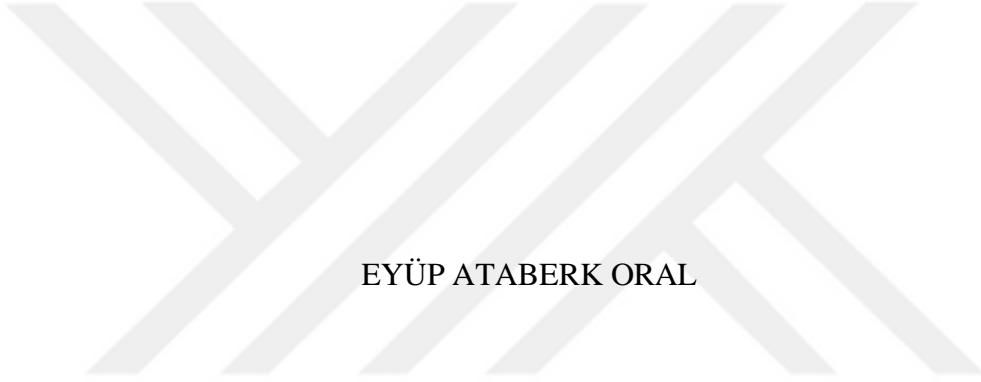


EVALUATING PSYCHOSOCIAL RISK AND LEADERSHIP AMONG NURSES IN  
TÜRKİYE: AN APPLICATION OF THE PSYCHOSOCIAL HEALTH AND SAFETY  
AT WORK MODEL

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# EVALUATING PSYCHOSOCIAL RISK AND LEADERSHIP AMONG NURSES IN TÜRKİYE: AN APPLICATION OF THE PSYCHOSOCIAL HEALTH AND SAFETY AT WORK MODEL

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## **ABSTRACT**

This study aims to evaluate the psychosocial risks of nurses working in private hospitals in Türkiye and measure the impact of job resources and job demands on leadership perception and employee well-being. Specifically, the research explores the relationship between job resources and leadership perception, focusing on both Balancing and Authoritarian Leadership styles. Additionally, it examines the influence of job demands on nurses' overall well-being and their experiences related to job satisfaction, workload perception, access to job resources, and fulfillment of job demands. This study involved 212 nurses actively employed in private hospital settings in Türkiye. Using online survey instruments, participants were asked to respond to items designed to measure the aforementioned variables. Throughout the survey completion process, participants were not given any breaks to ensure data consistency. Following data collection, factor analyses were conducted on the responses from the different survey instruments, followed by correlation analyses to uncover relationships between variables. The findings of this research reveal that an enhanced level of communication between supervisors and nurses correlates positively with several critical dimensions of nurses' professional experience. Specifically, improved communication fosters higher levels of overall job satisfaction, increased access to job resources, and a greater sense of well-being among nurses. Additionally, job resources are found to significantly influence nurses' perceptions of leadership styles, particularly Balancing Leadership, while perceived respect from supervisors emerges as a key factor affecting psychosocial risk perception. These findings hold implications for future research endeavors focused on psychosocial risk assessment in healthcare settings in Türkiye. Furthermore, understanding the differential impact of leadership styles on nurses' perceptions of psychosocial risks can inform targeted interventions to improve workplace conditions and enhance nurses' overall well-being.

**Keywords:** Job Demands; Job Resources; Psychosocial Risks; Authoritarian Leadership; Balancing Leadership

## ÖZ

Bu çalışma, Türkiye'deki özel hastanelerde çalışan hemşirelerin psikososyal risklerini değerlendirmeyi ve iş kaynakları ile iş taleplerinin liderlik algısı ve çalışan iyilik hali üzerindeki etkisini ölçmeyi amaçlamaktadır. Özellikle, araştırma iş kaynakları ile liderlik algısı arasındaki ilişkiyi incelemektedir. Ayrıca, iş taleplerinin hemşirelerin genel iyilik halleri üzerindeki etkisini ve iş tatmini, iş yükü algısı, iş kaynaklarına erişim ve iş taleplerinin yerine getirilmesi ile ilgili deneyimlerini de araştırmaktadır. Aktif olarak çalışan toplam 212 hemşire bu çalışmaya katılmıştır. Çevrimiçi anket araçları kullanılarak, katılımcılardan yukarıda belirtilen değişkenleri ölçmeye yönelik sorulara yanıt vermeleri istenmiştir. Anket tamamlama süreci boyunca, katılımcılara veri tutarlığını sağlamak amacıyla herhangi bir ara verilmemiştir. Veri toplama sürecinin ardından, farklı anket araçlarından gelen yanıtlar üzerinde faktör analizleri yapılmış ve değişkenler arasındaki ilişkileri ortaya çıkarmak için korelasyon analizleri gerçekleştirilmiştir. Bu araştımanın bulguları, yöneticiler ile hemşireler arasındaki iletişim artmasının, hemşirelerin mesleki deneyimlerinin birkaç kritik boyutu ile olumlu bir şekilde ilişkili olduğunu ortaya koymaktadır. İyileşen iletişim, hemşireler arasında genel iş tatmininin daha yüksek seviyelerde olmasına, iş kaynaklarına erişimin artmasına ve daha büyük bir iyilik hali hissetmelerine yardımcı olmaktadır. Yöneticilerle etkili iletişim aynı zamanda sosyal destek ve topluluğu da güçlendirmektedir. İş kaynaklarının hemşirelerin liderlik stillerine, özellikle Dengeleyici Liderlik algısına önemli ölçüde etki etiği bulunmuş; bunun yanı sıra, algılanan yönetici saygısının da psikososyal risk algısını etkileyen anahtar bir faktör olduğu ortaya çıkmıştır. Bu bulgular, Türkiye'deki sağlık ortamlarında psikososyal risk değerlendirmeye odaklanan gelecekteki araştırmalar için önem taşımaktadır. Ayrıca, liderlik tarzlarının hemşirelerin psikososyal risk algısına olan farklı etkisini anlamak, işyeri koşullarını iyileştirmeye ve hemşirelerin genel iyilik halini artırmaya yönelik hedefli müdahaleler geliştirmede bilgilendirici olabilir.

**Anahtar Kelimeler:** İş Talepleri; İş Kaynakları; Psikososyal Riskler; Otoriter Liderlik; Dengeleyici Liderlik

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## LIST OF ABBREVIATIONS

AL:	Authoritarian Leader
BL:	Balancing Leader
CD:	Cognitive Demands
CS:	Consideration Scale
ED:	Emotional Demands
GWB:	General Well-Being
IS:	Initiating Structure
IWC:	Insecure in Working Conditions
JD:	Job Demands
JD-R:	Job Demands and Resources Method
JR:	Job Resources
JS:	Job Satisfaction
LBDQ:	Leader Behavior Descriptive Questionnaire
LMX:	Leader Member-Exchange
LoWLB:	Lack of Work-Life Balance
MoW:	Meaning of Work
PD:	Personal Development
PE:	Physical Environment
PHD:	Physical Demands
PR:	Psychosocial Risk
PRF:	Psychosocial Risk Factors
PSR:	Perceived Respect from the Supervisor
QC:	Quality of Communication with Supervisor
QD:	Quantitative Demands
RC:	Role Conflict
SSC:	Social Support and Community
TB:	Workplace Incivility and Toxic Behaviors

WHO-5 WB: WHO-5 Well Being Index

WL: Workload



## LIST OF SYMBOLS

$\alpha$ : Cronbach's Alpha  
r: Pearson Correlation coefficient,  
p: 2-tails Significance  
b: Standardized Beta  
SE: Std. Error  
t: T-test Statistic  
p: Probability Level

## INTRODUCTION

Psychosocial risks in the healthcare work environment refer to the various factors related to the interaction between the individual employee and their work's organizational and social context. These risks encompass a broad range of elements that can impact the psychological and social well-being of healthcare workers, potentially leading to adverse outcomes such as stress, burnout, and mental health issues. In the contemporary healthcare landscape, assessing psychosocial risk factors among nurses has garnered significant attention due to its implications for individual well-being and organizational effectiveness.

The present study delves into the multifaceted realm of nursing within this context by examining the interplay between psychosocial risk factors and leadership effects. A theoretical framework central to this investigation is the Job Demands-Resources (JD-R) model (Bakker et al., 2001), which offers a comprehensive lens through which to explore the dynamics of work-related stressors and resources. Drawing from this model, the study aims to conduct a thorough Psychosocial Hazards Analysis at Work, encompassing various job demands such as Quantitative Demands, Physical Demands, Emotional Demands, Cognitive Demands, Role Conflict, and Job Insecurity, alongside job resources including Role Clarity, Influence at Work, Predictability, Appreciation, Development Opportunities, Social Support, Community Feeling, Trust and Justice, and Respect. Additionally, the analysis encompasses the evaluation of working conditions and the environment. Complementing this, a Psychosocial Health Analysis will be undertaken, examining dimensions such as Burnout, Disengagement, and Sense of Meaning in Work, Psychological Safety, Job Stress, and Sleep Quality. Furthermore, the study aims to assess the overall well-being of nurses using the WHO-5 well-being index, in conjunction with gauging their general satisfaction with their job roles. Through this comprehensive approach, the study seeks to contribute valuable insights into the complex interplay between psychosocial risk factors, leadership styles, and the well-being of nurses within the healthcare setting.

The demanding tasks in the health industry, dealing with severe and potentially fatal illnesses, and the requirement to provide emotional support to patients and their friends and relatives contribute to stress and tension in the workplace. Additionally, inadequacies in healthcare sectors and imbalances in service and personal distribution lead to decreased motivation and increased tension among healthcare professionals in both public and private hospitals. Psychosocial factors refer to the interplay between job, employees, the surroundings, job satisfaction, and organizational circumstances. Moreover, these factors may encompass the employee's abilities, needs, culture, and circumstances. These factors positively and negatively impact employees' health, well-being, and performance (Vasquez et al., 2015). Also, work-related stress and fatigue can cause psychological issues such as depression and anxiety, as well as physical problems like headaches and sleep deprivation (Kırılmaz, 2016). In addition, creating excuses not to go to work or being frequently late and reducing productivity and efficiency are some institutional consequences of the tension in work-related stress.

Since the healthcare sector is intense, employees' communication with patients or their relatives and communication among themselves significantly influence the working environment. The working environment is a psychosocial risk. It is included in research done by Bayazit (2004), which states that organizational norms are related to job stress. Insufficient nurse staffing levels lead to extended working hours, overwhelming workloads, irregular shifts, and sometimes mandatory overtime (Aiken et al., 2002). According to the Health and Safety at Work Act (1974), organizations should apply physiological and psychological well-being rules in favor of employees. However, organizations that neglect implementing these rules may encounter employee health and efficiency issues. Psychosocial risks are closely linked to job stress, which can lead to decreased social interactions and focus at work, as well as a higher likelihood of experiencing mental health problems such as depression and anxiety (Gimenez, 2020).

Psychosocial risks specifically involve diminished job satisfaction, health concerns, workplace accidents, stress originating from work, and the development of burnout. In essential words, with this Health and Safety at Work Act, organizations must provide a healthy and safe environment and welfare at work as much as possible. Across different

sectors, the health sector is traditionally one of the most affected sectors by these kinds of psychosocial risks, especially physicians and nurses. Although they have high work demands and job insecurity in the sector, they have a high work commitment. Nurses play a crucial role in the health sector. The nursing sector constitutes the largest segment within the healthcare professions, surpassing the physician workforce by nearly four times in size (Wakefield et al., 2022). The undeniable role of nurses in global health highlights the importance of investing in enhancements to their quality of life, which ultimately serves the broader interests of society. Research done by Gimenez (2020) indicates that enhancements in working conditions and ongoing professional growth of nurse's impact not just their well-being and quality of life but also their performance and the overall functioning of the healthcare sector.

Karasek's model (1979) studied a model about job demand-control model that tried to explain work stress, and it has gone worldwide and become the most robust model in the area. It outlines work-induced stress by pointing to the discrepancy between the psychological demands in the workplace (such as workload, role conflicts, interpersonal conflicts, and job insecurity) and the level of control or resources available to the employee. According to this model, employees' health and well-being hinge on balancing their job demands and personal resources. When demands are more than the resources may handle, the employee may feel work-related stress. Also, chronic work-related stress may cause burnout and even several physical symptoms. While many studies on psychosocial risks predominantly emphasize their harmful effects, such as stress, psychosomatic problems, or burnout, it is essential to recognize that psychosocial risk management may also have positive outcomes. Job satisfaction and work engagement are two examples of positive outcomes (Gimenez, 2016). Gender or experience at the job is not the independent variable in this research; however, research conducted by Kırılmaz in 2020 shows that neither gender nor experience at the job is an essential variable for perceived psychosocial risk.

When the exposure to psychosocial risk factors among healthcare workers is examined, in nurses, 63.3% experience high-risk levels of exhaustion, 46.9% face high-risk factors related to mobbing, 77.6% have increased risk levels concerning stress, and 76.5% exhibit

increased risk levels associated with violence (Kırılmaz, 2016). Some psychosocial risks, such as interpersonal conflicts, workload, and role conflict, differ from others because of their importance and effect. Another research study examines the psychosocial risks in nurses who work in Intense Care Units (ICU), and it suggests that double shift work and quality of leadership are linked with each other (Vasques, 2015). In the same study by Vasques (2015), it was suggested that workers on rotating shifts expressed lower satisfaction with the support they received from their supervisors and coworkers than those on day shifts.

### **1.1. Job Demands and Resources Theory**

Job Demands and Resources (JD-R) is a theory used to understand the relationship between job characteristics and employee well-being, including all psychosocial risks. The JD-R model suggests that working conditions fall into two main groups: job demands and job resources, each with distinct impacts on various outcomes. Job demands primarily contribute to the exhaustion aspect of burnout, while the presence or absence of job resources is primarily linked to disengagement. Elevated job demands, such as excessive workload and inadequate resources, lead to increased job stress, consequently raising the risk of burnout (A. Boamah et al., 2016). The theory was developed to investigate and analyze workplace burnout rates and find solutions.

The central idea of the JD-R model is that while each profession may have unique factors related to job stress or burnout, these factors can be grouped into two broad categories: job demands and job resources. Job demands are tasks that require employees' physical, psychosocial, or emotional effort. Job demands are a job's physical, social, or organizational elements that necessitate ongoing physical or mental effort, leading to associated physiological and psychological costs (Bakker, 2001). Job demands include workload, time pressure, and exhaustion. They need employees to consume their energy, which may lead to stress or burnout. Bakker (2005) defined Job demands as encompassing a job's physical, social, or organizational aspects that require continual mental or physical effort, thereby being linked to specific physiological and psychological tolls.

Job Resources aid employees in attaining work objectives, alleviating job pressures, and promoting personal advancement. They encompass physical, psychological, social, or organizational aspects of the job that can serve several purposes: (a) facilitate the accomplishment of work objectives, (b) alleviate job demands without incurring physiological and psychological costs, and (c) foster personal growth and development. These resources were categorized into two types: internal resources and external resources (Richter, 1998). This study primarily focuses on external resources (organizational and social). Within organizational resources are factors such as job control, involvement in decision-making processes, and various tasks. Social resources encompass the support received from colleagues, family members, and peer groups. These resources include support from supervisors and coworkers, autonomy, feedback, and opportunities for skill enhancement. Resources help employees manage job demands effectively and foster motivation, engagement, and well-being.

## **1.2. Leadership in Healthcare**

Although there may be little consensus on its definition, leadership holds significant importance in the healthcare sector, as it does in every other industry. Leadership is pivotal in healthcare organizations, particularly within nursing teams, as it directly impacts patient care quality, staff morale, and organizational effectiveness. The behavior of leadership has the potential to influence the trust and satisfaction of employees towards the organization (Podsakof et al., 1990). Effective nursing leadership ensures that patient needs are met, facilitates collaboration among healthcare professionals, and promotes a culture of continuous improvement. Organizations need to appoint effective managers to engage and communicate with employees, ensuring clarity regarding the organization's mission and objectives (Chang, 2015). They must ensure fairness within the organization and generally embrace collaborative teamwork approaches. However, leadership can still be defined as someone authorized to delegate or influence others to accomplish specific objectives.

The two factors of the success of an organization rely on both employee job satisfaction and effective leadership (Alqahtani et al., 2021). Effective leaders may also increase the motivation and productivity of the employees. “If the task is highly structured and the leader has a good relationship with the employees, effectiveness will be high on the part of the employees” (Swamy et al., 2014, p. 67). The Leader-Member Exchange (LMX) approach was among the initial systematic leadership theories that involved the follower in leadership processes. Another definition of LMX was done in the research of Graen (1995), and it suggested that the core concept of the Leader-Member Exchange (LMX) theory is that effective leadership arises when leaders and followers establish mature relationships, leading to partnerships that provide access to numerous benefits. The Leader-Member Exchange (LMX) model aims to elucidate the leadership process by emphasizing the interactions forged between leaders and individual followers (Kanbur, 2015).

Gandolfi (2018) defines the effect of a lack of leadership. He suggested that the absence or ineffectiveness of leadership can detrimentally affect industries, teams, and even society at large. When leadership is ineffective, absent, or toxic, the repercussions can be severe, affecting people, organizations, communities, and even entire societies in profoundly damaging ways (Gandolfi, 2018). Poor leadership is becoming a global issue in business. A study examining the relationship between managers and employees found that half of the 7200 participants who quit their jobs stated that they left because of a bad manager. (Snyder, 2015). This is why poor leadership has become a global concern in business.

Cummings (2010) stated that the performance of nurses is impacted by the leadership style demonstrated by their nurse leader. Barchiesi and colleagues (2007) conducted a study assessing the effectiveness of leadership and its impact on performance, leadership behaviors, and attitudes. Their findings revealed that while high leadership indexes were not correlated with past performance records, they were linked to both the potential for improved performance and the enhanced reputation of organizations. This suggests a significant influence of behavioral complexity and dynamics on the perceived leadership

level. In the healthcare sector, effective management and leadership of healthcare professionals play a crucial role in enhancing the quality and coordination of patient care.

The leadership approach impacts settings within the healthcare sector and patient care. The establishment of the Global Nursing Leadership Institute was deemed necessary by the International Council of Nurses in 2012, as it acknowledged that effective leadership plays a crucial role in enhancing patient outcomes. Cummings (2010) proposed that solid connections between leaders and followers within a team contribute to favorable patient outcomes, while inadequate relationships between leaders and followers could result in less-than-ideal care. Research shows (Murray et al., 2017), a correlation between effective nursing leadership, enhanced nursing staff recruitment and retention, a favorable workplace atmosphere, and enhanced patient safety.

#### **1.2.1.1. Leader Member Exchange**

The predominant framework concentrating on leader-follower dynamics is the Leader-Member Exchange (LMX) theory, initially presented as the Vertical Dyad Linkage model (Danserau et al., 1975). Leader-member exchange (LMX) focuses on the relationship between leaders and their followers in any organization. The LMX theory is widely regarded as the most effective framework for exploring the connection between the leadership process and its outcomes (Rüzgar, 2018). LMX proposes that leaders establish distinct connections with individual followers rather than applying a uniform approach to all. In relationship-based leadership theory like LMX, variations in how the same leader's behavior is assessed indicate genuine distinctions in the relationship between the leader and follower (Schnys, 2010). This suggests that a leader's behavior frequently changes within a group of followers due to the diverse interpersonal relationship qualities that form between the leader and followers. Thus, there are differences in the quality of relationships between followers and the same leader. LMX examines the quality and nature of relationships between leaders and members.

What sets this theory apart from other leadership approaches is its focus on the level of relationships. These relationships are built on trust, respect, and mutual influence, tailored

to each follower's characteristics and contributions (Graen, 1995). It gives primary importance to interpersonal relationships within the group. In the Leader-Member Exchange (LMX) theory, followers are classified into two categories: 'in-groups' and 'out-groups.' In-group members share a closer and more cooperative relationship with the leader, while out-group members maintain a more distant and transactional connection. This differentiation occurs during the interaction process between the leader and the member. Professionals said they had good interactions (in-group) where they trusted, respected, and felt responsible for each other. On the other hand, they said they had bad interactions (out-group), with low trust, respect, and sense of responsibility (Graen, 1995). According to LMX theory, there are four stages in the development of LMX. Stage 1 is VDL, Validation of Differentiation within Work Units. Stage 2 is LMX, Validation of Differentiated Relationships for Organizational Outcomes. Stage 3 is Leadership-Making, and Stage 4 is Team-Making Competence Network (Graen, 1995).

### **1.2.2. Leadership Types**

There are different styles of leadership, which refer to the various approaches that leaders use to guide and influence their teams toward achieving organizational goals. Different leadership styles can be applied to address the unique challenges and dynamics within healthcare settings. Fang observed that the leadership style can positively impact both organizational commitment and job satisfaction, which can positively influence organizational commitment and job performance (Chung, 2009). Cummings (2012) stated that most leadership styles are relational or task-focused. Relational leadership styles prioritize people and relationships. This category includes transformational, emotional intelligence, resonant, and participatory leadership. These styles are associated with enhanced staff satisfaction, organizational commitment, improved staff health and well-being, stress reduction, job satisfaction, increased productivity, effective teamwork, and positive patient outcomes. Conversely, task-focused leadership is linked to lower values across all these outcomes. It emphasizes job completion, meeting deadlines, and giving directives. (Cummings, 2012).

Bass (1999) categorized leadership styles into transformational leadership and transactional leadership. Transformational leadership is characterized by individualized influence, inspiration, and intellectual stimulation. Leaders in this style often prioritize individual needs, establish an internal vision and direction, foster an open culture, trust their staff to achieve goals, and empower them to reach their full potential. On the other hand, transactional leadership focuses on meeting staff's primary and external demands, with leader-subordinate relationships based on contractual agreements. Their approach involves achieving organizational goals through clear job roles and mission design, with the primary aim of maintaining organizational stability. Several leadership styles have been identified, with six types standing out as more prevalent: transformational, transactional, autocratic, laissez-faire, task-oriented, and relationship-oriented leadership. These leadership approaches are linked with higher levels of employee satisfaction, more substantial commitment to the organization, better employee health and wellness, reduced stress, greater job satisfaction, enhanced productivity, efficient teamwork, and favorable patient results. Unique traits, behaviors, and interaction methods with team members characterize each style. Understanding various leadership styles is essential for leaders to adapt their approach effectively to different situations and team dynamics.

#### **1.2.2.1. Transformational Leadership**

Transformational leadership is a style of leadership that focuses on inspiring and motivating followers to achieve their full potential and beyond. It focuses on developing followers and meeting their needs (Nanjundeswaraswamy T.S. et al., 2014). Transformational leadership is essential in nursing because it fosters a safety culture, enhances staff satisfaction, and improves patient outcomes (Cummings, 2010). Transformational nurse leaders prioritize nurses and the nursing profession, maintain positivity in challenging situations, establish meaningful connections with their followers, serve as effective mentors and role models, and demonstrate unwavering integrity in upholding their core values (Anonson et al., 2014). They typically employ a democratic approach, sharing responsibilities with their followers. Leaders earn trust by cultivating relationships, actively listening, responding, and empathizing with their

followers (Cummings, 2010). Bass (1999) suggests that the goal of transformational leadership is to truly "transform" individuals and organizations – to change them from within by expanding their vision, insight, and understanding, aligning behavior with values and principles, and effecting permanent, self-sustaining changes that build momentum. One of the critical aspects of transformational leadership is the leader's ability to empower and develop their followers, encouraging them to think creatively and innovate. They foster a sense of trust and collaboration within the team, promoting open communication and a supportive environment. Murray (2017) says in his research that these leaders are inspiring and empowering, motivating others to align with and work towards a long-term vision that encompasses both organizational objectives and the career aspirations of individual nurses.

#### **1.2.2.2. Transactional Leadership**

Transactional leadership is a style of leadership that focuses on exchanges between leaders and followers to achieve specific goals. A transactional leader prioritizes management tasks and may not prioritize identifying shared values within a team. Transactional leadership employs contingent reinforcement, where followers are motivated through the promise of rewards, praise, and recognition or corrected through negative feedback, reprimands, threats, or disciplinary measures (Bass M. et al., 1999). Transactional leadership involves the leader and the follower receiving something for their efforts. It posits that the leader ensures tasks are completed while the follower receives rewards such as money, promotion, or other benefits for their participation (Scully, 2015). In this approach, leaders typically emphasize the importance of clarity in roles, tasks, and expectations. Transactional leadership is often effective in business settings, where a return on investment is highly valued and may positively impact the workforce due to the rewards received upon task completion. However, in nursing, this focus on task completion can lead to a non-holistic approach to patient care (Giltinane, 2013). In crises requiring clear direction, transactional leadership is an effective style of healthcare leadership (Cope V. et al., 2017). Communication in transactional leadership tends to be directive and focused on the exchange of information related to tasks and

responsibilities. Transactional leadership is frequently successful in business environments, particularly where there is a strong emphasis on obtaining returns on investments, and it can positively impact employees due to the incentives they receive upon task completion. However, this tendency in nursing can result in a non-comprehensive approach to patient care, as the emphasis is placed more on completing tasks than considering the patient's holistic needs (Murray et al., 2017).

#### **1.2.2.3. Authoritarian Leadership**

Autocratic leadership exemplifies transactional leadership. Autocratic leaders are controlling, power-oriented, and closed-minded (Bass, 2009). Like transactional leadership, autocratic leaders typically take the initiative to establish structure, provide information, determine tasks, set rules, offer rewards for compliance, and threaten punishments for disobedience (Bass, 2009). They rely on their understanding of policies and regulations, as well as their official rank, to control the behavior of their subordinates. They utilize their technical expertise to resolve issues, aiming to earn the respect of their subordinates and secure their voluntary compliance with directives (Bass, 2009). While autocratic leaders may initially be disliked by their team, this sentiment can evolve into appreciation and fondness as the positive outcomes of their leadership become apparent. In autocratic leadership, mistakes are not accepted, and individuals are held accountable instead of addressing faulty operations (Durmuş et al., 2020).

This type of leadership can instill fear among staff and involves a leader who holds great power and makes decisions without input from their team members. However, the benefit of this approach is its effectiveness in emergencies or chaotic situations where time for discussion is limited (Durmuş, et. al., 2020). The leader controls decision-making and closely supervises the team's work. Communication is generally one-way, with the leader providing information to their subordinates. Some nursing staff may dislike this leadership style because it demands obedience, loyalty, and strict adherence to rules, while others may work well under an autocratic leader (Murray et al., 2017).

#### **1.2.2.4. Laissez-Faire Leadership**

The leadership style characterized by granting complete freedom is often called "laissez-faire" in the literature, which translates to "let them do it." The leader's primary responsibility is to allocate resources (Durmuş, 2020). Leadership that embraces complete freedom is a style where the leader offers minimal guidance or control, opting for a pragmatic approach. There are both advantages and disadvantages to the leadership style that grants complete freedom.

One positive aspect is that employees are encouraged to self-train and seek the most suitable solutions to problems. When individuals feel it is necessary, they form groups with colleagues of their choosing, address issues, experiment with new ideas, and arrive at the most suitable decisions (Durmuş, 2020). One drawback is the notable decline in organizational success, regardless of individual accomplishments (Durmuş, 2020). According to Skogstad (2000), leadership styles that endorse complete autonomy exacerbate role conflict and ambiguity for individuals, leading to heightened conflicts with colleagues. Hinkin (2008) also asserts that leadership styles endorsing complete freedom undermine leaders' punitive and rewarding functions, leading to a decline in their effectiveness.

Laissez-faire leadership is most effective in situations where team members are highly competent and motivated and where there is a need for flexibility, creativity, and innovation. It is where leaders provide minimal guidance or direction to their team members, allowing them significant freedom in decision-making and task completion. According to Alqahtani (2021), this type of leaders typically minimizes their involvement, enabling staff members to make decisions on their own. Based on the findings of Uysal (2012), when hospital managers are perceived as autocratic by their followers, it negatively impacts work productivity due to the negative perception of autocratic leadership by followers.

### **1.3. Patient Care**

The ultimate objective of any healthcare delivery system is to provide high-quality patient care, which can be considered the core essence of nursing. The quality of patient care encompasses both the clinical and experiential dimensions of care as perceived by the patient; for care to be deemed of high quality, it must also prioritize the patient, be provided on time, be efficient, and be equitable (Stanik-Hutt et al., 2013). Safety and effectiveness provide additional definitions of the quality of patient care. Safe care minimizes the risk of injury or harm to the patient.

The factors that affect patient care are various. Previous research has also established a connection between burnout and patient care results. Burnout among nurses has a detrimental effect on both job satisfaction and patient care quality, whereas job satisfaction positively impacts patient care quality (A. Boamah et al., 2016). Aiken et al. (2012) discovered that burnout adversely impacted both patient care and satisfaction throughout their study. Leadership practices among nurse managers and collaborating to establish and maintain empowering work environments could potentially contribute to lowering burnout rates, boosting nurse job satisfaction, and enhancing the quality of patient care (Boamah et al., 2016).

Adequate nurse staffing is crucial in providing high-quality patient care (Duffield et al., 2011). Insufficient staffing and unrealistic workloads have been associated with heightened burnout among nurses and are believed to adversely affect the quality of patient care (Laschinger et al., 2015). Insufficient nurse staffing levels have also been correlated with a heightened risk of complications during hospital stays, patient mortality, and patient morbidity (Spence, 2015). Short-staffing occurs when fewer nurses are on duty than the scheduled number required to maintain patient care quality and safety during a shift. Short-staffing levels lead to heavy workloads and heightened stress among nurses, resulting in negative outcomes such as burnout, job dissatisfaction, and decreased quality of patient care (Lu et al., 2005).

This research will focus on the psychosocial factors related to patient care. The psychosocial hazards faced by nurses within the realm of patient care encompass a range

of factors that can affect their mental and emotional health, ultimately shaping their capacity to provide optimal care. Workload, work-related stress, and interpersonal conflicts within the group may be cited as examples of psychosocial risks. They often face high stress levels due to heavy workloads, organization, etc. Chronic stress may negatively impact nurses' mental health, contributing to anxiety, depression, and burnout and reducing their coping abilities. Thus, their patient care is reduced. Nurse supervisors are significant in creating a professional practice environment that empowers nurses to deliver safe and effective patient care (Spence et al., 2015). This, in theory, should lead to higher perceptions of patient care quality and job satisfaction.

#### **1.4. Job Satisfaction**

Job satisfaction is a critical aspect of research in various fields, such as organizational psychology and healthcare. It is a subject that receives extensive research attention, with researchers offering varying definitions of the concept. Smith (1996) characterizes job satisfaction as the emotions individuals experience regarding their jobs. Taking a broader perspective, Knoop (1995) suggests that it encompasses an employee's overall attitude towards the job or certain aspects of it. Cumbey and Alexander (1998) view it as an emotional response influenced by the interaction between employees, their personal traits, values, expectations, the work environment, and the organization. It refers to how employees feel content, fulfilled, and happy with their jobs.

Administrators and managers in healthcare organizations consider job satisfaction and organizational commitment important due to their pivotal role in their organization's performance. Understanding job satisfaction is essential because it impacts numerous outcomes, such as employee performance, turnover rates, and overall organizational success. Research indicates that job satisfaction or dissatisfaction can result in various outcomes. Numerous studies have demonstrated that satisfaction correlates with increased productivity, higher quality of care, and a greater intent to stay within the organization. Conversely, job dissatisfaction has been associated with higher rates of absenteeism, turnover, elevated stress levels, and increased grievances (Al-Aameri, 2000). Nurses' job satisfaction could also affect the effort and time they dedicate during

their work hours (Boamah, 2016). Gimenez defines psychosocial risk as associated with low job satisfaction (Gimenez, 2020). External factors like working conditions and internal factors such as self-belief play a role in shaping job satisfaction.

One of the studies in the field is Herzberg's two-factor theory of job satisfaction. He differentiated between factors contributing to satisfaction and those contributing to dissatisfaction (1959). Factors contributing to satisfaction include recognition for achievements, the nature of the work itself, and opportunities for advancement. Conversely, factors influencing dissatisfaction include organizational policies and administration, supervision, salary, interpersonal relationships, and more (Herzberg, 1966). Moreover, empirical research suggests that leadership style (democratic or autocratic), compensation and working conditions, and workload factors are significant determinants of job satisfaction. In another study, it has been found that nurses' job satisfaction decreases in a situation where their working environment changes (Işık, 2007). Al-Aameri (2000) suggests that happy employees are more productive and committed at their job. Job satisfaction has a crucial role in nurses' decision to leave the job (Işık, 2007). This understanding prompted managers to prioritize employees' job satisfaction to retain valuable staff members.

### **1.5. Job Commitment**

Organizational commitment is a crucial concept in organizational psychology and management research. It significantly influences the behavior of employees within an organization (Chang, 2015). Organizational commitment is a crucial concept extensively explored in administrative literature, primarily due to its critical role in organizational performance and effectiveness (Al-Aameri, 2000). Organizations should hire suitable managers to engage and communicate with employees, clarifying the mission objectives. Ensuring fairness within the organization and generally embracing teamwork methods is crucial. Ke Chan (2021) suggests in research that nurses' strong willingness is primarily derived from their dedication to the nursing profession. Establishing a sense of community within the organization is also essential. Lastly, organizations should challenge and empower their employees, supporting their development. Chang (2015)

explains the win-win situation between organizations and employees as consistent effort over time is the only way to enhance organizational commitment, resulting in mutually beneficial outcomes for both organizations and their employees.

According to Kanter's theory of Structural Power in Organizations (1977), employees occupying roles with limited opportunities tend to feel "trapped" in their positions, leading to decreased ambitions for career advancement and diminished levels of allegiance to the organization. Organizational commitment is mainly linked to employee attendance, turnover, and job performance, highlighting its significance in the workplace. It refers to the extent to which an employee demonstrates loyalty to their organization. It is a critical concept studied in administrative literature because it helps improve how healthy organizations perform. Employees who exhibit robust organizational commitment remain with the organization by choice. (Meyer & Allen, 1991).

There is a positive correlation between organizational commitment and job performance, organizational citizenship behaviors, and job satisfaction (Meyer & Allen, 1991). Empowered employees exhibit strong motivation and find meaning in their work. This drive enables them to attain job-related objectives and empower their colleagues, enhancing organizational commitment (Cho et al., 2014). Organizational commitment refers to the degree to which employees feel dedicated to and engaged with their organization. Understanding nurses' organizational commitment is essential because it directly impacts their behavior, performance, and retention within healthcare organizations. Aspects like nurses' job satisfaction and organizational commitment hold great significance for administrators and managers in healthcare institutions, given their pivotal impact on organizational effectiveness.

Nurses' job satisfaction and organizational commitment have been shown to affect hospital performance and productivity (Al-Aameri, 2000). According to the findings of research conducted by Al Aameri (2000), older nurses tend to exhibit higher levels of satisfaction and commitment compared to their younger counterparts. Furthermore, nurses with more experience demonstrate a more significant commitment to their organizations. These results suggest a relationship between age, experience, job satisfaction, and organizational commitment among nurses. Under the changed work

environment, nurses perceived themselves as being excessively burdened with work tasks and feeling let down by their employers. Additionally, they encountered diminished job satisfaction and organizational loyalty (İşik et al., 2007).

### **1.6. Job Stress**

Few would dispute the fact that nursing is a stressful profession. Stress-related illnesses are frequently associated with biological age, and evidence indicates varying susceptibility to stressful circumstances (Kirkcaldy & Martin, 2000). The literature is abundant with depictions of the emotional toll of managing illness, death, and dying. Job stress among nurses is a prevalent issue in healthcare settings, stemming from high workloads, long hours, emotional demands, and patient care responsibilities. This stress can lead to negative outcomes for nurses and patients, including burnout, decreased job satisfaction, compromised patient care quality, and higher turnover rates among nursing staff. Mitigating job stress among nurses is essential for promoting their well-being and ensuring optimal patient outcomes. Stress has been linked to various health issues, including hypertension, cardiovascular disease, immune system disorders, obesity, depression, musculoskeletal ailments, and overall mortality (McNeely, 2005). While nursing stress has been a subject of research for a considerable period, researchers frequently rely on subjective accounts of stress to elucidate organizational objectives and challenges, including job satisfaction, turnover rates, intention to leave, and adverse patient outcomes (McNeely, 2005). Stress factors in nursing not only harm the individual health of nurses but also negatively impact patient care, thereby reducing the quality of care (Abu Al Rub, 2004).

### **1.7. Workload**

Nurses' workload naturally escalates due to personnel shortages and the necessity to undertake more diverse roles, increasing work demands (Jonathan et al., 2016). According to Campos (2016), Workload can be defined as the total activities carried out by the nursing team within a specific time frame during the care process and the amount

of time required to complete these tasks. However, the actions it includes have been comprehended in diverse manners. For quite some time, it was thought to be exclusively connected to hands-on care performed in the patient's presence, along with indirect tasks outside the nurse-patient interaction (Campos, 2016). Assessing the nursing workload proves valuable in anticipating the time allocated for patient care, incorporating nursing expertise, and amalgamating essential care skills (Ravanbakhsh et al., 2015). An increasing workload is a significant concern in healthcare and treatment settings. (Ravanbakhsh, 2015).

In this study, the workload will be used as the independent variable, and its impact on the intention to continue working will be examined. Our hypothesis suggests a negative relationship between these variables. Previous studies have investigated the relationship between workload and workplace accidents, as well as job satisfaction. An excessively high workload can result in increased occupational injuries, heightened job demands, and challenging decision-making processes, leading to mental stress and job burnout (Carmona-Monge et al., 2013). Excessive workload arises when an employee feels they have overwhelming tasks to accomplish within a given timeframe. As mentioned above, it has been observed that workload increases job stress, leading to burnout with increased workload and subsequently affecting individuals' willingness to work. Excessive workloads contribute significantly to burnout, particularly in terms of emotional exhaustion (Esther et al., 2003). When individuals face a rise in workload, it should lead to heightened emotional exhaustion, cynicism, and anger, consequently causing increased distress (Esther, 2003).

## **1.8. Work-Life Balance**

Occupational stress is rising in numerous industrialized nations, with potential consequences including nurse burnout, job dissatisfaction, and heightened turnover rates among nursing staff (Schluter et al., 2011). Work-life balance (WLB) refers to the extent to which an individual is equally engaged and content with their professional and familial responsibilities (Aamir et al., 2016). Work-life balance in nursing describes the harmony between the demands of their roles as healthcare professionals and their personal lives,

including familial, social, recreational, and self-care pursuits. It entails skillfully juggling time, effort, and resources to preserve physical, emotional, and mental health while meeting work obligations. Kelly et al. (2008) categorized work-life balance into time, involvement, and satisfaction balance, which denotes a specific equilibrium in each aspect within both work and family domains.

Nurses carry significant duties in providing patient care, which include administering medication, monitoring vital signs, and aiding in treatments. Achieving work-life balance requires nurses to effectively manage these responsibilities while also tending to their personal needs and commitments outside their professional role. The preceding discussions revolve around the subjective viewpoint that both professional obligations and family responsibilities impose tangible demands that may exceed available resources for effective fulfillment (Moen et al., 2011). The challenging aspects of nursing can negatively affect nurses' physical and emotional health. Consequently, the perception of imbalance between work and personal life leads to heightened tension within individuals, as either work or family obligations remain unmet (Aamir, 2016). Work-life balance incorporates methods for self-care, including regular exercise, adequate rest, and stress management approaches aimed at improving overall well-being and reducing the likelihood of burnout.

Organizations can implement various personal management practices to enhance work-life balance for their employees. These practices include promoting flexible scheduling, offering options for reduced work hours such as job sharing and part-time arrangements, and offering additional leave options such as extended paternity and maternity leave and career breaks (Carnicer et al., 2004). WLB has both positive and negative results. Achieving a positive work-life balance is associated with increased job satisfaction, organizational commitment, retention rates, and improved family functioning among employees. Striking a balance between family and work life can foster greater satisfaction at home and in the workplace, ultimately leading to improved employee performance and lower turnover rates (Aamir, 2016). Conversely, experiencing a negative imbalance between work and personal life is linked to heightened stress levels, reduced organizational commitment, job dissatisfaction, higher turnover rates, instances of

domestic violence, and decreased productivity (Ollier-Malaterre, 2010). According to Kofodimos (1993), work-life imbalances are associated with elevated levels of anxiety, depression, diminished quality of life, and decreased work effectiveness.

### **1.9. Respect from the Manager**

Respect is a fundamental moral principle that recognizes and values another person's inherent dignity and worth (Laschinger, 2004). Managerial respect refers to how managers show consideration, value, and acknowledgment towards their nursing staff. This involves recognizing their contributions, listening to their concerns, and treating them with dignity. Managers demonstrated respect by applying policies and discipline uniformly to all nurses, holding each nurse accountable, and ensuring fairness in scheduling (Feather et al., 2014). Respect was also evident in how the manager recognized each nurse's individual contributions to the unit and their efforts in providing quality patient care. Respect was lacking when the nurse manager was not fair in staff discipline or scheduling or failed to acknowledge the quality of care provided (Feather et al., 2014). Respect has a greater impact on employees' responses to their supervisors' behavior than on the organization. When nurses feel that their supervisor does not treat them respectfully or fails to provide sufficient explanations for decisions affecting their work, they may reduce their willingness to go above and beyond in their roles or engage in organizational citizenship behaviors (Laschinger, 2004).

Stress from poor interpersonal relationships, lack of recognition, and work overload can lead to feelings of disrespect. Conversely, a strong sense of respect logically results in positive perceptions of work effectiveness, including the quality of nursing care, staffing adequacy, and overall organizational effectiveness (Laschinger, 2004).

### **1.10. Well-Being**

The well-being of our nurses is arguably the foremost consideration in delivering exceptional patient care (Penque S. et al., 2019). Nurses often encounter high levels of

burnout and stress due to the demands inherent in their work and the conditions in which they work (Sulosaari et al., 2022). Various factors influence nurses' well-being, including work-life balance, occupational stress, job satisfaction, and peer relationships. Nurses deal with tough job stressors like heavy workloads, extended hours, and little control over their work conditions (Sulosaari, 2022). By addressing these factors and prioritizing nurses' well-being, organizations can create a healthier and more supportive work environment that benefits both nurses and their patients. Work-related well-being significantly influences an organization's long-term performance (Rose & Glass, 2010). Numerous studies have highlighted nurses' well-being, including low job satisfaction and burnout, as significant contributors to turnover among nursing staff (Chou, H. et al., 2012).

### **1.11. Objective of Study**

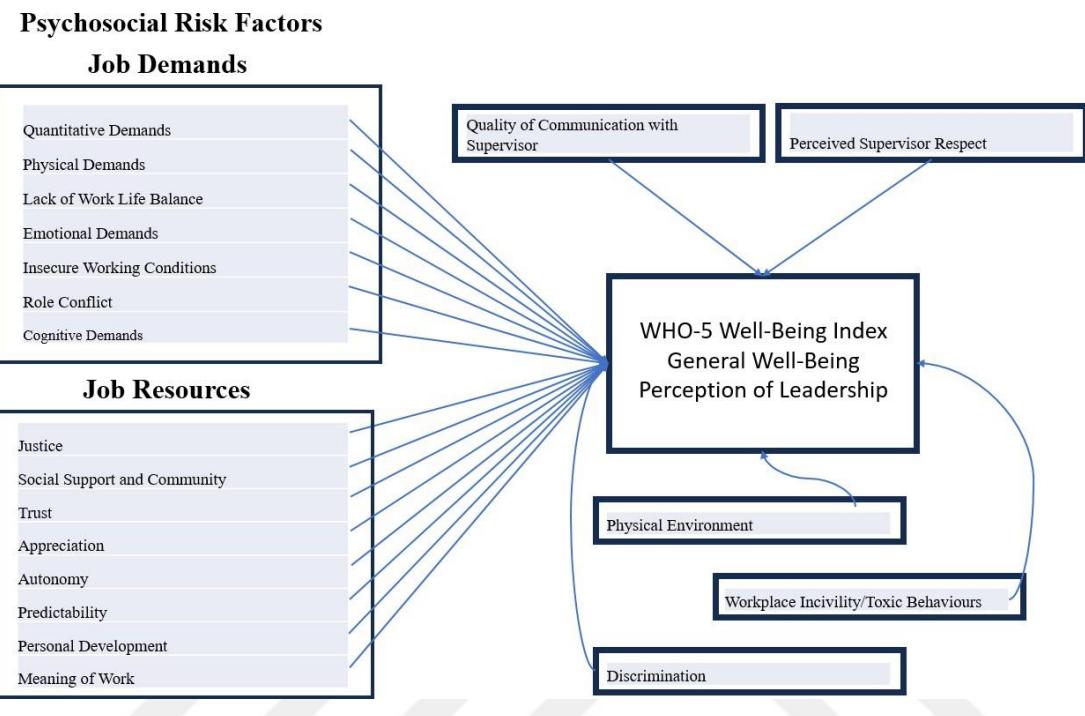
This exploratory research aims to test the Job Demands and Resources Model (JD-R model) introduced by Bakker (2001) as a framework for psychosocial risk assessment. It specifically investigates how the nurses' experiences of job demands and resources shape their well-being, job satisfaction, and perception of their supervisors' leadership (Figure 1.1). Specifically, this study investigates the relationship between nurses' perceptions of the quality of communication with their supervisors and (a) all dimensions of job resources and demands, measured as indicators of psychosocial health and safety; (b) job satisfaction and perceived leader type; and (c) nurses' general well-being, including their WHO-5 Well-Being Index scores.

In this study, Quality of Relationship and Perceived Respect are key variables that assess nurses' relationships with their supervisors and how these relationships influence their job experiences. Quality of Relationship reflects nurses' perceptions of the quality of communication with their supervisors and is examined to understand its potential contribution to job satisfaction and overall well-being through its interaction with job resources. This variable will be analyzed to explore how the communication quality in the supervisor-employee relationship affect nurses' perceptions of job demands and resources.

Similarly, Perceived Respect represents the degree to which employees feel valued and respected. This variable will be investigated to understand how perceived respect from supervisors impacts nurses' job experiences and well-being. Perceived Respect is positioned in the study as a psychosocial factor that may support job satisfaction and perceptions of leadership. These two variables are not directly classified as job resources; however, they are examined as independent factors that influence nurses' general perceptions of job resources, job satisfaction, and leadership.

In this research, the correlations of these variables with nurses' job satisfaction, general well-being, and WHO-5 Well-Being Index will be analyzed to assess the effects on job demands and resources within the framework of the JD-R model for psychosocial risk assessment

**Figure 1.1. Impact of Psychosocial Risk Factors and Supervisor-Nurse Relationships on Well-Being and Leadership Perceptions Being**



## METHODS

### 2.1. Participants

The dataset comprises 212 participants, all nurses working in private hospitals in Türkiye. The gender distribution among the participants shows that 19.8% are male, while the majority, 80.2%, are female. The predominantly female gender distribution among participants reflects a significant transformation in the history of the nursing profession in Türkiye. The Nursing Law enacted in 1954 and repealed in 2007 had long prohibited the presence of men in the nursing profession. This legal restriction contributed to the establishment of an environment where women dominated the nursing profession. However, with the amendment of the law in 2007, this restriction was lifted. Nevertheless, full gender equality has yet to be achieved in nursing. Therefore, the gender distribution of participants in our study has been shaped considering this historical context.

The mean age of the participants is 26.77 years (SD = 5.09) with a median age of 25 years, indicating a relatively young workforce. This demographic profile provides a foundational understanding of the sample's composition, which is essential for further analysis of psychosocial risk assessment and the impact of leadership on nurses in private hospital settings in Türkiye. These nurses represent a diverse range of educational backgrounds, reflecting the varied pathways individuals take in pursuing a career in nursing. Among our participants, 37 nurses (17.5%) have graduated from high school. In contrast, a significant portion, 81 nurses (38.2%), have completed their education at an associate degree level, typically a two-year college program. Furthermore, we observed that 76 nurses (35.8%) hold bachelor's degrees, signifying the completion of a four-year undergraduate program. Additionally, a notable portion of our 16 nurses (7.5%) participants have pursued further education and attained master's degrees in nursing. Remarkably, our study includes one nurse (0.5%) with the highest academic qualification in nursing—a doctoral degree. Our participants' diversity in educational backgrounds underscores the dynamic nature of the nursing profession, where individuals enter the

field through various educational pathways and continue to pursue advanced degrees to enhance their knowledge and skills.

Among the participants in our study, 26 individuals (12.3%) hold supervisory roles, with subordinates reporting to them. These participants manage a team of healthcare professionals within their respective roles. Conversely, most of our participants, comprising 186 individuals (87.7%), are employed solely as nurses without direct reports. They primarily engage in frontline nursing duties, providing direct patient care and support within their healthcare settings. This distribution of employment statuses within our participant pool provides insight into nurses' diverse roles and responsibilities in private hospital settings in Türkiye. It highlights the presence of both managerial positions with supervisory responsibilities and frontline nursing roles dedicated to patient care delivery. Among the participants in our study, marital status distribution reveals various personal circumstances among the nursing workforce in private hospitals in Türkiye. The marriage status of nurses can play a significant role in shaping perceptions of trust and reliability, particularly among patients and their families. It is not uncommon for individuals to place greater trust in married nurses, perceiving them as more stable and dependable due to their marital status. Most participants, comprising 162 individuals (76.4%), reported being single, reflecting a significant proportion of unmarried individuals within the nursing profession. Additionally, 48 participants (22.6%) indicated that they are currently married, highlighting the presence of individuals balancing their professional responsibilities with marital commitments. Only two participant (0.94 %) reported being divorced.

Among the participants, 189 individuals (89.2%) reported not having any children. Of the remaining participants, 13 individuals (6.1%) indicated having one child, eight individuals (3.8%) reported having two children, and two individuals (0.9%) stated having three children. Regarding economic status, 42 participants (19.8%) struggled to meet their basic needs, indicating financial hardship. Conversely, 21 participants (9.9%) reported being able to spend money, suggesting a more favorable economic situation comfortably. Most participants, totaling 149 individuals (70.3%), stated that they can

make purchases thoughtfully, implying a balanced approach to spending based on their financial circumstances.

**Table 2.1. Demographic Variables of the Participants**

<b>Mean Age</b>	26,77 (Std. 5.09)
<b>Gender</b>	
Females	170
Males	42
<b>Education Level</b>	
Primary School	0
High School	37
College	81
Bachelor's Degree	76
Master's Degree	16
Doctorate Degree	1
Missing Value	1
<b>Socioeconomic Status</b>	
I can spend without thinking.	23
I can spend thoughtfully.	149
I can hardly meet even my basic needs.	42
<b>Marital Status</b>	
Single	162
Married	48
Divorced	2
<b>Managerial Role</b>	
Yes	26
No	186
N=212	

## 2.2. Procedure

Before beginning the data collection process, appropriate scales were selected through a comprehensive literature review. Suitable scales were chosen after this review, and their Turkish and English versions were examined. Questions were formulated based on the

selected scales and prepared in Turkish and English. These questions were then transferred to a computer for further processing. Initially, KoboToolBox was chosen as the online platform for data collection. Two scales were uploaded onto this platform and thoroughly tested. However, due to persistent issues on the platform, a decision was made to transition to a different platform. Subsequently, LimeSurvey was selected as the new platform for data collection. The previously prepared questions were transferred to LimeSurvey, and the data collection process continued smoothly on this platform. The meticulous planning and management of the steps involved in this process ensured the successful completion of the data collection phase. The transition to a new platform facilitated the resolution of encountered issues, enabling the smooth continuation of the data collection process.

As a healthcare professional, the data collection process commenced with proactive communication with hospital management. A detailed explanation of the study, including its objectives and specifics, was provided to hospital administrators, seeking their approval. Following permission, the web links to the platforms hosting the study's questionnaire (KoboToolBox and LimeSurvey) were disseminated to nurses via email, verbal, and WhatsApp messages. This ensured accessibility to the survey for all potential participants, leveraging both email and mobile communication channels. Given the need for participation from nursing supervisors and frontline nurses, direct communication was established with nurse managers. Detailed information about the study was provided, encouraging their participation and facilitating their understanding of the research objectives. During these interactions, emphasis was placed on verbal and written assurances regarding the anonymity and purpose of the study. Participants were informed about the confidentiality of their responses and the overarching goal of the research. Before commencing the study, participants were required to review and consent to an informed consent form outlining the details of the research and their rights as participants. This ensured that participants were fully informed and willing to participate in the study before proceeding.

The initial 143 data entries were collected using the KoboToolBox platform. However, due to technical issues within the application, subsequent participants needed help

accessing the research questionnaire. Consequently, the decision was made to migrate the research to a new data collection platform, LimeSurvey. During the transition to LimeSurvey, no alterations were made to the survey questions' sequence, placement, or arrangement. The questions remained consistent to ensure continuity and consistency in data collection. The initial 143 data entries collected via KoboToolBox were successfully exported after the migration. Similarly, data collected through LimeSurvey were also exported without any issues. Subsequently, the two data sets were merged to create a unified dataset. The combined dataset was then transferred to SPSS for analysis. The analysis phase commenced using SPSS to explore the collected data and derive meaningful insights from the dataset.

## **2.3. Measures**

### **2.3.1. Psychosocial Health and Safety at Work Scale**

Nurses face numerous hazards and risks because of the nature of the healthcare sector. The physical conditions in the workplace threaten employees' psychological well-being (Balducci et al., 2011). The areas that require careful assessment encompass physical hazards, challenging ergonomic conditions, and psychosocial elements within the job and workplace environment. These include aspects like job content, interpersonal communication, organizational culture, climate, and managerial attitudes (İşik et al., 2022). Psychosocial factors impact employees' well-being and perceptions of and interactions within their environment (Oz Aktepe, 2022). The 'Psychosocial Safety at Work Scale: Miners Scale' was developed in 2022. It is primarily based on the KOPSOR Psychosocial Risk Assessment Scale. The scale was developed to measure the psychosocial risks of miners working in coal mines operated by the public sector in the Zonguldak hard coal mine. The 'Psychosocial Safety at Work Scale: Miners' Form' consists of 114 questions, including demographic questions, providing the opportunity to examine psychosocial risks under different dimensions. There are 16 dimensions and 38 questions that involve the analysis of demands and resources related to work/organizational conditions (İşik, 2022). This scale, with the approval of its

developers, has been adapted to nursing and directed to nurses. In the 'Psychosocial Safety at Work Scale,' responses are provided using scales ranging from '1 = Not at all' to '10 = Very much' or from '1 = Never' to '10 = Always,' depending on the scope of the question. Low scores indicate low risk, while high scores indicate high risk. These studies observed that using a 10-point scale facilitated responses from participants with different sociocultural characteristics (İşik et al., 2022). The structure of the risk assessment scale is multidimensional, consisting of a complex framework with one to eight questions under each dimension.

### **2.3.1.1. World Health Organization-5 Well-Being Index and General Well-Being Scale**

The WHO-5 Psychological Well-Being Index, introduced by the World Health Organization in 1998, consists of five positively worded items to evaluate psychological well-being globally. Participants are asked to assess their feelings over the past two weeks. This Index was translated into Turkish by Eser (1999). In addition to the WHO-5, researchers developed another dimension, General Well-Being. It has six questions and aims to evaluate work and life satisfaction (İşik, 2022).

### **2.3.2. Leader Behavior Description Questionnaire (LBDQ)**

The Leader Behavior Description Questionnaire (LBDQ) was initially developed by Hemphill and Coons in 1957 as part of a study conducted at Ohio State University. Later on, Halpin and Winer developed the LBDQ and determined that the instrument's two fundamental dimensions are "Initiating Structure" and "Consideration" (Şentürk, 2012). The Leader Behavior Description Questionnaire (LBDQ) offers a method for group members to characterize the behavior of designated leaders within formal organizations (Halpin, 1957). This questionnaire, consisting of 30 items, aims to assess employees' perceptions of the leadership behaviors demonstrated by their managers. Items are evaluated, with 15 dedicated to each dimension. The LBDQ comprises two main dimensions: Consideration and Initiating Structure scales. The questionnaire utilizes a 5-

point Likert scale for responses, with participants rating items based on the frequency of observed behaviors, ranging from "Never, Rarely, Sometimes, Often" to "Always." These answers are gathered from the immediate work-group members of the leader and are assessed based on two dimensions of leader behavior. The scale was initially translated into Turkish by Önal (1979), thereby facilitating its utilization in Turkish-speaking contexts; however, after the adaptation into Turkish by Önal (1979), validity and reliability tests of the scale were not conducted. These tests were added to the Turkish adaptation by Ergün T. (1981). The study conducted by Ergene (1990) with 32 teachers at a three-week interval was considered reliable and valid (Yalçınkılıç, 2012). The reliability analysis conducted for the LBDQ, consisting of 40 items, resulted in a  $\alpha = 0.979$ . The split-half method, after correction for attenuation, indicates an estimated reliability of .83 for the IS scores and .92 for the CS scores (Halpin, 1957). Accordingly, it was determined that the results of the LBDQ exhibit a level of high reliability.

### **2.3.2.1. Consideration Scale**

The dimension of consideration encompasses mutual trust, interpersonal communication, respect for subordinates' opinions, and attending to their feelings in interpersonal relationships. A leader demonstrating this leadership behavior attends to subordinates' problems, educates them within an egalitarian framework, and demonstrates satisfaction and support toward them. This behavior signifies the importance the leader attaches to their subordinates. Promoting the well-being and development of team members takes precedence in employee-centered leadership, which revolves around building robust relationships. Leaders who exhibit employee-oriented behavior prioritize their employees' needs, concerns, and growth, fostering a supportive and inclusive work environment. These leaders value the contributions of their team members, recognize their achievements, and create a culture of appreciation and recognition. There are 15 questions to measure the consideration scale; sample questions like the following are included: "He/she is friendly and approachable" and "He/she is willing to make changes".

### **2.3.2.2. Initiating Structure Scale**

The initiating Structure dimension refers to the goal the leader needs to achieve regarding the planning, organizing, directing, and controlling of work. Configuration leadership arises from a leader's emphasis on the qualities required for completing the task and is outcome-oriented. In short, it signifies the importance the leader attaches to the task. Task-oriented leaders tend to provide clear instructions, guidelines, and expectations to their team members. They prefer to take charge and make decisions to ensure tasks are completed according to standards and deadlines. These leaders closely monitor progress, performance, and outcomes to ensure that tasks are on track and meet predetermined objectives. They focus on maximizing productivity and minimizing wasted time or resources. To measure, there are 15 questions. Sample questions like the following are included: "He/she tries out his new ideas with the group" and "He schedules the work to be done."

## **RESULTS**

This study aimed to explore the relationships between various variables in two independent test groups. The first test group examined the correlation between Quality of Communication with Supervisor and Job Resources, Job Demands, Leader Type, Job Satisfaction, General Well-being, and WHO-5 Well-Being. The second test group investigated the correlation between Perceived Respect from Supervisor and the same set of variables. These examinations uncovered compelling observations regarding leader nurse-nurse interactions in healthcare environments. Clear and effective communication with supervisors emerged as a key factor affecting job resources and nurse satisfaction levels. Additionally, perceived respect from supervisors played a significant role in promoting job resources, job satisfaction, and general well-being among nurses. These findings underscore the importance of fostering positive supervisor-nurse interactions in healthcare environments to enhance nurse well-being and satisfaction.

**Table 3.1. Descriptive Statistics**

Variables	Mean	Std. Deviation	N
Cognitive Demands <sup>1</sup>	8.67	1.81	212
Meaning of Work <sup>1</sup>	8.08	2.29	212
Physical Demands <sup>1</sup>	8.04	2.17	212
Personal Development <sup>1</sup>	7.60	2.41	212
Quality of Communication with Supervisor <sup>1</sup>	7.28	2.52	212
Social Support and Community <sup>1</sup>	7.04	2.02	212
Perceived Respect from Supervisor <sup>1</sup>	6.97	2.53	212
Quantitative Demands <sup>1</sup>	6.84	2.11	212
Emotional Demands <sup>1</sup>	6.72	2.23	212
Job Resources <sup>1</sup>	6.67	1.93	212
Job Demands <sup>1</sup>	6.61	1.50	212
Lack of Work Life Balance <sup>1</sup>	6.54	1.91	212
Appreciation <sup>1</sup>	6.43	2.74	212
Workload <sup>1</sup>	6.19	2.71	212
Trust <sup>1</sup>	6.17	2.12	212
Justice <sup>1</sup>	6.07	2.28	212
Predictability <sup>1</sup>	5.98	2.69	212
Autonomy <sup>1</sup>	5.95	2.35	212
General Wellbeing <sup>1</sup>	5.81	1.87	212
Job Satisfaction <sup>1</sup>	5.78	2.28	212
Insecure Working Conditions <sup>1</sup>	5.60	1.66	212
WHO-5 Well Being Index <sup>1</sup>	4.72	2.11	212
Role Conflict <sup>1</sup>	3.90	2.64	212
Balancing Leadership <sup>2</sup>	3.75	0.81	212
Authoritarian Leadership <sup>2</sup>	2.86	0.78	212

1: 10 Likert Scale

2: 5 Likert Scale

### **3.1. Exploratory Factor Analysis for LBDQ**

A factor analysis (Table 3.3) was performed on the 40 items of the LBDQ scale to assess leadership styles, utilizing the Principal Axis Rotation method (N=212).

**Table 3.2. Eigenvalues, Percentages of Variance, and Cumulative Percentages for Factors for LBDQ**

Factor	Eigenvalue	% of Variance	Cumulative %
1	16.01	53.38	53.380
2	2.31	7.69	61.074

Ten questions were added to the scale to provide standardization, so those ten items were not used in the factor analysis. Following the factor analysis, two factors emerged with an eigenvalue over 1: Factor 1, identified as Balancing Leadership, and Factor 2, identified as Authoritarian Leadership Style (Table 3.3).

**Table 3.3. Factor Loadings and Communalities for Promax Rotated Two-Factor Solution for LBDQ Items**

	Factor Loadings		
	Balancing Leadership	Authoritarian Leadership	Communality
He/she tries out his new ideas with the group. <sup>2</sup>	0.85		0.86
He/she is willing to make changes. <sup>2</sup>	0.84		0.78
He/she puts suggestions made by the group into operation. <sup>1</sup>	0.83		0.78
He/she does little things to make it pleasant to be a group member. <sup>1</sup>	0.83		0.85
He/she sees to it that group members are working up to capacity. <sup>2</sup>	0.83		0.79
He/she sees to it that the work of group members is coordinated. <sup>2</sup>	0.83		0.78
He/she speaks in a manner not to be questioned. <sup>2</sup>	0.83		0.72
He/she encourages the use of uniform procedures <sup>2</sup>	0.82		0.80
He/she is easy to understand. <sup>1</sup>	0.82		0.76
He/she schedules the work to be done. <sup>2</sup>	0.81		0.76
He/she treats all group members as his equals. <sup>1</sup>	0.81		0.73
He/she assigns group members to particular tasks <sup>2</sup>	0.81		0.74
He/she makes sure that all group members understand his part in the organization. <sup>2</sup>	0.81		0.78
He/she maintains definite standards of performance. <sup>2</sup>	0.80		0.76
He/she lets group members know what is expected of them. <sup>2</sup>	0.79		0.77
He/she finds time to listen to group members. <sup>1</sup>	0.79		0.71
He/she does personal favors for group members. <sup>1</sup>	0.78		0.71
He/she asks that group members follow standard rules and regulations. <sup>2</sup>	0.76		0.75
He/she backs up the members in their actions. <sup>1</sup>	0.74		0.65
He/she emphasizes meeting deadlines. <sup>2</sup>	0.74		0.68
He/she makes group members feel at ease when talking with them. <sup>1</sup>	0.74		0.67
He/she gets group approval on important matters before going ahead. <sup>1</sup>	0.73		0.71
He/she is friendly and approachable. <sup>1</sup>	0.70		0.65
He/she looks out for the personal welfare of individual group members. <sup>1</sup>	0.64		0.52
He/she makes his attitudes clear to the group. <sup>2</sup>	0.61		0.48
He/she refuses to explain his actions. * <sup>1</sup>		0.75	0.56
He/she acts without consulting the group. * <sup>1</sup>		0.58	0.48
He/she keeps to himself. * <sup>1</sup>		0.52	0.38
He/she criticizes poor work. <sup>2</sup>		0.47	0.33
He/she rules with an iron hand.* <sup>2</sup>		0.42	0.29

1: Consideration Scale

2: Initiating Structure

### 3.2. Exploratory Factor Analysis for Psychosocial Safety at Work Scale

A factor analysis was conducted on the Psychosocial Safety at Work Scale. Seventy-nine items were measured to assess the psychosocial risk perceived by nurses. The Principal Component Rotation method (N=212) was used to define the components. The original scale had 19 dimensions. Of these 19 dimensions, 15 could be grouped into two components: Job Demands and Job Resources (Table 3.4). The remaining four dimensions (Well-Being, WHO-5 Well-being, physical environment, and discrimination) were not assessed among the factors.

**Table 3.4. Psychosocial Factors Emerging from Principal Component Analysis**

	Resources	Demands
Justice	0.89	
Social Supports and Community	0.86	
Trust	0.85	
Appreciation	0.84	
Autonomy	0.80	
Predictability	0.78	
Personal Development	0.75	
Meaning of Work	0.68	
Quantitative Demands		0.81
Physical Demands		0.80
Lack of Work-Life Balance		0.76
Emotional Demands		0.73
Insecure Work Conditions		0.69
Role Conflict		0.63
Cognitive Demands		0.53

### 3.3. Relationship between Quality of Communication with Supervisor and Job Resources

The correlation analysis revealed significant associations between all variables at a level of  $p < 0.01$  (2-tailed), indicating meaningful relationships (Table 3.5.). The primary variable of interest, "Quality of Communication (QC) with supervisor," exhibited a significant correlation with various dimensions of job resources. Notably, when comparing it with the aggregated score of job resources (computed by averaging the

scores of all job resource dimensions), a strong positive correlation was found [ $r (212) = .85, p=.000$ ], underscoring the importance of this relationship in influencing overall job resources.

Furthermore, paying attention to the correlations between the quality of communication with the supervisor and job resource dimensions is noteworthy. The highest correlation was observed between the QC and social support and community [ $r (212) = .87, p=.000$ ], suggesting a strong positive relationship. On the other hand, the lowest correlation was found between the QC and the meaning of the work dimension [ $r (212) = .59, p=.000$ ], indicating a relatively weaker but still significant association.

**Table 3.5. Correlation among Job Resources' Dimensions**

		Autonomy	Justice	SSC	Trust
QC	r	0.67**	0.76**	0.87**	0.72**
	p	0.000	0.000	0.000	0.000
	N	212	212	212	212
		Appreciation	MoW	Predictability	PD
QC	r	.76**	0.59**	0.62**	0.61**
	p	0.00	0.000	0.000	0.000
	N	212	212	212	212

QC: Quality of Communication, SSC: Social Support and Community,

MoW: Meaning of Work and PD: Personal Development

r= Pearson Correlation coefficient, p=2-tails

These findings highlight the crucial role of fostering positive relationships between the supervisors and nursing staff in enhancing various dimensions of job resources. This ultimately contributes to a healthier work environment and significantly reduces one of the perceived psychosocial risk values among nurses.

### **3.4. Relationship between Quality of Communication with Supervisor and Job Demands**

An investigation was conducted to examine the correlation between the Quality of Communication with the Supervisor (QC) and Job Demands (JD), specifically focusing on the dimensions of job demands (Table 3.6). Descriptive Statistics can also be found

(Table 3.1). The results indicated significant correlations at the 0.01 level for specific dimensions, while others showed significance at the 0.05 level, and some correlations were found to be not substantial. In this study, job demands were aggregated into a single dimension, similar to the approach used for job resources, by computing the mean scores in SPSS.

The correlations between the dimensions of job demands and the QC with the supervisor were as follows: Quantitative Demands showed a significant negative correlation [ $r (212) = -.24, p=.000$ ], suggesting that higher perceived quantitative demands were associated with a poorer relationship quality with the supervisor. Similar negative correlations were observed for Lack of Work-Life Balance [ $r (212) = -.25, p=.000$ ], Emotional Demands [ $r (212) = -.18, p=.008$ ], and Insecure Work Conditions [ $r (212) = -.14, p=.032$ ], suggesting that higher job demands were associated with less favorable communication with the supervisor. However, Role Conflict also exhibited a significant negative correlation [ $r (212) = -.20, p=.003$ ], contrary to previous indications, indicating that higher levels of role conflict were associated with a poorer quality of relationship with the supervisor. Although Cognitive Demands exhibited a positive correlation [ $r (212) = .04, p=.555$ ], it was not statistically significant, suggesting that the association may be spurious or influenced by other factors.

Similarly, Physical Demands did not significantly correlate with a Quality of Communication with the supervisor. Moreover, when the average of all job demands dimensions was associated with the QC, a significant negative correlation was found [ $r (212) = -.21, p=.002$ ], further emphasizing the impact of JD on the communication level with the supervisor. The most powerful correlation was found between Quality of Communication and Lack of Work-Life Balance [ $r = (212) = -.25, p=.000$ ].

Upon examining the data, notable differences are observed in the correlations between "Quality of Communication" and "Job Resources" versus "Job Demands." The correlation with Job Resources [ $r (212) = .85, p=.000$ ] demonstrates a significantly positive association. This finding suggests that as the communication level with the supervisor increases, the job resources tend to improve. Specifically, factors such as justice, social support, community, trust, personal autonomy, appreciation, the meaning

of the work, predictability, and personnel development contribute to strengthening the relationship with the supervisor.

On the other hand, the correlation with Job Demands [ $r (212) = -.21, p=.002$ ] is negative and significant. This indicates that as job demands increase, the QC tends to deteriorate. Factors within job demands such as QD, LoWLB, ED, job insecurity, RC, and CD decrease the quality of communication with the supervisor.

These findings suggest that job resources and job demands have contrasting effects on the relationship with the supervisor. While an increase in relationships enhances job resources, an increase in job demands tends to weaken it.

**Table 3.6. Correlation Values for QC and Job Demands**

Variables		QD	PHD	LoWLB	ED
QC	r	-0.24**	-0.07	-0.25**	-0.18**
	p	0.000	.294	.000	.008
	N	212	212	212	212
Variables		IWC	RC	CD	JD
QC	r	-0.14*	-0.20**	0.04	-0.21**
	p	0.032	0.003	.555	.002
	N	212	212	212	212

\*\*. Correlation is significant at the 0.01 level (2-tailed). r= Pearson Correlation coefficient

\*. Correlation is significant at the 0.05 level (2-tailed).

QC: Quality of Communication, QD: Quantitative Demands, PHD: Physical Demands, LoWLB: Lack of Work-Life Balance, ED: Emotional Demands, IWC: Insecure Work Conditions, RC: Role Conflict, CD: Cognitive Demands

### **3.5. Relationship between Quality of Communication with Supervisor and Job Satisfaction**

An analysis was conducted to examine the correlation between QC and JS. The results revealed a significant positive correlation of [ $r (212) = .47, p=.000$ ] ( $\bar{X}$  QC = 7.28, SD = 2.52;  $\bar{X}$  JS = 5.78, SD = 2.27), indicating that there is a moderate, yet meaningful, association between good communication levels with supervisors and job satisfaction

among employees. This finding highlights the importance of effective communication channels in the workplace in contributing to employees' satisfaction with their jobs. It underscores the importance of fostering transparent and supportive communication practices within the workplace to enhance employee satisfaction levels. A strong correlation suggests that employees who perceive higher levels of communication with their supervisors are more likely to experience greater satisfaction in their roles. Good communication fosters transparency, trust, and mutual understanding between supervisors and employees, improving morale, engagement, and productivity. Additionally, it promotes a supportive work environment where concerns can be addressed, feedback can be provided, and achievements can be acknowledged. Therefore, investing in strategies to enhance communication practices can have significant positive implications for employee satisfaction and organizational success.

### **3.6. Relationship between Quality of Communication with Supervisor and Leader Types**

When examining Quality of Communication with a Supervisor (QC) compared to two different leadership styles, Authoritarian Leader and Balancing Leader, notable differences are observed (Table 3.7). The correlation between QC and Authoritarian Leader indicates a moderate negative relationship [ $r (212) = -.26, p=.000$ ]. On the other hand, the correlation between QC and Balancing Leader is positive and quite high [ $r (212) = .66, p=.000$ ]. These findings demonstrate the impact of leadership styles on the perception of communication in the workplace. Firstly, the negative relationship between QC and Authoritarian Leaders suggests that the authoritarian and coercive style of leadership negatively affects the perception of communication in the workplace. Under AL, employees tend to perceive lower levels of communication, potentially leading to reduced job satisfaction (Table 3.7). This finding is similar to the observation in the previous Job Demands analysis, where an increase in JD was associated with a negative impact on the relationship with the supervisor. Conversely, the strong positive relationship between QC and a Balancing Leader indicates that a balanced and supportive leadership approach positively influences the perception of communication in the

workplace. Under this leadership style, employees perceive a higher level of communication, leading to increased job satisfaction. This finding is similar to the observation in the previous Job Resources analysis, where an increase in job resources strengthened the relationship with the supervisor.

In conclusion, leadership type significantly impacts the perception of the quality of communication and job satisfaction in the workplace. While authoritarian leadership style negatively affects communication, balancing leadership style strengthens communication and enhances job satisfaction. Therefore, focusing on communication skills in leadership training and promoting a balanced leadership style could be important steps in creating a more positive work environment.

**Table 3.7. Correlation Values for Quality of Communication, Leader Types, and Job Satisfaction**

Variables		Authoritarian Leadership	Balancing Leadership
Quality of Communication	r	-0.26**	0.66**
	p	0.000	0.000
	N	212	212
Job Satisfaction	r	-0.16*	0.47**
	p	0.015	0.000
	N	212	212

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

r= Pearson Correlation coefficient

### **3.7. Relationship between Quality of Communication with Supervisor and Job Resources, General Well-Being, WHO-5 Well-Being Index and Leader Types**

In this analysis, multiple correlation analyses were performed to examine the association between nurses' communication level with supervisors and their general personal well-being and the impact of different leadership styles on this relationship (Table 3.8).

Initially, the correlation between Quality of Communication with Supervisor (QC) and World Health Organization (WHO) Well-Being (WHO-5 WB) and General Well-Being (GWB) was examined. Subsequently, the relationship between QC and BL and AL was assessed. These analyses were conducted to understand the impact of workplace communication on overall well-being and to determine how different leadership styles influence this relationship.

The correlation between QC and WHO-5 Well-Being is 0.30, which is significant at  $p=0.000$ . This indicates a moderate relationship between nurses' communication level with supervisors and their overall personal well-being.

Similarly, the correlation between QC and General Well-Being is 0.47, which is also significant at  $p=0.000$ . This suggests a stronger relationship between nurses' communication level with supervisors and their general well-being. It implies that employees' perception of communication in the workplace is closely associated with their overall quality of life. Their communication level with their supervisor nurse has more impact on their general life perception than in the last two weeks. The correlation between WHO Well-Being and General Well-Being is 0.64, which is significant at  $p=0.000$ . This high correlation suggests a strong relationship between these two different well-being measures, indicating that they both assess similar aspects of overall personal well-being.

The correlation between Balancing Leader and WHO-5 Well-Being is 0.33, significant at  $p=0.000$ , indicating a moderate relationship between a more supportive leadership style and general personal well-being. On the other hand, the correlation between Authoritarian Leader and WHO-5 Well-Being is not significant [ $r (212) = -.11, p = 0.083$ ]. Furthermore, the correlation between General Well-Being and Balancing Leader is 0.46, significant at  $p=0.000$ , suggesting a stronger relationship between Balancing Leader style and general well-being. Conversely, the correlation between General Well-Being and Authoritarian Leader is negative and significant [ $r (212) = -.21, p=0.002$ ]. When examining the findings, it is essential to highlight that although no significant correlation was found between WHO-5 Well-Being (last two weeks) and Authoritarian Leaders, a significant association was observed between General Well-Being and Authoritarian Leaders. This implies that while an authoritarian leadership style may not impact the short-term measures of well-

being, the broader aspects of well-being could be adversely affected by this type of leadership approach.

**Table 3.8. Correlation Values for QC, GWB, WHO-5 WB, AL, BL**

Variables		WHO-5 WB	GWB	AL	BL
QC	r	0.30 **	0.47 **	-0.26 **	0.66 **
	p	0.000	0.000	0.000	0.000
	N	212	212	212	212
AL	r	-0.12	-0.21 **	1	-0.09
	p	0.083	0.002		0.176
	N	212	212	212	212
BL	r	0.33 **	0.46 **	-0.09	1
	p	0.000	0.000	0.176	
	N	212	212	212	212

\*\*. Correlation is significant at the 0.01 level (2-tailed).

WHO-5 WB: WHO Well Being Index, GWB: General Well-Being, AL: Authoritarian Leadership, BL: Balancing Leadership

r= Pearson Correlation coefficient, p=2-tails

In conclusion, these analyses evaluate the relationship between nurses' communication level with supervisors and their general personal well-being and the impact of different leadership styles on this relationship. Positive correlations suggest that higher communication levels are associated with better personal well-being. Additionally, it is indicated that more supportive leadership styles are positively associated with general well-being, while authoritarian leadership styles may negatively impact overall personal well-being.

### **3.8. Relationship between Perceived Respect from Supervisor and Job Resources**

In this analysis, we examine the correlation between Perceived Respect from Supervisor (PSR) and Job Resources for nurses, including its subdimensions, to gain insights into the relationship between perceived leadership respect and the resources available in the work

environment (Table 3.9). The correlation between Perceived Respect from Supervisor (PSR) and Job Resources is determined as 0.89, suggesting a robust connection between the two variables. When exploring the subdimensions of Job Resources, the following correlations were noted: 0.82 for Social Support and Community,  $[r (212) = .73, p=.000]$  for Trust,  $[r (212) = .71, p=.000]$  for Autonomy,  $[r (212) = .86, p=0.000]$  for Justice,  $[r (212) = .54, p = 0.000]$  for Meaning of the Work, 0.68 for Predictability,  $[r (212) = .86, p = 0.000]$  for Appreciation, and  $[r (212) = .62, p = 0.000]$  for Personal Development. It is noteworthy that the strongest correlations are observed between PSR and Justice, Appreciation, and Social Support and Community (SSC) dimensions, while Trust and Autonomy also show strong relationships. Conversely, the association between PSR and MoW seems weaker than other dimensions. These findings underscore the complexity and significance of the relationship between perceived leadership respect and job resources.

There is a strong correlation between perceived respect from supervisors and job resources. Nurses who perceive higher levels of respect from their supervisors tend to feel more appreciated, receive greater social support, and perceive higher levels of justice in their work domain compared to those with lower perceived respect levels. Indeed, it's surprising that the same nurses provided the lowest correlation (0.54) with the "meaning of the work" dimension. This suggests that the perceived respect from supervisors has a more substantial impact on increasing perceptions of job justice, team relationships, and appreciation than it does on the meaning attributed to their work tasks.

**Table 3.9. Correlation Values for Perceived Supervisor Respect and Job Resources**

**Dimension**

Variables		SSC	Trust	Autonomy	Justice
PSR	<i>r</i>	0.82**	0.73**	0.71**	0.86**
	<i>p</i>	0.000	0.000	0.000	0.000
	<i>N</i>	212	212	212	212
Variables		MoW	Predictability	Appreciation	PD
PSR	<i>r</i>	0.54**	0.68**	0.86**	0.62**
	<i>p</i>	0.000	0.000	0.000	0.000
	<i>N</i>	212	212	212	212

PSR: Perceived Respect from Supervisor, SSC: Social Support and Community, MoW: Meaning of Work, and PD: Personal Development, *r*= Pearson Correlation coefficient,

### 3.9. Relationship between Perceived Respect from Supervisor and Job Demands

In this study, we measured the Perceived Respect from Supervisor (PSR) variable by asking the question, "Does your supervisor respect you?" We then examined its correlation with the Job Demand risk group and its subdimensions. The subdimensions of the Job Demand factor include Quantitative Demands, Physical Demands, Lack of Work-Life Balance, Emotional Demands, Insecure Working Conditions, Role Conflict, and Cognitive Demands. The founding correlation coefficients can be seen in (Table 3.10) when comparing PSR with these values.

An analysis of the correlation coefficients between PSR and Job Demands and its sub-dimensions reveals an overall negative correlation. Notably, only the association between PSR and CD demonstrates a positive connection, although this is relatively weak and is not significant [ $r (212) = .004, p=.952$ ]. This suggests a minimal association between perceived respect from supervisor and cognitive demands. Furthermore, all other correlations exhibit negative associations. The strongest correlation is observed between PSR and QD [ $r (212) = -.32, p=.000$ ]. This indicates that as perceived numerical demands increase, the quantitative workload and pace of work perceived by nurses decrease. Another notable finding is the correlation between PSR and Lack of Work-Life Balance

[ $r (212) = -.26, p=.000$ ]. Similar to Quantitative Demands, an increase in perceived respect from supervisors is linked to a decrease in nurses' perception of imbalance in work-life equilibrium. Thus, they can maintain a better balance. Increasing the respect shown by supervisors to staff nurses results in the perception of fewer physical and emotional demands associated with the job. In other words, it reduces their exhaustion.

**Table 3.10. Correlation Values for Perceived Supervisor Respect and Job Demands Dimension**

Variables		Job Demands	QD	PHD	LoWLB
PSR	r	-0.26**	-0.32**	-0.11	-0.26**
	p	0.000	0.000	0.112	0.000
	N	212	212	212	212
Variables		ED	IWC	RC	CD
PSR	r	-0.24**	-0.17*	-0.22**	0.004
	p	0.000	0.010	0.001	0.952
	N	212	212	212	212

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).

PSR: Perceived Respect from Supervisor, QD: Quantitative Demands, PHD: Physical Demands, LoWLB: Lack of Work-Life Balance, ED: Emotional Demands, IWC: Insecure Work Conditions, RC: Role Conflict, CD: Cognitive Demands

r= Pearson Correlation coefficient, p=2-tails

### **3.10. Relationship between Perceived Respect from Supervisor and Job Satisfaction**

Our correlation analysis between Job Satisfaction and Perceived Respect from Supervisor highlights a significant positive correlation [ $r (212) = .51, p = 0.000$ ] with a coefficient of .51, indicating a robust relationship between these two variables. This finding underscores the critical role of Perceived Respect from Supervisor in shaping the job satisfaction

levels of nurses within healthcare environments. The substantial positive correlation suggests that as nurses perceive greater levels of respect from their supervisors, their overall job satisfaction tends to increase. This implies that a supportive and respectful relationship between supervisors and nurses is crucial for fostering a positive work environment and enhancing nurses' job satisfaction. These findings carry significant implications for healthcare organizations and supervisory nurse management practices. They emphasize the need for healthcare leaders to prioritize strategies aimed at promoting respectful interactions and communication between supervisors and nurses. Investing in leadership development programs that cultivate supportive leadership behaviors and emphasize the importance of mutual respect in supervisor-nurse relationships can contribute to enhancing overall job satisfaction among nurses. Furthermore, recognizing the impact of perceived respect from supervisor on job satisfaction can inform organizational policies and practices aimed at improving nurse retention rates and overall staff morale. By prioritizing cultivating positive supervisor-nurse relationships, healthcare organizations can create environments that support their nursing staff's well-being and job satisfaction, ultimately leading to better patient outcomes and overall organizational success.

### **3.11. Relationship between Perceived Respect from Supervisor and Leader Types**

Our analysis compared Perceived Respect from Supervisor (PSR) with two types of leaders identified through factor analysis: Authoritarian Leader and Balancing Leader. The correlation coefficients reveal contrasting relationships between PSR and these leader types. The correlation between PSR and Authoritarian Leader is negative [ $r (212) = -.21, p = .002$ ], indicating a weak inverse relationship. Conversely, the correlation between PSR and Balancing Leader is positive and stronger [ $r (212) = .69, p=.000$ ]. Both of these correlations are statistically significant. These results indicate that nurses' perception of supervisor respect is inversely linked to authoritarian leadership tendencies but positively linked to supportive leadership behaviors. A negative correlation with authoritarian leadership traits suggests that nurses may observe reduced authoritarian leadership as perceived respect from supervisor grows, potentially leading to a more

favorable workplace atmosphere. On the other hand, the strong positive correlation with supportive leadership emphasizes the importance of fostering supportive leadership qualities in supervisors, which is associated with higher levels of perceived respect from nurses.

These results highlight the critical role of leadership styles in shaping nurses' perceptions of respect within the workplace. Healthcare institutions must foster supportive leadership qualities among supervisors to improve nurses' perceptions of respect, leading to a more favorable work environment and increased job satisfaction.

### **3.12. Relationship between Perceived Respect from Supervisor, WHO-5 Well-Being Index and General Well-Being**

The final correlation analysis with PSR is the comparison between Perceived Respect from Supervisor (PSR) and both the WHO-5 Well Being Index (WHO-5 WB) and General Well-Being (GWB), aiming to provide a comprehensive understanding of the relationship between these variables. The WHO-Well Being Index comprises questions that reflect nurses' well-being over the past two weeks, capturing a more immediate and short-term perspective. On the other hand, General Well-Being encompasses a broader range of well-being questions, offering insights into nurses' overall well-being experiences. Upon analyzing the results, we find a significant positive relationship between PSR and the WHO-Well Being Index, reflecting a notable association [ $r(212) = .40, p=.000$ ]. This indicates that as nurses perceive more respect from their supervisors, their well-being over the past two weeks has improved considerably. In contrast, the correlation between PSR and General Well-Being is even stronger [ $r(212) = .49, p=.000$ ], highlighting a more substantial connection. This suggests that perceived respect from supervisor dramatically influences not only short-term well-being but also the overall well-being of nurses. These findings underscore the crucial role of perceived respect from supervisor in influencing nurses' well-being within healthcare settings. They emphasize the importance of cultivating a supportive and respectful work environment, positively impacting nurses' well-being. By prioritizing strategies to enhance perceived respect from supervisor, healthcare organizations can foster a workplace culture that improves the

well-being and satisfaction of their nursing staff, ultimately leading to better patient care and overall organizational success.

### **3.13. Relationship between Quality of Communication and Workload**

Another psychosocial risk analysis was conducted with nurses, who performed various correlation analyses to comprehend the relationships among variables. One notable finding was the relationship between Workload and Quality of Communication with Supervisor. The correlation analysis results unveiled a notable negative correlation between these two variables. This negative correlation indicates that the workload tends to decrease as the quality of communication with supervisors increases. This finding is important as it highlights the potential role of effective communication in decreasing workload within healthcare environments. Maintaining good communication with supervisors is essential for fostering a supportive work atmosphere.

Our previous findings identified a positive correlation between JS and QC. This means that an increase in QC was associated with increased JS. Considering this relationship, we investigated the correlation between Job Satisfaction and Workload. Our analysis indicated a significant negative correlation between these,  $[r (212) = -.34, p=.000]$ . This indicates that as Job Satisfaction increases, Workload tends to decrease. Moreover, the strength of this negative correlation between JS and WL is notably more substantial than the negative correlation observed between QC and Workload, which had a value of  $-.26$ . This suggests that Workload has a more significant impact on JS compared to the effect of QC. These findings highlight the importance of Job Satisfaction in overseeing and potentially easing Workload among nurses. Reducing workload could be an essential strategy for healthcare institutions to increase job satisfaction and improve the work environment. Future studies might explore the underlying causes of this connection more thoroughly and create specific interventions to enhance job satisfaction, thus reducing workload.

### **3.14. The Effect of Job Resources' Dimensions on the WHO-5 Well-Being Index**

The regression analysis findings showed that among the various Job Resources sub-dimensions examined (Table 3.11), two exhibit statistically significant effects on the WHO-5 Well-Being Index (WHO-5 WB). Specifically, the sub-dimensions "Predictability" and "Meaning of Work" demonstrate noteworthy impacts. In terms of the model summary, the regression model accounts for a moderate portion of the variance in the WHO-5 Well-Being Index, with an R-squared value of 0.226. ANOVA results further confirm the significance of the regression model, with a statistically significant  $F(8, 203) = 8.691, p < .001$ . This indicates that the model can explain a significant portion of the variance in the dependent variable. Turning to the coefficients table and (Figure I), it is revealed that the independent variables "Predictability" and "Meaning of Work" yield statistically significant coefficients. Specifically, the Predictability variable demonstrates a positive coefficient ( $B = .197, p = .042$ ), suggesting that an increase in perceived Predictability is associated with an increase in the WHO-5 Well-Being Index score. Conversely, the Meaning of Work variable has a negative coefficient ( $B = -.176, p = .025$ ), indicating a significant negative relationship between Meaning of Work and the WHO-5 Well-Being Index. Thus, it can be concluded that within the scope of this analysis, Predictability positively influences well-being, while Meaning of Work has a significant negative impact, as measured by the WHO-5 Well-Being Index.

**Table 3.11. Regression Coefficients of Job Resources Dimensions on WHO-5 Well-Being Index**

Variables	Unstandardized B	SE	b	t	p
Constant	2.60	0.55		4.70	0.000
Trust	0.08	0.11	0.08	0.67	0.503
Social	0.10	0.13	0.10	0.81	0.422
Support and Community					
Personal Development	-0.05	0.07	-0.05	-0.62	0.537
Autonomy	0.07	0.09	0.08	0.81	0.421
Appreciation	0.11	0.08	0.14	1.27	0.205
Predictability	0.15	0.08	0.20	2.04	0.042**
Meaning of Work	-0.16	0.07	-0.18	-2.26	0.025**
Justice	0.09	0.12	0.10	0.75	0.452
Adjusted R <sup>2</sup>	0.22				
R <sup>2</sup>	0.25				

\*\*p<.05, t= t-test statistic, p= probability level, b= Standardized Beta, SE = Std. Error

Dependent Variable: WHO-5 Well-Being Index

Independent Variables: Job Resources' Dimensions

### 3.15. The Effect of Job Demands' Dimensions on WHO-5 Well-Being Index

The results of the regression analysis unveil significant associations between select Job Demands sub-dimensions and the WHO-5 Well-Being Index ( $p = .000$ ). The regression model is characterized by an overall R-squared value of 0.156 and an Adjusted R Square value of 0.127, indicating that approximately 12% of the variance in the WHO-5 Well-Being Index is explained by the model (Table 3.14). The ANOVA results affirm the model's statistical significance,  $F(7, 204) = 5.375$ ,  $p < .001$ , signifying its validity in predicting well-being outcomes. Among the seven Job Demands sub-dimensions examined, two variables emerged as statistically significant predictors. Lack of Work-Life Balance displayed a negative relationship with the WHO-5 Well-Being Index ( $B = -.217$ ,  $p = .021$ ), suggesting that poor work-life balance diminishes individuals' overall well-being. In contrast, Emotional Demands showed a positive association with well-being ( $B = .081$ ,  $p = .036$ ), indicating that emotional engagement in work positively

influences individuals' well-being. These findings underscore the complex nature of job demands in shaping well-being, highlighting both the detrimental and positive influences of different demands.

**Table 3.12. Regression Coefficients of Job Demands Dimensions on WHO-5 Well-Being Index**

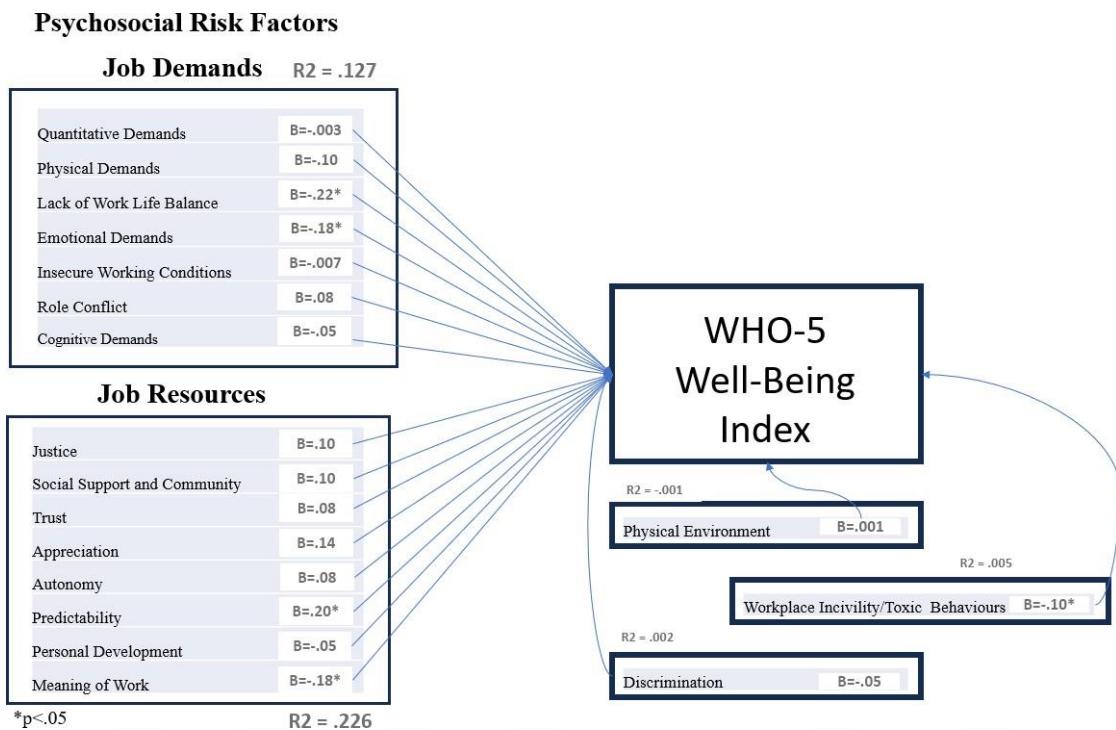
Variables	Unstandardized B	SE	b	t	p
Constant	8.45	0.78		10.81	0.000
Lack of Work Life Balance	-0.24	0.10	-0.22	-2.32	0.021**
Role Conflict	0.07	0.07	0.08	1.01	0.312
Insecure Working Conditions	-0.01	0.10	-0.01	-0.09	0.928
Quantitative Demands	0.00	0.10	0.00	-0.03	0.979
Physical Demands	-0.09	0.09	-0.09	-0.97	0.331
Emotional Demands	-0.17	0.08	-0.18	-2.11	0.36**
Cognitive Demands	-0.06	0.08	-0.05	-0.66	0.510
Adjusted R <sup>2</sup>	0.12				
R <sup>2</sup>	0.15				

N=212, \*\*p<.05, b=Standardized Beta, SE = Standard Error, t= t test statistics, p = probability level

Dependent Variable: WHO-5 Well-Being Index

Independent Variables: Job Demands' Dimensions

**Figure 3.1. Relationship between Psychosocial Risk Factors and the WHO-5 Well-Being Index**



The Figure 3.1 represents the relationships between Psychosocial Risk Factors and the WHO-5 Well-Being Index, distinguishing between Job Demands and Job Resources. Job Resources, particularly Autonomy, and Predictability, have a more substantial positive effect on well-being, while certain Job Demands like Lack of Work-Life Balance and Emotional Demands reduce well-being. Social factors, such as toxic behaviors, show significant negative effects, highlighting the importance of a supportive work environment.

### 3.16. The Effect of Job Resources' Dimensions on General Well-Being

The results of the second regression analysis unveil significant associations between select Job Resources sub-dimensions and the General Well-Being Index (GWB). Specifically, the regression model reveals that one predictor exerts a statistically significant influence on the GWB (Table 3.12). The model demonstrates an overall  $R^2$

squared value of 0.338 and an Adjusted R Square value of 0.312, indicating that approximately 31% of the variance in General Well-Being is explained by the model. ANOVA results further validate the model's significance, with a statistically significant  $F(8, 203) = 12.396, p=.000..$  This confirms the efficacy of the model in predicting the GWB.

Among the Job Resources sub-dimensions, "Social Support and Community" emerges as a statistically significant predictor of General Well-Being, with a positive coefficient ( $B = .351, p = .002$ ). This suggests that increased Social Support and Community is associated with higher levels of General Well-Being. This analysis highlights Social Support and Community as a key factor positively influencing well-being as measured by the General Well-Being Index. When comparing these findings with the previous analysis of the WHO-5 Well-Being Index, both models indicate the importance of social factors in influencing well-being. While "Predictability" was a significant positive predictor for the WHO-5 Well-Being Index, the "Social Support and Community" sub-dimension holds a similar importance for General Well-Being, suggesting that both predictability in the workplace and strong social support networks are crucial for enhancing overall well-being. This alignment across different indices reinforces the multifaceted nature of well-being, emphasizing the need for interventions that bolster both organizational predictability and social support systems. Compared values of both Job Demands and Job Resources may be seen in Figure 3.2.

**Table 3.13. Regression Coefficients of Job Resources Dimensions on General Well-Being**

Variables	Unstandardized B	SE	b	t	p
Constant	2.63	0.46		5.71	0.000
Trust	0.09	0.10	0.10	0.95	0.344
Social Support and Community	0.32	0.11	0.35	3.08	.002**
Personal Development	-0.08	0.06	-0.10	-1.21	0.229
Autonomy	0.01	0.07	0.02	0.18	0.858
Appreciation	0.07	0.07	0.10	0.95	0.343
Predictability	0.05	0.06	0.07	0.80	0.427
Meaning of Work	-0.04	0.06	-0.05	-0.70	0.483
Justice	0.07	0.10	0.09	0.73	0.467
Adjusted R <sup>2</sup>	0.31				
R <sup>2</sup>	0.34				

N=212

\*\*p<.05

Dependent Variable: General Well-Being

Independent Variables: Job Resources' Dimensions

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.17. The Effect of Job Demands' Dimensions on General Well-Being

In this second regression analysis, we examined the effects of Job Demands sub-dimensions on General Well-Being (GWB). The results were statistically significant (p = .000). The model has an R Square value of 0.241 and an Adjusted R Square value of 0.215, indicating that approximately 21.5% of the variance in General Well-Being is explained by the model. The ANOVA results further support the model's statistical significance  $F(7,204) = 9.252$ ,  $p < .001$ , affirming its predictive validity. When analyzing the independent variables, similar to the effects on the WHO-5 Well-Being Index, two of the Job Demands sub-dimensions emerged as statistically significant: Lack of Work-Life

Balance ( $B = -.355$ ,  $p = .000$ ) and Emotional Demands ( $B = -.167$ ,  $p = .040$ ). Both sub-dimensions demonstrated a negative relationship with General Well-Being, confirming that higher levels of these job demands are associated with lower general well-being.

When comparing the results between the WHO-5 Well-Being Index and General Well-Being, the same two Job Demands sub-dimensions—Lack of Work-Life Balance and Emotional Demands—consistently exhibit negative effects. This suggests that both subjective well-being measures are adversely impacted by these specific demands, reinforcing the importance of managing emotional stress and promoting work-life balance to improve overall well-being.

**Table 3.14. Regression Coefficients of Job Demands Dimensions on General Well-Being**

Variables	Unstandardized B	SE	b	t	p
Constant	8.79	0.65		13.44	0.000
Lack of Work Life Balance	-0.35	0.09	-0.36	-4.00	0.000**
Role Conflict	0.01	0.06	0.01	0.16	0.876
Insecure Working Conditions	0.03	0.09	0.03	0.37	0.710
Quantitative Demands	-0.04	0.08	-0.04	-0.44	0.658
Physical Demands	-0.05	0.08	-0.06	-0.65	0.518
Emotional Demands	-0.14	0.07	-0.17	-2.07	0.040**
Cognitive Demands	0.08	0.07	0.07	1.09	0.277
Adjusted R <sup>2</sup>	0.21				
R <sup>2</sup>	0.24				

N=212, \*\*p<.05,

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

Dependent Variable: General Well-Being

Independent Variables: Job Demands' Dimensions

**Figure 3.2. Relationship between Psychosocial Risk Factors and the General Well-Being**

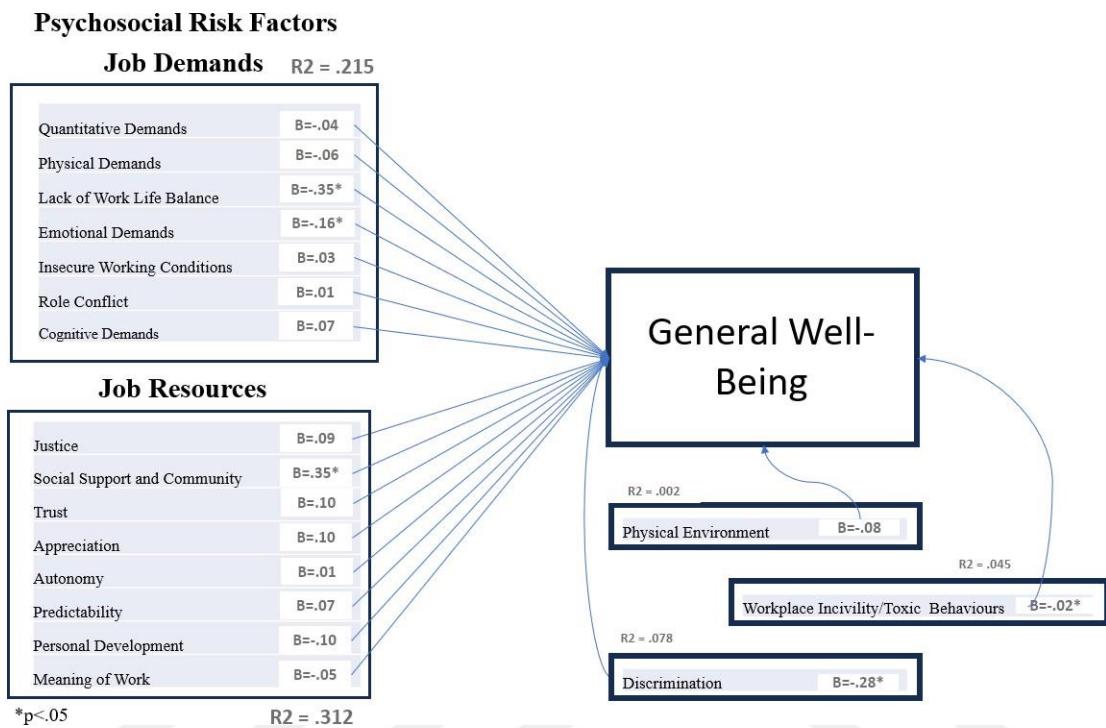


Figure 3.2 focuses on the relationships between Psychosocial Risk Factors and the General Well-Being Index with an emphasis on Job Demands and Job Resources. Job Demands have a combined  $R^2$  of .215, meaning 21.5% of the variance in well-being is explained by job demands, with a Lack of Work-Life Balance and Emotional Demands being particularly impactful. Job Resources account for a larger portion of the variance in well-being, with an  $R^2$  of .312. Social Support and Community play a significant positive role in enhancing well-being. Social factors such as Workplace Incivility/Toxic Behaviors and Discrimination have significant negative effects on well-being, emphasizing the importance of a positive and inclusive work environment.

### **3.18. The Effect of Job Resources' Dimensions on Perception of Balancing Leadership**

The results of the third regression analysis unveil significant associations between select Job Resources sub-dimensions and the perception of the Balancing Leader (BL) construct, shedding light on the determinants of effective leadership within organizational settings ( $p=.000$ ). The regression model is characterized by an overall R-squared value of 0.587 and an Adjusted R Square value of 0.570, indicating that approximately 57% of the variance in the Balancing Leadership perception (BL) construct is explained by the model, which is a strong indicator of explanatory power (Table 3.13). The ANOVA results affirm the model's statistical significance  $F(8, 203) = 36.012, p < .001$ , signifying its efficacy in predicting leadership effectiveness within organizational contexts. In this analysis, the positive effect of SSC demonstrates a strong impact on leadership effectiveness ( $B = .478, p < .001$ ), highlighting the critical role of social support and community ties in promoting effective leadership behaviors and fostering a supportive organizational environment. Additionally, the variable "Appreciation" also emerged as a statistically significant predictor of Balancing Leader ( $B = .162, p = .045$ ), suggesting that recognition and appreciation within the workplace contribute to effective leadership. The comparative visual with Job Demands can be seen in Figure 3.3. These findings underscore the significance of SSC ties and appreciation in enhancing leadership effectiveness.

**Table 3.15. Regression Coefficients of Job Resources Dimensions on Balancing Leadership Perception**

Variables	Unstandardized B	SE	b	t	p
Constant	1.91	0.16		12.15	0.000
Trust	-0.04	0.03	-0.10	-1.18	0.240
Social Support and Community	0.19	0.04	0.48	5.29	0.000**
Personal Development	-0.02	0.02	-0.05	-0.83	0.409
Autonomy	0.04	0.02	0.12	1.63	0.104
Appreciation	0.05	0.02	0.16	2.02	0.045**
Predictability	0.03	0.02	0.10	1.38	0.168
Meaning of Work	-0.02	0.02	-0.07	-1.21	0.226
Justice	0.06	0.03	0.16	1.63	0.105
Adjusted R <sup>2</sup>	0.57				
R <sup>2</sup>	0.58				

N=212, \*\*p<.05

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

Dependent Variable: Balancing Leadership

Independent Variables: Job Resources' Dimensions

### **3.19. The Effect of Job Demands' Dimensions on Perception of Balancing Leadership**

The results of the third regression analysis revealed significant associations between select Job Demands sub-dimensions and the perception of Balancing Leadership (BL) construct, with the findings being statistically significant (p=.000). The regression model shows an R-squared value of .158 and an adjusted R-squared value of .129, indicating that approximately 13% of the variance in the Balancing Leader (BL) construct is explained by the model. The ANOVA results further confirm the statistical significance of the model,  $F(7,204) = 5.463$ ,  $p = .000$ , demonstrating its effectiveness in predicting leadership effectiveness.

Among the seven Job Demands sub-dimensions, only one was found to be statistically significant, which is Quantitative Demands ( $B = -.291$ ,  $p = .004$ ). This suggests a negative

relationship between Quantitative Demands and Balancing Leadership perception, indicating that higher quantitative demands negatively impact leadership effectiveness in balancing roles.

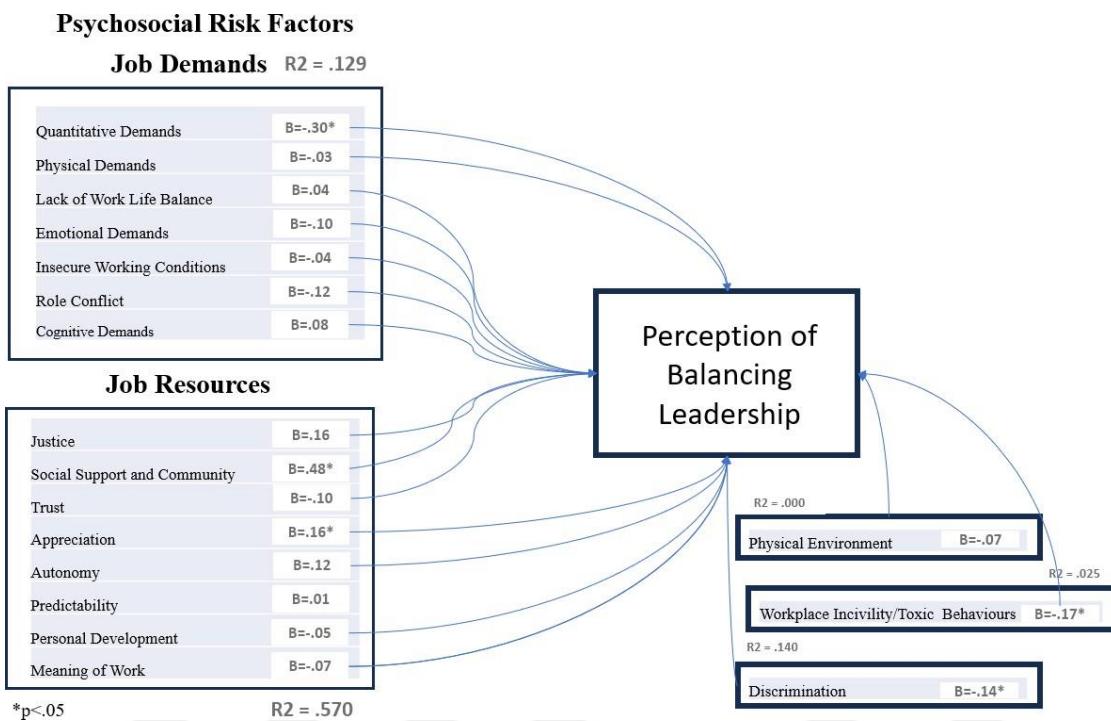
**Table 3.16. Regression Coefficients of Job Demands Dimensions on Balancing Leadership Perception**

Variables	Unstandardized B	SE	b	t	p
Constant	4.51	0.30		15.14	0.000
Lack of Work Life Balance	0.02	0.04	0.04	0.43	0.671
Role Conflict	-0.04	0.03	-0.12	-1.48	0.142
Insecure Working Conditions	-0.02	0.04	-0.04	-0.48	0.635
Quantitative Demands	-0.11	0.04	-0.29	-2.94	0.004**
Physical Demands	0.01	0.03	0.03	0.30	0.765
Emotional Demands	-0.04	0.03	-0.11	-1.27	0.207
Cognitive Demands	0.04	0.03	0.08	1.14	0.254
Adjusted R <sup>2</sup>	0.13				
R <sup>2</sup>	0.16				

N=212, \*\*p<.05

Dependent Variable: Balancing Leadership, Independent Variables: Job Demands' Dimensions  
b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

**Figure 3.3. Relationship between Psychosocial Risk Factors and Perception of Balancing Leadership**



This figure structural model showing the relationship between psychosocial risk factors, balancing leadership, and various job-related factors. Job Demands explain 12.9% of the variance in leadership effectiveness, with Quantitative Demands showing the strongest negative influence. Job Resources account for 57% of the variance in leadership, with Social Support and Community being the strongest positive contributors. Balancing Leadership has a significant role in mitigating negative workplace conditions like Workplace Incivility/Toxic Behavior and Discrimination. In conclusion, Job Resources have a more substantial positive influence on balancing leadership perception than Job Demands. Effective leadership can help reduce negative outcomes like workplace incivility/toxic behaviors and discrimination.

### **3.20. The Effect of Job Resources' Dimensions on Perception of Authoritarian Leadership**

In this latest regression analysis examining the impact of Job Resources sub-dimensions on the perception of Authoritarian Leadership, the results indicate a statistically significant relationship ( $p = .013$ ). The regression model accounts for approximately 9% of the variance in perception of Authoritarian Leadership, as evidenced by an R-squared value of 0.090, with an adjusted R-squared value of 0.054, suggesting some limitations in the model's explanatory power. The ANOVA results confirm the model's significance  $F(8, 203) = 2.509, p = .013$ . Among the Job Resources sub-dimensions analyzed, only Trust emerged as a statistically significant predictor of perception of Authoritarian Leadership, with a negative coefficient ( $B = -0.274, p = .032$ ). This finding suggests that higher levels of trust may be associated with a reduction in authoritarian leadership tendencies, underscoring the importance of fostering trust within organizations to mitigate authoritarian behaviors. However, the model's R-squared value of 0.090 implies that only 9% of the variance in Authoritarian Leadership perception is explained by the examined factors, indicating that other influences likely contribute to authoritarian behaviors. Conversely, the analysis of perception of Balancing Leadership identified two significant sub-dimensions: Social Support and Community (SSC) ( $B = .478, p < .001$ ) and Appreciation ( $B = .162, p = .045$ ). The strong positive impact of SSC on leadership effectiveness underscores the importance of social connections in fostering effective leadership behaviors. The R-squared value of 0.587 demonstrates that the model explains 57% of the variance in Balancing Leadership perception, indicating a robust relationship with the Job Resources dimensions. In summary, while perception of Authoritarian Leadership is primarily associated with the Trust sub-dimension, perception of Balancing Leadership benefits from a broader range of factors, including social support and appreciation. This suggests that effective leadership is enhanced through supportive relationships, whereas authoritarian leadership may be more limited in scope. Understanding these dynamics can guide interventions aimed at improving leadership styles within organizational contexts.

**Table 3.17. Regression Coefficients of Job Resources Dimensions on Authoritarian Leadership Perception**

Variables	Unstandardized B	SE	b	t	p
Constant	3.61	0.22		16.04	0.000
Trust	-0.10	0.05	-0.27	-2.15	0.032**
Social Support and Community	-0.04	0.05	-0.09	-0.68	0.495
Personal Development	-0.02	0.03	-0.05	-0.56	0.579
Autonomy	-0.03	0.04	-0.10	-0.89	0.377
Appreciation	-0.01	0.03	-0.02	-0.16	0.874
Predictability	0.02	0.03	0.09	0.80	0.423
Meaning of Work	0.00	0.03	0.01	0.12	0.905
Justice	0.05	0.05	0.15	0.99	0.323
Adjusted R <sup>2</sup>	0.05				
R <sup>2</sup>	0.09				

N=212

\*\*p<.05

Dependent Variable: Authoritarian Leadership

Independent Variables: Job Resources' Dimensions

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.21. The Effect of Job Demands' Dimensions on Perception of Authoritarian Leadership

In the final regression analysis, we examined the effects of Job Demands sub-dimensions on perception of Authoritarian Leadership. The results were statistically significant ( $p = .004$ ). The R Square value was .096, and the Adjusted R Square value was .065, indicating that approximately 6.5% of the variance in Authoritarian Leadership perception is explained by the model. The ANOVA results further confirmed the statistical significance  $F(7, 204) = 3.088, p = .004$ .

Among the seven Job Demands variables, two emerged as statistically significant predictors. The variable Lack of Work Life Balance showed a positive relationship with perception of Authoritarian Leadership ( $B = .20$ ,  $p = .040$ ), while Emotional Demands also had a significant positive impact ( $B = .173$ ,  $p = .050$ ). These findings suggest that a lack of work-life balance and increased emotional demands may contribute to tendencies toward authoritarian leadership styles.

In contrast, the earlier analysis of Job Demands' impact on perception of Balancing Leadership revealed a negative relationship with Quantitative Demands ( $B = -.291$ ,  $p = .004$ ). This indicates that while perception of Balancing Leadership is negatively influenced by high quantitative demands, perception of Authoritarian Leadership is positively affected by a lack of work-life balance and emotional demands. These differences highlight how various leadership styles can be shaped by specific job demands. While perception of Balancing Leadership appears to be hindered by excessive quantitative pressures, perception of Authoritarian Leadership may flourish in environments lacking work-life balance and marked by emotional strain. This underscores the importance of managing job demands to foster effective leadership styles within organizations.

**Table 3.18. Regression Coefficients of Job Demands Dimensions on Authoritarian Leadership Perception**

Variables	Unstandardized B	SE	b	t	p
Constant	2.34	0.30		7.86	0.000
Lack of Work-Life Balance	0.08	0.04	0.20	2.07	0.040**
Role Conflict	-0.01	0.03	-0.03	-0.32	0.751
Insecure Working Conditions	0.03	0.04	0.07	0.82	0.413
Quantitative Demands	0.01	0.04	0.04	0.35	0.726
Physical Demands	-0.04	0.03	-0.11	-1.14	0.254
Emotional Demands	0.06	0.03	0.17	1.97	0.050**
Cognitive Demands	-0.04	0.03	-0.09	-1.18	0.239
Adjusted R <sup>2</sup>	0.21				
R <sup>2</sup>	0.24				

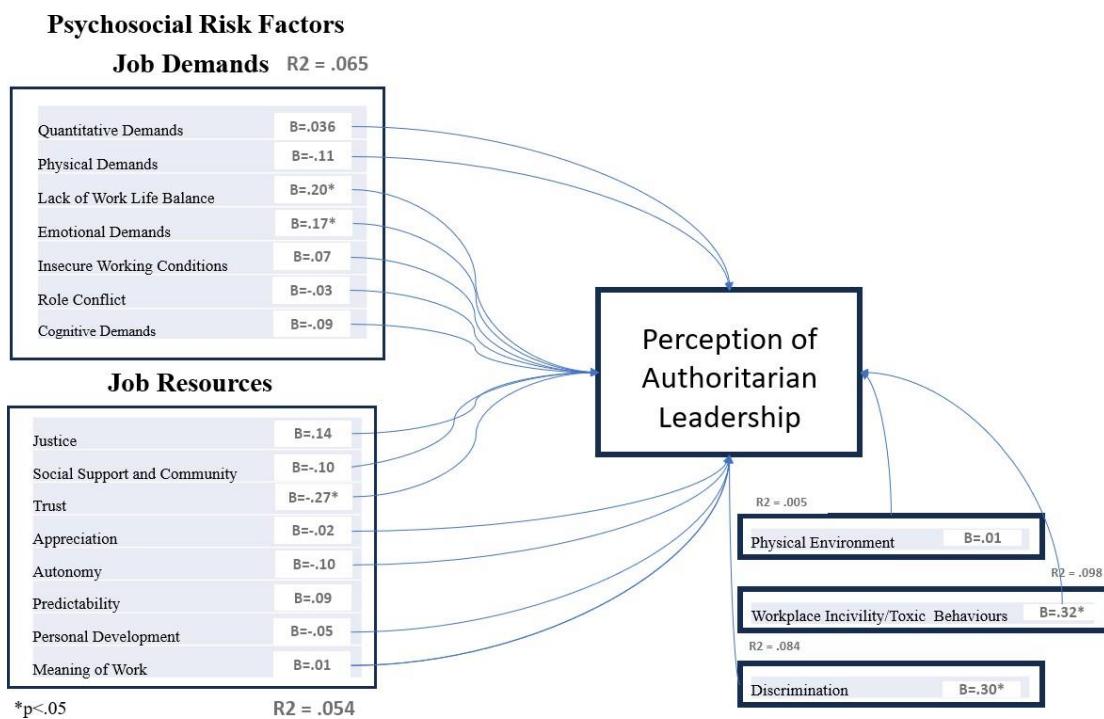
N=212, \*\*p<.05

### Dependent Variable: Authoritarian Leadership

## Independent Variables: Job Demands' Dimensions

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

**Figure 3.4. Psychosocial Risk Factors and Perception of Authoritarian Leadership**



This figure illustrates the relationships between Psychosocial Risk Factors and Authoritarian Leadership. The data focuses on how various job demands, resources, and social factors correlate with authoritarian leadership. Job Resources have an  $R^2$  of .054, with Trust being a significant negative predictor of authoritarian leadership. Social Factors such as Workplace Incivility/Toxic Behaviors significantly increase authoritarian tendencies, while Discrimination shows a significant negative impact. Job Demands show an  $R^2$  of .065, with significant positive relationships between Lack of Work-Life Balance ( $B = .20^*$ ) and Emotional Demands ( $B = .17^*$ ), indicating that higher demands in these areas are associated with increased authoritarian leadership tendencies.

### **3.22. The Effect of Physical Environment on General Well-Being, WHO-5 Well-Being Index, Perception of Balancing and Authoritarian Leadership**

In this regression analysis, we examined the effects of the Physical Environment variable on our dependent variables: General Well-Being (Figure 3.2), WHO-5 Well-Being Index (Figure 3.1), Balancing Leadership (Figure 3.3), and Authoritarian Leadership (Figure 3.4). All detailed data can be found in Table 3.19.

Firstly, there is no significant relationship between Physical Environment and General Well-Being ( $p = .239$ ). The ANOVA results also indicate a non-significant relationship  $F(1, 210) = 1.393, p = .239$ . The R Square value is .007, and the Adjusted R Square value is .002, indicating a lack of explanatory power. The direct relationship between these variables is not significant ( $B = -.08, p = .239$ ). When examining the WHO-5 Well-Being Index, it is observed that there is again no significant relationship with Physical Environment. The ANOVA results show  $F(1, 210) = 0.039, p = .844$ . The R Square value is .000, and the Adjusted R Square value is -.005, indicating a meaningless regression relationship ( $B = .01, p = .844$ ). For the analysis of perception of Balancing Leadership, it was also observed a non-significant relationship ( $B = -.07, p = .340$ ), with ANOVA results showing  $F(1, 210) = 0.913$ . The R Square value is .004, and the Adjusted R Square value is .000. Finally, when examining perception of Authoritarian Leadership, a non-significant relationship is found, similar to the other dependent variables ( $B = .096, p =$

.162). The ANOVA results are  $F(1, 210) = 1.967$ . The R Square value is .009, and the Adjusted R Square value is .005.

Overall, these results suggest that there is no significant relationship between the Physical Environment and any of our dependent variables.

**Table 3.19. Regression Coefficients of Physical Environment on Dependent Variables**

Variables		Unstandardize d B	SE	b	t	p
Constant	(General Well-Being)	6.26	0.40		15.58	0.000
Physical Environment		-0.08	0.07	-0.08	-1.18	0.239
Adjusted R <sup>2</sup>		0.002				
R <sup>2</sup>		0.007				
Constant (WHO-5 Well-Being Index)		4.63	0.46		10.14	0.000
Physical Environment		0.02	0.08	0.01	0.20	0.844
Adjusted R <sup>2</sup>		-0.01				
R <sup>2</sup>		0.00				
Constant	(Perception Balancing Leadership)	3.91	0.17		22.46	0.000
Physical Environment		-0.03	0.03	-0.07	-0.96	0.340
Adjusted R <sup>2</sup>		0.00				
R <sup>2</sup>		0.004				
Constant	(Perception Authoritarian Leadership)	2.64	0.17		15.78	0.000
Physical Environment		0.04	0.03	0.10	1.40	0.162
Adjusted R <sup>2</sup>		0.005				
R <sup>2</sup>		0.009				

N=212

\*\*p<.05

Dependent Variables: General Well-Being, WHO-5 Well-Being Index, Balancing Leadership, Authoritarian Leadership

Independent Variables: Physical Environment

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### **3.23. The Effect of Discrimination on General Well-Being, WHO-5 Well-Being Index, Perception of Balancing and Authoritarian Leadership**

In this regression analysis, we examined the impact of Discrimination on our dependent variables: General Well-Being, WHO-5 Well-Being Index, Balancing Leadership, and Authoritarian Leadership (Table 3.20).

When looking at the effect of Discrimination on General Well-Being, we found a significant relationship ( $p = .000$ ). The ANOVA results showed  $F(1, 210) = 17.870$ ,  $p = .000$ . The R-squared value is .078, and the adjusted R-squared is .074, indicating that the model explains 7.4% of the variance. The effect of Discrimination on General Well-Being is significant and negative ( $B = -.280$ ,  $p = .000$ ). In comparison with the WHO-5 Well-Being Index, we observed no significant relationship ( $p = .467$ ). The R-squared value is .003, and the adjusted R-squared is -.002. The ANOVA results yield  $F(1, 210) = 0.531$ ,  $p = .467$ . The regression relationship with the WHO-5 Well-Being Index is not significant ( $B = -.050$ ,  $p = .467$ ). When we examined Balancing Leadership, we found a significant result ( $p = .045$ ). The ANOVA showed  $F(1, 210) = 4.054$ ,  $p = .045$ . The R-squared value is .019, and the adjusted R-squared is .014. There is a significant and negative relationship between Discrimination and perception of Balancing Leadership ( $B = -.138$ ,  $p = .045$ ). Lastly, in our analysis of perception of Authoritarian Leadership, we found a positive and significant relationship ( $B = .297$ ,  $p = .000$ ). The R-squared value is .088, and the adjusted R-squared is .084. The ANOVA results are  $F(1, 210) = 20.243$ ,  $p = .000$ .

From these results, we can conclude that there is a significant negative relationship between Discrimination and General Well-Being, as well as Balancing Leadership. In contrast, a significant positive relationship was found between Discrimination and perception of Authoritarian Leadership. However, there was no significant relationship between Discrimination and the WHO-5 Well-Being Index.

**Table 3.20. Regression Coefficients of Discrimination on Dependent Variables**

Variables		Unstandardized B	SE	b	t	p
Constant	(General Well-Being)	6.68	0.24		27.92	0.000
Discrimination		-0.24	0.06	-0.28	-4.23	0.000**
Adjusted R		0.08				
R <sup>2</sup>		0.07				
Constant (WHO-5 Index)		4.89	0.28		17.35	0.000
Discrimination		-0.05	0.07	-0.05	-0.73	0.467
Adjusted R		0.002				
R <sup>2</sup>		.003				
Constant (Perception of Balancing)		3.94	0.11		36.87	0.000
Discrimination		-0.05	0.03	-0.14	-2.01	0.045**
Adjusted R		0.01				
R <sup>2</sup>		0.02				
Constant (Perception of Authoritarian)		2.48	0.10		24.99	0.000
Discrimination		0.10	0.02	0.30	4.50	0.000**
Adjusted R		0.08				
R <sup>2</sup>		0.09				

N=212

\*\*p&lt;.05

Dependent Variables: General Well-Being, WHO-5 Well-Being Index, Balancing Leadership, Authoritarian Leadership

Independent Variables: Discrimination

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.24. The Effect of Workplace Incivility/Toxic Behavior on General Well-Being, WHO-5 Well-Being Index, Perception of Balancing and Authoritarian Leadership

In the final regression analysis, it was examined the impact of Workplace Incivility/Toxic Behavior on our dependent variables: General Well-Being, WHO-5 Well-Being Index, Balancing Leadership, and Authoritarian Leadership (Table 3.21).

When looking at the effect of Workplace Incivility/Toxic Behavior on General Well-Being, we found a significant negative relationship ( $B = -0.22$ ,  $p = .001$ ). The ANOVA

results showed  $F(1, 210) = 10.998, p = .001$ . The R-squared value is .050, and the adjusted R-squared is .045, indicating that the model explains 5% of the variance.

In comparison with the WHO-5 Well-Being Index, we observed a negative relationship; however, it was not significant ( $B = -0.097, p = .160$ ). The R-squared value is .009, and the adjusted R-squared is .005. The ANOVA results yield  $F(1, 210) = 1.984, p = .160$ . The regression relationship with the WHO-5 Well-Being Index is not significant. When we examined the perception of Balancing Leadership, we found a significant negative relationship ( $B = -0.017, p = .013$ ). The ANOVA showed  $F(1, 210) = 6.327, p = .013$ . The R-squared value is .029, and the adjusted R-squared is .025. Lastly, in our analysis of the perception of Authoritarian Leadership, we found a significant positive relationship ( $B = .32, p = .000$ ). The R-squared value is .102, and the adjusted R-squared is .098. The ANOVA results are  $F(1, 210) = 23.879, p = .000$ . This model explains 10.2% of the variance.

From these results, we can conclude that there is a significant negative relationship between Workplace Incivility/Toxic Behavior and General Well-Being, as well as the perception of Balancing Leadership. In contrast, a significant positive relationship was found between Workplace Incivility/Toxic Behavior and the perception of Authoritarian Leadership. However, there was no significant relationship between Workplace Incivility/Toxic Behavior and the WHO-5 Well-Being Index.

**Table 3.21. Regression Coefficients of Workplace Incivility/Toxic Behavior on Dependent Variables**

Variables		Unstandardized B	SE	b	t	p
Constant	(General Well-Being)	6.52	0.25		26.45	0.000
Incivility/Toxic Behavior		-0.18	0.05	-0.22	-3.31	0.001**
Adjusted R <sup>2</sup>		0.04				
R <sup>2</sup>		0.05				
Constant	(WHO-5 Well-Being Index)	5.06	0.29		17.76	0.000
Incivility/Toxic Behavior		-0.09	0.06	-0.10	-1.41	0.160
Adjusted R <sup>2</sup>		0.005				
R <sup>2</sup>		0.009				
Constant	(Perception of Balancing Leadership)	3.99	0.11		37.01	0.000
Incivility/Toxic Behavior		-0.06	0.02	-0.17	-2.52	0.013**
Adjusted R <sup>2</sup>		0.02				
R <sup>2</sup>		0.02				
Constant	(Perception of Authoritarian Leadership)	2.44	0.10		24.47	0.000
Incivility/Toxic Behavior		0.11	0.02	0.32	4.89	0.000**
Adjusted R <sup>2</sup>		0.10				
R <sup>2</sup>		0.10				

N=212

\*\*p<.05

Dependent Variable: General Well-Being, WHO-5 Well-Being Index, Balancing Leadership, Authoritarian Leadership

Independent Variables: Workplace Incivility/Toxic Behavior

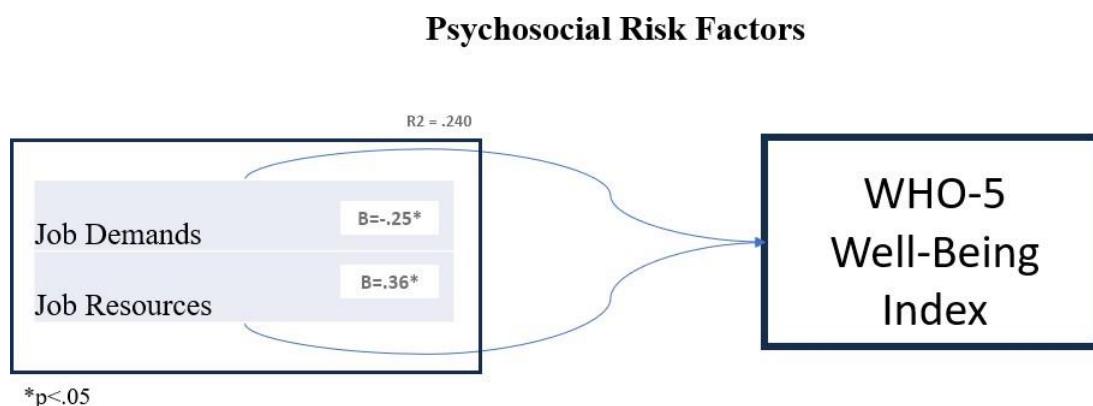
b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.25. The Effect of Job Demands and Job Resources on WHO-5 Well-Being Index

This analysis examined Job Demands and Job Satisfaction effects on the WHO-5 Well-Being Index. The results indicate that both independent variables significantly influence the WHO-5 WB. The model summary reveals that when Job Demands and Job Resources are considered together, they explain a significant portion of the variation in the WHO-5

WB. The Figure 3.5. demonstrates the relationship between Job Resources, Job Demands and the WHO-5 Well-Being Index

**Figure 3.5. Relationship between Job Demands, Job Resources and WHO-5 Well-Being Index**



Job Demands have a significant negative impact on well-being, reducing the WHO-5 Well-Being Index scores. Job Resources show a significant positive effect on well-being, with a stronger influence ( $B = 0.36$ ) than the negative impact of Job Demands ( $B = -0.25$ ). Enhancing job resources can significantly improve employee well-being, as they outweigh the negative effects of job demands. In conclusion, the figure emphasizes the importance of increasing job resources to boost well-being and offset the adverse effects of job demands.

The adjusted R Square value of 0.240 suggests that the model adequately fits the data. Further, the ANOVA table shows that the regression model is statistically significant  $F(2,209) = 34.303, p < .001$ , indicating its effectiveness in predicting the WHO-5 WB. The coefficients table (Table 3.22) reveals that all predictor variables significantly affect the WHO-5 WB. Specifically, Job Resources (JS) positively predicts well-being ( $B = 0.364, p < .001$ ), whereas Job Demands (JD) negatively predicts well-being ( $B = -0.251, p < .001$ ). These findings underscore the importance of taking into account both JD and JS to improve WB and suggest practical recommendations for hospitals aiming to enhance the health and welfare of their workforce.

**Table 3.22. Regression Coefficients of Job Demands and Job Resources on WHO-5 Well-Being Index**

Variables	Unstandardized B	SE	b	t	p
Constant	4.45	0.83		5.34	0.000
Job Resources	0.40	0.07	0.36	5.85	0.000
Job Demands	-0.36	0.87	-0.25	-4.132	0.000
Adjusted R <sup>2</sup>	0.24				
R <sup>2</sup>	0.24				

N=212

Dependent Variable: WHO-5 Well-Being Index

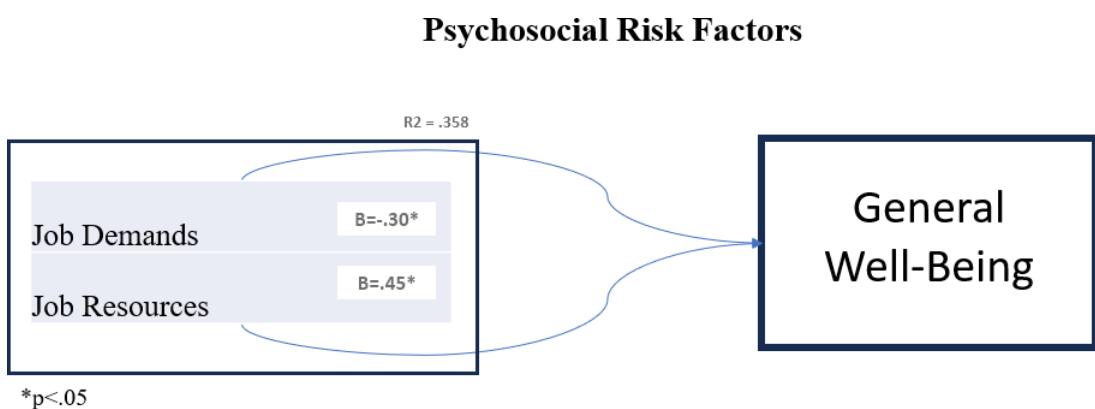
Independent Variables: Job Resources, Job Demands

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.26. The Effect of Job Demands and Job Resources on General Well-Being

In this analysis, when considering Job Demands and Job Resources together, both independent variables significantly impact the General Well-Being (Figure 3.6). This figure illustrates the relationship between Job Demands, Job Resources, and General Well-Being.

**Figure 3.6. Relationship between Job Demands, Job Resources, and General Well-Being Index**



Job Demands have a negative impact on well-being, while Job Resources have a positive impact. The positive effect of Job Resources ( $B = 0.45$ ) is stronger than the negative effect of Job Demands ( $B = -0.30$ ). This highlights the importance of enhancing job resources to promote general well-being, as they have a more substantial influence on well-being compared to job demands.

The adjusted R Square value of 0.358 indicates an acceptable fit of the model. The ANOVA table shows that the regression model is statistically significant  $F(2,209) = 59.836$ ,  $p < .001$ , implying that the model accurately predicts the GWB. As per the coefficients table, the constant term and Job Resources and Job Demands have significant effects. Job Resources (JS) positively influences the General Well Being Index ( $B = 0.448$ ,  $p < .001$ ), whereas Job Demands (JD) has a negative impact ( $B = -0.303$ ,  $p < .001$ ). These findings (Table 3.23) suggest that focusing on job resources and demands can enhance overall well-being and positively affect employees' level of wellness.

**Table 3.23. Regression Coefficients of Job Demands and Job Resources on General Well-Being Index**

Variables	Unstandardized B	SE	b	t	p
Constant	5.41	0.68		8.01	0.000
Job Resources	0.43	0.06	0.45	7.84	0.000
Job Demands	-0.38	0.07	-0.303	-5.303	0.000
Adjusted R <sup>2</sup>	0.36				
R <sup>2</sup>	0.36				

N=212

Dependent Variable: General Well-Being

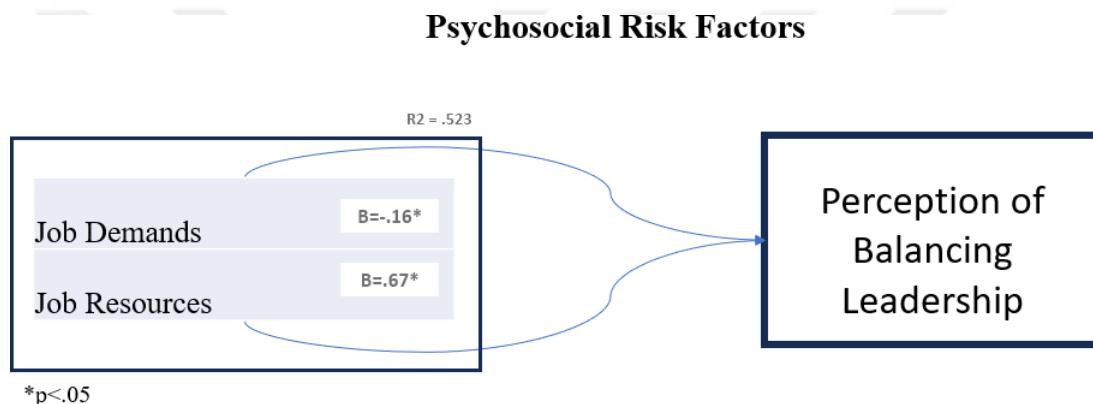
Independent Variables: Job Resources, Job Demands

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### 3.27. The Effect of Job Demands and Job Resources on Perception of Balancing Leadership

Based on the analysis conducted, the relationship between Job Demands, Job Resources, and perception of Balancing Leadership was examined. Figure 3.7 explores the relationship between Job Demands, Job Resources, and Balancing Leadership.

**Figure 3.7. Relationship between Job Demands, Job Resources, and Perception of Balancing Leadership**



Job Demands have a moderate negative impact on perception of balancing leadership, indicating that higher demands make it harder for leaders to maintain a balanced approach. Job Resources have a strong positive impact on perception of balancing leadership, indicating that resources such as support, trust, and autonomy greatly enhance the ability of leaders to balance various demands. The high  $R^2$  value shows that Job Demands and Job Resources together have a strong explanatory power for Balancing Leadership. In conclusion, this figure highlights the critical role of job resources in fostering effective balancing leadership, while increased job demands can undermine it. This emphasizes the need for organizations to focus on enhancing job resources to support leadership effectiveness.

The model summary (Table 3.24) indicates that Job Resources and Job Demands collectively explain 52.7% of the variance in perception of Balancing Leadership. The adjusted  $R^2$  value of 0.523 suggests a good fit of the model to the data. The

ANOVA table demonstrates that the regression model is highly statistically significant  $F(2,209) = 116.527$ ,  $p < .001$ , indicating that the model effectively predicts perception of Balancing Leadership. Regarding the coefficients, the constant term significantly affects the perception of Balancing Leadership ( $B = 0.667$ ,  $p < .001$ ). Both Job Resources (JS) and Job Demands (JD) also display significant effects. Job Resources positively influence the perception of Balancing Leadership ( $B = 0.279$ ,  $p < .001$ ), while Job Demands negatively influence it ( $B = -0.161$ ,  $p = .001$ ). These findings suggest that higher levels of job resources are associated with an increased perception of Balancing Leadership behaviors, whereas higher job demands are linked to decreased Balancing Leadership tendencies.

**Table 3.24. Regression Coefficients of Job Demands and Job Resources on Perception of Balancing Leadership**

Variables	Unstandardized B	SE	b	t	p
Constant	2.47	0.25		9.78	0.000
Job Resources	0.28	0.02	0.67	13.54	0.000
Job Demands	-0.09	0.03	-0.16	-3.27	0.001
Adjusted R <sup>2</sup>	0.52				
R <sup>2</sup>	0.52				

N=212

Dependent Variable: Balancing Leadership

Independent Variables: Job Resources, Job Demands

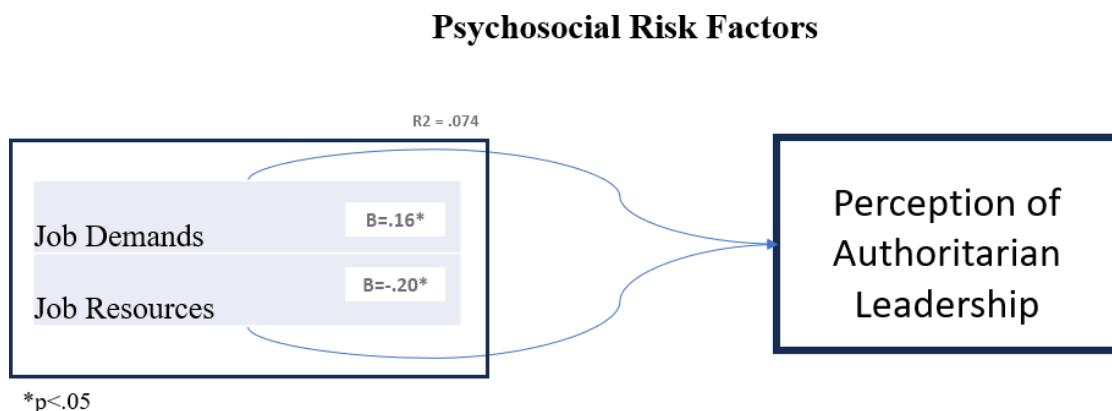
b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

### **3.28. The Effect of Job Demands and Job Resources on Perception of Authoritarian Leadership**

The impact of Job Demands and Job Resources on perception of Authoritarian Leadership was examined (Figure 3.8.). Figure shows the relationship between Job Demands, Job Resources and perception of Authoritarian Leadership. Job Demands have a significant positive impact on perception of authoritarian leadership, suggesting that higher job demands are associated with a higher tendency for authoritarian leadership style. Job

Resources have a significant negative impact on authoritarian leadership perception, indicating that greater resources might lower this leadership behavior.

**Figure 3.8. Relationship between Job Demands, Job Resources and Perception of Authoritarian Leadership**



The overall explanatory power is relatively low, suggesting other factors might influence authoritarian leadership tendencies more strongly. In conclusion, the figure highlights the contrasting effects of job demands and resources on perception of authoritarian leadership, with resources being more negatively associated with this style compared to the positive influence of demands.

The adjusted R Square value of 0.074 suggests a modest fit of the model to the data. The ANOVA table reveals that the regression model is statistically significant  $F(2,209) = 9.377$ ,  $p < .001$ , indicating that the model effectively predicts AL. In terms of the coefficients, the constant term demonstrates a significant effect on Authoritarian Leadership tendencies ( $B = 2.834$ ,  $p < .001$ ). Additionally, both Job Resources (JS) and Job Demands (JD) show significant effects (Table 3.25). Job Resources negatively influence Authoritarian Leadership perception ( $B = -0.197$ ,  $p = .005$ ), while Job Demands positively influence it ( $B = 0.163$ ,  $p = .018$ ). These findings suggest that while Job Resources may contribute to reducing Authoritarian Leadership tendencies, Job Demands may have the opposite effect.

**Table 3.25. Regression Coefficients of Job Demands and Job Resources on Perception of Authoritarian Leadership**

Variables	Unstandardized B	SE	b	t	p
Constant	2.83	0.34		8.37	0.00
Job Resources	-0.08	0.03	-0.19	-2.87	0.00
Job Demands	0.08	0.04	0.16	2.38	0.02
Adjusted R <sup>2</sup>	0.29				
R <sup>2</sup>	0.08				

N=212

Dependent Variable: Authoritarian Leadership

Independent Variables: Job Resources, Job Demands

b= Standardized Beta, SE = Std. Error, t= t-test statistic, p= probability level

## DISCUSSION

The study investigated the psychosocial risk assessment and leadership effects in nursing within Türkiye. The results section provided the detailed relationships among psychosocial risk factors and perceived leadership among nurses (The full correlation table is provided in Appendix F). Participants were surveyed online through LimeSurvey, answering two different sets of questions. The first set employed the "Psychosocial Safety and Health Scale at Work" to evaluate the psychosocial risks nurses face. The second set utilized the LBDQ to assess perceptions of leadership behavior. The research focused on two key variables. The first variable examined the impact of quality of communication with the supervisors on nurses' job resources, job satisfaction, job demands, WHO-5 well-being, and general well-being. The primary objective of this study was to examine the JD-R model and investigate the influence of leadership on nurses' psychosocial risks. The correlation and regression analysis were used to explain the relationships between psychosocial risk factors and leader behaviors. The results were consistent with the Job Demands-Resources (JD-R) (Bakker, 2001) model. The core concept of the JD-R model is that although each profession may have specific elements contributing to job stress or burnout, these elements can be classified into two main categories: job demands and job resources. Job demands encompass the physical, social, or organizational aspects of a job that require continuous physical or mental effort, leading to physiological and psychological consequences, while job resources are the physical, psychological, social, or organizational factors that help employees achieve their work goals, alleviate job stress, and foster personal growth (Bakker, 2001). JD-R model suggested that increased job demands, like overwhelming workloads and insufficient resources, contribute to higher levels of job stress, which in turn elevates the risk of burnout (A. Boamah et al., 2016). The core assumption within the model posits that job demands trigger a stress process as they result in energy exhaustion. This model provides a comprehensive perspective for examining the interactions between stressors and resources in the workplace. Our study successfully demonstrated that the interaction among job demands, job resources, other psychosocial risk factors, and leadership type accounts for a unique

portion of the variability. While autocratic leaders may initially face disapproval from their team, this sentiment can shift to appreciation and fondness as the positive outcomes of their leadership become evident. In autocratic leadership, mistakes are not accepted, and accountability falls on individuals rather than addressing underlying operational issues (Durmuş, 2020). This perspective aligns with our research findings, which suggest that nurses who perceive high job demands, and low job satisfaction often feel as though they are working under authoritarian leadership. This perception is consistent with the patterns observed in our study, reinforcing the connection between leadership style and perceived job demands.

Organizations should appoint skilled managers who can effectively engage with employees and communicate the organization's mission and goals clearly (Chang, 2015). This approach also included promoting fairness within the organization. Our study supported this perspective by demonstrating that nurses who reported high job demands often experienced poor relationships with their managers and felt less respect from them. Conversely, their perception of job resources improved as their relationship with their supervisor strengthened, leading to increased respect. These findings indicate that effective communication with supervisors positively correlates with enhanced job resources, greater job satisfaction, and improved overall well-being among nurses. Thus, our research validates the hypothesis that effective managerial communication is crucial for optimizing job resources and satisfaction. Factors contributing to job satisfaction include recognition for achievements and the nature of the work itself. On the other hand, factors that lead to dissatisfaction are organizational policies, management, salary, and interpersonal relationships (Herzberg, 1966). This aligns with our findings, which show a strong positive correlation ( $r=.47$ ) between nurses who reported having a good relationship with their supervisor and higher job satisfaction. Additionally, nurses who communicated effectively with their supervisors also perceived greater job resources. In research done by Cummings (2008), results showed that while a heavy workload was a significant cause of stress, nurses also identified other factors contributing to their workplace dissatisfaction, including a lack of autonomy, and fairness.

In our study, nurses who have bad communication with their supervisors also perceive lower autonomy in their jobs. So, the result and the theory were consistent with each other: when demands increase, resources decrease. The strongest correlation with job resources was found in the dimension of Social Support and Community (.87). This means that if nurses had a strong relationship with their supervisor, they tended to give high scores to the eight questions within the Social Support and Community dimension. Specifically, they reported that their leaders ensure justice within the group, find solutions to problems, allow for the free sharing of opinions within the group, and maintain a good friendship environment at work. Relational leadership impacted outcomes for both providers and patients by creating and sustaining relationships in the nursing environment; it was based on the principles of emotionally intelligent leadership (Cummings et al., 2005). Our study indicated that when nurse managers exhibit relational leadership, balancing leadership in our study, it was linked to reduced clinical nurse fatigue and emotional exhaustion, improved job satisfaction, and emotional well-being. When comparing the impact of good communication on well-being, the relationship with WHO-5 well-being was slightly lower than the relationship with general well-being. In other words, good communication with a manager had a less significant effect on well-being over the past two weeks than on general well-being.

The second analysis focused on nurses' perception of respect from their supervisors. Participants were asked to rate whether their upper management showed them respect on a scale of 1 to 10. Similar to the previous analysis, correlations were examined between this perception of respect and various aspects of work experience, including job resources and their sub-dimensions, job demands and their sub-dimensions, job satisfaction, WHO-5 well-being, general well-being, and the two factors identified in the second scale: balancing leader and authoritarian leader. The second variable explored the correlation between the respect perceived by nurses from their supervisors and its effect on the same set of dependent variables: job resources, job demands, job satisfaction, WHO-5 well-being, and overall well-being. This analysis also employed correlation to determine the relationships.

A study on nurse attitudes and perspectives (Vital Signs, 2012) identified "poor, unsupportive, unresponsive management" as the leading cause of nurse dissatisfaction (31% of respondents), followed by "lack of respect and appreciation from management" (14% of respondents) which ranked among the top five contributors to workplace dissatisfaction. Another finding from the same study highlighted work overload, high patient-to-nurse ratios, and long hours (31%) as significant dissatisfiers. Our results align with these findings, as we observed a positive correlation of .52 between perceived respect from supervisor and job satisfaction, and a negative correlation of -.35 between workload and job satisfaction, consistent with previous studies. The study (Laschinger, 2004) found that nurses felt disrespected when managers were insensitive and dishonest, leading to poor recognition, strained relationships, unreasonable workloads, and ultimately decreased job satisfaction. Our results revealed that nurses who reported feeling respected by their supervisors tended to characterize their supervisors as possessing balancing leader traits and showed a negative correlation with the perception of authoritarian leadership factor ( $r=-.21$ ), indicating that as authoritarian leadership perception increased, perceived respect decreased. Conversely, there was a strong positive correlation ( $r=.69$ ) between perceived respect and the balancing leader factor.

Furthermore, when examining the correlation between perceived respect and job demands, as expected, a negative correlation was found. This suggests that job demands, which can lead to feelings of burnout and turnover intentions, were negatively impacted by the respect perceived from supervisors. For instance, when looking at the Quantitative Demands dimension, nurses who perceived high levels of respect from their supervisors tended to respond negatively to questions about workload ( $r=-.34$ ). It is related to the research done by Laschinger (2004). Similarly, as the perception of respect decreased, there was an increase for nurses to put less effort in their jobs. Nurses who felt they were not treated with dignity or respect by their supervisors reacted negatively and were more likely to reduce the effort they put into their work (VanYperen et. al, 2000). Consistent with the previous variable, there is a positive correlation between perceived respect and well-being. The correlation between nurses' perception of respect and the WHO-5 Well-

Being index for the past two weeks was .40, while the correlation with overall well-being was .49.

These results underscored the importance of strong communication channels between nurses and their supervisors, as well as the crucial role of respect and recognition from supervisors. Also, the results were confirmed in the previous research. A perceived disconnect from the manager may significantly impact staff perceptions of ineffective communication, lack of respect, and feeling uncared for all, which staff consider crucial to their job satisfaction (Feather et al., 2014). In this study, the correlation between Perceived Respect from Supervisor and Job Satisfaction was found to be positively correlated ( $r=.51$ ). Nurses' perceptions of respect were key factors leading to their job satisfaction and trust in management (Laschinger, 2004). The study suggested that improving these aspects can significantly enhance nurses' job satisfaction.

#### **4.1. Implications**

This research tested the JD-R model developed by Bakker, aiming to demonstrate the effects of job resources and demands on nurses' psychosocial risks, how leadership perceptions change, and how the respect and communication levels from their managers influence these psychosocial risks.

Additionally, it assessed how the level of communication with their managers and the respect they receive from them impact their perceptions of leadership. In a study conducted by Bakker (2005), 18 out of 32 cases showed that work overload, emotional demands, physical demands, and work-home interference did not lead to high burnout levels when employees had autonomy, received feedback, had social support, or maintained a strong relationship with their supervisor. Our research supports this finding, showing that nurses with adequate social support, strong supervisor relationships, and autonomy can tolerate increases in job demands, such as physical demands and quantitative demands to a certain extent. From this, according to the correlation values in our data, it can be concluded that social support and community are likely to assist in

managing job demands, while autonomy and effective communication with the supervisor may reduce the impact of these demands.

This research was also proving the two factor theory of Herzberg (1966). The theory was suggesting that there were 2 factors that drive employee satisfaction and motivation, they were called hygiene factors (dissatisfiers) and motivator factors (satisfiers). The absence of hygiene factors is believed to lead to employee dissatisfaction at work, while motivator factors are thought to contribute to employees feeling positive about their jobs (Herzberg, et al., 1966). While the supervisor, physical working conditions, company policies, and employee interactions are considered hygiene factors, aspects like respect, achievement, and responsibility are considered as motivators. When we looked at our research, we saw that this theory holds true. As perceived respect from the supervisor increases, nurses' job satisfaction also rises. Conversely, a decline in interpersonal relationships and in the relationship with the supervisor—essentially a reduction in job resources—leads to decreased job satisfaction.

This study also validates Karasek's (1979) demand-control model. A key demand-control model (DCM) hypothesis suggests that stress levels will be highest in jobs where high job demands are paired with low job control. Our results found that nurses' job satisfaction and job resources decrease as job demands increase. As previously mentioned, a decrease in job satisfaction and job resources leads to an increase in job stress factors. Results suggest that stressed employees tend to perceive and generate additional job demands over time (Bakker et. al, 2016).

Regarding leadership, our findings were consistent with the leadership styles and theories perceived by nurses. Communication is typically one-way, with the supervisor nurse delivering information to their subordinates (Murray et al., 2017). Our research also confirmed this. Nurses who reported low levels of communication with their supervisor and who felt less respect from them indicated that they felt they were working under an authoritarian supervisor. Autocratic leaders typically establish structure, provide the necessary information, decide what needs to be done, and use their authority to ensure compliance with their decisions (Bass, 2009). Looking at our research results, participants

who reported low job autonomy described themselves as working under an authoritarian supervisor.

#### **4.2. Limitations and Future Research**

One of the limitations of this study was the exclusive focus on data collected from private hospitals in Türkiye, with most participants coming from the same hospital group. This may limit the generalizability of the findings, as the organization's culture could influence the management style requested by the managers. Future research could address these limitations by including participants from a broader range of private and public hospitals to provide a more comprehensive understanding of leadership dynamics in various healthcare settings. Additionally, the study relied on online surveys completed at the participant's convenience, which could have introduced response bias. Ensuring anonymity and removing identifying fields from surveys may reduce such biases in future research. Furthermore, during the data collection period, Türkiye was experiencing a widespread epidemic, which led to an unexpected increase in patient numbers. This surge might have influenced the nurses' responses and perceptions. Future studies should consider this factor and take measures to account for such external influences.

Future research could examine the impact of psychosocial risk factors and leadership perceptions on burnout and turnover. Understanding these relationships could help develop targeted interventions to improve workplace well-being and reduce employee burnout. Additionally, exploring how different job demands and resources interact with various leadership styles could identify the most effective strategies for enhancing workplace well-being. Researchers could create new job demand-resource data by asking nurses to define their own experiences and perceptions of leadership, job demands, and job resources. Future studies could also investigate psychosocial risks, leadership perceptions, job demands, job resources, and expectations while accounting for variables such as nurses' age and experience. Generational differences may lead to varying responses to supervisory styles and job expectations. Additionally, examining how patients' attitudes toward nurses vary based on the nurses' age and experience could

provide further insights into leadership dynamics and its impact on both healthcare professionals and patients.

One of the other limitations of this study is the large number of variables and measurements involved. While the comprehensive design aimed to capture various factors influencing nurses' job demands and resources, the number of survey questions may have contributed to potential respondent fatigue. With 212 participants, the sample size might be relatively small given the extensive set of measured variables. This may have affected the validity of some statistical analyses, and future studies could benefit from either reducing the number of questions or increasing the sample size to improve the generalizability and reliability of the findings.

## CONCLUSION

This study aimed to understand how factors such as job resources, job demands, communication levels with supervisors, and perceived respect from supervisor affect nurses' job satisfaction, well-being, and perception of leadership. The data were analyzed based on both surveys and information from the literature.

The findings of this study highlight the significant role of job resources in enhancing job satisfaction and well-being among nurses. Notably, the Predictability of work had a positive effect on the WHO-5 Well-Being Index ( $B = .197, p = .042$ ), indicating that a more predictable work environment contributes to improved psychological well-being. However, the Meaning of Work showed an unexpected negative effect ( $B = -.176, p = .025$ ), suggesting that the emotional demands associated with meaningful work may increase stress.

Regarding leadership perceptions, higher Quantitative Demands negatively impacted the perception of balancing leadership ( $B = -.291, p = .004$ ). In contrast, the perception of authoritarian leadership was influenced by a Lack of Work-Life Balance ( $B = .20, p = .040$ ) and Emotional Demands ( $B = .173, p = .050$ ), both encouraging authoritarian styles. Job resources also significantly affected leadership perceptions, with Social Support and Community ( $B = .478, p = .000$ ) and Appreciation ( $B = .162, p = .045$ ) positively influencing the perception of balancing leaders. Conversely, Trust negatively impacted the perception of authoritarian leaders ( $B = -.274, p = .032$ ). In summary, supportive job resources foster a perception of balancing leadership, while challenges related to work-life balance and emotional demands promote authoritarian leadership styles. Additionally, the relationship between work meaning and well-being warrants further investigation, as higher perceived meaning may lead to decreased well-being.

The analysis of the WHO-5 Well-Being Index revealed significant predictors within the Job Resources dimensions. Notably, Social Support and Community ( $B = .478, p = .000$ ) emerged as a strong positive influence, indicating that a supportive work environment

enhances nurses' well-being. Similarly, Appreciation ( $B = .162$ ,  $p = .045$ ) contributed positively, reinforcing that workplace recognition fosters psychological health. In contrast, the General Well-Being results illustrated a more nuanced relationship. While Predictability positively affected well-being ( $B = .197$ ,  $p = .042$ ), suggesting that predictable work conditions enhance general well-being, the Meaning of Work negatively impacted it ( $B = -.176$ ,  $p = .025$ ). This finding indicates that while meaningful work is generally associated with positive outcomes, it may also lead to increased stress due to emotional demands. Overall, the findings emphasize that job resources significantly enhance both WHO-5 and General Well-Being, particularly through Social Support and Community. However, the dual nature of the Meaning of Work highlights the complexity of its impact, necessitating further investigation into how emotional demands interact with perceptions of job meaning and overall well-being.

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## APPENDICES

### **Appendix A. Result of the Evaluation by the Ethics Committee**

Ethics Board Approval is available in the printed version of this dissertation



## Appendix B. Psychosocial Risk and Safety at Work Scale (English-Turkish)

WHO5 Well-Being Index	WHO-5 İyilik Hali Endeksi
<p><b>Think about how you felt DURING THE LAST TWO WEEKS. Evaluate your opinions by giving a score out of 10 between "1-Never" and "10-Always".</b></p> <p>Did you feel active and vigorous?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>How often have you slept badly and restlessly?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Did you feel joyful and enjoyable?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Did you feel calm and relaxed?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>How often have you lacked interest in everyday things?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>SON İKİ HAFTA SÜRESİNCE kendinizi nasıl hissettiğinizi düşününüz. Görüşlerinizi "1-Hiçbir zaman", "10- Her zaman" aralığında 10 üzerinden puan vererek değerlendiriniz.</b></p> <p>Kendinizi aktif ve dinç hissettiniz mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Sabahları kendinizi taze ve dinlenmiş hissederek uyandınız mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Kendinizi neşeli ve keyifli hissettiniz mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Kendinizi sakin ve gevşemiş hissettiniz mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Günlük yaşımanız sizin ilginizi çeken şeylerle dolu mu?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>General Well-Being</b></p> <p><b>Answer your evaluation of the listed questions by thinking about your life in general. Make your evaluation by scoring out of 10, ranging from "1 - Not at all" to "10 - Very much".</b></p> <p>Are you satisfied with your job overall?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Are you satisfied with your life overall?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you feel psychologically healthy?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you feel physically healthy?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Does time pass quickly while working?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you think you can cope with the problems you experience?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Genel İyilik Hali</b></p> <p><b>Listelenen sorulara ilişkin değerlendirmenizi yaşamınızı genel olarak düşünerek cevaplayınız. Değerlendirmenizi "1-Hiç" ile "10- Çok" aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>İşinizden genel olarak memnun musunuz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yaşamınızdan genel olarak memnun musunuz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input checked="" type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Psikolojik olarak sağlıklı hissediyor musunuz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Fiziksel olarak sağlıklı hissediyor musunuz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışırken zaman hızla geçer mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yaşadığınız sorunlarla baş edebildiğinizi düşünüyor musunuz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>

Quantitative Demands	Nicel Talepler
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you have to work very fast?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>How often do you not have time to complete all your work tasks?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Does your workload increase due to absences?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p> <p>Çok hızlı/yüksek tempolu çalışmak zorunda kalır mısınız?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Vardiyinizda/nöbetinizde o vardiyada/nöbetinizde bitirebileceğinizden fazla iş yapmanız beklenir mi?  <input checked="" type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İş yükünüz devamsızlık yapanlar nedeniyle artar mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Work Life Balance	İş Yaşam Dengesi
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you feel your work drains so much energy that it negatively affects your private life?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do the demands of my work interfere with my private and family life?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p> <p>İşiniz çok enerji harcamanızı gerektirdiği için sosyal yaşamınız olumsuz etkilenir mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İş dışındaki konular (ailevi, özel konular) çalışırken kafanızı meşgul eder mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Role Conflict	Rol Çatışması
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you sometimes have to do things that ought to have been done in a different way?</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p>

<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	Hizmet hedeflerine ulaşmak için iş güvenliği kurallarına uyulmadığı olur mu? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Physical Demands	Fiziksel Talepler
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Does your job tire you physically?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p> <p>İşiniz sizi bedensel olarak yorar mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Emotional Demands	Duygusal Talepler
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you ever find yourself holding back your emotions (such as sadness, anger, joy, happiness, etc.) due to your job?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Does your job exhaust you because of intense negative emotions like sadness or anger?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p> <p>İşiniz gereği duygularınızı (üzüntünüzü, öfkenizi, sevincinizi, neşenizi vb.) göstermediğiniz olur mu?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İşiniz üzüntü, öfke gibi yoğun olumsuz duygular nedeniyle sizi yorar mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Cognitive Demands	Bilişsel Talepler
<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you need to pay attention to many things at the same time while doing your job?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</p> <p>İşinizi yaparken aynı anda çok fazla şeye dikkat etmeniz gerekir mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Insecure Working Conditions	İş ve Çalışma Şartları Güvencesizliği

<p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Are you worried about being transferred to another job against your will  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Are you worried about the timetable being changed (shift, weekdays, time to enter and leave ...) against your will?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Are you worried about becoming unemployed?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Are you worried about it being difficult for you to find another job if you become unemployed?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Is your salary paid regularly?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</b></p> <p>Görevinizde ya da çalışma alanınızda istemediğiniz halde değişiklik yapılır mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışma zamanlarınızda (vardiya planı, işe geliş-gidiş saatleri, çalışma günleri gibi) istemediğiniz halde değişiklik yapılır mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İşinizi kaybetme ihtimali sizi kaygılandırır mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yeni bir iş bulma konusunda kaygı/endişe duyar mısınız?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Maaşınız düzenli olarak ödenir mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>Social Support and Community</b></p> <p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Do you ever feel lonely while working?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you have good communication with your Supervisor?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>How often do you get help and support from your immediate superior, if needed?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>To what extent would you say that your immediate superior is good at solving conflicts?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do the employees withhold information from the management?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Sosyal Destek ve Topluluk</b></p> <p><b>Genel olarak işinizi düşündüğünüzde listelenen sorulara ilişkin görüşlerinizi belirtiniz. Soruları "1- Hiçbir zaman" ile "10-Her zaman" arasında, 10 üzerinden puan vererek değerlendiriniz.</b></p> <p>Çalışırken kendinizi yalnız hissettiğiniz olur mu?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Bir üst yöneticiniz ile iyi bir iletişimimiz var mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İhtiyaç duyduğunuzda bir üst yöneticiniz yardım ve destek görebilir misiniz?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Bir üst yöneticinizin çalışmaları ve problemlere çözüm bulabilir mi?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışanlar yöneticileriyle çekinmeden görüşlerini ve önerilerini paylaşır mı?  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>

<p>How often do you get help and support from your colleagues, if needed?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do the employees share their opinions about job with each other without any concern?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Is there a good friendship environment in your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>İhtiyaç duyduğunuzda iş arkadaşlarınızdan yardım ve destek görür müsünüz?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışanlar birbirleriyle çekinmeden görüşlerini ve önerilerini paylaşır mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İş yerinizde iyi bir arkadaşlık ortamı var mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p>Appreciation</p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Is your work recognized and appreciated by the management?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Takdir ve Fark Edilme</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiçbir zaman” ile “10- Her zaman” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>Bir üst yöneticiiniz yaptığınız işi takdir eder mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p>Predictability</p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>At your place of work, are you informed well in advance concerning important decisions, changes, or plans for the future?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Öngörülebilirlik</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiçbir zaman” ile “10- Her zaman” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>İş yerinizde geneli etkileyebilecek önemli kararlar ve değişiklikler öncesinde size bilgi verilir mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p>Meaning of Work</p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Do you feel that the work you do is important?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>İşin Anlamı</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiçbir zaman” ile “10- Her zaman” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>Yaptığınız işin önemli olduğunu hisseder misiniz?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p>Trust</p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by</b></p>	<p>Güven Boyutu</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-</b></p>

<p><b>scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Can the employees trust the information that comes from the management?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Does the management trust the employees to do their work well?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do the employees, in general, trust each other?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you trust the technical knowledge of your superior manager?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Hiç” ile “10-Çok” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>Çalışanlar kurumunuzdaki yöneticilere güvenir mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Kurumunuzdaki yöneticiler çalışanlarına güvenir mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışma arkadaşları genel olarak birbirlerine güvenirler mi?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Bir üst yöneticinizin teknik bilgisine güvenir misiniz?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>Autonomy</b></p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Do you have any influence on what you do at work?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Do you have any influence on HOW you do your work?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Can you decide when to take a break?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Otonomi</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiç” ile “10-Çok” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>Size ne kadar iş verileceği konusunda söz hakkınız var mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İşinizi nasıl yapacağınız konusunda söz hakkınız var mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Ne zaman dinlenme ve yemek molası vereceğiniz konusunda söz hakkınız var mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>Justice</b></p> <p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Are you treated fairly at your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Is the work distributed fairly?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Does your manager at your workplace respect you?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Adalet ve Saygı</p> <p><b>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiçbir zaman” ile “10- Her zaman” aralığında, 10 üzerinden puan vererek yapınız.</b></p> <p>Kurumunuzda size adil davranılır mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İş yükü çalışanlar arasında eşit bir şekilde dağıtılmır mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Bir üst yöneticiniz size saygı duyar mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>

Personal Development	Kişisel Gelişim
<p><b>Answer the listed questions by thinking about your job in general. Make your evaluation by scoring out of 10, ranging from “1-Not at all” to “10-Very”.</b></p> <p>Do you have the possibility of learning new things through your work?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p>Listelenen soruları işinizi genel olarak düşünerek cevaplayınız. Değerlendirmenizi “1-Hiçbir zaman” ile “10- Her zaman” aralığında, 10 üzerinden puan vererek yapınız.</p> <p>İşinizde yeni şeyler öğrenme olanağınız var mı?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Workplace Incivility/Toxic Behavior	<p>İşyerinde Saygısızlık/Toksik Davranışlar</p> <p><b>Give your opinions on the questions listed when you consider your job in general. Evaluate the questions by scoring out of 10, from "1—Never" to "10—Always."</b></p> <p>Have you been exposed to unpleasant teasing at your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>How often do you feel unjustly criticized, bullied, or shown up in front of others by your colleagues or your superior?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Have you been exposed to physical violence at your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Behaviors such as ignoring, excluding</p> <p>Have you been exposed to bullying at your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Have you been exposed to gossip and slander at your workplace?</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Swearing, outbursts of anger, shouting</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>

Discrimination	Ayrımcılık
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<p><b>Employees may be subjected to discrimination for various reasons. How often do you or your colleagues encounter the listed reasons for discrimination in your workplace? Evaluate by giving a score out of 10 between "1-Never" and "10-Always".</b></p> <p>Low or high performance  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Political opinions  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Religion  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Fellow-townersmen ship  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Physical characteristics of employees  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Features such as age, experience, and education  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Çalışanlar çeşitli nedenlerle ayrımcılığa maruz kalabilirler. Çalışığınız işletmede siz veya çalışma arkadaşlarınız listelenen ayrımcılık nedenlerinden hangileriyle ne sıklıkla karşılaşışınız? "1-Hiçbir zaman" ile "10-Her zaman" arasında 10 üzerinden bir puan vererek değerlendiriniz.</b></p> <p>Düşük ya da yüksek performans  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Siyasi/politik görüşler  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Dini inançlar  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Hemşehrilik  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışanın bedensel özellikleri  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yaş, deneyim ve eğitim gibi özellikler  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>Physical Environment</b></p> <p><b>Evaluate the extent to which the listed conditions in your work environment negatively affect your health by giving a score out of 10, ranging from "1-Not at all" to "10-Extremely".</b></p> <p>Dust  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Noise Level  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Light and Lightning Conditions  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Ventilation Conditions  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Coldness of Working Environment  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Fiziksel Çevre</b></p> <p><b>Çalışma ortamınızdaki listelenen koşulların sağlığını olumsuz etkileme düzeyini "1-Hiç" ile "10-Çok" aralığında, 10 üzerinden bir puan vererek değerlendiriniz</b></p> <p>Toz  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Gürültü Düzeyi  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Işık ve Aydınlatma Koşulları  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Havalandırma Koşulları  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Çalışma Ortamının Soğukluğu  <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
<p><b>Facilities</b></p>	<p>Olanaklar</p>

<p><b>Organizations provide various solutions related to work environment needs. If your organization provides the items listed below, how satisfied are you with them? Evaluate by giving points between "1-Not at all" and "10-Very." The "No" option should be selected for solutions unrelated to your business or sector or not provided by your organization.</b></p> <p>Changing areas (size, cleanliness)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Shower areas (cleanliness, hot water availability)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Food (such as lunches, food provided by the business, meals at the beginning and end of the shift)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Beverage (such as water or tea provided by the business)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Dining places</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Time is given to eat</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Resting areas / Social areas / Educational areas</p> <p>Transportation/service provided by the organization</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Communication facilities and tools (wireless phone, telephone, intercom, etc.)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>	<p><b>Kurumlar iş ortamındaki ihtiyaçlarla ilgili çeşitli çözümler sağlarlar. Aşağıda listelenenler kurumunuz tarafından size sağlanamıysa bunlardan ne derecede memnunsunuz ? "1-Hiç" ile "10-Çok" aralığında puan vererek değerlendiriniz. Yaptığınız iş ve sektörle ilgili olmayan ya da kurumunuz tarafından sağlanmayan çözümler için "'Yok" seçeneği seçilmelidir.</b></p> <p>Soyunma alanları (büyülüğu, temizliği)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Duş alanları (temizliği, sıcak su imkanı)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yemek (işletme tarafından öğle yemekleri, kumanya, vardiya başlangıç ve bitiminde yemek verilmesi gibi)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İçecek (işletme tarafından su, çay verilmesi gibi)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yemek alanları</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Yemek için tanınan süre</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Dinlenme alanları / Sosyal alan / Eğitim alanı</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>Şirketin sağladığı ulaşırma/servis imkanı</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p> <p>İletişim olanakları ve araçları (telsiz, telefon, diyafon vb.)</p> <p><input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 <input type="checkbox"/>6 <input type="checkbox"/>7 <input type="checkbox"/>8 <input type="checkbox"/>9 <input type="checkbox"/>10</p>
Demographic and Socioeconomic Informations	Demografik ve Sosyoekonomik Bilgiler
Name Surname (You may leave it blank)	Adınız Soyadı (Boş Bırakabilirsiniz)
...	...
City you work in	Çalıştığınız İl
...	...
The district you work in	Çalıştığınız İlçe
...	...
The name of the organization you work	Çalıştığınız Kurum Adı
...	...
The sector of organization you work	Çalıştığınız kurum Tipi

<p><input type="checkbox"/> Public Organization <input type="checkbox"/> Private Organization  <input type="checkbox"/> Other</p> <p><b>Gender</b></p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><b>Age</b> ...</p> <p><b>Education Level</b></p> <p><input type="checkbox"/> Primary School <input type="checkbox"/> High School <input type="checkbox"/> Academy  <input type="checkbox"/> University <input type="checkbox"/> Post Graduate <input type="checkbox"/> Doctorate</p> <p><b>Education Status</b></p> <p><input type="checkbox"/> Graduated <input type="checkbox"/> Drop-out <input type="checkbox"/> Continue</p> <p><b>Marital Status</b></p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow</p> <p><b>Do you have a child?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (Number)</p> <p><b>How many people live in your home? (Include yourself)</b> ...</p> <p><b>How many dependents do you have? (Child, parents, non-insured spouse, etc.)- Otherwise, select 0.</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> ...</p> <p><b>How do you best express your economic situation?</b></p> <p><input type="checkbox"/> I can hardly meet even my basic needs.  <input type="checkbox"/> I can spend thoughtfully.  <input type="checkbox"/> I can spend comfortably.</p> <p><b>How many years have you been working in this job?</b> ... Year ... Month</p> <p><b>What is your position?</b> .....</p> <p><b>Do you currently have any employees reporting to you for whom you are responsible?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Kamu İşletmesi <input type="checkbox"/> Özel İşletme <input type="checkbox"/> Diğer</p> <p><b>Cinsiyetiniz</b></p> <p><input type="checkbox"/> Kadın <input type="checkbox"/> Erkek</p> <p><b>Yaşınız</b> ...</p> <p><b>Eğitim Düzeyiniz</b></p> <p><input type="checkbox"/> İlköğretim <input type="checkbox"/> Lise <input type="checkbox"/> Yüksekokul (2Yıllık)  <input type="checkbox"/> Üniversite <input type="checkbox"/> Yüksek Lisans <input type="checkbox"/> Doktora</p> <p><b>Eğitim Durumunuz</b></p> <p><input type="checkbox"/> Mezun <input type="checkbox"/> Terk <input type="checkbox"/> Devam</p> <p><b>Medeni Durumunuz</b></p> <p><input type="checkbox"/> Bekar <input type="checkbox"/> Evli <input type="checkbox"/> Boşanmış <input type="checkbox"/> Dul</p> <p><b>Çocuğunuz var mı?</b></p> <p><input type="checkbox"/> Yok <input type="checkbox"/> Var (Adet)</p> <p><b>Evde kaç kişi yaşıyorsunuz? (Kendiniz dahil)</b> ...</p> <p><b>Bakmakla yükümlü olduğunuz kaç kişi var? (Çocuk, anne-baba, sigortalı olmayan eş, vb.) - Yoksa 0'ı seçiniz.</b></p> <p><input type="checkbox"/> 0 <input type="checkbox"/> ...</p> <p><b>Ekonomik durumunuza en iyi nasıl ifade edersiniz?</b></p> <p><input type="checkbox"/> Temel ihtiyaçları bile zor karşılıyorum.  <input type="checkbox"/> Düşünerek harcama yapabilirim.  <input type="checkbox"/> Rahat harcama yapabilirim.</p> <p><b>Kaç yıldır bu işte çalışıyorsunuz?</b></p> <p>... Yıl ... Ay</p> <p><b>Görevinizi Belirtiniz</b> ...</p> <p><b>Şu an sorumlusu olduğunuz size bağlı çalışannız var mı?</b></p> <p><input type="checkbox"/> Evet <input type="checkbox"/> Hayır</p> <p><b>İşyerinde genellikle bir günde kaç saat çalışıyorsunuz? (Lütfen ortalama günlük</b></p>
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<p><b>How many hours do you usually work a day at work? (Please enter your average daily working hours as numbers only. Example: 7.5)</b></p> <p>...</p> <p><b>Do you work overtime?</b></p> <p><input type="checkbox"/> No      <input type="checkbox"/> Rarely      <input type="checkbox"/> Usually</p> <p><b>Are you getting paid for overtime?</b></p> <p><input type="checkbox"/> Overtime pay/leave is always given.  <input type="checkbox"/> Overtime pay/leave is Rarely given.  <input type="checkbox"/> No</p> <p><b>Do you prefer to work overtime?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Answer the following three questions by considering the time you have worked in the sector since the day you started working.</b></p> <p><b>Have you ever had a work accident? If yes, how many times? (If the answer is No, the option 'I have never had a work accident' should be selected.)</b></p> <p><input type="checkbox"/> I have never had a work accident  <input type="checkbox"/> (Number)</p> <p><b>What was the most severe work accident you had?</b></p> <p><input type="checkbox"/> Very light (no lost workdays, no first aid required)  <input type="checkbox"/> Light (no lost workdays, requires first aid)  <input type="checkbox"/> Moderate (loss of working days, minor injury requiring treatment)  <input type="checkbox"/> Serious (serious injury, not permanent disability)  <input type="checkbox"/> Injury (there is a permanent injury)</p> <p><b>How long has it been since your most serious work accident?</b></p> <p><input type="checkbox"/> Less than a month <input type="checkbox"/> 1-3 month <input type="checkbox"/> 4-6 months  <input type="checkbox"/> 7-12 months <input type="checkbox"/> 1-2 years  <input type="checkbox"/> more than three years</p>	<p><b>çalışma saatinizi sadece rakam olarak giriniz.</b></p> <p><b>Örnek: 7.5)</b></p> <p>...</p> <p><b>Fazla mesaiye kahiyor musunuz?</b></p> <p><input type="checkbox"/> Fazla mesaiye kalmıyorum  <input type="checkbox"/> Bazen  <input type="checkbox"/> Çokunlukla</p> <p><b>Fazla mesainin karşılığını aliyor musunuz?</b></p> <p><input type="checkbox"/> Her zaman fazla mesai ücreti/izni veriliyor  <input type="checkbox"/> Bazen fazla mesai ücreti/izni veriliyor  <input type="checkbox"/> Hayır</p> <p><b>Fazla mesaiye kalmayı kendiniz de tercih ediyor musunuz?</b></p> <p><input type="checkbox"/> Evet <input type="checkbox"/> Hayır</p> <p>Takip eden üç soruyu sektörde çalışmaya başladığınız günden şimdiye kadar geçen tüm zamanı düşünerek yanıtlayınız;</p> <p><b>Hiç iş kazası geçirdiniz mi? Evet ise kaç kez? (Yanıt Hayır ise 'Hiç iş kazası geçirmedim' seçeneği işaretlenmelidir.)</b></p> <p><input type="checkbox"/> Hiç iş kazası geçirmedim  <input type="checkbox"/> Evet geçirdim (Adet)</p> <p><b>Geçirdiğiniz en ciddi iş kazası hangi düzeydeydi?</b></p> <p><input type="checkbox"/> Çok hafif (iş saati kaybı yok, ilk yardım gerektirmeyen)  <input type="checkbox"/> Hafif (iş günü kaybı yok, ilk yardım gerektiren)  <input type="checkbox"/> Orta (iş günü kaybı var, hafif yaralanma sonucu tedavi gerektiren)  <input type="checkbox"/> Ciddi (ciddi yaralanma var, kalıcı sakatlanma olmayan)  <input type="checkbox"/> Sakatlık (kalıcı sakatlanma var)</p>
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<p><b>Do you smoke?</b></p> <p><input type="checkbox"/> No, I do not      <input type="checkbox"/> Rarely      <input type="checkbox"/> Regularly</p> <p><b>Do you consume alcohol?</b></p> <p><input type="checkbox"/> No, I do not      <input type="checkbox"/> Rarely     <input type="checkbox"/> Regularly</p>	<p><b>Geçirdiğiniz en ciddi iş kazasının üzerinden ne kadar zaman geçti?</b></p> <p><input type="checkbox"/> 1 aydan az      <input type="checkbox"/> 1-3 ay      <input type="checkbox"/> 4-6 ay <input type="checkbox"/> 7-12 ay      <input type="checkbox"/> 1-2 yıl      <input type="checkbox"/> 3 yıldan fazla</p> <p><b>Sigara kullanıyor musunuz?</b></p> <p><input type="checkbox"/> Hayır kullanmıyorum      <input type="checkbox"/> Seyrek kullanıyorum     <input type="checkbox"/> Düzenli kullanıyorum</p> <p><b>Alkol kullanıyor musunuz?</b></p> <p><input type="checkbox"/> Hayır kullanmıyorum      <input type="checkbox"/> Seyrek kullanıyorum     <input type="checkbox"/> Düzenli kullanıyorum</p>
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## Appendix C. Leader Behavior Descriptive Questionnaire (Turkish-English)

English	Original dimension	Turkish
He puts suggestions made by the group into operation.	1	Astların yaptıkları önerileri uygulamaya çalışır
He does little things to make it pleasant to be a member of the group.	1	Astlarının bu kurumda çalışmaktan memnun olmalarını sağlamaya çalışır
He is easy to understand.	1	Kolayca anlaşılır bir yöneticidir
He treats all group members as his equals.	1	Tüm personeline eşit davranışır
He finds time to listen to group members.	1	Astlarını dinlemek için zaman ayırır
He does personal favors for group members.	1	Astlarına kişisel olarak destek olur
He backs up the members in their actions.	1	Astlarının davranışlarını destekler
He makes group members feel at ease when talking with them.	1	Astlarının kendisiyle konuşurken rahat olmasını sağlar
He gets group approval on important matters before going ahead.	1	Önemli kararlar almadan önce astlarının onayını alır
He is friendly and approachable.	1	Kolay ulaşılabilir bir kişidir
He looks out for the personal welfare of individual group members.	1	Astlarının kişisel sorunlarıyla ilgilenir
He refuses to explain his actions. *	1	Davranışlarının nedenlerini açıklamaz
He acts without consulting the group. *	1	Astlarına danışmadan karar verir
He keeps to himself. *	1	İçine kapanıktır
He is willing to make changes.	1	Yenilikler yapmaya isteklidir
He tries out his new ideas with the group.	2	Yeni fikirler üreterek astlarıyla birlikte bu fikirleri uygulamayı dener
He sees to it that group members are working up to capacity.	2	Personelinin kendilerini tamamen görevlerine vermeleri için gereken her şeyi yapar
He sees to it that the work of group members is coordinated.	2	Astlarının birbirleriyle koordineli bir şekilde faaliyetlerini sürdürmesini sağlar
He speaks in a manner not to be questioned.	2	Verdiği talimatları tereddüte yer bırakmayacak şekilde açık olarak ifade eder
He encourages the use of uniform procedures.	2	Yapılacak işlerde standart prosedürlerin uygulanmasını teşvik eder
He schedules the work to be done.	2	Faaliyetlerin belirli bir takvime göre yapılmasını sağlar
He assigns group members to particular tasks.	2	Yapılacak işler için iş bölümü yapar
He makes sure that all group members understand his part in the organization.	2	Yönetici olarak iş ortamındaki konumunun herkesçe anlaşılmasını sağlar
He maintains definite standards of performance.	2	Yapılacak işlerin belirli standartlara uygun olmasına dikkat eder
He lets group members know what is expected of them.	2	Yönetici olarak astlarından ne beklediğini onlara ifade eder
He asks that group members follow standard rules and regulations.	2	Personelin tüm talimatlara uymasını sağlar
He emphasizes meeting deadlines	2	Yapılacak işlerin tamamlanması için süre belirterek bu süre içerisinde tamamlanmasına dikkat eder.
He makes his attitudes clear to the group	2	Kişisel tutumlarını açıkça ortaya koyar
He criticizes poor work.	2	Eksik ve yetersiz işleri eleştirir
He rules with an iron hand.*	2	Yöneticisi olduğu birim içerisinde tek söz sahibi kendisidir

1: Consideration Scale, 2: Initiating Structure, \*Reversed Coded in Original

## **Appendix D. Informed Consent (English)**

You are invited to take part in a research study led by Ataberk Oral at Bilgi University in Istanbul. The purpose of this study is to investigate the psychosocial risks faced by nurses in Türkiye and the effect of leadership on these risks. The following information will help you decide whether or not you wish to participate. You will be asked to complete two online surveys if you agree to participate. By agreeing to participate, you acknowledge that you are free to withdraw at any point during the study without any penalty.

In this study, you will be asked to complete two online surveys. Firstly, you will answer questions from the Psychosocial Safety at Work Scale, rated on a scale from 1 to 10 (1 being the lowest and 10 being the highest). This survey aims to understand and explain the possible psychosocial risk factors that nurses face. Secondly, you will answer questions from the Leader Behavior Descriptive Questionnaire, aiming to understand participants' perceptions of leadership. The surveys will take approximately 10 minutes of your time. The questions will cover various aspects of psychosocial factors in the nursing profession.

Your involvement in this study is completely voluntary. You have the freedom to decline participation or withdraw from the study at any point without facing any repercussions. Any information shared in the survey will remain confidential. Your answers will be anonymized, and no personal details will be revealed. The data will be stored securely, and only the researcher, Ataberk Oral, will have access to it. The results will be reported in aggregate form, ensuring that individual responses cannot be traced back to specific participants. All information will be kept confidential, and your name will not be associated with any research findings. For any questions, you may contact Ataberk Oral via email. Please confirm your understanding of your rights and voluntary agreement to participate in the study by signing below.

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Signature of Participant

NAME, Investigator

## **Appendix E. Informed Consent (Turkish)**

Araştırmacı: Ataberk Oral

Tez Danışmanı: Prof. Dr. İdil Işık

İstanbul Bilgi Üniversitesi, Psikoloji Bölümü, Kağıthane İstanbul

Ataberk Oral'ın İstanbul Bilgi Üniversitesi'nde yürüttüğü bir araştırma çalışmasına katılmaya davetlisiniz. Bu çalışmanın amacı Türkiye'de hemşirelerin karşılaştıkları psikososyal riskleri ve liderliğin bu riskler üzerindeki etkisini araştırmaktır. Aşağıdaki bilgiler katılmak isteyip istemediğinize karar vermenize yardımcı olacaktır. Katılmayı kabul ederseniz, iki çevrimiçi anketi doldurmanız istenecektir. Katılmayı kabul ederek, çalışma sırasında herhangi bir noktada herhangi bir ceza olmaksızın çalışmadan çekilebileceğinizi kabul etmiş olursunuz.

Bu çalışmada sizden iki çevrimiçi anketi doldurmanız istenecektir. Öncelikle 1'den 10'a kadar (1 en düşük, 10 en yüksek) puanlanan İş'te Psikososyal Güvenlik Ölçeği'ndeki soruları yanıtlayacaksınız. Bu anket hemşirelerin karşılaştıkları olası psikososyal risk faktörlerini anlamayı ve açıklamayı amaçlamaktadır. İkinci olarak, katılımcıların liderlik algılarını anlamayı amaçlayan Lider Davranışı Betimleyici Anketindeki soruları yanıtlayacaksınız. Anketler yaklaşık 10 dakikanızı alacaktır. Sorular hemşirelik mesleğindeki psikososyal faktörlerle ilgili çeşitli yönleri kapsayacaktır.

Bu çalışmaya katılımınız tamamen isteğe bağlıdır. İstediğiniz zaman hiçbir sonuç doğurmadan, çalışmaya katılmayı reddetme veya araştırmadan çekilme hakkına sahipsiniz. Ankette verilen tüm bilgiler gizli tutulacaktır. Yanıtlarınız anonimleştirilecek ve kişisel olarak tanımlanabilir hiçbir bilgi ifşa edilmeyecektir. Veriler güvenli bir şekilde saklanacak ve yalnızca araştırmacı Ataberk Oral'ın erişimine açık olacak. Sonuçlar toplu biçimde raporlanacak, böylece bireysel yanıtların belirli katılımcılara kadar takip edilememesi sağlanacak. Tüm bilgiler gizli tutulacak ve adınız hiçbir araştırma bulgusuyla ilişkilendirilmeyecektir. Sorularınız için Ataberk Oral'a e-posta göndererek ulaşabilirsiniz.

Lütfen aşağıdaki imzayı atarak haklarınızı anladığınızı ve çalışmaya katılma konusundaki gönüllü sözleşmenizi onaylayın.

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Katılımcı İmzası

Araştırmacı İsmi

## Appendix F. Correlation Table of Variables

Var. #		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25		
1	Perceived Supervisor Respect	r p	1																									
2	Good Communication with Supervisor	r p	.857** 0.00	1																								
3	Workload	r p	-.348** 0.00	-.264** 0.00	1																							
4	Quantitative Demands	r p	-.320** 0.00	-.241** 0.00	.874** 0.00	1																						
5	Physical Demand	r p	-0.109 0.11	-0.072 0.29	.570** 0.00	.655** 0.00	1																					
6	Lack of Work Life Balance	r p	-.260** 0.00	-.254** 0.00	.564** 0.00	.597** 0.00	.553** 0.00	1																				
7	Emotional Demands	r p	-.240** 0.00	-.183** 0.01	.510** 0.00	.558** 0.00	.493** 0.00	.542** 0.00	1																			
8	Cognitive Demands	r p	0.004 0.95	0.041 0.56	.292** 0.00	.311** 0.00	.442** 0.00	.252** 0.00	.317** 0.00	1																		
9	Insecurity Working Conditions	r p	-.177** 0.01	-.148** 0.03	.533** 0.00	.548** 0.00	.450** 0.00	.442** 0.00	.463** 0.00	.204** 0.00	1																	
10	Role Conflict	r p	-.223** 0.00	-.202** 0.00	.428** 0.00	.467** 0.00	.357** 0.00	.581** 0.00	.440** 0.00	.145** 0.03	.406** 0.00	1																
11	Justice	r p	.860** 0.00	.764** 0.00	-.363** 0.00	-.336** 0.02	-.159** 0.00	-.230** 0.00	-.279** 0.00	.021** 0.00	-.202** 0.00	-.227** 0.00	1															
12	Social Supports and Community	r p	.825** 0.00	.871** 0.00	-.372** 0.00	-.365** 0.04	-.198** 0.00	-.324** 0.00	-.273** 0.00	.001** 0.00	-.250** 0.00	-.360** 0.00	.800** 0.00	1														
13	Trust	r p	.732** 0.00	.725** 0.00	-.303** 0.00	-.253** 0.05	-.074** 0.05	-.236** 0.00	-.224** 0.00	.0000** 0.00	-.110** 0.00	-.255** 0.00	.795** 0.00	.800** 0.00	1													
14	Appreciation	r p	.867** 0.00	.765** 0.00	-.337** 0.00	-.331** 0.01	-.144** 0.04	-.244** 0.00	-.237** 0.00	-.039** 0.00	-.110** 0.00	-.224** 0.00	.788** 0.00	.744** 0.00	.700** 0.00	1												
15	Autonomy	r p	.712** 0.00	.674** 0.00	-.267** 0.00	-.226** 0.05	-.132** 0.05	-.194** 0.00	-.228** 0.00	-.012** 0.00	-.193** 0.00	-.133** 0.00	.735** 0.00	.704** 0.00	.687** 0.00	.671** 0.00	1											
16	Predictability	r p	.681** 0.00	.622** 0.00	-.370** 0.00	-.318** 0.01	-.186** 0.01	-.199** 0.01	-.298** 0.01	-.045** 0.01	-.184** 0.01	-.174** 0.01	.729** 0.01	.629** 0.01	.675** 0.01	.689** 0.01	.655** 0.01	1										
17	Personal Development	r p	.620** 0.00	.617** 0.00	-.095** 0.17	-.086** 0.21	.040** 0.56	-.103** 0.14	-.171** 0.02	.156** 0.01	-.042** 0.02	-.118** 0.04	.608** 0.00	.596** 0.00	.530** 0.00	.548** 0.00	.522** 0.00	.485** 0.00	1									
18	Meaning of Work	r p	.541** 0.00	.599** 0.00	-.048** 0.49	-.043** 0.54	.137** 0.05	-.107** 0.12	-.029** 0.07	.213** 0.07	.038** 0.07	-.079** 0.02	.480** 0.00	.498** 0.00	.469** 0.00	.466** 0.00	.383** 0.00	.451** 0.00	.580** 0.00	1								
19	Autoritarian Leader	r p	.216** 0.00	-.261** 0.00	-.227** 0.00	.177** 0.05	.090** 0.12	.246** 0.07	.238** 0.06	-.011** 0.01	.178** 0.02	.158** 0.02	-.195** 0.00	-.248** 0.00	-.276** 0.00	-.193** 0.00	-.222** 0.00	-.147** 0.03	-.177** 0.01	-.131** 0.06	1							
20	Balancing Leader	r p	.699** 0.00	.667** 0.00	-.370** 0.00	-.360** 0.00	-.217** 0.00	-.243** 0.00	-.279** 0.00	-.045** 0.00	-.249** 0.00	-.274** 0.00	.684** 0.00	.725** 0.00	.609** 0.00	.660** 0.00	.623** 0.00	.580** 0.00	.434** 0.00	.332** 0.00	-.093** 0.06	1						
21	WHO Well-Being Index	r p	.406** 0.00	.305** 0.00	-.243** 0.00	-.273** 0.00	-.297** 0.00	.334** 0.00	.326** 0.00	-.190** 0.01	-.205** 0.01	-.166** 0.01	.432** 0.01	.401** 0.01	.407** 0.01	.419** 0.01	.399** 0.01	.424** 0.01	.217** 0.01	.0109** 0.01	-.1119** 0.08	.339** 0.08	1					
22	General Well-Being	r p	.490** 0.00	.473** 0.00	-.356** 0.00	-.340** 0.00	-.313** 0.00	-.464** 0.00	-.369** 0.00	-.098** 0.00	-.234** 0.00	-.285** 0.00	.511** 0.00	.552** 0.00	.508** 0.00	.485** 0.00	.443** 0.00	.436** 0.00	.289** 0.00	.243** 0.00	.214** 0.00	.465** 0.00	.641** 0.00	1				
23	Job Satisfaction	r p	.519** 0.00	.470** 0.00	-.347** 0.00	-.358** 0.00	-.283** 0.00	-.360** 0.00	-.369** 0.00	-.041** 0.00	-.170** 0.00	-.313** 0.00	.573** 0.00	.562** 0.00	.547** 0.00	.516** 0.00	.423** 0.00	.447** 0.00	.323** 0.00	.276** 0.00	-.167** 0.00	.475** 0.00	.473** 0.00	.703** 0.00	1			
24	Job Demands	r p	.268** 0.00	-.215** 0.00	-.227** 0.00	.745** 0.00	.819** 0.00	.779** 0.00	.789** 0.00	.762** 0.00	.507** 0.00	.676** 0.00	.706** 0.00	-.287** 0.00	-.360** 0.00	-.238** 0.00	-.271** 0.00	-.222** 0.00	-.282** 0.00	-.073** 0.00	.0117** 0.03	.215** 0.01	.336** 0.01	-.352** 0.01	-.421** 0.00	.386** 0.00	1	
25	Job Resources	r p	.893** 0.00	.858** 0.00	-.330** 0.00	-.300** 0.00	-.1111** 0.00	-.248** 0.00	-.267** 0.00	.042** 0.00	-.159** 0.00	-.236** 0.00	.906** 0.00	.874** 0.00	.857** 0.00	.864** 0.00	.816** 0.00	.821** 0.00	.744** 0.00	.659** 0.00	-.240** 0.00	.709** 0.00	.431** 0.00	.526** 0.00	.556** 0.00	-.262** 0.00	1	

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*. Correlation is significant at the 0.05 level (2-tailed).