which are sub-parameters of work life quality (p<.05) (Table 3).

There is a moderate level of positive statistical correlation between "safety awareness", one of the sub-parameters of the occupational safety culture, and "the risk of occupational accidents, occupational diseases and physical working conditions at the workplace (OARODPWCW)", "CDIO", "SIO" and "LO", which are the sub-parameters of the quality of work life (p<.05) (Table 3).

A low level of positive statistical correlation was found between "employee participation", one of the sub-parameters of the occupational safety culture, and "CDIO", "SIO" and "LO", which are the sub-parameters of the quality of work life (p<.05) (Table 3).

A positive moderate statistical correlation was found between "reporting culture", one of the sub-parameters of the occupational safety culture, and "CDIO", "SIO" and "LO", which are the sub-parameters of the quality of work life (p<.05) (Table 3).

To put it more clearly, it was revealed that as the occupational safety culture scores of the health workers participating in the study increased, their working life quality increased.

Table 3. The Relationship between the Occupational Safety Culture and the Quality of Work Life of the Health Workers

Dimensions		OARODPWCW	DW	CDIO	SIO	WSTP	LO
Attitudes of managers*	r	-0,014	-0,109	0,346	0,381	-0,041	0,315
	p	0,874	0,217	**0,000**	**0,000**	0,636	**0,000**
Behaviors of managers	r	0,057	0,000	0,281	0,503	0,160	0,299
	p	0,525	1,000	**0,001**	**0,000**	0,064	**0,000**
Security priority*	r	-0,032	-0,148	0,297	0,497	-0,015	0,219
	p	0,722	0,095	**0,001**	**0,000**	0,862	**0,010**
Security Communication*	r	0,077	0,045	0,308	0,572	0,149	0,353
	p	0,398	0,626	**0,001**	**0,000**	0,097	**0,000**
Safety training	r	0,042	-0,012	0,421	0,531	0,103	0,470
	p	0,638	0,892	**0,000**	**0,000**	0,240	**0,000**
Security awareness	r	0,268	-0,046	0,531	0,434	0,055	0,379
	p	**0,002**	0,607	**0,000**	**0,000**	0,529	**0,000**
Employee participation	r	0,000	0,022	0,316	0,493	0,109	0,352
	p	0,999	0,808	**0,000**	**0,000**	0,220	**0,000**
Reporting culture	r	0,153	-0,095	0,440	0,517	0,086	0,279
	p	0,085	0,285	**0,000**	**0,000**	0,324	**0,001**

r: Pearson correlation test, Spearman correlation test, OARODPWCW: Occupational Accident, Risk of Occupational Diseases and Physical Working Conditions in the Workplace, DW: Discrimination in the workplace, CDIO: Continuous development and improvement opportunities, SIO: Social integration into the organization, WSTP: Work stress and time pressure LO: Laws in the organization. *variables that do not fit the normal distribution.

Discussion, Conclusion and Suggestion

This study investigated the relationship of occupational safety culture of healthcare professionals with quality of work life and work performance. According to the research, a statistically positive correlation was found between all of the safety culture sub-dimensions (attitudes of managers, behaviors of managers, safety priority, safety communication, safety training, safety awareness, employee participation, reporting culture) and job performance (p<.05). It has been determined that there are multiple and common relations between the sub-dimensions of safety culture and the sub-dimensions of quality of working life. These relationships are discussed below in comparison with the literature.

The term "safety culture" is generally seen in studies focusing on patient safety culture (Kang et al., 2021; Karaboğa Gündoğdu & Bahçecik, 2012; Vural et al., 2015). There are limited studies on the safety culture of healthcare professionals (Ahadzi et al., 2021; Ekici et al., 2017; Gül, 2015; Pimentel et

al., 2021). This situation made the study original and powerful, but also made it difficult to write the discussion. For this reason, the discussion was made by including other sectors.

It was emphasized that safety culture is related to safety performance (Kalteh et al., 2021). A study conducted with 358 employees examined the relationship between safety performance and safety culture and revealed significant results (Tengilimoglu et al., 2014). Naji et al. (2021) evaluated the effect of safety culture on safety performance in terms of psychosocial hazards. They stated that these hazards mediate the relationship between safety culture and safety performance and that employees in the working environment should pay attention to psychosocial concerns. Gürbüz & İbrakovic (2017) also determined that there is a positive and significant relationship between safety culture variables and safety performance variables. Tengilimoglu (2014) found that there is a significant relationship between safety culture, safety performance and job satisfaction, and that job satisfaction plays a partial mediating role in the relationship between safety culture and safety performance. Uslu (2014) found a significant positive relationship between safety culture and safe behavior, one of the factors of the safety performance scale, in his study with metal workers. Dursun (2011), on the other hand, in his study on the effect of safety culture on safety performance, that safety culture factors such as managers' attitudes, managers' behaviors, safety priority, safety training, safety communication, employee participation, safety awareness and competence, and reporting culture had a positive relationship with safety performance. He found that there is a negative relationship with the fatalism factor only.

In this study, the relationship between safety culture factors and job performance was investigated and a positive statistical relationship was found. This shows that as the occupational safety culture scores of the health workers participating in the study increase, their job performance also increases. This situation is similar to the studies in the literature examining the relationship between safety climate and work performance (Özdemir et al., 2016; Kangis et al., 2020). In this sense, managers exhibit attitudes and behaviors that care about the safety of employees, the level of importance given to security in the organization is perceived positively by the employees, the employee and management can communicate about security, security training is provided to employees, that employees' security awareness and ability to cope with security problems are improved, that the employees comply with security-related procedures, and that they comply with and take an active role in improving safe working conditions are indicators of safety culture. Improving these factors not only increases the safety culture score in general, but also provides a positive and significant increase on work performance. As a result, it can be said that health workers feel safe, focus on their work and their job performance increases if a safety culture is created.

In this study, a positive and significant relationship was found between the "attitudes of managers" and "behaviors of managers", which are among the factors of safety culture, and "opportunities for continuous improvement", which is one of the factors of quality of work life. As managers' positive attitudes and behaviors towards safety increase, opportunities for continuous development and improvement increase. The factors of learning new things in the workplace, seeing the work done as productive and beneficial, feeling valuable in the institution where the individual works, allowing the employee to use his creativity, employing the employee in a job appropriate to the education received

increase as the managers' attitudes and behaviors towards safety increase. As a result, the continuous development and improvement opportunities of the employees within the organization may also be related to the attitude of the management. This finding is similar to the study in the literature (Sesar & Hunjet, 2021) that states that management attitude strengthens the relationship between continuous improvement system and process performance.

In this study, a positive and significant relationship was found between "managers' behaviors" and "managers' attitudes" from safety culture factors and "laws in the organization" from working life quality factors. The determinants of the quality of working life such as the salaries, other wages and bonuses of the health personnel working in the institution are known by everyone, the personnel is not prevented when they want to be a member of any union or association, and the employees know that there is job security, are stated as "laws in the organization". In the literature, there are studies stating that union membership is related to the safety climate perceptions of the employees. Le et al. (2021) states that the safety climate perceptions of employees in institutions that cooperate with unions can improve. As a result, the positive attitudes and behaviors of the managers regarding the establishment of a safety culture in the organization may cause the employees to feel safe in the organization. Adoption of the principle of transparency in the institution, freedom of union for the employees, and having job security increase the quality of working life.

The priority of security is emphasized in various studies in the literature. There are studies showing that the priority of safety has a positive effect on safe behavior (Aca & Akdamar, 2022), and the formation of a healthy and safe workplace (Bayram & Arpat, 2021). In this study, the relationship between safety priority among safety culture factors and "continuous development and improvement opportunities", "laws in the organization" and "social integration into the organization", which are among the factors of quality of work life, was found and a positive statistical relationship was found (p<.05). As a result, in order for the working life to be more productive and of high quality, it is necessary to adopt a "health and safety understanding first" in institutions. With the development of this understanding, employees feel safe, concentrate on their work, and can seize the opportunity to develop themselves and the institution.

Security communication can be defined as the open communication between employees and managers on security-related issues within the organization, and knowledge of security procedures. In the literature, it is stated that people who have not suffered an occupational accident have a more positive perception of safety communication than those who have suffered an occupational accident (Dursun, 2011), safety training increases safety communication and affects the attitudes and behaviors of the management (Akalp & Yamankaradeniz, 2013). In this study, a positive statistical relationship was found between "safety communication", one of the sub-parameters of occupational safety culture, and "continuous development and improvement opportunities", "social integration into the organization" and "laws in the organization", which are sub-parameters of the quality of work life. As a result, in the case of providing security communication, the awareness of the security measures within the

organization increases, and the management can take health and safety measures related to work accidents and occupational diseases in cooperation with the employees.

Safety training is one of the safety culture factors. There are studies in the literature that establish the relationship between education and safety culture. Sepehr & Naimi Ghasabiyan (2019) also provided training on safety culture to employees in an enterprise in the metal industry, and when they compared the safety culture before and after the training, they concluded that training is one of the effective ways to develop the safety culture. Gündüz (2019) found that in-house training given in hospitals increases the perception level of health workers in all dimensions of safety culture. İncesu & Atasoy (2015) found in their study on nurses that those who received training on employee safety had higher scores than those who did not. As seen in the literature, safety education has an impact on safety culture. In this study, a positive, moderate statistical relationship was found between safety education and "continuous development and improvement opportunities", "social integration into the organization", and "laws in the organization" (p<.05). This shows that a person who has suffered an occupational accident may have higher safety awareness. In the literature, there are studies supporting this idea (Fung et al., 2005). On the contrary, there are also studies stating that employees who have not experienced a work accident have higher safety awareness (Dursun, 2011). As can be seen, there are different findings in the literature.

It is stated that safety awareness contributes positively to a healthy and safe workplace (Bayram & Arpat, 2021). Working in a healthy and safe job is related to the quality of working life. In this study, safety awareness, which is one of the elements of safety culture, has a positive and significant relationship with "laws in the organization", "continuous development and improvement opportunities", "social integration into the organization", which are elements of quality of work life. As a result, it should be considered important to spread safety leaders throughout the organization, to comply with workplace rules, and to raise awareness at all levels by emphasizing the "safety first" approach in the workplace.

It is stated that revealing and reporting the existing errors in organizations without hesitation, in other words, making the reporting culture institutionally is a step that will accelerate the positive safety culture (Çiftci, 2016: p.25). According to the findings obtained from this study, the increase in reporting culture increases the safety culture. A positive, moderate statistical relationship was found between the parameters such as "reporting culture", which is one of the safety culture elements, and "Continuous development and improvement opportunities", "social integration into the organization" and "laws in the organization", which are the elements of the quality of working life (p<.05).

In the case of establishing a safety culture in hospitals, both the quality of work life and the work performance of the health care workforce improve. Establishing and sustaining a safety culture is crucial for a quality and productive working environment.

Employee training is one of the most significant strategies to build and maintain a safety culture. Continuity and sustainability of training are also crucial for ensuring the organization's continuous growth and progress. According to the findings, it is suggested to undertake a needs analysis and

design appropriate/comprehensive trainings for each unit and employee by soliciting their opinion, as this will foster the development of a safety culture.

Limitations of the study include its small sample size, the fact that it was done solely at a public hospital, and the locations in the province other than the public hospital were not included in the study. In this context, it is recommended to future researchers that this study should be carried out in a way that includes private hospitals by using a larger sample, or it should be applied in other sectors as well.

Ethical Statement

During the writing process of the study titled "Investigation of the Relationship Between Occupational Safety Culture of Healthcare Workers and Quality of Work Life and Work Performance", scientific rules, ethics and citation rules were followed, no falsification was made on the collected data, and this study was not submitted to any other academic publication medium for evaluation.

The necessary approval from an ethics committee for this work was granted by the Scientific Research and Publication Ethics Committee of Muş Alparslan University on February 28, 2022, with meeting number 4, with decision number 36. The necessary permissions were received from the Provincial Health Directorate of the Governorship of Muş. In addition, approval was obtained from the relevant authors for the scales used.

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GENİŞLETİLMİŞ ÖZET

Literatürde güvenlik kültürünün çalışma yaşamı kalitesi ve iş performansıyla ilişkisini ortaya koyan herhangi bir çalışmaya rastlanmamıştır. Bu nedenle bu çalışmanın amacı; sağlık çalışanlarının iş güvenliği kültürünün çalışma yaşamı kalitesi ve iş performansıyla ilişkinin incelenmesidir.

Bu amaç doğrultusunda oluşturulan araştırma soruları aşağıdaki gibidir:

i-İş güvenliği kültürü ile çalışma yaşamı kalitesi arasında ilişki var mıdır?

ii-İş güvenliği kültürü ile iş performansı arasında ilişki var mıdır?

Bu çalışma, tanımlayıcı ve kesitsel biçimde yapılmıştır. Muş Devlet Hastanesi'nde istihdam eden, gönüllülük esasına dayalı araştırmayı kabul eden, toplam 140 sağlık çalışanı (hemşire/ebe, doktor ve diğerleri) araştırmanın katılımcılarıdır. Çalışmanın örneklem büyüklüğünü belirlemek için G-power analizi yapılmış, benzer makalelere dayanarak hesaplama yapılmıştır. Veriler, yüzyüze biçimde anket toplama tekniğiyle ve "kişisel bilgi formu", "güvenlik kültürü ölçeği", "çalışma yaşamı kalitesi ölçeği" ve "iş performansı ölçeği" kullanılarak toplanmıştır. Normal dağılım gösteren sayısal değişkenler için tanımlayıcı istatistikler ortalama ve standart sapma ile; kategorik değişkenler ise sayı ve yüzde değerleri kullanılarak verilmiştir. Değişkenler arası ilişkiler normal dağılan verilerde "Pearson korelasyon testi" ile; en az biri normal dağılmayan ya da ordinal ise korelasyon katsayıları ve istatistiksel anlamlılıklar "Spearman testi" ile "IBM® SPSS© 24 yazılımı" kullanılarak hesaplanmıştır.

Araştırmadan elde edilen bulgulara göre, sağlık çalışanlarının yaş ortalamaları 28.4, çalışma yılı ortalaması 6.5, haftalık çalışma saati 49.2 olarak bulunurken; %60.9'u kadın, %62.3'ünün hemşire/ebe,

%58'inin lisans mezunu, %52'sinin bekar ve %22.5'inin ise iş kazası geçirdiği tespit edilmiştir (Tablo 1).

"Yöneticilerin tutumları", "yöneticilerin davranışları", "güvenlik önceliği", "güvenlik iletişimi", "güvenlik eğitimi", "güvenlik farkındalığı", "çalışanların katılımı" ve "raporlama kültürü" olarak belirtilen iş güvenliği kültürünün tüm alt parametreleri ile iş performansı arasında pozitif yönde istatistiksel olarak ilişki saptanmıştır (p<.05). Bu durum çalışmaya katılan sağlık çalışanlarının iş güvenliği kültürü puanları arttıkça iş performanslarının da arttığını göstermektedir (Tablo 2).

İş güvenliği kültürünün alt parametrelerinden "yöneticilerin tutumları", "yöneticilerin davranışları", "güvenlik önceliği", "güvenlik iletişimi", "sürekli gelişme ve iyileştirme fırsatları", "organizasyona sosyal entegrasyon", "çalışanları katılımı" ile çalışma yaşamı kalitesi alt parametrelerinden "sürekli gelişme ve iyileşme fırsatları", "organizasyona sosyal entegrasyon" ve "organizasyondaki yasalar" arasında pozitif yönde, düşük düzeyde istatistiksel olarak ilişki saptanmıştır (p<.05) (Table 3).

İş güvenliği kültürünün alt parametrelerinden "güvenlik eğitimi", "raporlama kültürü" ile çalışma yaşamı kalitesi alt parametrelerinden "sürekli gelişme ve iyileşme fırsatları", "organizasyona sosyal entegrasyon" ve "organizasyondaki yasalar" arasında pozitif yönde, orta düzeyde istatistiksel olarak ilişki saptanmıştır (p<.05) (table 3).

İş güvenliği kültürünün alt parametrelerinden "güvenlik farkındalığı" ile çalışma yaşamı kalitesi alt parametrelerinden "iş kazası, meslek hastalıkları riski ve iş yerindeki fiziksel çalışma koşulları", "sürekli gelişme ve iyileşme fırsatları", "organizasyona sosyal entegrasyon" ve "organizasyondaki yasalar" arasında pozitif yönde, orta düzeyde istatistiksel olarak ilişki saptanmıştır (p<.05) (Table 3). Daha açık bir ifadeyle, çalışmaya katılan sağlık çalışanlarının iş güvenliği kültürü puanları arttıkça çalışma yaşam kalitelerinin arttığı bulunmuştur.

Sonuçta, temel olarak, iş güvenliği kültürü arttıkça çalışma yaşamı kalitesi ve çalışanların iş performansının da arttığı gözlenmiştir. Güvenlik kültürünün tüm örgüt çalışanlarına yönelik ve onlarla birlikte oluşturulması, kaliteli ve verimli bir çalışma hayatı için oldukça önemlidir. Sağlık çalışanlarının güvenlik kültürüne yönelik alacakları eğitimler, bu kültürün oluşturulması ve geliştirilmesi için önemli yollardan birisidir. Örgüt içinde sürekli gelişme ve iyileşmenin sağlanabilmesi için bu eğitimlerin sürekliliği ve sürdürülebilirliği de oldukça önemlidir. İhtiyaç analizleri yapılması ve çalışanların görüşlerinin alınarak her birime ve her çalışana uygun/anlaşılır içerikte eğitimler hazırlanması güvenlik kültürü oluşumuna katkı sunacağı için önerilmektedir.

Çalışma örnekleminin küçük olması, çalışma yerinin yalnızca kamu devlet hastanesinde yapılması ve araştırmacıların bulunduğu ildeki devlet hastanesi dışındaki yerlerin çalışmaya dahil edilmemesi araştırmanın sınırlılıkları arasında gösterilebilir. Bu kapsamda sağlık çalışanları özelinde ortaya konulan bu ilişkinin özel hastaneler de dahil edilerek daha geniş bir çalışma grubunda incelenmesi ya da diğer sektörler bazında incelenmesi de literatüre katkı sağlayacaktır.