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Retrospective Analysis Of Occupational Accidents Attending Emergency Department In Kayseri Province

Kayseri İlinde Acil Servise Başvuran İş Kazalarının Retrospektif Analizi

¹Mustafa Alpaslan ²Ömer Levent Avşaroğulları

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ÖZ

Amaç: Bu çalışmada acil servise iş kazası olarak başvuran olguların analizi yapılarak son zamanlarda sıkça gündeme gelen iş kazaları konusunda güncel verilere ulaşılması amaçlanmıştır.

Gereç ve yöntem: Retrospektif nitelikte olan çalışmada acil servise başvuran tüm yaş gruplarındaki iş kazası olgularının verileri analiz edilmiştir. Ancak trafik kazaları ve gıda zehirlenmeleri değerlendirmeye alınmamıştır.

Bulgular: Bu çalışmada 1855 vaka değerlendirilmiştir. Vakaların 1768'i (%95,3) erkek, 87'si (%4,7) kadındı. Yaş ortalaması 32.81 ± 9.30 yılıdır. En çok müracaat %37,7 oran ile 25-34 yaş grubunda saptanmıştır. En çok vaka %18,3 oranla pazartesi günü ve çalışma saatleri içerisinde ise %42,5 oranında 12.00-18.00 saatleri arasında görüldü. En fazla iş kazası metal ve makine sektöründe (%37,7) görüldü. Kaza geçirenlerin yarısından fazlası (%52,5) aynı iş yerinde bir yıl ve daha az zamandır çalışanlardan oluşmuştur. Yaralanma mekanizmalarından en fazla cisim çarpması (%28,1) görülmüş olup en çok yumuşak doku hasarı (%46,7) görüldü. Vakaların %96,9'u ayaktan tedavi edilerek taburcu edilmiştir. Toplamda üç hasta ölümlü sonuçlanmıştır (%0,2).

Sonuç: Vakaların çoğunluğu metal ve makine sektöründe görülmekte ve ölümlü iş kazalarının ise büyük bir kısmı inşaat sektöründe görülmektedir. Yaralanmaların büyük kısmı mesleki tecrübesi bir yıl ve altında olanlarda görülmüştür.

Anahtar Kelimeler: Acil servis, iş kazaları, iş güvenliği

ABSTRACT

Aim: In this study it was aimed to reach up to date data on occupational accidents, which have been on the agenda recently by analyzing the cases who applied to the emergency service as work accidents.

Material and methods: In this retrospective study the data of occupational accident cases in all age groups who applied to the emergency department were analyzed.

Results: In this study, 1855 cases were evaluated. Of the cases, 1768 were male (95.3%) and 87 (4.7%) were female. The average age of the cases was found as 32.81 ± 9.30 years. The most applying group was determined 25-34 years old (37.7%). The occupational accidents happened mostly on monday (18.3%) and between at 12.00-18.00 hours. (42.5%). Occupational accidents occurred most frequently in metal and machinery sectors (37.7%). More than half of accident cases (52.2%) included those who had been working in the same business for one year or less. The most common mechanism of injury was hitting objects (28.1%) and the most common injury was soft tissue injury (46.7%). The majorities of the cases (96.6%) underwent outpatient treatment and were discharged. A total of three cases resulted in death.

Conclusion: The majority of the cases are seen in the metal and machinery sector and the majority of fatal work accidents are seen in the construction sector. Most of the injuries were seen in those with a professional experience of one year or less.

Keywords: Emergency medicine, occupational injuries, job security

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INTRODUCTION

Work is one of the most important elements of human life and besides economic factors, it also affects human health physically and psychologically. In the twentieth century, with the increase in industrialization and the use of machinery, disability rates began to increase due to occupational accidents (1). The fact that more and more employees are exposed to work accidents due to injuries in the workplace has increased the importance of the issue (1). In case of disability, the loss of working power of the person causes psychological wear and financial losses. Even when it comes to death and disability, the family of the person also has financial and moral problems. For these reasons, the main objectives of occupational health and safety should be the work of employees in safe and healthy conditions (2). Most of the patients who had an acute occupational accident are evaluated in the emergency services. This shows that occupational accidents have a special importance for emergency physicians and other employees. This study was carried out in order to examine the demographic characteristics, sectoral distribution, professional experience, injury mechanisms and the results of the cases who applied to the emergency service as a work accident in the province of Kayseri, where industrialization is rapidly increasing.

MATERIALS AND METHODS

This descriptive study was conducted retrospectively among patients who were evaluated as occupational accidents in the adult emergency department of a tertiary hospital. Patients admitted between 15.07.2015 and 15.01.2016 were evaluated in the study. Cases were evaluated through the hospital information operating system and information was recorded on the data analysis form prepared in advance. Patients registered on the system with the diagnosis of 'Z04.2-Examination and observation after work accident' were included in the study. As limitations of the study, traffic accidents and food poisoning, which are included in the scope of work accidents, were not evaluated. In order to complete the missing information, patients were contacted by telephone. In the study, besides demographic data, analysis of the most frequent occurrence of occupational accidents, distribution by sectors, types of injuries and comparative analyzes of the obtained data were made.

Statistical analysis: Descriptive statistics (frequency, percentage distribution) were used as statistical analysis, and chisquare test was used to compare categorical variables between two groups. Results are given as mean±SD or frequency (percent). $P < 0.001$ was considered statistically significant at the 95 percent confidence interval.

Ethics committee approval: Prior to the study, Erciyes University non interventional clinical research publication ethics committee approval was obtained with the decision number 2016/213 dated 18.03.2016.

RESULTS

In the study, 1855 occupational accident cases were included in the scope of the research and evaluated. Male patients constituted 95.3% of the cases. The youngest age among the patients is 15 and the highest age is 65. The mean age is 32.81 ± 9.30 years. According to the age ranges, the application rates were as 15-24 years old 21.5%, 25-34 years old 37.5%, 35-44 years 28.9%, 45-54 years 10.4%, 55-65 years old 1.5%. The highest number of applications was between the ages of 25-34 (37.7%) and the least applications were between the ages of 55-65 (1.5%). The distribution of patients who applied to the emergency department after a work accident was investigated. According to these results, it was concluded that there are 18.3% on monday, 17.8% on tuesday, 16.8% on wednesday, 14.7% on thursday, 16.2% on friday, 11.9% on saturday and 4.3% on sunday. According to these results, while the highest number of applications was seen on monday with 18.3%, the least application was seen on sunday with 4.3%.

The times when the patients had an occupational accident were examined in four periods and according to these results, 9.4% cases were seen between 00.00-06.00, 29.9% between 06.00-12.00, 42.5% between 12.00-18.00 and 18.2% between 18.00-24.00. The most common occupational accident was between 12.00-18.00 with a rate of 42.5%. On the other hand, occupational accidents occurred at least between 00.00-06:00 (9.4%) hours.

When the distribution is made according to the sectors, the most occupational accidents were seen in the metal and machinery sector (37.7%). It was observed that those who had the least occupational accidents were office workers and desk workers (Figure 1).

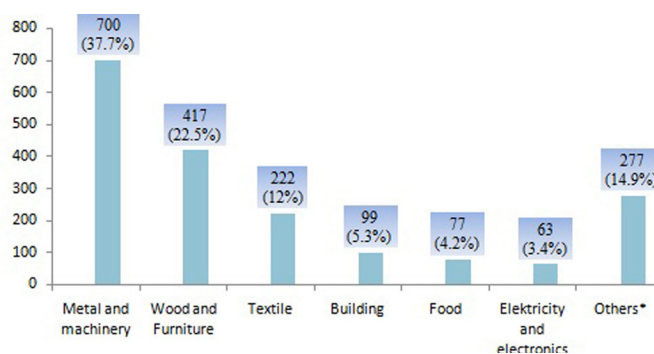


Figure 1. Distribution of Cases Applying to the Emergency Service as Occupational Accidents by Sectors

*Glass processing, plastics processing, mining, transportation, agriculture and livestock, etc.

The working time of the patients who had an occupational accident at the same workplace was evaluated and an evaluation was made in five different years. As the number of years spent at the workplace increased, the number of people who had occupational accidents decreased (Figure 2).

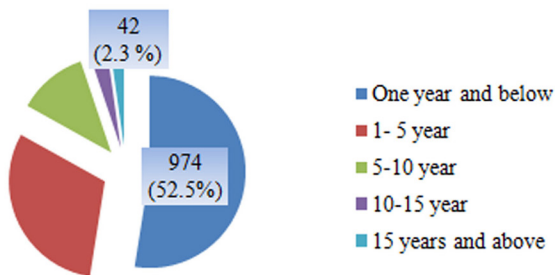


Figure 2. Distribution of Patients by Working Time in the Same Workplace

The patient group with the highest number of occupational accidents is those who have been working in the same work area for less than one year with a rate of 52.5%. Those who had the least work accident were seen in the group with more experience in the profession, who had been working in the same work area for 15 years or more (2.3%).

The percentages of patients who had a work accident according to the injury mechanisms they were exposed to during the accident and the resulting tissue damage are summarized in Table 1. It was observed that the patients were mostly exposed to injuries in the form of object impact (28.1%). The second most common injury type in patients is stab wounds (24.7%).

Injury mechanisms by sectors were compared and significant results emerged (ChiSquare: 65.725, $p < 0.001$). In the textile industry, injuries such as squeezing and crushing and object impact were more common. In the metal and machinery industry, the most common type of injury was sharps and stab wounds with a rate of 35.1%. Injury mechanisms by sector are summarized in Table 2.

Injuries occurring in patients according to sectors were compared and significant results were obtained (ChiSquare: 103.727, $p < 0.001$). When the textile sector was examined, soft tissue trauma was the most common type of injury with a rate of 52.7%. In the metal and machinery sector, injuries in the form of incisions were seen more with a rate of 43.1%. In the construction sector, fractures and dislocations were seen more than other sectors with a rate of 15.2%. According to the results of the research, the most injured area in occupational accidents was the upper

extremity (54.3%). The lower extremities (21.3%) were in the second rank, and the head and neck region (14.4%) was in the third rank. The least injured area in the patients was the genitourinary area with two patients.

The injured areas were compared according to the injury mechanism and the findings were found to be significant (Chi Square 205.99, $p < 0.001$). Sharps and stab wounds were seen in the upper extremity with a high rate of 87.6%. Likewise, 77.9% of squeezing and crush injuries were seen in the upper extremity. Tissue damage is most common in the lower extremity in falltype injuries, while the rates of impact on other parts of the body are close to each other. Head and neck region were most commonly affected in object impact injuries. All of the electric shocks caused damage to the upper extremity.

Table 1. Injury Mechanisms and Distribution Percentages of Caused Damages

	Number of patients (n)	Ratio (%)
Injury Mechanism		
Object Impact*	521	28,1
Sharp Tool Injury	458	24,7
Impingement, Crush Type Injury	380	20,5
Fall	255	13,7
Other Types of Injury**	238	12,8
Electric shock	3	0,2
Incurred Damage		
Hematoma, Abrasion, Soft Tissue Damage	867	46,7
Incision	624	33,6
Fracture and Dislocation	186	10,0
Foreign Body Material in Soft Tissue	133	7,2
Burn	32	1,7
Internal Organ Injury	10	0,5
Amputation	3	0,2

* Any object falling on the employee, material splashing, chemical contamination, etc.

** Limb sprains and strains, inhalation, heavy lifting, assault, etc.

Table 2. Types of Injury Mechanisms by Sector

SECTORS	INJURY MECHANISM					Statistical Data
	Cutting, Drilling Tool n (%)	Compression, Crushing n (%)	Falling n (%)	Object Impact n (%)	Others* n (%)	
Textile	41 (18.5)	63 (28.4)	27 (12.2)	55 (24.8)	36 (16.2)	
Metal and machine	246 (35.1)	149 (21.3)	54 (7.7)	194 (27.7)	57 (8.1)	
Building	8 (8.1)	9 (9.1)	29 (29.3)	43 (43.4)	10 (10.1)	Ki Kare=
Wood and furniture	79 (18.9)	81 (19.4)	53 (12.7)	138 (33.1)	67 (15.8)	65,725,
Food	10 (13.0)	17 (22.1)	22 (28.6)	15 (19.5)	12 (16.9)	p<0,001
Electric and Electronic	14 (22.2)	10 (15.9)	7 (11.1)	14 (22.2)	18 (28.6)	
Others**	60 (21.7)	51 (18.4)	63 (22.7)	62 (22.4)	41 (14.8)	

* Limb sprains and strains, inhalation, heavy lifting, assault, etc.
** Glass processing, plastics processing, mining, shipping, agriculture and livestock, etc.

Table 3. Treatment Results of Cases Presenting to the Emergency Service as a Work Accident

Conclusion	Number of patients (n)	Ratio(%)
Outpatients discharged	1798	96.9
Patients admitted to the service for surgical Intervention	33	1.8
Patients referred to another center	11	0.6
Patients admitted to the service for follow up	10	0.5
Deceased patients	3	0.2
Electric and Electronic	14 (22.2)	10 (15.9)
Others**	60 (21.7)	51 (18.4)

A total of 1855 patients were evaluated in the study and 1798 (96.9%) of them were discharged after being treated as an outpatient (Table 3).

When the treatment distribution of the applicants according to the sectors is compared, the outpatient treatment and discharge rate in sectors other than the construction sector is over 95%. The majority of patients hospitalized for surgical purposes were seen in the metal and machinery and construction sector. In total three patients resulted in death. All three patients who died were seen in the construction industry with fall from height type injuries.

DISCUSSION

This study was carried out to evaluate the results of the retrospective analysis of occupational accident cases admitted to the emergency department and to compare them with the literature.

When the sociodemographic characteristics of the patients were examined, it was concluded that the mean age was 32.81 ± 9.30 years. In a similar study conducted by Karakurt et al. in Adana, the mean age was found to be 32.80 ± 8.47 years (1). Age groups were examined under five headings and the highest rate of occupational accidents was seen in the 25-34 age group with a rate of 37.4%. In studies conducted in Turkey and around the world, age groups were classified at different intervals and the age range with the most frequent occupational accidents was found to be similar to this study (3,4). The reason why occupational accidents are mostly seen in the young and middle age group is that the working workforce is at this age the most.

In the study, 95.3% of the cases who had an occupational accident were male. In the studies conducted, Karakurt et al. 96.5% (1), Celik et al. 93% (5), Sayhan et al. (6) found

a rate of 92%. In a Singapore study, ZhiXuNg et al. (7) 95.4%, and in a study conducted in the United States (USA), Konda et al. (8) observed that there were 99% male cases. In a study by Serinken et al. on the textile sector, female patients were found to be more common with a rate of 76.2% (9). The reason for the difference in this study may be the high number of female employees in the textile sector. The fact that men are employed in heavier jobs than women also increases the male rate in accidents.

Professional experience or experience gained in the place of work reduces the rate of work accidents. According to the annual statistics of the Social Security Institution (SSI), more than half of the occupational accident cases in 2013 and 2014 were seen in the employees working in the same workplace for one year or less. This was followed by 1-5 years, 5-10 years, and the least work accident was seen in those who worked for 10 years or more (10). In this study, very close values were obtained and it was observed that the highest number of occupational accidents occurred in those who worked in one year or less (52.5%). In a study conducted by Breslin et al. in the USA, occupational accidents were observed more frequently in those who worked for less than six months and in those who worked parttime (11). In a study conducted by Holizki et al., it was observed that 10% of new recruits had an occupational accident in the first week and 10% within the first three weeks (12). In Turkey, Serinken et al. (9) reported that 50.4% of the cases were determined by Çolak et al. (13), on the other hand, stated that 47% of them were seen in the first month after starting the study. When the results of the study and other studies were compared, similar results were obtained and it was concluded that inexperience is a very important factor in the occurrence of occupational accidents.

When the distribution of work accidents according to days was made, it was seen that the most occurred on monday (18.3%) and the least on sunday (4.3%). In a study conducted by Villanueva and Garcia in Spain, it was observed that the highest number of work accidents was on monday (19%) (14). In studies conducted in Turkey, Çolak et al. (9) monday (17.6%), Serinken et al. (13) on monday (22.5%), and in the study by Ulutaşdemir et al. (15) Monday (37.8%) was found to be the day with the highest number of occupational accidents. In some studies, it has been observed that there are fewer occupational accidents at the weekend (6,16). The majority of work accidents occur on mondays. We are faced with the problem of adaptation caused by resuming work on mondays. Villanueva et al. in their study, they stated that the distraction, hasteness and adaptation problems of the workers were mostly on mondays (14). The reason for the low number of occupational accidents on the weekend is related to the holiday

and the decrease in the number of employees and this is an expected result.

Considering the time of occurrence of occupational accidents, many studies show that there are more cases during daylight hours (5,6,15,17). In this study, the most cases were seen between 12:00-18:00 with a rate of 42.5%. Most of the cases were seen during working hours during the daytime as in other similar studies. According to the data of the social security institution, the most occupational accidents occurred between 08:00 and 18:00, and they were mostly concentrated between 11:00 and 12:00 (10). In a study conducted in Singapore, 71% of occupational accident cases were observed during daylight hours (7). In another study by Serinken et al., injuries related to occupational accidents were seen 35.5% in the morning, 30.8% in the afternoon and 29.5% in the evening (16). Kekeç et al. reported in their study that the majority of work accident cases occur in the afternoon and evening (18).

According to the results of the studies, while some of the occupational accidents are seen more frequently in the morning hours, some of them are common in the afternoon. While the lack of sleep and lack of motivation of the employee in the morning hours may be effective, work accidents caused by hunger and fatigue increase towards the noon hours. Employees can feel sluggish when approaching break time. In this study, the intensity was in the afternoon. The drowsiness and fatigue that comes to the employee after the meal reduces motivation. At the same time, it can be said that the lack of motivation after a long break may also be effective. In the evening, the tiredness of the day and the laziness and haste that come with the end of the work increase the accident rate. Employees need to be more careful, especially at the beginning of work, after lunch and break and close to the end of work. It is very important that they pay attention to their sleep patterns and start work rested. Care should be taken not to eat heavy meals during meal breaks. By creating short breaks in the workplace, rest and motivation can be increased.

According to the analysis made in the study, the most occupational accidents were seen in the metal and machinery sector (37.7%). As in this study, there are similar studies showing that the sector with the highest number of occupational accidents is the metal and machinery sector (9.15). In a study by Sayhan et al. in Turkey, the rate of occupational accidents was found to be 40.1% in the construction sector and 24.9% in the production sector (6). In general, when the studies and statistics on work accidents are examined, more work accidents are seen in the

metal and machinery, construction, textile and furniture sectors. The reason for this may be the high density of workers in these sectors. In addition, it may be possible that security measures, especially in the construction sector, are not taken sufficiently.

In this study, the mechanisms of injury and the damage that occurred in the analysis of occupational accidents in the emergency room were examined. The mechanisms that caused the most injuries were object strikes and stab wounds. Although different results are obtained according to the work area and type of work, in many studies, injuries such as object strikes, sharps, squeezing, and falling are in the foreground (3-6,9).

The types of injuries also vary according to the sectors. In this study, the highest number of sharps injuries (35.1%) in the metal and machinery sector, the highest number of compression and crush injuries in the textile sector (28.4%), the highest number of object impact injuries (43.4%) in the construction sector and fall type injuries (29.3%) were observed. Types of injuries vary according to work areas. In a study conducted by Çolak et al. on the construction industry, 45.1% of falls and 37.9% of blunt injuries were observed (13). A study by Konda et al. in the USA in 2013 showed that the highest number of fatal occupational accidents were in the construction industry and 57% of this was due to falling from a height. The highest fall was observed in roof workers (93%) (8). In a study conducted by Serinken et al. in the textile industry, the highest number of sharp and stab wounds was seen (55.6%) (9). In some sectors, multiple injuries can be seen more prominently. Especially in the mining sector, many workers suffer multiple injuries in injuries caused by dents and the mortality of such injuries is high.

In this study, injuries in occupational accident cases admitted to the emergency department of our hospital were examined and it was observed that 46.7% soft tissue trauma, 33.6% incision, 10% fracture, 7.2% soft tissue foreign body material. In some studies, mostly incision and open wound damage were observed (5,9,12,16). Amputation rates were also found to be high in many studies (12,16,18). In this study, a total of three amputation cases were seen at a rate of 0.2%. This difference between the studies may be related to the fact that the centers where the study was conducted were at different levels and that there were studies specific to only certain work areas and injuries.

The patients evaluated in the study were classified according to the areas of damage to the body, with the highest injury in the upper extremity (54.3%), the second

most common in the lower extremity (21.3%) and the third in the head and neck region (14.4%). Similar results have been obtained in studies on occupational accidents in our country. In these studies, the ranking according to the frequency of the injured areas is similar (1.4-6.18). In a study conducted in Singapore, unlike many other studies, head and neck injuries were found at a rate of 34.3% and then upper extremity injuries (21%) (7). The reason for this difference in the study may be due to the difference in the work areas and occupational accidents in the place where the research was conducted. In many studies, upper extremity injuries are at the forefront. Employees use their hands the most during work. Therefore, it is an expected result that the most injuries are seen in the upper extremities. Considering the studies, the importance of the use of protective equipment such as gloves, glasses and helmets is revealed. It is predicted that there will be a decrease in occupational accidents if the employees use their hands more carefully and use the protective equipment more carefully during work.

The first place of application for occupational accidents is mostly emergency services. While most of the applications were discharged with outpatient treatment, the number of patients who were hospitalized for followup or surgical intervention was not to be underestimated. In this study, 1855 patients were evaluated and 96.9% of them were discharged with outpatient treatment. In similar studies, a rate of 70-95% discharge was observed (1.4-6.9). Considering the hospitalization rates, it was 25.8% (1) in the study of Karakurt et al., 15.7% in the study of Kekeç et al. (6), and 27.9% in the study of Sayhan et al. (18). hospitalizations were given. In this study, the rate of hospitalized patients was 2.3%.

The mortality rate of the cases who applied to the emergency department as a work accident was 0.2% in this study. A total of three patients died during the study. All three patients were working in the construction industry and suffered multiple organ injuries after falling from a height. In studies conducted in Turkey and in the world, the share of the construction sector in fatal work accidents is high. In the study conducted by Çolak et al. on construction workers, 54.9% of those who resulted in death died at the scene and 39.2% in the hospital (13).

CONCLUSION

It has been found out in many studies conducted in our country and in the world in which people and times, in which sector and work area, and which type of injuries are most common. Considering these studies, measures to prevent occupational accidents should be increased.

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Ethical Statement: Erciyes University non interventional clinical research publication ethics committee approval was obtained with the decision number 2016/213 dated 18.03.2016.

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Yazarlara Bilgi

GENEL BİLGİLER

Journal of Anatolian Medical Research (JAMER): Kayseri Şehir Hastanesi'nin tümüyle elektronik ve ücretsiz, senede 3 kez yayımlanan süreli ve bilimsel yayın organıdır. Derginin yazı dili Türkçe ve İngilizcedir. Bütün tıp ve ilgili sağlık alanlarının klinik uygulamaları hakkında orijinal araştırma ve klinik gözlemler yayımlanır. Yeni tekniklerin ve tedavi yöntemlerinin etkinliğini tanımlayan araştırma makalelerine yayın önceliği verilir. JAMER, Araştırma Makalesi, Olgu Sunumu, Derleme, Yorum, Editöre Mektup ve Cevaplarını yayımlar.

- Araştırma Makalesi

Yeni ve önemli temel veya klinik bilgi sunar, önceki çalışmalarını genişletir ve ilerletir veya klasik bir konuda yeni bir yaklaşım getirir. Başlık sayfası, Yazarlar ve adresleri, Özet, Anahtar Kelimeler, Giriş, Gereç ve Yöntemler, Etik konular, Bulgular, Tartışma, Sonuç, Teşekkürler (varsa), Çıkar çatışması, Finansal destek, Kaynaklar, Şekiller (en fazla 5 adet), Şekil açıklamaları, Tablolar (en fazla 5 adet) ve Tablo açıklamalarından oluşur. Araştırma makaleleri için ana metin (özet ve kaynaklar hariç) 5000 kelimeyi, kaynakların sayısı ise 40'ı geçmemelidir.

- Olgu Sunumları

İlgili olguları, yeni fikirleri ve teknikleri tanımlar. Olgu sunumu; Başlık, Yazarlar ve adresleri, Özet, Anahtar Kelimeler, Giriş, Olgu sunumu, Tartışma, Sonuç, Teşekkürler (varsa), Hasta onamı, Çıkar çatışması, Finansal destek, Referanslar, Şekiller (en fazla 3 adet), Şekil açıklamaları, Tablolar (en fazla 3 adet) oluşmaktadır. Olgu raporları için ana metin (özet ve kaynaklar hariç) 2000 kelimeyi, kaynakların sayısı ise 20'yi geçmemelidir.

- Derleme

Yayın Kurulu, belirli bir konu hakkında bilgili ve uygun bir şekilde yazmaya yetkin mesleki deneyime sahip bir yazarı davet eder. Derleme; Başlık, Yazarlar ve adresleri, Özet, Anahtar Kelimeler, Giriş, Ana Bölümleri, Alt Bölümleri, Sonuç, Teşekkür (varsa), Çıkar çatışması, Finansal destek, Kaynaklar, Şekiller (en fazla 5 adet), Şekil açıklamaları, Tablolar (en fazla 5 adet) ve Tablo açıklamalarından oluşur. Olgu raporları için ana metin (özet ve kaynaklar hariç) 5000 kelimeyi geçmemelidir. Kaynak sayısında bir sınırlama yoktur.

- Editöre mektup

JAMER Editörler Kurulu'nun onayı ile yayımlanır. Mektup, açık ve yorum getirilen makale ile ilişkili olmalıdır. Editöre mektup; 500 kelime, 1 tablo ve 5 kaynak ile sınırlıdır.

- Eleştiri/Yorum

Bir Eleştiri/Yorum, Başlık, Yazarlar, adresleri, Özet, Anahtar Kelimeler, Giriş, Tartışma, Sonuç, Etik Konular, Teşekkürler, Çıkar Çatışması, Referanslar, Şekil Açıklamaları, Şekiller ve Tablolardan oluşur. Yazılar 2000 kelime ile sınırlandırılmıştır.

MAKALELERİN HAZIRLANMASI

Makaleler, "The Uniform Requirements for Manuscripts Submitted to Biomedical Journals - International Committee of Medical Journal Editors" (www.icmje.org) kurallarına uygun olarak Türkçe veya İngilizce olarak hazırlanmalıdır.

Makaleler ".doc" formatında sunulmalı ve yukarıda belirtilen kelime ve referans sınırlamalarına ve diğer ilgili bilgilere göre hazırlanmalıdır.

- Dil

Makale Türkçe veya İngilizce olarak hazırlanmalıdır.

Yazarlara Bilgi

· Başlık Sayfası

Başlık sayfası maskeli değerlendirmeye imkan sağlaması için ayrı bir dosya şeklinde gönderilmelidir.

Başlık sayfası şunları içermelidir: (i) Türkçe ve İngilizce olarak hazırlanan makale başlığı özlü fakat bilgilendirici olmalıdır. (ii) Kısa başlık verilmelidir. (iii) Tüm yazarların tam adı, ORCID numarası, mail adresi, bağlı oldukları kurum veya kuruluşların adı bulunmalıdır. (iv) Makale başlıklarında kısaltmalar, ticari isimler veya ticari markalar kullanılmamalıdır.

· Öz

Tüm makaleler için hem Türkçe, hem de İngilizce özet gönderilmelidir. Özet; çalışmanın amacını, ana bulguları ve ana sonuçlarını içermeli, sözcük sayısı 300'den fazla olmamalıdır. Öz (Abstract); Amaç (Aim), Gereç ve Yöntemler (Material and Methods), Bulgular (Results) ve Sonuç (Conclusion) başlıklarını içermelidir. Olgu çalışmaları ve derlemeler için özetler yapılandırılmamalıdır ve en fazla 250 kelime olmalıdır. Yabancı yazar(lar)ın Türkçe olarak bir yazı göndermesine gerek yoktur, çünkü yazı işleri kurulu bu yazıyı onlara sağlayacaktır.

· Anahtar Kelimeler

Yazarlar; U.S. Ulusal Tıp Kütüphanesi (NLM)'nin Tıbbi Konu Başlıkları'ndan (MeSH) alınan, 3 ile 5 arasında anahtar kelimeyi makalelerinin Öz (Abstract) bölümünden sonra sunmalıdır. Türkçe anahtar kelimeler Türkiye Bilim Terimleri'ne (TBT) göre yazılmalıdır (<https://www.bilimterimleri.com/>). Kelimeler "virgül (,)" ile birbirinden ayrılmalıdır.

· Ana Metin

Yazar adları ve bağlı oldukları kurumlar, ana metin içeren dosyada belirtilmemelidir. Çalışmanın yazarlarının tespit edilebileceği diğer tüm bilgiler kaldırılmalıdır. Metin, MS Word programı ile hazırlanmalıdır. Tüm metinler Times New Roman yazı tipinde, 12 punto ve çift aralıklı yazılmalıdır. Makale metni; Giriş (Introduction), Gereç ve Yöntemler (Material and Methods), Bulgular (Results), Tartışma (Discussion) ve Sonuç (Conclusion) başlıklı bölümlere ayrılmalıdır.

(i) Giriş, makalenin amacını belirtmeli ve çalışmanın gerekçesini özetlemelidir. Yalnızca kesin referanslar verilmeli ve bu bölüm yaklaşık bir sayfa ile sınırlandırılmalıdır.

(ii) Gereç ve Yöntemler, gözlemsel veya deneysel konuların seçimini açıkça tanımlamalıdır. İstatistikleri de içeren belirlenmiş yöntemlere referanslar verilmelidir. Etik ile ilgili hususlar bu bölümde verilmelidir. Randomizasyon ile ilgili detaylar verilmelidir. Randomize çalışmaların sonuçlarını bildiren yazılar, hastaların çalışma boyunca ilerlemelerini gösteren CONSORT akış şemasına göre hazırlanmalıdır (<http://www.consort-statement.org/>). İstatistiksel değerlendirme, Gereç ve Yöntemler bölümünde ayrıntılı olarak açıklanmalıdır.

(iii) Bulgular, özlü bir şekilde verilmeli, şekil ve tabloları içermelidir. Tablo ve şekiller metin içinde tutarlı bir sıraya sahip olmalıdır. Metin içindeki veriler, tablolarda veya şekillerde tekrarlanmamalıdır.

Şekiller ve resimler, Tagged Image File Format (.tiff uzantılı) veya Joint Photographic Experts Group Format (.JPEG uzantılı) olarak ayrı dosyalar halinde sunulmalıdır. Şekillerin çözünürlüğü en az 600 dpi olmalıdır. Metin, tablolar ve şekiller MS Power Point programında hazırlanarak kaydedilmemelidir. Şekil açıklamaları, metne atıfta bulunmadan anlaşılabilir kadar bilgi içermelidir. Şekiller daha önce başka bir yerde yayınlanmışsa kaynak gösterilmelidir. Şekillerdeki semboller kolaylıkla görünebilmeli ve karakterlerin font büyüklüğü en az 8-10 olmalıdır. Grafiklerdeki apsis ve ordinat isimleri, birimleri ile birlikte verilmelidir. Dergi elektronik ortamda yayınlandığından renkli fotoğraflar kabul edilmektedir. Tablolar resim

Yazarlara Bilgi

formatında değil, ayrı bir MS Word belgesi olarak sunulmalıdır. Tablolar, metindeki sırasına göre Arap rakamları ile numaralandırılmalıdır. Her bir tablo, tablo numarasıyla birlikte üstte kısa bir açıklayıcı başlığa sahip olmalıdır. P değeri ve kısaltmalara dair açıklamalar tablonun altında dipnot olarak yer almalıdır.

(iv) Tartışma bölümünde çalışmanın yeni ve önemli yönleri vurgulanmalıdır. Bulgular ve gözlemler diğer ilgili çalışmalarla ilişkilendirilmelidir. Tartışmanın kapsamı, metnin diğer bölümleriyle paralel olmalıdır.

(v) Sonuç bölümünde makalenin literatüre katkısına vurgu yapılarak, yazının önemi ortaya konulmalıdır.

- **Açıklama:** Yazarlar, eğer varsa bu bölümde çıkar çatışmasına neden olabilecek her türlü maddi destek veya ilişkiyi beyan etmelidir.
- **Teşekkür:** Varsa katkıda bulunan kişi, kurum ya da kuruluşlar anılır.
- **Hasta onamı:** Olgu raporlarında yer alan hastaların bizzat kendisi veya hukuki vasisi tarafından bilgilendirilmiş yazılı onamı alınmalıdır; matbu bir örneği dergi web sayfasında yer almaktadır.
- **Çıkar çatışması:** Çıkar çatışmasına neden olabilecek her türlü destek ve ilişki beyan edilmelidir. Finansal destek, maddi destekte bulunan kişi, kurum ya da kuruluşa dair bilgi verilmelidir.

KAYNAKLARIN YAZIMI

Kaynakların metin içindeki gösteriminde Vancouver stili kullanılmalıdır. Kaynakların numaraları metin içinde kullanım sırasına göre verilerek cümle sonunda parantez içinde verilmelidir.

Örnek;

..... gösterilmiştir (1,2,9-11).

Karaçavuş ve arkadaşları (3)

Karaçavuş ve ark. (3) ...

Dergi isimleri "Index Medicus" a göre kısaltılmalıdır. Index Medicus'ta indekslenmeyen bir dergi kısaltılmadan yazılmalıdır. Kaynakça listesiyle metin içerisindeki sıralama arasında uyumsuzluk bulunmamalıdır. Kaynakların doğruluğundan yazar(lar) sorumludur. Makalede bulunan yazar sayısı 6 veya daha az ise tüm yazarlar belirtilmeli, 7 veya daha fazla ise ilk 6 isim yazılıp sonuna "et al" (Türkçe makaleler için "ve ark.") eklenmelidir.

Kaynak bir dergi ise;

Yazar ya da yazarların soyadları ve isimlerinin başharfleri. Makale ismi. Dergi ismi. Yıl:Cilt(Sayı): İlk ve son sayfa numarası.

Örnek: Bol O, Altuntaş M, Kaynak MF, Koyuncu S, Biçer M, Öner G, Öner U, Doğan Ö, Eryurt SÇ. Uzun Süreli Tatillerin Acil Servis İşleyişine Etkisi. Journal of Anatolian Medical Research. 2019;4(1):13-22.

İsteğe bağlı: Eğer bir derginin bir cilt boyunca sayfa numaraları süreklilik taşıyorsa (birçok tıp dergisinin yaptığı gibi), sayı numarasını atlayın.

Örnek: Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002;347:284-7.

Kaynak bir dergi eki ise;

Yazar veya yazarların soyadları ve isimlerinin başharfleri. Makalenin başlığı. Derginin ismi. Yıl:Cilt(Suppl. Ek sayısı):İlk sayfa numarası-Son sayfa numarası. Örnek: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;(102 Suppl 1):275-82.

Yazarlara Bilgi

Kaynak bir kitap ise;

(i) Kişisel yazarlar;

Yazar ya da yazarların soyadları ve isimlerinin baş harfleri. Kitap ismi. Kaçınca baskı olduğu. Şehir: Yayınevi; Yıl.

Örnek: Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th ed. St. Louis: Mosby; 2002.

(ii) Yazar ve editörün aynı olduğu kitaplar için;

Örnek: Dionne RA, Phero JC, Becker DE, editors. Management of pain and anxiety in the dental office. Philadelphia: WB Saunders; 2002.

(iii) Yazar (lar) ve editör (ler)in aynı olduğu kitaplar için;

Örnek: Breedlove GK, Schorfheide AM. Adolescent pregnancy. 2nd ed. Wicczorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

(iv) Kitabın bir bölümü için;

Örnek: Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. p. 93-113.

Not: Türkçe kaynaklarda "p" için "s" ve "editor(s)" "editör(ler)" ifadesi kullanılmalıdır. "In" ifadesi İngilizce kitaplar için geçerlidir, Türkçe kaynaklarda ". (kitabın adı)" içinde şeklinde yazılmalıdır.

(v) Yazarların organizasyon olduğu kitaplar için;

Örnek: American Occupational Therapy Association, Ad Hoc Committee on Occupational Therapy Manpower. Occupational therapy manpower: a plan for progress. Rockville (MD): The Association; 1985 Apr. 84 p.

Not: Türkçe kaynaklarda "ed" ve "p" sırasıyla "baskı" ve "s" olarak ifade edilmelidir.

Kaynak bir ansiklopedi veya sözlük ise;

Ansiklopedi veya sözlük ismi. Kaçınca baskı olduğu. Şehir: Basımevi; Yıl. Bölüm; Sayfa numaraları.

Örnek: Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

Not: Türkçe kaynaklarda "ed" ve "p" sırasıyla "baskı" ve "s" olarak ifade edilmelidir.

Kaynak bir Tez ise;

Yazarın soyadı ve isminin başharfi. Tez ismi [tez]. Şehir: Üniversite veya Kurum ismi; Yıl.

Örnek: Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

Not: Türkçe kaynaklarda "dissertation" ifadesi için tez kullanılmalıdır.

Kaynak Konferans/Kongre/Sempozyum Bildirisi ise;

Yazar veya yazarların soyadları ve isimlerinin başharfleri. Bildiri ismi. Editör veya editörlerin soyadları ve isimlerinin başharfleri (ed veya eds). Konferans/Kongre/ Sempozyum ismi; Yıl; Şehir. Yayın yeri: Yayınevi; Yıl. Sayfa numaraları.

Bir kitapta yayınlanmış Konferans/Kongre/Sempozyum Bildirisi için;

Örnek: Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Not: Türkçe kaynaklarda "p" için "s" ve "editor(s)" için "editör(ler)" olarak kullanılmalıdır.

Yazarlara Bilgi

Bir kitapta yayınlanmamış Konferans/Kongre/Sempozyum Bildirisi için;

Örnek: Harnden P, Joffe JK, Jones WG. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK.

Kaynak bir Web Sitesi ise;

Yazarın soyadı ve isminin başharfi (varsa). Web sitesinin ismi [Internet]. Basım yeri: Yayınevi; İlk Yayın Tarihi [Son güncelleme tarihi: ; Erişim tarihi:]. Erişim adresi: URL.

Örnek:

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [Updated: 2002 May 16; Cited: 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

Diğer kaynak türleri için;

https://www.nlm.nih.gov/bsd/uniform_requirements.html adresine bakılması gerekmektedir.

Etik Hususlar:

Journal of Anatolian Medical Research (JAMER), çalışmaların yayın sürecinde, yazarların, okuyucuların, araştırmacıların, hakemlerin ve editörlerin Araştırma ve Yayın Etik kuralları ile ilgili esaslara uymasını bekler. Söz konusu çalışmalarda ve bilimsel yazılarda, ICMJE (International Committee of Medical Journal Editors) tavsiyeleri ile Committee on Publication Ethics (COPE) tarafından yayınlanan açık erişim rehberlerine göre aşağıda paylaşılan standart, genel ve özel etik kurallara ve sorumluluklara dikkat edilmesi gerekmektedir. Çalışma boyunca Helsinki Deklarasyonu'nun hükümlerine bağlı kaldığı vurgulanmalıdır. Makalenin etik kurul raporu gerekli görülmesi durumunda yazardan istenebilir.

Yapılan araştırmalar için ve etik kurul kararı gerektiren klinik ve deneysel insan ve hayvanlar üzerindeki çalışmalar için ayrı ayrı etik kurul onayı alınmış olmalı, bu onay makalede belirtilmeli ve belgelendirilmelidir.

Etik kurul izni gerektiren çalışmalarda, izinle ilgili bilgiler (kurul adı, tarih ve sayı no) Gereç ve Yöntemler bölümünde ve ayrıca makale ilk/son sayfasında yer verilmelidir. Olgu sunumlarında, bilgilendirilmiş gönüllü olur/onam formunun imzalandığına dair bilgiye makalede yer verilmesi gereklidir.

Kullanılan fikir ve sanat eserleri için telif hakları düzenlemelerine riayet edilmesi gerekmektedir.

Etik kurallar ile ilgili dikkat edilmesi gereken hususlar:

I. Bilimsel araştırma ve yayın etiğine aykırı genel eylemler

- İntihal: Başkalarının fikirlerini, metotlarını, verilerini, uygulamalarını, yazılarını, şekillerini veya eserlerini, bilimsel etik kurallarına uygun biçimde atıf yapmadan kısmen veya tamamen kendi eseriymiş gibi sunmak,
- Sahtecilik: Araştırmaya dayanmayan veriler üretmek, sunulan veya yayınlanan eseri gerçek olmayan verilere dayandırarak düzenlemek veya değiştirmek, bunları rapor etmek veya yayımlamak, yapılmamış bir araştırmayı yapılmış gibi göstermek,
- Çarpıtma: Araştırma kayıtları ve elde edilen verileri tahrif etmek, araştırmada kullanılmayan yöntem, cihaz ve materyalleri kullanılmış gibi göstermek, araştırma hipotezine uygun olmayan verileri değerlendirmeye almamak, ilgili teori veya varsayımlara uydurmak için veriler veya sonuçlarla oynamak, destek alınan kişi ve kuruluşların çıkarları doğrultusunda araştırma sonuçlarını tahrif etmek veya şekillendirmek,
- Mükerrer yayım: Bir araştırmanın aynı sonuçlarını içeren birden fazla eseri doçentlik sınavı değerlendirmelerinde ve akademik terfilerde ayrı eserler olarak sunmak,
- Dilimleme: Bir araştırmanın sonuçlarını araştırmanın bütünlüğünü bozacak şekilde, uygun olmayan biçimde parçalara ayırarak ve birbirine atıf yapmadan çok sayıda yayın yaparak belirli sınav değerlendirmelerinde ve akademik teşvik ve terfilerde ayrı eserler olarak sunmak,

Yazarlara Bilgi

e) Haksız yazarlık: Aktif katkısı olmayan kişileri makale yazarlarına eklemek, aktif katkısı olan kişileri yazarlar arasına dâhil etmemek, yazar sıralamasını gerekçesiz ve uygun olmayan bir biçimde değiştirmek, aktif katkısı olanların isimlerini yayım sırasında veya sonraki baskılarda eserden çıkarmak, aktif katkısı olmadığı halde nüfuzunu kullanarak ismini yazarlar arasına dâhil ettirmek,

f) Diğer etik ihlali türleri: Destek alınarak yürütülen araştırmaların yayınlarında destek veren kişi, kurum veya kuruluşlar ile onların araştırmadaki katkılarını açık bir biçimde belirtmemek, insan ve hayvanlar üzerinde yapılan araştırmalarda etik kurallara uymamak, yayınlarında hasta haklarına saygı göstermemek, hakem olarak incelemek üzere görevlendirildiği bir eserde yer alan bilgileri yayınlanmadan önce başkalarıyla paylaşmak, bilimsel araştırma için sağlanan veya ayrılan kaynakları, mekânları, imkânları ve cihazları amaç dışı kullanmak, tamamen dayanaksız, yersiz ve kasıtlı etik ihlali suçlamasında bulunmak (YÖK Bilimsel Araştırma ve Yayın Etiği Yönergesi, Madde 8)

II. Paydaşların Sorumlulukları

1. Yazarların Sorumlulukları

- Makaledeki tüm verilerin gerçek ve özgün olduğu beyan edilmelidir.
- Ön değerlendirme veya hakem değerlendirme sonucunda gösterilen intihal durumunu, hataları, şüpheli durumları ve önerilen düzeltmeleri yapması zorunludur. Yapılmayacak ise, tutarlı bir şekilde gerekçesi bildirilmelidir.
- Makale veya araştırmanın "Kaynakça"sı eksiksiz ve dergimizin yazım kurallarına uygun olarak hazırlanmalıdır.
- İntihal ve sahte verilerden uzak durulmalıdır.
- Araştırmanın birden fazla dergide yayımlanmasına imkan verilmemelidir.

2. Hakemlerin Sorumlulukları

Dergimiz idaresi, hakemlik sürecinin etik yayıncılık kuralları çerçevesinde başarılı bir şekilde yürütülmesini ve iyileştirilmesini taahhüt eder. Araştırmaların paydaşları ve okuyucularının, JAMER'de yayımlanan incelemelerde gördükleri intihal, mükerrer yayın, yanlışlık, şüpheli içerik veya durumları kayseriseah.dergi@saglik.gov.tr email adresine bildirmeleri memnuniyetle karşılanır. Konu hakkında elde edilen veri sonuçları ilgili taraflara bildirir ve takibini yapar. Hakemlerin aşağıdaki esaslara uymasını temel alır.

- Değerlendirmeler tarafsızca yapılmalıdır.
- Hakemler ile değerlendirme konusu makalenin paydaşları arasında çıkar çatışması olmamalıdır.
- Makale ile ilgili diğer makale, eser, kaynak, atıf, kural ve benzeri eksiklerin tamamlanmasını işaret edilmelidir.
- Çift taraflı kör hakemlik sistemine binaen değerlendirmesi yapılmış makaleler veya hakemleri açıklanmamalıdır.

3. Editörlerin Sorumlulukları

- Editörler, makaleleri kabul etmek ya da reddetmek sorumluluk ve yetkisine sahiptir. Bu sorumluluk ve yetkisini yerinde ve zamanında kullanmak zorundadır.
- Editörler, kabul ya da reddettiği makalelerle ilgili çıkar çatışması içerisinde olmamalıdır.
- Editörler, özgün ve alanına katkı sağlayacak makaleleri kabul etmelidir.
- Editörler, dergi politikası, yayım kuralları ve seviyesine uymayan eksik ve hatalı araştırmaları hiçbir etki altında kalmadan reddetmelidir.
- Editörler, yanlış, eksik ve problemlili makalelerin hakem raporu öncesi veya sonrasında geri çekilmesine ya da düzeltildikten sonra yayımlanmasına imkân vermemelidir.
- Editörler, en az iki hakem tarafından değerlendirilen makalelerin çift taraflı kör hakemlik sistemine göre değerlendirilmesini sağlar ve hakemleri gizli tutar.

Editörler, "Turnitin" intihal programı aracılığıyla makalelerin intihal durumu ve yayımlanmamış özgün araştırmalar olup olmadığını sağlar.

4. İntihal Politikası

Dergimize gelen her çalışma, Turnitin intihal programında taranmaktadır. Editörlerin, hakemlerin ve yazarların, uluslararası yayım etik kurallarına uyması ve makalelerin yazım kurallarına uyumlu olması zorunluluğu vardır.

Yazarlara Bilgi

Deneysel Arařtırmalar Etik Kuralları

Deneyisel Arařtırmalarda; Destek alınarak yrtlen arařtırmaların yayınlarda destek veren kiři, kurum veya kuruluřlar ile onların arařtırmadaki katkılarını aık bir biimde belirtmek, insan ve hayvanlar zerinde yapılan arařtırmalarda etik kurallara uymak, yayınlarda hasta haklarına saygı gstermek Deneyisel Arařtırma Etik Kuralları baėlamında zorunludur. Deneyisel arařtırma kapsamında deneylerde ekolojik dengeye ve hayvan saėlıėına zarar vermeme dergimizin temel ilkesidir. Bu kapsamda yapılacak alıřmalar iin gerekli etik izinler ilgili resmi kuruluřlardan alınarak makalenin dergimize gnderilmesi srecinde ilgili dosyaya eklenmelidir. Bu konuda btn sorumluluk yazardadır.

Yazarlıėın Kabul ve Telif Hakkı Szleřmesinin Devri: Yazının gnderimi sırasında, yazarların "Yazarlıėın Kabul ve Telif Hakkı Szleřmesinin Devri" formunu doldurup gndermeleri ve yayında adı olan tm yazarların bilimsel katkı ve sorumlulukları ile herhangi bir ıkar atıřması sorunu olup olmadıėını aıka belirtmeleri gerekir.

Makalenin Deėerlendirilmesi: Makaleler yalnızca bu dergide ve yalnızca elektronik ortamda yayımlanmak zere, bařka bir yerde yayımlanmadıklarını (kısmen veya tamamen, bařka bir deyiřle veya aynı kelimelerle) ve aynı zamanda bařka bir yayıncı tarafından eřzamanlı olarak incelenmemeleri gerektiėini kabul ederek alınır ve dergi tarafından reddedilmedike bařka bir dergiye gnderilmemelidir.

Hakem İncelemesi: Hakemler, deėerlendirme, dzenleme ve revizyon iřlemlerini tamamen internet zerinden takip edeceklerdir. Hakemler zel kullanıcı adı ve řifresi ile ařaėıdakilerin URL adresini kullanır:

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Yayımlanan bir makale, derginin sorumluluėundadır. Dzenleme, revizyon, kabul ve reddetmeyle ilgili sreler tamamen internet zerinden editr(ler), ve/veya hakemler tarafından kayserieah.dergipark.gov.tr/jamer sitesi aracılıėı ile gerekleřtirilecektir. Dzeltmeler ve dizgi sonrasında tm yeniden okumalar yazar tarafından internet zerinden yapılmalı ve belirlenen sre iinde editre geri gnderilmelidir.

Online makale gnderimi iin;

Ltfen kayserieah.dergipark.gov.tr/jamer adresini kullanınız. Herhangi bir sorunla karřılařtıėınızda kayserieah.dergi@saglik.gov.tr ile irtibata gemekten ekinmeyiniz.

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Journal of Anatolian Medical Research (JAMER) is a free access, fully electronic, timely and scientific journal of Kayseri City Education and Research Hospital that published three times a year, in Turkish or English. Its purpose is to publish original, peer-reviewed, up-to-date basic research and clinical reports on all fields of medicine and related health sciences. It gives high priority to articles describing effectiveness of therapeutic interventions and the evaluation of new techniques and methods. JAMER publishes: Original Articles; Case Reports, Commentaries; Review Articles; Editorials; Letters to the Editor and Correspondence.

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Present new and important basic and clinical information, extend existing studies, or provide a new approach to a traditional subject. Consists of Title, Authors, their addresses, Abstract, Key Words, Introduction, Material and Methods, , Ethical Considerations, Results, Discussion, Acknowledgements, Conflict of Interest, References, Figure Legends, Figures (up to 5), and Tables (up to 5). For research articles, main text should not exceed 5.000 words and number of references should not exceed 40.

• Case Reports

Provide case studies of interest, new ideas, and techniques. A case presentation consists of Title, Authors, their addresses, Abstract, Key Words, Introduction, Patients and Methods, Results, Discussion, Conclusion, Ethical Considerations, Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. For case reports, main text should not exceed 1.500 words (3 figure and/or 3 table) and number of references should not exceed 20.

• Review Articles

The Editorial Board invites an author who has previous published papers on a specific area to write a review article. A reviewarticle consists of Title, Authors, their addresses, Abstract, Key Words, Introduction, Main Sections under headings written in bold and sentence case, Subsections (if any) under headings written in italic and numbered consecutively with Arabic numerals, Conclusion, Acknowledgements, Conflict of Interest, References, Figure Legends, Figures, and Tables. For the review articles, main text should not exceed 5,000 words. There is no limitation for number of references.

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Letters are published at the discretion of the Editorial Board. Letters should be brief and directly related to the published article on which it comments. Letters must be limited to 500 words of text, 1 table, and no more than 5 references.

• Commentaries

A commentary consists of Title, Authors, their addresses, Abstract, Key Words, Introduction, Discussion, Conclusion, Ethical Considerations, Acknowledgements, Conflict Of Interest, References, Figure Legends, Figures, and Tables. Manuscripts should be limited to 2000 words of text.

PREPARATION OF MANUSCRIPTS

The manuscript should be prepared in accordance with The Uniform Requirements for Manuscripts Submitted to Biomedical Journals - International Committee of Medical Journal Editors (www.icmje.org).

Manuscripts must be submitted in .doc format, and should be prepared according to the above mentioned word and reference limitations and other related information.

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- **Language**

Manuscripts should be written in clear and concise English or Turkish.

- **Title Page**

Title page must be submitted as a separate file. The title page should contain: (i) the title of the article in Turkish and English, which should be concise but informative, (ii) running title should be written (iii) in the full names of each author, (iv) the institutional affiliation or name of the department (s), (v) the full postal and e-mail address, and telephone numbers of the corresponding author. Do not use abbreviations, commercial names or trademarks in article titles.

- **Abstract**

All articles will have both Turkish and English abstract. The abstract should state the purpose of the study, main findings and the principal conclusions in not more than 250 words with separate headings of Aim, Material and Methods, Results and Conclusion.

Abstracts for Case studies and reviews should be unstructured and not more than 200 words. Foreign author(s) need not submit an abstract in Turkish, as the Editorial board will provide it for them.

- **Key Words**

Authors must include on the title page of their manuscripts 3 to 5 key words from U.S. National Library of Medicine (NLM)'s Medical Subject Headings (MeSH). Key words in Turkish should be given according to Turkey Science Terms (TBT) (<https://www.bilimterimleri.com/>). The words must be separated by commas.

- **Main Text**

Names of the authors and their affiliations should not be stated in the file containing main text. Also remove all other information that may identify the authors of the study to the reviewers. Text should be prepared with MS Word document. All text should be written with Times New Roman font type at 12 font size and double spaced. The text of the article should be divided into sections with the headings Introduction, Materials and Methods, Results and Discussion.

(i) The Introduction should state the purpose of the article and summarize the rationale for the study. Give only strictly pertinent references and limit this section approximately to one page.

(ii) The Material and Methods should describe the selection of the observational or experimental subjects clearly. Give references to established methods including statistics. When reporting experiments on human subjects indicate whether the procedures were followed in accordance with the ethical standards. Information about Approval of Ethics Committee should be given in this section. Give details on randomization. Manuscripts reporting the results of randomized trials should prepare according to the CONSORT flow diagram showing the progress of patients throughout the trial (<http://www.consort-statement.org/>).

Statistical methods should be explained in detail in the Materials and Methods.

(iii) Results must be concise and include figures and tables and in logical sequence in the text, tables and figures/illustrations. Data in the text should not be repeated in the tables or figures/illustrations.

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Figures and images should be submitted as separate files as Tagged Image File Format (with .tiff extension) or Joint Photographic Experts Group Format (with .jpeg extension). Resolution of the figures should be at least 600 dpi. Text, tables, and figures should not be saved as MS Power Point. Figure legends should contain enough information that can be comprehended without referring to the text. If the figure was previously published elsewhere, the reference should be given. Symbols in the figures should be visible at these sizes and font size of the characters should be at least 8-10. In the graphs, names of the abscissa and the ordinate should be given together with their units.

Since the journal is published electronically, colored photographs are accepted. Tables should be submitted as separate MS Word documents, not as pictures. Tables should be numbered consecutively with Arabic numerals in order of appearance in the text. Each table should have a brief explanatory title on top together with the table number. Explanations should be at the bottom of the table as footnotes. Each column in the table should have a precise, explanatory heading.

(iv) Discussion section emphasize the new and important aspects of the study and present your conclusions. Relate the observations to other relevant studies. Extent of the discussion should be parallel to other sections.

(v) Conclusion section the importance of the article should be introduced by emphasizing the contribution of the article to the literature.

- **Disclosure:** Authors should declare any financial support or relationships that may cause conflict of interest in this section, if any.
- **Acknowledgements:** If any, contributors, institutions or organizations are mentioned.
- **Informed consent:** Informed consent of the patients in the case reports must be obtained in person or by their legal guardian; A printed copy is available on the journal's website.
- **Conflict of interest:** Any support and relationship that may cause conflict of interest must be declared. Financial support, financial support person, institution or organization should be given information.

REFERENCES

Vancouver referencing style should be used for all references.

References should be cited numbered in the order of mention in the text and given in parentheses at the end of the sentence.

In the main text of the manuscript, references should be cited using Arabic numbers in parentheses, like this: (1), (2).

A study by Karaçavuş et al. (3),

..... like this (1,2,9-11).

Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/ MEDLINE/PubMed. Abbreviations are not used for journals not in the Index Medicus. There should be no mismatch between the reference list and the order in the text. Authors are responsible for the accuracy of references. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by "et al."

The reference styles for different types of publications are presented in the following examples:

Journal Article Format:

Author(s)— Family name and initials. Title of article. Abbreviated journal title. Publication year;volume(issue): first page number- last page number..
Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after

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cortical contusion injury. *Brain Res.* 2002;935(1-2):40-6.

Optional: If a journal carries continuous pagination throughout a volume (as many medical journals do), omit the month and issue number.

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med.* 2002;347:284-7.

Issue with supplement:

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; (102 Suppl 1):275–82.

Books:

(i) Personal Author(s);

Author(s) – Family name and initials (no spaces between initials). Title of book. Edition of book if later than 1st ed. Place of publication: Publisher name; Year of publication.

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical microbiology.* 4th ed. St. Louis: Mosby; 2002.

(ii) Editor(s), compiler(s) as author;

Dionne RA, Phero JC, Becker DE, editors. *Management of pain and anxiety in the dental office.* Philadelphia: WB Saunders; 2002.

(iii) Author(s) and editor(s);

Breedlove GK, Schorfheide AM. *Adolescent pregnancy.* 2nd ed. Wiczorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

(iv) Chapter in a book;

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer.* New York: McGraw-Hill; 2002. p. 93-113.

(v) Organization(s) as author

American Occupational Therapy Association, Ad Hoc Committee on Occupational Therapy Manpower. *Occupational therapy manpower: a plan for progress.* Rockville (MD): The Association; 1985 Apr. 84 p.

Dictionary and similar references

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

Dissertation

Borkowski MM. *Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation].* Mount Pleasant (MI): Central Michigan University; 2002.

Conference paper

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland.* Berlin: Springer; 2002. p. 182-91.

Conference proceedings

Harnden P, Joffe JK, Jones WG, editors. *Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK.* New York: Springer; 2002.

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Internet;

Cancer-Pain.org [Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [Updated: 2002 May 16; Cited: 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

For other types of resources, please visit;

(https://www.nlm.nih.gov/bsd/uniform_requirements.html).

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https://publicationethics.org/files/COPE_G_A4_SG_Ethical_Editing_May19_SCREEN_AW-website.pdf

Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken in Material and Methods section including The name of Ethics Committee, date and decision number and that it conforms to the provisions of the Declaration of Helsinki. The ethics committee report may be requested from the authors if necessary.

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For online manuscript submission;

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