

## FACTORS AFFECTING OCCUPATIONAL HEALTH AND SAFETY AWARENESS

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### ABSTRACT

The main purpose of this study is to determine the factors affecting occupational health and safety awareness in workplaces in the Turkish Republic of Northern Cyprus. The research was conducted on 305 randomly selected participants in an explanatory descriptive survey type. In the study, participants' Occupational Health and Safety (OHS) awareness levels were evaluated on four sub-dimensions: general OHS awareness, occupational health education-communication, occupational health risk perception and total OHS scale. In the general occupational health awareness sub-dimension, the average OHS awareness level of the participants was measured as 51.59 points. It was determined that receiving OHS training had significant effects on general occupational health awareness and occupational health risk perception. When OHS awareness levels were analyzed according to marital status, no significant differences were found between married and single participants in general. However, it was determined that OHS awareness levels of single participants were higher than married participants under occupational health risk perception and total OHS scale. When OHS awareness levels were analyzed according to the sectors of employment, significant differences were found between the sectors in general. It was observed that participants working in the food sector obtained higher scores under general occupational health awareness, occupational health training-communication and total OHS scale than those working in other sectors. When OHS awareness levels were analyzed according to position, no significant differences were found between participants with different positions. Although participants who received OHS training had lower scores under general occupational health awareness, this difference was not significant. However, it was determined that participants who received OHS training obtained higher scores under occupational health risk perception.

**Key Words:** Occupational health, occupational safety, Awareness.

### 1. INTRODUCTION

#### 1.1. Problem Status

In today's business world, occupational health and safety issues are among the top priorities of both employees and employers. Understanding, preventing, and effectively managing potential risks in the workplace forms the basis of a healthy working environment. In this context, occupational health and safety awareness ensures that employees are conscious and sensitive about this issue, contributing to both protecting their individual health and creating a safer atmosphere in the workplace. This thesis aims to understand the effects of these factors on employees' safety behaviors by examining the factors affecting occupational health and safety awareness. These factors, which determine employees' compliance with safety standards in workplaces, are considered from a broad perspective and discuss how occupational safety culture is shaped and can be improved (Dalyan and Pişkin, 2020). Occupational health and safety awareness refers to an important concept for employees to recognize potential risks in the workplace, act consciously against these risks and comply with safety standards. In today's business world, dynamic changes in workplaces, technological advances and challenges in various sectors have made emphasizing occupational health and safety issues even more necessary. Occupational health and safety awareness enables employees to identify potential dangers they may encounter while performing their daily work and take protective measures against these dangers (Tüzer, 2012). By complying with workplace safety procedures, employees assume responsibility for protecting their own health and the safety of other employees in the workplace. This awareness also contributes to the creation of a safety culture in workplaces. Employees who adopt a conscious approach to occupational health and safety in the workplace can create a safer working environment together (Yanık, 2018). This creates an effective strategy to minimize occupational accidents and health problems in workplaces. Occupational health and safety awareness can be increased through various methods such as training programs, seminars, safety meetings and information campaigns. These events inform employees of safety standards, emergency procedures, and potential risks in the workplace. Regular training to create a conscious occupational safety culture constantly increases employees' safety awareness (Dalyan and Pişkin, 2020).

Occupational health and safety awareness is a fundamental element in ensuring that employees work safely, creating a healthier and safer environment in workplaces, and contributing to the sustainability of the business world in total. In the Turkish Republic of Northern Cyprus (TRNC), occupational health and safety is becoming more important day by day. Dynamic changes in the business world, technological developments and globalization increase the potential risks that employees are exposed to, and this makes occupational health and safety issues

more critical. This thesis aims to understand the factors affecting occupational health and safety awareness in workplaces in TRNC and to examine the effects of these factors on employees' safety behaviors. Occupational health and safety not only protect the physical health of employees in a workplace, but also increases work efficiency by creating a sustainable working environment in workplaces. Awareness in this field in TRNC aims to prevent work accidents, reduce occupational diseases, and ensure that employees operate in a safe environment. (Yilmaz and Oktay, 2015).

### 1.2. Purpose and Importance of the Research

Occupational health and safety is of critical importance in protecting the lives of employees and providing a sustainable working environment in workplaces. The main purpose of this thesis is to determine the factors affecting occupational health and safety awareness in workplaces in the Turkish Republic of Northern Cyprus (TRNC). This research will systematically analyze various factors affecting occupational health and safety awareness and examine in depth how these factors affect workplaces. The main purpose of the study is to determine these factors and contribute to the development of strategies to increase occupational health and safety awareness. The importance of the research highlights the potential effects of a safety culture in workplaces on not only protecting the health of employees but also improving business continuity and productivity. Increasing awareness of occupational health and safety contributes to preventing work accidents and occupational diseases, allowing the creation of a positive work environment for both employers and employees. It will inform decision makers about the development, updating and improvement of occupational health and safety policies in workplaces in TRNC and shed light on strategic planning in this field. This thesis aims to make a significant contribution to all stakeholders who aim to take steps to create safer and healthier workplaces at the local and global level in the field of occupational health and safety.

### 1.3. Hypotheses

The hypotheses of this research are as follows:

1. H<sub>1</sub>: There is a significant difference between OHS awareness level and marital status.
2. H<sub>1</sub>: There is a significant difference between the OHS awareness level and the sector in which one works.
3. H<sub>1</sub>: There is a significant difference between OHS awareness level and task.
4. H<sub>1</sub>: There is a significant difference between the OHS awareness level and the participants OHS training status.

### 1.4. Assumptions

research participants gave their answers to the scale questions sincerely.

### 1.5. Limitations

Research:

- With research participants,
- With the scale questions used in the research,
- It is limited to people working in TRNC.

### 1.6. Definitions

**Work health And Safety (OHS):** Work health And safety of employees works during they encountered potential dangers determination of risks evaluation And This to risks opposite protector measures receiving process including One It was discipline (Tüzer , 2012).

**Awareness:** Awareness is a person or groups around events , situations or information understanding And clutch status expression does ( Dalyan and Pişkin, 2020).

## 2. THEORETICAL FRAMEWORK

### 2.1. Occupational Health and Safety Concept

Regulations on occupational health and safety create a system in which employers and employees bear joint responsibility. In this context, determining the measures to be implemented in the workplace, providing regular training to employees, creating occupational safety policies and effective implementation of these policies are prioritized (Yavuz and Gür, 2021). Occupational health and safety are to ensure the safety of employees, to prevent work accidents and occupations. It refers to an area that requires a multidisciplinary approach to prevent diseases and is regulated within the framework of Law No. 6331. Systematic and scientific studies in this field aim to ensure that both employers and employees have a healthy and safe working environment (Yanık, 2018).

Work health And Security policy, a OSH objectives of the business And their commitments indicating official One document. This policy is \_ in place trustworthy One study environment to provide employees your health to protect and legal regulations rapport to ensure like general purposes Contains. Work health And Safety (OHS) Policy, a

OSH objectives of the business And their commitments determining, employees health And your security to protect aiming official One document. This policy applies to workplace trustworthy One study of the environment creation, business of accidents and job of diseases prevention, legal regulations rapport providing and general as OHS culture incentive to be like general purposes Contains. OHS Policy is the company's management of your team their commitments and responsibilities determines. These commitments ensure that employees health and your security to protect in the name of will be taken precautions, OHS training, risk management strategies and emergency plans \_ Contains. OHS Policy covers the OHS performance of the business. continually aspect to improve targets (Durdyev, Omarov and Ismail, 2017).

Policy document, employees OHS responsibilities about of consciousness increasing and this your responsibilities all levels understanding for important One is the tool. In addition, OHS targets determination, this to goals to reach for to be watched your strategies definition And This to strategies rapport to ensure in the name of organized out of sight of passing to be done like elements Contains. OHS Policy is the company's work arms, size and activity to the fields specific aspect is customized. This document complies with the company's OHS standards. your harmony provides, legal regulations your harmony recruitment to do and your employees your health and your security -most top level to protect in the name of strategic One document aspect is evaluated. OHS Policy, the company's OHS understanding and commitments and your goals emerge puter important One document. This policy is just legal One necessity being not left same in time of the business to sustainability and your employees to your well-being contribute found comprehensive an OSH strategy the basis creates (Ezer, 2019).

## 2.2. Education And Awareness

To employees work health and security on the subject's education giving, potential to the dangers opposite awareness raising and trustworthy study habits gaining. Work health and security training of employees at work potential dangers understanding, safe study methods to learn And This on the subject awareness to win providing critical One is the element. These trainings help businesses your employees your health and your security to protect in the name of they practiced measures effective One way to be transmitted and adoption targets. Education And awareness programs to employees work in place potential dangers identification, safe study applications adoption and urgent with situations start over emergence on the subject's information provides. Work health And security trainings Generally work at the beginning of a new on duty appointed employees for compulsory and is regular at intervals all to employees giving is important (Üzgeç , 2018).

These trainings during, at work used of equipment TRUE One way How chemicals to be used to substances exposure risks, fire, and emergency procedures \_ like topics hand is taken. Also, ergonomics topics, personal protector of equipment usage, security tags and work in place other security to the protocols aimed at information is also shared. Education And awareness programs, businesses legal regulations rapport to provide helper being well queue, employees work security culture to adopt And This culture work in place to spread supports. This is at work minimizing risks, preventing accidents and job their illnesses to prevent aimed at One strategy strengthens. Awareness, employees daily their duties in its place while bringing around them potential to risks opposite carefully to be provides. This job health and security of culture One Part of it being beyond passes, same in time your employees to each other support being, dangers to notify and trustworthy study habits to create incentive it does. Work health and security education and awareness programs, business in their places trustworthy study culture of creating basis stones. Your employees conscious and trustworthy One way their work to provide only legal regulations rapport by providing does not remain the same in time LONG futures sustainable One work health And security strategy of creating important One is part of (Güllüoğlu, 2019).

## 3. METHOD

### 3.1. Research Method

Research generally moves on to the application phases after establishing its theoretical foundations. Documentary foundations generally form the basis of a research. After this stage, data is collected using empirical methods based on observation, these data are processed, analyzed and a conclusion is tried to be reached with the analysis results. While past studies and documents are used to create the documentary side of the research, methods such as surveys and scales, which are observation-based data collection tools, constitute the empirical side of the research (Can, 2018). While examining past studies and documents forms the documentary basis of a research, observation methods carried out with tools such as surveys and scales constitute the empirical side of the research. Empirical research is generally scanner research, that is, research aimed at understanding the characteristics of the phenomenon under study. The analysis method of data collected in research may include qualitative and quantitative dimensions. Quantitative studies are studies in which data are processed numerically and analyzed using quantitative techniques. In such studies, the characteristics of variables can be revealed in different aspects, and the interactions and relationships between variables can be examined (Karataş, 2015).

This research started by explaining the research variables based on past studies, in accordance with documentary research criteria. Data collected by observational methods from a valid sample created from the population

representing the research variable were analyzed with quantitative methods. In this context, the research can be defined as a descriptive survey type, quantitative research of explanatory nature.

### 3.2. Population and Sample

In research, the population refers to all the elements or individuals within the scope of the study and from whom data is collected through observation or other methods. It often represents a large area that the researcher cannot fully examine. Researchers conduct their studies by creating a more accessible universe and taking enough samples from this universe (Can, 2018). The set of these samples is called the sample that represents the universe. It is important that the research sample is large enough to adequately represent the population and that the results obtained are generalizable. Sample items that will represent the universe can be selected by various methods. The most common is the simple random selection method, where each item has an equal chance and the probability of being included in the sample is left to chance. Samples should represent the universe with a margin of error of at most 5% within a 95% confidence interval (Sönmez and Alacapınar, 2018). The population of this study consists of individuals residing in the Turkish Republic of Northern Cyprus and working in various sectors. 305 people selected by random selection method constitute the research sample. The survey forms distributed to the managers at the workplace were delivered to randomly selected units from each department by the managers. Participation in the research is voluntary and approval and consent were obtained from each participant.

### 3.3. Data Collection Tools

In the research, two separate data collection tools were used to determine the demographic characteristics of the participants and measure Occupational Health and Safety (OHS) awareness. These tools are primarily the survey form used to determine the demographic characteristics of the participants and secondarily the Occupational Health and Safety Culture Scale (Olçay, 2021). The survey form consists of 9 questions to measure the demographic characteristics of the participants such as age, gender, marital status, educational status, profession, and vocational training. These questions were used to better understand the participants' profiles and take them into account in the analysis. The Occupational Health and Safety Culture Scale consists of 19 items and 3 sub-dimensions in total. These sub-dimensions are general occupational safety awareness (12 questions), OHS training-communication (4 questions) and risk perception (3 questions). These sub-dimensions, determined because of the factor analysis of the scale, explain 49.74% of the total variance. To evaluate the reliability of the scale, alpha Cronbach coefficient was used. Alpha is 0.92 for the occupational safety awareness sub-dimension, 0.75 for OHS training-communication, and 0.66 for risk perception. Cronbach values show that the scale is quite reliable. Additionally, the overall reliability of the scale was calculated as 0.89. Calculations were made by taking the adverse items that constitute the risk perception sub-dimension into consideration in statistical analyses. These data emphasize that the research is based on a solid methodology and the scales used are reliable (Olçay, 2021).

The reliability analysis results of the scales used in this study are given in Table 1:

Table 1. Reliability Analysis

| Cronbach's Alpha | Article |
|------------------|---------|
| 0.801            | 19      |

Reliability analysis of the Occupational Health and Safety (OHS) awareness scale was evaluated using Cronbach's Alpha statistic. The obtained Cronbach's Alpha value was found to be 0.801. This value indicates that the internal consistency of the scale is high. In other words, it indicates that the items in the scale are measured in harmony with each other and that the scale is a reliable measurement tool. The 19 items in the OHS awareness scale were measured in harmony with each other and in a way that increased the reliability of the measurement. This shows that the scale is an effective tool in reliably assessing the participants' level of awareness about OHS.

### 3.4. Analysis of Data

In the research, data analysis was carried out using the SPSS 28 package program. Statistical methods such as descriptive statistics, t test and ANOVA test were used to analyze the data. The focus of the research is to consider the skewness and kurtosis values of the scales when choosing parametric tests. The fact that these values were between +2 and -2 supported the assumption that normal distribution conditions were met. Therefore, parametric tests were preferred in the research process and analyzes were built on this basis. These statistical methods were used to examine meaningful relationships and differences between different variables in the data set in accordance with the purpose of the research.

## 4. FINDINGS

### 4.1. Demographic features

Demographic variables of the participants are given in Table 2.

Table 2. Demographic Information

|                         |                                              | N   | %     |
|-------------------------|----------------------------------------------|-----|-------|
| Gender                  | Woman                                        | 104 | 34.1  |
|                         | Male                                         | 201 | 65.9  |
| Age                     | 22-30 years old                              | 97  | 31.8  |
|                         | 31-40 years old                              | 107 | 35.1  |
|                         | 41-50 years old                              | 76  | 24.9  |
|                         | 51 and over                                  | 25  | 8.2   |
| marital status          | Married                                      | 164 | 53.8  |
|                         | Single                                       | 141 | 46.2  |
| Education               | Middle/High School                           | 74  | 24.3  |
|                         | Associate Degree (2-Year Faculty or College) | 116 | 38.0  |
|                         | Undergraduate (4-Year Faculty)               | 42  | 13.8  |
|                         | Master's/Ph.D.                               | 73  | 23.9  |
| Working sector          | Automotive                                   | 15  | 4.9   |
|                         | food                                         | 21  | 6.9   |
|                         | Industry                                     | 21  | 6.9   |
|                         | Service                                      | 160 | 52.5  |
|                         | Others                                       | 88  | 28.9  |
| Duty                    | Employee                                     | 104 | 34.1  |
|                         | Chef/Master                                  | 69  | 22.6  |
|                         | Officer                                      | 25  | 8.2   |
|                         | Manager/Manager                              | 37  | 12.1  |
|                         | Other                                        | 70  | 23.0  |
| Professional experience | less than 2 years                            | 36  | 11.8  |
|                         | 3-5 years                                    | 46  | 15.1  |
|                         | 6-10 years                                   | 95  | 31.1  |
|                         | 11-15 years                                  | 88  | 28.9  |
|                         | more than 16 years                           | 40  | 13.1  |
| Total                   |                                              | 305 | 100.0 |

When the gender distribution of the 305 people participating in the study is examined within the framework of their demographic characteristics, 65.9% of the participants are men and 34.1% are women. Distribution by age groups: 31.8% are between the ages of 22-30, 35.1% are between the ages of 31-40, 24.9% are between the ages of 41-50, and 8.2% are between the ages of 51 and 51. It is in the above age group. When examined in terms of marital status, 53.8% of the participants were determined to be married while 46.2% were single. Regarding education levels, 24.3% of the participants are secondary school/high school graduates, 38.0% are associate degree graduates, 13.8% are undergraduate graduates, and 23.9% are graduate/doctoral graduates. Distribution according to the sectors they work in 52.5% of the participants work in the service sector, 28.9% in other sectors, and 6.9% each in the automotive, food and industrial sectors. When examined by duty, 34.1% of the participants are workers, 22.6% are supervisors/masters, 12.1% are managers/managers, 8.2% are civil servants, and 23.0% are other duties. is performing. Finally, in the distribution according to professional experience, 11.8% have less than 2 years, 15.1% have 3-5 years, 31.1% have 6-10 years, 28.9% have 11-15 years, and 13.1% have more than 16 years of professional experience. In total, these demographic data reveal the profiles of the individuals participating in the study from various perspectives.

Table 3. OHS Information of Participants

|  |  | N | % |
|--|--|---|---|
|--|--|---|---|

|                                   |     |     |       |
|-----------------------------------|-----|-----|-------|
| Participants' ISG Training Status | Yes | 136 | 44.6  |
|                                   | No  | 169 | 55.4  |
| Work accident situation           | Yes | 82  | 26.9  |
|                                   | No  | 223 | 73.1  |
| Near Miss Experience              | Yes | 32  | 10.5  |
|                                   | No  | 273 | 89.5  |
| Total                             |     | 305 | 100.0 |

The OHS knowledge of the participants in the study was evaluated based on their OHS education level, work accident and near miss. When the participants are examined according to their OHS training, it is seen that 44.6% have received training and 55.4% have not received training. When the situation of experiencing a work accident is evaluated, 26.9% of the participants have experienced a work accident before, while 73.1% have not had a work accident. Additionally, when the near miss situation was examined, 10.5% of the participants experienced such a situation, while 89.5% did not experience such a near miss situation. In total, the OHS information of the 305 individuals participating in the study varied in terms of educational status, work accidents and near misses. These data show that the level of knowledge and experience on occupational health and safety issues is in a wide range.

#### 4.2. Descriptive Findings Regarding OHS Awareness

Table 4. Scale Descriptive Statistics

|                                                           | Min.  | Max . | Cover.  | ss      |
|-----------------------------------------------------------|-------|-------|---------|---------|
| General occupational health awareness sub-dimension       | 41.00 | 58.00 | 51.5934 | 4.64800 |
| Occupational health education-communication sub-dimension | 12.00 | 19.00 | 16.6820 | 1.79010 |
| Occupational health risk perception sub-dimension         | 10.00 | 15.00 | 12.8328 | 1.04578 |
| OHS Scale total                                           | 70.00 | 92.00 | 81.1082 | 5.71857 |

Occupational Health and Safety (OHS) awareness levels of the individuals participating in the study were evaluated through four sub-dimensions: general OHS awareness, occupational health education-communication, occupational health risk perception and total OHS scale. In the general occupational health awareness sub-dimension, the average awareness level of the participants on OHS was measured as 51.59 points. While an average score of 16.68 was obtained in the occupational health education-communication sub-dimension, an average score of 12.83 points was determined in the occupational health risk perception sub-dimension. Under the total OHS scale, the average OHS awareness of the participants was calculated as 81.11 points. These values represent the quantitative data provided by the study to determine the participants' awareness levels on OHS and indicate a generally high OHS awareness.

#### 4.3. OHS Awareness Levels According to Demographic Information

Table 5. OHS Awareness Levels by Marital Status

|                                                           |         | N   | mean    | Ss .    | f     | p.           |
|-----------------------------------------------------------|---------|-----|---------|---------|-------|--------------|
| General occupational health awareness sub-dimension       | Married | 164 | 51.6159 | 4.81867 | 3,320 | 0.069        |
|                                                           | Single  | 141 | 51.5674 | 4.45823 |       |              |
| Occupational health education-communication sub-dimension | Married | 164 | 16.6768 | 1.84003 | 0.257 | 0.613        |
|                                                           | Single  | 141 | 16.6879 | 1.73672 |       |              |
| Occupational health risk perception sub-dimension         | Married | 164 | 12.7683 | 0.98826 | 4,098 | <b>0.044</b> |
|                                                           | Single  | 141 | 12.9078 | 1.10777 |       |              |

|                 |         |     |         |         |       |              |
|-----------------|---------|-----|---------|---------|-------|--------------|
| OHS Scale total | Married | 164 | 81.0610 | 6.01603 | 6,134 | <b>0.014</b> |
|                 | Single  | 141 | 81.1631 | 5.37271 |       |              |

p < 0.05

When Occupational Health and Safety (OHS) awareness levels were examined according to marital status, some significant differences were determined between married and single participants. In the general occupational health awareness sub-dimension, the average score of married participants was 51.62, while the average score of single participants was 51.57. However, this difference is not statistically significant (p=0.069). In the occupational health education-communication sub-dimension, no significant difference was determined between married and single participants. While the average score of married participants was 16.68, the average score of single participants was 16.69 (p = 0.613). A significant difference was determined between married and single participants in the occupational health risk perception sub-dimension. While the average score of married participants is 12.77, the average score of single participants is 12.91 (p = 0.044). In this case, it can be said that the occupational health risk perception levels of single participants are higher than married participants. Under the total OHS scale, a significant difference was determined between married and single participants. While the average score of married participants was 81.06, the average score of single participants was 81.16 (p=0.014). In this case, it can be said that single participants' OHS awareness levels are higher than married ones.

Table 6. OHS Awareness Levels by Sector of Work

|                                                           |            | N   | Cover.  | Ss .    | f     | p.                                    |
|-----------------------------------------------------------|------------|-----|---------|---------|-------|---------------------------------------|
| General occupational health awareness sub-dimension       | Automotive | 15  | 52.6667 | 4.48277 | 2,928 | <b>0.021</b><br>Others > Food         |
|                                                           | food       | 21  | 49.3333 | 4.38558 |       |                                       |
|                                                           | Industry   | 21  | 52.4286 | 4.83292 |       |                                       |
|                                                           | Service    | 160 | 51.1625 | 4.66337 |       |                                       |
|                                                           | Others     | 88  | 52.5341 | 4.45913 |       |                                       |
| Occupational health education-communication sub-dimension | Automotive | 15  | 16.8000 | 1.93465 | 3,328 | <b>0.010</b><br>Others > Food         |
|                                                           | food       | 21  | 15.7619 | 1.84132 |       |                                       |
|                                                           | Industry   | 21  | 16.9524 | 1.62715 |       |                                       |
|                                                           | Service    | 160 | 16.5125 | 1.84625 |       |                                       |
|                                                           | Others     | 88  | 17.1250 | 1.58159 |       |                                       |
| Occupational health risk perception sub-dimension         | Automotive | 15  | 12.6000 | 1.18322 | 1,139 | 0.338                                 |
|                                                           | food       | 21  | 13.0476 | 1.02353 |       |                                       |
|                                                           | Industry   | 21  | 12.5238 | 0.87287 |       |                                       |
|                                                           | Service    | 160 | 12.8063 | 1.04909 |       |                                       |
|                                                           | Others     | 88  | 12.9432 | 1.05436 |       |                                       |
| OHS Scale total                                           | Automotive | 15  | 82.0667 | 5.06341 | 3,731 | <b>0.006</b><br>Others > Food-Service |
|                                                           | food       | 21  | 78.1429 | 5.47983 |       |                                       |
|                                                           | Industry   | 21  | 81.9048 | 6.16364 |       |                                       |
|                                                           | Service    | 160 | 80.4813 | 5.65905 |       |                                       |
|                                                           | Others     | 88  | 82.6023 | 5.52848 |       |                                       |

p < 0.05

When Occupational Health and Safety (OHS) awareness levels were examined according to the sectors worked, generally significant differences were determined between the sectors. In the general occupational health awareness sub-dimension, the average score of the participants working in the sector specified as others (52.67%) was found to be significantly higher than those working in the food sector (p = 0.021). In the occupational health education-communication sub-dimension, the average score of the participants working in the sector specified as others (16.80%) was found to be significantly higher than those working in the food sector (p = 0.010). In the occupational health risk perception sub-dimension, no significant difference was determined according to sectors. No significant difference could be detected in the occupational health risk perception sub-dimension between participants working in different sectors (p = 0.338). The average score (82.07%) of the participants working in the sector specified as others under the total OHS scale was found to be significantly higher than those working in the food and service sector (p = 0.006). These results show that the sector studied may be effective in some sub-dimensions in determining OHS awareness levels.

Table 7. OHS Awareness Levels by Task

|                                                           |                 | N   | Cover.  | ss      | f     | p.    |
|-----------------------------------------------------------|-----------------|-----|---------|---------|-------|-------|
| General occupational health awareness sub-dimension       | Employee        | 104 | 52.1250 | 4.75759 | 1,090 | 0.362 |
|                                                           | Chef/Master     | 69  | 51.8261 | 4.50476 |       |       |
|                                                           | Officer         | 25  | 50.2400 | 4.23556 |       |       |
|                                                           | Manager/Manager | 37  | 51.0541 | 4.81863 |       |       |
|                                                           | Other           | 70  | 51.3429 | 4.65595 |       |       |
| Occupational health education-communication sub-dimension | Employee        | 104 | 16.7885 | 1.81511 | 1,224 | 0.301 |
|                                                           | Chef/Master     | 69  | 16.8406 | 1.74578 |       |       |
|                                                           | Officer         | 25  | 16.0800 | 1.73013 |       |       |
|                                                           | Manager/Manager | 37  | 16.3784 | 1.86117 |       |       |
|                                                           | Other           | 70  | 16.7429 | 1.76673 |       |       |
| Occupational health risk perception sub-dimension         | Employee        | 104 | 12.9038 | 0.99043 | 0.892 | 0.469 |
|                                                           | Chef/Master     | 69  | 12.8841 | 1.07835 |       |       |
|                                                           | Officer         | 25  | 12.4800 | 0.96264 |       |       |
|                                                           | Manager/Manager | 37  | 12.7838 | 1.15795 |       |       |
|                                                           | Other           | 70  | 12.8286 | 1.06283 |       |       |
| OHS Scale total                                           | Employee        | 104 | 81.8173 | 6.11502 | 1,785 | 0.132 |
|                                                           | Chef/Master     | 69  | 81.5507 | 5.27351 |       |       |
|                                                           | Officer         | 25  | 78.8000 | 4.73462 |       |       |
|                                                           | Manager/Manager | 37  | 80.2162 | 5.69178 |       |       |
|                                                           | Other           | 70  | 80.9143 | 5.72749 |       |       |

p > 0.05

When Occupational Health and Safety (OHS) awareness levels were examined by task, generally no significant differences were determined between participants with different duties. In the general occupational health awareness sub-dimension, the average scores of participants working as workers (52.13%), supervisors/masters (51.83%), civil servants (50.24%), managers/managers (51.05%) and other positions include: No significant difference was detected (p = 0.362). No significant difference was determined according to the task in the occupational health education-communication sub-dimension. No significant difference was detected between the average scores of workers (16.79%), chief/master (16.84%), officer (16.08%), manager/manager (16.38%) and participants working in other positions (p = 0.301). No significant difference was determined in the occupational health risk perception sub-dimension depending on the task. No significant difference was detected between the average scores of workers (12.90%), chief/master (12.88%), officer (12.48%), manager/manager (12.78%) and participants working in other positions (p = 0.469). Under the total OHS scale, no significant difference was determined depending on the task. No significant difference was detected between the average scores of workers (81.82%), chief/master (81.55%), officer (78.80%), manager/manager (80.22%) and participants working in other positions (p = 0.132). These results show that the task did not have a significant effect on determining OHS awareness levels.

Table 8. Awareness Levels of Participants According to OHS Training Receipt

|                                                     |     | N   | Cover.  | ss      | f     | p.           |
|-----------------------------------------------------|-----|-----|---------|---------|-------|--------------|
| General occupational health awareness sub-dimension | Yes | 136 | 51.1765 | 4.90937 | 4,304 | <b>0.039</b> |
|                                                     | No  | 169 | 51.9290 | 4.41261 |       |              |
| Occupational health education-                      | Yes | 136 | 16.6765 | 1.89691 | 2,425 | 0.120        |



|                                                   |     |     |         |         |       |              |
|---------------------------------------------------|-----|-----|---------|---------|-------|--------------|
| communication sub-dimension                       | No  | 169 | 16.6864 | 1.70500 |       |              |
| Occupational health risk perception sub-dimension | Yes | 136 | 12.9853 | 0.97362 |       |              |
|                                                   | No  | 169 | 12.7101 | 1.08779 | 6,650 | <b>0.010</b> |
| OHS Scale total                                   | Yes | 136 | 80.8382 | 6.00767 |       |              |
|                                                   | No  | 169 | 81.3254 | 5.48325 | 2,760 | 0.098        |

p <0.05

When the OHS awareness levels of the participants were examined according to their Occupational Health and Safety (OHS) training status, some significant differences were determined between the participants who received and did not receive OHS training in general. In the general occupational health awareness sub-dimension, the average score of the participants who received OHS training (51.18%) was found to be significantly lower than the average score of the participants who did not receive OHS training (51.93%) ( $p=0.039$ ). In the occupational health education-communication sub-dimension, no significant difference was determined between participants who received OHS training and those who did not ( $p=0.120$ ). In the occupational health risk perception sub-dimension, the average score of the participants who received OHS training (12.99%) was found to be significantly higher than the average score of the participants who did not receive OHS training (12.71%) ( $p = 0.010$ ). Under the total OSH scale, the average score of the participants who received OHS training (80.84%) was found to be significantly lower than the average score of the participants who did not receive OHS training (81.33%) ( $p = 0.098$ ). These results show that the general occupational health awareness, occupational health risk perception and total OHS awareness levels of the participants who received OHS training were lower than those who did not receive training.

#### 4. Conclusion and Recommendations

In the study, participants Work health And Safety (OHS) awareness levels, general OHS awareness, business health education-communication, business health risk perception and total OSH scale to be about four subdimensions \_ over has been evaluated. General work health in the sub- dimension of awareness, participants' awareness of OHS awareness levels average 51.59 points aspect measured. OHS training receiving, general work health awareness and work health risk perception on significant effects is has been determined.

Civil to the situation According to OHS awareness levels When examined, married and single participants between general aspect significant Differences detection has not been done. However, work health risk perception and total OHS scale under single participants OHS awareness levels for married people according to higher is has been determined.

studied to sectors According to OHS awareness levels When examined, overall aspect sectors between significant Differences have been determined. food in the industry worker participants, other in sectors to employees according to general work health awareness, business health education-communication and total OHS scale under more high points get did has been observed.

to the task According to OHS awareness levels When examined, different to tasks owner participants between general aspect significant Differences detection has not been done. OHS training area participants general work health awareness under more low points to take Although, this difference is significant It is not. However, work health risk perception OHS training under area participants more high points get did has been determined.

Conclusion As, the study OHS awareness throughout levels high is however some demographic and process relating to factors These levels may affect has been observed. These findings, OSH training programs effectiveness and sectoral your differences into consideration receiving in terms of important tips offers. Research finally the following Suggestions has been prepared:

- OHS awareness increase for especially general work health awareness and work health risk perception under effective could be education programs should be edited. These programs provide participants with work health on the subjects information And skill to earn should focus.
- Married And single participants between general work health awareness under significant difference detection not done Even though he is married participants work health risk perception lower has come out. In this context, married participants work health risk perception to increase aimed at special programs can be improved.
- Sectoral Differences eyelash before considering, especially other in sectors to employees aimed at wide comprehensive OHS training programs should be edited. These programs provide the sector with specific risks and security precautions emphasizing participants awareness can increase.

- OHS training did not receive participants for special awareness campaigns should be edited And This to the participants aimed at advantages should be emphasized. In this way, OHS training getting benefits wider to the masses can be delivered.
- OSH policies in workplaces and practices, participants awareness to increase aimed at more effective One way should be edited. OHS culture to look like for incentive disturbing policies and daily applications It is important.
- Your employees different to tasks owner being, OHS training needs may affect. Therefore, workers , managers , chef / master \_ like different duty to groups aimed at customized OSH training modules should be created .

## REFERENCES

- Dalyan, O., Pişkin, M., (2020). İşyerlerinde ramak kala bildirimlerinin iş kazalarına etkisi ve inşaat sektöründe uygulama. *Çanakkale Onsekiz Mart Üniversitesi Fen Bilimleri Enstitüsü Dergisi*, 6(1), 133-143.
- Durdyev, S., Omarov, M., Ismail, S. (2017). Causes of delay in residential construction projects in Cambodia. *Cogent Engineering*, 4(1), 1291117.
- Ezer, A., (2019). *Şantiyelerde iş kazaları*, Yüksek Lisans Tezi. İstanbul Esenyurt Üniversitesi, Fen Bilimleri Enstitüsü.
- Güllüoğlu, E. N., Güllüoğlu, A. N., (2019). Türkiye inşaat sektöründe istihdam ve iş kazalarının analizi. *Karaelmas İş Sağlığı ve Güvenliği Dergisi*, 3(2), 65-81
- Karataş, Z. (2015). Sosyal bilimlerde araştırma yöntemleri, *Sosyal Hizmet Dergi, Manevi Temelli Sosyal Hizmet Araştırmaları Dergisi*, 1(1), 62-80.
- Olcaç, Z. F. (2021). İş sağlığı ve güvenliği kültürü ölçeği; geçerlik ve güvenilirlik çalışması. *Avrupa Bilim ve Teknoloji Dergisi*, (23), 678-685.
- Sönmez, V. & Alacapınar, F. G. (2018). *Örneklendirilmiş bilimsel araştırma yöntemleri*, Ankara: Anı Yayıncılık.
- Tüzer, F. S. (2012). *İstanbul genelinde inşaat işlerinde iş sağlığı ve güvenliği üzerine bir araştırma*, Yüksek Lisans Tezi, İstanbul Kültür Üniversitesi Fen Bilimleri Enstitüsü.
- Üzgeç, M., (2018). *Kurumsal bir şirkette çalışanların iş güvenliği farkındalığının tespitine yönelik bir çalışma*. Yüksek Lisans Tezi, Çukurova Üniversitesi Fen Bilimleri Enstitüsü.
- Yanık, S., (2018). *Dondurulmuş gıda üretimi yapan firmalarda iş güvenliği*, Çanakkale ilinde bir uygulama, Yüksek Lisans Tezi, Çanakkale Onsekiz Mart Üniversitesi Fen Bilimleri Enstitüsü.
- Yavuz, Ş. & Gür, B. (2021). Sağlık kurumlarında çalışanların iş sağlığı ve güvenliği yönünden algı düzeylerinin incelenmesi. *Journal of Social and Humanities Sciences Research*, 8(68), 961-974
- Yılmaz, F., Oktay T. (2015). Bir inşaat şantiyesinde iş kazalarının neden olduğu iş-günü kayıplarının işverene maliyetinin belirlenmesi, *International Journal of Economic and Administrative Studies*, 14, 143-156.