

T.C.
YEDİTEPE UNIVERSITY
INSTITUTE OF HEALTH SCIENCES
DEPARTMENT OF PUBLIC HEALTH

**THE IMPACTS OF PSYCHOSOCIAL RISK
FACTORS EVALUATED WITH COPSOQ-III IN
THE HEALTH STATUS OF OFFICE WORKERS
AMID COVID-19 PANDEMIC**

MASTER OF SCIENCE THESIS

FATİH KOYUNCUOĞLU

SUPERVISOR
Assoc. Prof. Dr. Hale ARIK TAŞYIKAN

Istanbul-2021

THESIS APPROVAL FORM

Institute : Yeditepe University Institute of Health Sciences
Programme : Public Health
Title of the Thesis : The Impacts of Psychosocial Risk Factors Evaluated With
COPSOQ-III in The Health Status of Office Workers Amid
COVID-19 Pandemic
Owner of the Thesis : Fatih KOYUNCUOĞLU
Examination Date : 05/08/2021

This study have approved as a Master Thesis in regard to content and quality by the Jury.

	Title, Name-Surname (Institution)
Chair of the Jury:	Prof. Dr. Güldal İZBIRAK
Supervisor:	Ass. Prof. Hale ARIK TAŞYIKAN
Member/Examiner:	Prof. Dr. Yücel DEMİRAL
Member/Examiner:	Prof. Dr. Recep Erol SEZER
Member/Examiner:	Ass. Prof. Nevzat BİLGİN

APPROVAL

This thesis has been deemed by the jury in accordance with the relevant articles of Yeditepe University Graduate Education and Examinations Regulation and has been approved by Administrative Board of Institute with decision dated 01/09/2021 and numbered 2021/09-26.

Prof. Dr. Bayram YILMAZ
Director of Institute of Health Sciences

DECLARATION

I hereby declare that this thesis is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which has been accepted for the award of any other degree except where due acknowledgment has been made in the text.



ACKNOWLEDGEMENTS

First of all, I would like to thank Ass. Dr. Hale ARIK TAŞYIKAN who accepted me to the master's program with our first meeting in 2018 and provided my consultancy, who motivated me and supported me at every stage in 2020, which was a very difficult year for all of us.

I would like to thank Prof. Dr. Yücel DEMİRAL for sharing his motivation, energy, vast knowledge and experience with us from the very beginning of the study about the thesis. I would like to express my gratitude to all our participants who voluntarily participated in our study, completed our survey sincerely, shared it with us, and even shared their opinions and suggestions about the study, not just scoring. Indeed, without them, this work would not have been successful.

I would like to thank all my managers and colleagues who have helped me in my professional career development and who have been by my side by sharing their advice and analysis about the study with me sincerely during the period we conducted the study. During the difficult thesis writing process during the lockdown period, to all my playmates (our team of eycof), with whom we spent time socializing when my motivation decreased, to my friends (our #4Lab team) and my old friend -FIFA coop friend, whom Hacettepe brought to me and gave me new perspectives on life, I would like to thank Nurettin Sivritepe and all my friends who gave me energy and vision during this process, and my dear friend Nihan Güngör, who Istanbul brought me and who did not spare any help in any matter. Finally, I would like to thank my dear family, who provided the GREATEST support to me throughout my entire education life and especially during the pandemic period, who have always stood by me with their prayers while chasing my dreams, and who have helped me reach these days with endless determination.

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LIST OF SYMBOLS AND ABBREVIATIONS

COPSOQ	The Copenhagen Psychosocial Questionnaire
WHO	World Health Organisation
SARS	Severe Acute Respiratory Syndrome
MERS	Middle East Respiratory Syndrom
COVID-19	New Coronavirus Pandemic-2019
ILO	International Labour Organization
OHCOW KND	Canadian Survey
OHCOW	Occupational Health Clinics for Ontario Workers
SPSS	Statistical Package for the Social Sciences

ABSTRACT

Koyuncuoğlu, F. (2021). The Impacts of Psychosocial Risk Factors Evaluated with COPSOQ III In The Health Status of Office Workers amid Covid-19 Pandemic. Yeditepe University, Institute of Health Science, Department of Public Health, MSc thesis, İstanbul.

The COVID-19 pandemic is not only a medical risk factor, but also caused rapid and radical changes in working life in the context of process and crisis management. It was thought that the measures taken for the pandemic may raise psychosocial risk factors that office workers may exposed to in the "*new normal*" period and physical and mental health problems associated with these factors. This research is a cross-sectional study. The combined questionnaire used in the study consists of relevant questions from the COPSOQ-III and OHCOW questionnaires and was voluntarily presented to a total of 340 office workers who continued to work in rotation (home/office) arrangement at the office of a private company in Istanbul between October- December 2020. 175 volunteer office workers (51.5%) participated in the study. The obtained data were analyzed in SPSS statistics (v23) program. Student t-test and chi-square test were used for univariate analyzes of independent and dependent variables. In the study, albeit there are many independent variables, the most important findings are among the employees of those had high anxiety state had statistically significant high scores of the variables of lack of trust, role clarity in the workplace, workload, work-home conflicts, meaninglessness of task, quality of work and insecurity of job, and insecurity of working conditions. In addition, it was found that supervisors (enforcers) were the ones who exposed to some specific psychosocial risks at a higher rate. It has been observed that many psychosocial risk factors have negative effects on the current general health and anxiety status of the participants. The rotating flexible working system determined by the company has both positive and negative aspects on employees. It is important to take necessary actions in a timely manner by establishing a safe and healthy communication bridge between employees and workplaces in order to foresee and minimize the negative effects that psychosocial risks may cause, especially during crisis periods.

Keywords: COVID-19, office workers, psychosocial risk factors

ABSTRACT (TURKISH)

Koyuncuoğlu, F. (2021). COVID – 19 Pandemisi Sürecinde KOPSOR-III ile Değerlendirilen Psikososyal Risk Faktörlerinin Ofis Çalışanlarının Sağlık Durumu Üzerine Etkisi. Yeditepe Üniversitesi Sağlık Bilimleri Enstitüsü, Halk Sağlığı ABD., Master Tezi. İstanbul.

COVID-19 pandemisinin, sadece tıbbi bir risk faktörü olmayıp çalışma hayatında da süreç ve kriz yönetimi bağlamında hızlı ve radikal değişikliklere sebep olmuştur. Pandemi için alınan önlemler, “*yeni normal*” dönemde ofis çalışanlarının maruz kalabileceği psikososyal risk faktörleri ve bu faktörlerle ilişkili fiziksel ve mental sağlık sorunlarına neden olabileceği düşünülmüştür. Bu araştırma kesitsel bir çalışmadır. Çalışmada kullanılan hibrit anket, KOPSOR-III ve OHCOW anketlerinden alınan ilgili sorulardan oluşmaktadır ve Ekim – Aralık 2020 arasında, İstanbul’da bulunan özel bir şirketin ofisinde dönüşümlü (ev/ofis) çalışmaya devam eden toplam 340 ofis çalışanına gönüllülük esasına göre yöneltilmiştir. Çalışmaya 175 gönüllü ofis çalışanı (%51,5) katılmıştır. Elde edilen veriler SPSS istatistik (v23) programında analiz edilmiştir. Bağımsız ve bağımlı değişkenlerin tek değişkenli analizlerde student t-testi ve ki-kare testi kullanılmıştır. Çalışmada, çok sayıda değişken olmakla birlikte en önemli bulgular arasında verilerin toplandığı dönemdeki, iş yerinde güven ve rol açıklığı eksiklikleri, iş yükü, iş-ev çatışmaları ile iş anlamsızlığı ve kalitesizliği değişkenlerinin yanı sıra iş ve çalışma koşulları güvencesizliği değişkenlerine yüksek skor veren çalışanlarda yüksek anksiyete durumu gözlemlenmiş olup istatistiksel olarak anlamlı sonuçlar saptanmıştır. Ayrıca, bazı spesifik psikososyal riskleri daha yüksek oranda yaşayanların orta düzey yöneticiler (uygulatıcılar) olduğu tespit edilmiştir. Bir çok psikososyal risk faktörünün, katılımcıların mevcut genel sağlık ve anksiyete durumları üzerinde olumsuz etkileri olduğu gözlemlenmiştir. Şirketin belirlemiş olduğu dönüşümlü esnek çalışma sisteminin çalışanlar üzerinde hem olumlu hem de olumsuz yönleri söz konusudur. Psikososyal risklerin, özellikle kriz dönemlerinde neden olabileceği olumsuzlukları öngörüp en aza indirgeyebilmek için çalışanlar ve iş yerleri arasında bir güvenli ve sağlıklı bir iletişim köprüsü kurarak gerekli aksiyonların zamanında alınması önem arz etmektedir.

Anahtar Sözcükler: COVID-19, ofis çalışanları, psikososyal risk faktörleri

1. INTRODUCTION AND PURPOSE

Public health emergencies may affect the health, safety and well-being of individuals and communities in all aspects of life (1). Epidemics, one of these emergencies, negatively affect public health directly or in multiple ways (economically, psychologically and socially) with their area of influence, duration and repetitions (2). Epidemics are as old as human history, as they are a biological phenomenon with important social effects (3). Throughout history, epidemics have had lasting and great effects, from the change of great dynasties to colonialism and even climate change. Many epidemic diseases such as bubonic plague, Justinian plague, smallpox, Spanish flu, Asian flu, scarlet fever and rubella have left important traces in history and have significantly affected the course of historical events (4). It is claimed that new epidemics that may arise due to widespread global travel opportunities, increased contact between humans and animals, socioeconomic inequalities and climate change will be one of the biggest public health problems of the 21st century. SARS, Influenza, MERS and Ebola are the leading major epidemics of this century (5). Finally, the new global virus pandemic named COVID-19 (severe acute respiratory syndrome coronavirus-2, SARS-Cov2, nCov-19) has been one of the important breaking points in world history (4). It was declared a pandemic by the World Health Organization (WHO) as a result of case reports from more than a hundred countries on March 13, 2020, which emerged in Wuhan, China at the beginning of December 2019 (6). It is estimated that the ongoing pandemic as of today will continue in the coming months and even years (7).

The COVID-19 pandemic, which affected almost the whole world, adversely affected business activities and working life in many industries (8). An assessment report by the International Labor Organization (ILO) shows the potential impacts of COVID-19 on the labor markets. In the report, COVID-19 is expected to have far-reaching effects on working life, along with concerns about the health of workers and their families (8). Therefore, many individuals in working life in different sectors are faced with many stress factors due to the negative effects of the pandemic on the global economy, as well as the negative effects of rapid adaptation to changing working conditions on the work-life balance (9).

There is a potential to observe the rapid spread of demotivation among employees in the workplace, especially in areas where people work collectively or in occupations with a

higher risk of being infected, as the anxiety of getting sick increases, and even this anxiety turns into panic mode. Considering these and similar cases, there may be employees who experience both their health on the one hand and the anxiety of losing their job on the other hand. Considering such scenarios, it is important to take the necessary actions in a timely manner in order to minimize these negative effects (10), which are expected to last for a long time in the context of process and crisis management (11).

In addition to the physical, chemical, biological and ergonomic risks that employees may be exposed to during the pandemic period, the management of psychosocial risks, which is one of the important parts of occupational health and safety practices both in normal times and in emergencies and crises, has gained a new dimension (9, 10). The term “psychosocial” is used to define the concept of “stress” in a broader perspective (12). The ILO defines psychosocial risks as the interaction between job content, work organization and management, other organizational and environmental conditions, and workers' skills and needs (13). There are observation and scale application methods adapted in different languages for psychosocial risk assessment to investigate the existence of different variables, each of which may be associated with work stress. It is known that scale implementation methods are less costly and useful in measuring psychosocial risks (14). Studies in the literature show a consensus on the nature and definition of psychosocial risks such as workforce demands, work organization and content, social relations and leadership, work-personal interface, workplace values, fairness and respect, health and well-being, and aggressive behavior. In addition, new or renewed working systems, global economic crisis and renewed business models often lead to the emergence of new or different risks (15).

For these reasons, it is estimated that the psychosocial risks that employees may be exposed to during the most intense periods of the COVID-19 pandemic will adversely affect the physical and mental health of employees, and many risk management strategies are being developed to manage these risk factors (10). It has been reported in the literature that negative conditions arising from both psychosocial and environmental factors can affect the physical and mental health of the employees in office environments designed for the use of institutions and organizations as administrative centers and where their employees spend most of their time in constant interaction both socially and spatially (16). During the pandemic process, many global institutions and organizations had to

change or revise their working systems/methods in order to reduce the risk of transmission of the virus, and they switched from the classic office layout to working from home or hybrid (alternating, classic office / home-office) thanks to digital solutions and infrastructures. (17). In addition, pandemic-specific measures for employees who continue to work in closed workplaces/offices in Turkey have entered the working life quickly, COVID-19 prevention brochures and information guides have been published by relevant government agencies or relevant departments of private enterprises (9, 18). In this direction, there is a need for research that can guide businesses or managers, examining the psychosocial environments in which office workers live in this difficult process, and collecting more data on the effects of these environments on their physical and mental health in order to provide them with safer and healthier working conditions. In addition, in this and similar crisis periods, the positive / negative effects of the attitudes and actions that institutions and organizations or departments / managers can take on the health of employees, organizational concepts such as organizational trust and commitment and cooperation should be evaluated in the light of scientific data (4, 9, 10, 19).

1.1. Statement of the Problem

Psychosocial risk factors are predicted that have the potential to affect the physical and mental health of office workers during the "new normal" or "controlled social life" period, which is defined based on many restrictions, precautions or rules taken into account to reduce the risk of transmission of the COVID-19 virus, taking into account the importance of public health. Based on these predictions, it is thought that the pandemic, rapid/radical changes compared to previous "normal" periods may cause new psychosocial risk factors that will affect office workers and their working lives.

1.2. Objectives and Scope of the Study

In this study, it is aimed to evaluate the impact of psychosocial risk factors on the physical and mental health of office workers during the "new normal" or "controlled social life" period, which includes the rules and restrictions taken to prevent the COVID-19 pandemic.

1.3. Research Methodology

This study is a cross-sectional analytical type of research. The combined questionnaire designed to direct the participants in this study, the Copenhagen Psychosocial Risk Assessment Scale (COPSOQ) third version (COPSOQ-III), whose question patterns were designed specifically for the pandemic period, and in addition to this scale, the Occupational Health Clinics for Ontario Employees (OHCOW) in Canada. While there are many psychosocial risk dimensions common between COPSOQ-III and CND questionnaires, the combined questionnaire aimed to focus on psychosocial risk factors during the pandemic period.

The combined questionnaire was applied to the staff working in the office of a private company in Istanbul on a voluntary basis. One week after the official announcement of the first case of the COVID-19 pandemic in Turkey, on March 10, 2020, office workers in this private company, where the combined questionnaire was applied, started to work from home (home-office) through existing digital transformation infrastructures by following the “Stay at Home” calls. With the “new normal” or “controlled social life” expansions defined by the health authorities, as of June 3, 2020, employees except for those with chronic diseases started to return to the office. The total number of people working in the office of the company where the security protocols created regarding the pandemic were implemented is 340 people, and administrative and task-based classifications were made among these people. Within the scope of this study, the participants were asked the questions of the combined questionnaire consisting of sociodemographic characteristics and job information form, and COPSOQ-III, which was developed to assess psychosocial risks in the workplace, and related questions selected from the CND questionnaire. The questionnaire used in the study is presented in 7.2 Annex.

The dependent variables of the study are “general health status variable during pandemic period” in the COPSOQ-III scale and “anxiety status variable during pandemic period,” “pandemic fear status variable” and “anxiety status variable due to virus infection” in the CND questionnaire. The independent variables of the study were determined as sociodemographic characteristics and gender, age, education level, marital status, presence of chronic disease, presence of regular drug use, presence of children and work seniority, business unit and managerial positions in the job information form. At the same

time, from the independent variables in the COPSOQ-III scale: demands at work, work organization and work content, interpersonal relations, individual work interface and organizational trust (social capital) domains and the controlled social life domain formed from the questions in the CND questionnaire were included in the study.

1.4. Expected Contributions of the Study

Since psychosocial risk factors cannot be measured directly like physical or chemical risk factors, many explanatory models have been developed to measure and evaluate psychosocial risks and their effects on employees. The COPSOQ-III scale to be used in this study is one of the international scales designed to investigate, evaluate and subsequently improve psychosocial conditions in workplaces. In addition, from an operational point of view, the COPSOQ-III scale can provide useful information for prioritizing risk factors and initiating regulatory and preventive actions in workplaces (22).

It is expected that this study will make significant contributions to the measurement, monitoring and improvement of psychosocial working conditions by evaluating the psychosocial risk factors that office workers are exposed to during the "controlled social life" period. It is aimed that the results and recommendations obtained will increase awareness in business life and lead to new approaches to reorganize working models in the "new normal" period.

2. LITERATURE REVIEW

2.1. COVID-19 Pandemic

Coronaviruses are a large family of viruses that cause health problems ranging from the common cold to more severe illnesses. On 31 December 2019, WHO was informed about the pneumonia cases of unknown cause in Wuhan City, China. As the cause of these cases, Chinese authorities announced that a new type of coronavirus was detected on January 7, 2020 (6) and was temporarily named "2019-nCoV". The new coronavirus was named "COVID-19 virus" by WHO on 11 February 2020 (23). WHO classified the COVID-19 pandemic as an international public health emergency on January 30, and defined it as a global pandemic on March 11, due to the presence of COVID-19 cases in 113 countries, the spread and severity of the virus, excluding China, the first country where the pandemic started (24).

The COVID-19 pandemic has led to a global health crisis, and the measures implemented for the health crisis have led to a socioeconomic crisis (25). The most important difference of today's global pandemic from past epidemics is the multiplier effect created by the speed of transportation and communication in the spread of the pandemic and the implementation of the measures taken (26).

In about a year, thanks to developing new technologies and strong scientific infrastructure, scientists have added many drugs to their treatment algorithms as a result of researches to slow/stop the pandemic (27). However, many companies in the health/pharmaceutical sector have started to develop vaccines with different technologies or methods, and vaccine candidates who have completed the phase studies adequately have received immediate use approval by the health authorities of the countries, and widespread vaccination campaigns have been started in the relevant countries (28, 29). Along with all these positive developments, new mutant/variant versions that can be detected to emerge due to the mutations of the COVID-19 virus in a one-year period, have a faster and stronger contagiousness than the original virus, and the possibility of being resistant/sensitive to the vaccines/recommended drugs developed, the continuation of the measures. It has been stated by the relevant authorities that masks, hygiene and social distance are still the most effective measures in the "new normal" period (30, 31, 32, 33). In this section, the effects of the pandemic on social life and mental health of people and the effects of rapid change and transformation in business life in institutions and

organizations are examined in the ongoing pandemic conditions with precautions and rules.

2.2. Effects of the Pandemic on Social Life and Mental Health

Global COVID-19 pandemic has caused complex and severe effects in almost all areas of life, including medical, social, political, economic and cultural issues (1). It has become associated with mental, cognitive, emotional and behavioral reactions and disorders that can be seen in different ways on the individual, family and society. Some of these are fear of uncertainty, death, job loss, drastic changes in lifestyles, isolation, physical distancing, separation from family and friends, stigma, infodemic, etc. associated with high levels of mental risk, such as An example of changes in behavior is the restriction of routine behaviors such as touching a common thing, being with other people and breathing the same air, hugging and shaking hands, as they may be dangerous for individual and public health. Uncertain forecasts, severe resource shortages in testing, treatment or healthcare systems, unconventional public health measures that violate personal freedoms, and huge financial losses are among the most important stressors to contribute to the prevalence of COVID-19-related psychiatric illness and increased emotional distress (1, 34, 36). As a result, the COVID-19 pandemic has become a trauma that affects people regardless of place and time, unlike ordinary natural disasters (35, 36). The effects of these problems, which are also an important issue for the mental health of the society, will be better understood in the long run (1). Ongoing research is trying to examine the potential effects of the COVID-19 pandemic on the mental health of the community (36). Therefore, it is necessary to take preventive steps and identify risk factors for future comprehensive interventions (4).

2.3. The Effects of the Pandemic on the Rapid Change in Business Life

The ongoing worldwide COVID-19 pandemic has caused not only major public health problems, but also various social and industrial problems in the economy, labor, education and many other areas (37).

In the global pandemic, individuals, institutions, organizations and societies have faced practices and limitations that they have not encountered before. For example, to prevent the global spread of the COVID-19 pandemic, health authorities have established social

rules/laws such as closure of country borders (travel restrictions), compliance with strict hygiene rules in the community, maintaining social distance and ensuring individual isolation. In the “new normal” , these rules cause short or long-term effects in the working lives of individuals. With the COVID-19 pandemic, short-term business agreements in employment contracts, implementation of different applications in the use of financial instruments, and a trend towards flexible working locations and working hours are observed (38).

In the category of institutions and businesses, the answers given at the point of adapting to the working conditions in accordance with the rules and restrictions during the pandemic period may vary with factors such as the culture of the institution or organization and how prepared it is for such emergencies (9).

In addition to the individual stress created by general pandemic situations, the effect of pandemic-specific stress factors in working life is also noticeable in working individuals (39). Uncertainty in the business world for the future and the possibility of job loss during the pandemic period can cause stress, depression, anxiety and burnout in employees, and accordingly, high levels of anxiety and insecurity by employees can lead to low work motivation and increased work accidents (40). While the attitudes and behaviors of working individuals may change due to such reasons, many changes in trade patterns or supply and delivery conditions lead institutions and organizations to seek new measures and solutions (9).

In summary, it is of great importance for employers to make special plans for the COVID-19 pandemic and to prepare themselves for possible pandemic events and emergencies to reduce the impact of the COVID-19 pandemic on working individuals, customers, institutions and organizations and the general society. For employers with plans for emergencies and epidemics, such situations can be overcome by making situation-specific updates that include taking specific measures. Apart from the implementation of General Occupational Health and Safety standards for workplaces, new applications may be required for changes in administrative and financial areas. Determining the psychosocial risks along with the general risk levels of the enterprises in epidemic situations is very valuable in terms of adaptation to epidemic conditions, reducing the effect of the pandemic and coping skills (9, 19, 38).

2.4. Effects of the Pandemic on Working Systems

Working systems or methods are expressed as the arrangement of economic activities or works in terms of time, duration, place of fulfillment and duties of employees. Working methods can be divided into inflexible (traditional) and flexible systems (43, 44).

In the period when the COVID-19 pandemic continues to be effective worldwide, its impact on the labor market is also very diverse and has affected working individuals at different levels (41). For a significant segment of the working population, the global pandemic has led to changes in work patterns and working conditions, such as teleworking or short-time work, as well as a sudden increase in workload (41). On the one hand, it is aimed to prevent the transmission of the COVID-19 pandemic in the workplace, on the other hand, many guidelines have been published by national or international health authorities in order to maintain the work and economic life by protecting the health of the employees (42). Due to the restrictions or rules in these guidelines, radical changes have occurred in working life (41). It is an observed situation that the COVID-19 pandemic affects the application rates of working systems, especially leading to a serious increase in the implementation of the remote working system (8).

2.4.1. Traditional Working System (Offices)

The traditional working system includes the employment of all or most of the working individuals on certain working days, part/full-time for certain periods of time, in certain workplaces and fixed jobs outside the home. With these features, the traditional system is a working system that is “inflexible” in terms of time-time, place and duties of the employees and has been applied for a long time (45).

One of the most common work areas where the traditional work system is applied is offices. An office is the space where organizational activities are carried out to manage a business or a service (46). Offices have emerged as new living spaces where employees spend most of their time both socially and spatially and are in constant interaction, including workspaces such as cellular or open offices (16).

As a matter of fact, during the COVID-19 pandemic process, there has been a serious decrease in the use of offices where the traditional working system is applied, especially with the effect of the health measures taken (47, 48, 49). On the other hand, it is observed in the process that many sectors and businesses have returned to the traditional working

system in accordance with the new normal rules due to the relaxation of pandemic restrictions (17,50).

2.4.2. Flexible Working Systems

Flexible working systems involve the changeable organization and implementation of employment or work in terms of dimensions such as time, duration, location, and duties of employees (44, 45). These systems are alternative arrangements or schedules of the traditional working day or week (51). Depending on the economic, social and technological changes experienced, flexible applications regarding contracts, duties, working times, working times and locations in workplaces have become increasingly common in recent years. The most common types of flexible working are applications such as part-time work, job sharing, compressed work week, shift work, on-call work, remote work and loan work relationship (44). Employees can choose a different work schedule of their own to meet their personal or family needs. However, employers can also initiate appropriate programs for their employees to meet customer needs (51).

The most important reasons leading to the emergence and spread of flexible working systems are the development of information and communication technologies, the great effect of increasing competition on reducing labor costs, the effect of legal regulations on the employment of disadvantaged workers, the importance of maintaining family-work balance, and the traffic density especially in big cities. In addition, another reasons such as time loss, energy consumption and the need and desire to reduce environmental pollution can be accepted (52).

2.4.2.1. A Flexible Working System: Remote Working

The remote working system, which is best known as a flexible working system today, is a flexible working model that includes all or part of the employees' working hours, within the flexibility of location and time, generally at home, with communication and relations established over computer, telephone and internet. Despite its popularity, remote work, which does not have an agreed-upon formal definition, can be defined and implemented in different ways. Although work is generally defined according to where, with what tools, it is done, it can be arranged and applied in different ways according to the place

(traditional office, home, etc.), the use of information and communication technologies and tools, and the density of workplaces (52).

Remote work policies can be an important part of business continuity plans. In the event of unexpected events (severe weather conditions, terrorism, infectious diseases, etc.) that prevent employees from starting their work in their usual offices or workplaces, the remote working system allows the employees to carry out their shifts outside the workplace location, allowing the organization to continue its activities (41).

Before the COVID-19 pandemic, remote working, which was partially applied in some managerial and professional jobs, became a necessity rather than a choice with pandemic restrictions or public health measures, but it started to be applied at a higher rate, covering a wider area in terms of variety and level (52, 54). At this point, in a scenario such as the COVID-19 pandemic, it seems that working remotely is an important way to ensure business continuity as the positive aspects. However, there are also negative aspects of working remotely. According to the ILO report, the duty of protecting the physical and mental health of employees, which is normally the responsibility of employers, has not been adequately evaluated due to the sudden transition of institutions and organizations from office-based work to remote work. Indeed, the two best-known factors in occupational health and safety for remote workers are psychosocial risks and ergonomics. However, it has been observed that working from home during the COVID-19 pandemic is not like remote working in normal conditions. The social and economic consequences of the crisis created by the pandemic, especially in health, have caused more than normal levels of anxiety among employees. In addition, research on remote working shows that those who work from home work longer hours than those who work at work, as commuting times to work locations are replaced by work activities and the boundaries between work and private life are blurred. In this regard, employers should take relevant actions regarding the difficulties and opportunities of remote working (family and living situation, what role or skills the employee has, etc.) and support their employees in a constructive way to protect the physical and mental health of their employees (41).

2.5. COVID-19 Pandemic and Psychosocial Risk Factors

The concept of “psychosocial” is used to define the concept of “stress”, which is widely known in the literature, from a broader perspective. In this context, it describes the relationship of psychological events or risky behaviors with pathophysiological processes

and social environment. Due to the general and more abstract nature of the term "stress", psychosocial risk factors are measurable based on theoretical models, despite the difficulties of measuring it in daily life. (55, 56).

The term psychosocial risk is not only a legal concept because it contains more than one component in its content, but also "emerging risks", "psychological and social risks", "psychosocial factors", since the subject is also related to medicine, work psychology, sociology and ergonomics. There may also be term differences in the literature, such as psychosocial hazards (57).

Psychosocial risks are among the risks that are much more difficult to understand and detect compared to physical, chemical or biological risks. The inability to measure directly makes it difficult to reveal psychosocial risks (58).

In this section, the main characteristics of psychosocial risk factors, which are defined as risk factors with increasing importance (59), and their importance in the COVID-19 pandemic process will be discussed.

2.5.1. Psychosocial Risk Factors at Work

The ILO defines psychosocial risks as the interaction between job content, work organization and management, other organizational and environmental conditions, and workers' skills and needs (60).

Bertil Gardel has listed the basic requirements that are considered important in terms of determining the scope of the psychosocial work environment in business life, as follows:

- “The work should be organized in such a way as to allow the employee to influence his own working situation, working methods and pace.
- The work should be organized in such a way as to allow review and understanding of the work process as a whole.
- Work should be organized in such a way as to provide employees with opportunities to use and develop all their skills.
- Work should be organized in such a way as to allow human communication and cooperation during work.
- Work should be organized in such a way as to enable the employee to meet time demands arising from roles and obligations outside of work (family, social and political responsibilities).

Although 35 years have passed since this definition, when many studies in the literature are examined, it is known that these five conditions, in which work stress and well-being are observed in terms of psychosocial factors, are still valid. In these studies, the necessity of psychological job demands, job diversity, autonomy and social support from others at appropriate levels for a psychosocially healthy working life are summarized (55).

Psychosocial risk factors include the continuity of the job (hurried work, workload, work method), lack of control over the work, and the characteristics of the work relations (manager, supervisor, colleague, and customer relations and interactions) that occur during this time (61). If these features are not properly configured (too low or too high job demand, too little or too much responsibility, etc.), stress reactions may occur in employees. Behavioral, psychological or physiological reactions that occur during exposure to such risk factors can lead to serious diseases in the long term (55).

The literature shows a consensus on the nature and definition of psychosocial risks such as workforce demands, work organization and content, social relations and leadership, work-personal interface, workplace values, fairness and respect, health and well-being, and aggressive behavior. New or renewed working systems, social contexts of interaction, demographic changes, migration flows, global economic crisis, new technologies, renewed business models and management of business/logistics networks often cause new or different risks to emerge (62).

Another indicator of the newness of psychosocial risk factors, which are defined as “new and increasing” elements in working life, is that health problems of this size were added to the International Labor Organization Occupational Diseases List in its last revision (2010) as the Mental and Behavioral Disorders category, which includes post-traumatic stress disorder (63). A very recent development is that WHO defines burnout syndrome in the 11th version (2019) of the International List of Diseases as an occupational phenomenon resulting from poorly managed chronic stress (64). Although the burnout syndrome was included in the previous version, expanding its definition and associating it with the profession is seen as an important step. (59).

Table 1 shows the psychosocial risk factors included in the "Impact of psychosocial hazards on health at work" guideline published by WHO in 2010.

Table 1. Psychosocial Hazards (WHO, 2010) (65)

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

2.5.2. Psychosocial Risk Factors in Office Life

Offices, which are one of the most common work areas where the traditional work system is applied, are defined as the area where organizational activities are carried out to manage a business or a service (46). In the literature, it is emphasized that the definition of office is not only used as a workplace, but it can have different meanings for everyone. In a spatial sense, when individuals are asked about their office perceptions, more basic perceptions may be encountered such as the task held in a building, the role assumed, the building only, the small room in that building. Another perception is the emphasis on the existence of a home where he can spend his other time and rest when he is not working in the office (66). In the light of these thoughts or definitions of working individuals, offices are defined as a combination of physical and social systems including physical environment, human activities, organizational and individual relations and technology. The social system includes the expectations of the employees, human relations, task perception and meaning, and the culture of the organization. The physical system includes the designed environment, technology, task requirements, and activities (67). Considering these definitions in other studies on the behavior of employees, the effects of the social and physical working environment on the employees have not been ignored. The social factors of the offices, including group effects, social status, informal communication and norms, and the physical environment were evaluated together (68, 69). There are many psychosocial and physical factors that can negatively affect the physical or mental health

of employees in office environments. Psychosocial factors may cause uneasiness and dissatisfaction in the working life of employees and may cause psychological disorders. In addition, it can cause many physical occupational diseases due to environmental or ergonomic problems (16, 70). While examining the factors that determine the design of modern offices, which play an important role in production processes as the effects of developing technology and rapid digitalization, the necessity of organizing office spaces that will prevent employees from being inadequate in the face of constantly renewed working systems that may affect their health status has become an important factor for both employees and employers. For this reason, it is important to take care of the employee as well as the job and to arrange the offices in a way that makes them comfortable.

2.5.3. Psychosocial Risk Factors in the COVID-19 Pandemic

Since the COVID-19 pandemic is a biological risk factor, the threat it creates and the perception it creates have caused serious negative results in businesses. It is foreseen that the effects of this negativity in the context of the process and crisis management may last for a long time. It has been stated that it causes various important economic, financial and legal consequences, especially the psychosocial consequences it has created on individuals (9).

Although little attention has been paid to it, one of the areas most affected by the pandemic has been the psychosocial dimension of life (71). In addition to revealing different emotional states in people such as trauma, grief and isolation, especially fear and anxiety, it also caused changes in our perceptions and ways of thinking, as well as our behaviors and attitudes (71, 36). People with the disease, those at high risk (including the elderly, immunocompromised, and those who live or are cared for in community settings), and people with pre-existing medical, psychiatric or substance use problems may be more vulnerable than others to the psychosocial effects of the pandemic (1).

Many people and occupational groups in working life continued to work with the fear of being infected at work (36). Among these occupational groups, health personnel, occupational groups that have to communicate closely and frequently with the public (market workers, bank workers, public transport workers, courier/delivery workers,

service/tourism sector workers), have a high pace of work and require close distance with other workers. employees in the environments (factory, call center, etc.).

The impacts of the COVID-19 pandemic on the labor markets were reported by the ILO in the evaluation report titled "COVID-19 and Business: Impacts and Responses" dated March 18, 2020. The report noted that the COVID-19 pandemic not only raised concerns about the health of workers and their families, but also noted far-reaching effects on working life (72).

The health and well-being of the working population is directly related to productive employment and socioeconomic growth and development. For this reason, the economy, uncertainties in social and public life in the business world, increasing unemployment and mass layoffs, high performance expectations, changes in working hours, changes in the working environment, which emerged with the COVID-19 pandemic or increased its effect more than the pre-pandemic period, the new situations that require adaptation also invite employers to be prepared for a new planning and implementation process that can protect the right management of psychosocial risks and crisis, and the welfare of the working population (39, 73).

Along with the COVID-19 pandemic process, all employees have faced changing working conditions and stress factors. In this process, certain occupational groups have been under much greater pressure in order to fulfill the increasing service/production demand. With the impact of the pandemic on the current global economic situation, it has become increasingly difficult for many people in working life to keep up with the pace of change in working conditions and contents and to establish a work-private life balance (9). In addition, the content of the job (for example, reliability of equipment and work environment, transportation, shift arrangements, inadequacy or uncertainty in work-worker roles, excessive workload, high pace of work, unpredictable long or unstable working hours) and the context of the job (for example, poor communication, inadequate support mechanisms for problem solving and personal development, lack of defining organizational goals, role ambiguity, role conflict, inadequate definition of employee responsibilities and duties, career stagnation or uncertainty, under- or over-promotion, low pay, job insecurity, low participation in decision-making, job There have been psychosocial risks focusing on human factors that came to the fore in the pandemic process within the scope of lack of control over the work, social or physical isolation at

work, lack of interpersonal social support at work, conflict in work and private life demands, disruption of work-private life balance, especially in people with working hours, shifts and intense working conditions, deterioration in the biological clock cycle, decrease in sleep quality, high levels of stress and burnout are observed, and it is known that this situation makes it difficult to establish a work-private life balance (39, 9).

Psychosocial risk factors can manifest as behaviors that directly affect their health, such as cigarette and alcohol use, eating disorders, decreased physical activity levels, and deterioration in sleep patterns, which have an increasing impact on employees' daily lives. While these problems affect the physical and psychological health of the people, they can cause a decrease in the work performance of the people. Quarantine and social isolation, closing of schools, changing working conditions can affect people's quality of life by causing changes in their daily life rhythms. Since people working remotely are exposed to screens throughout the day, this has a negative impact on their sleep patterns and quality. The long-term effects of inadequate sleep can be a serious risk to emergency and healthcare workers, as it can also compromise the ability of workers in these occupational groups to care for patients. Employees, whose workload has increased with the pandemic process, cannot allocate time for physical activity due to lack of time and energy during non-work hours (39, 9, 74).

In summary, the COVID-19 pandemic has revealed many risks and opportunities, along with fundamental changes in the business world (74). For example, increasing the health and safety awareness of both employers and employees can be considered as an opportunity. It has shown how important it is to proactively prepare risk assessments and contingency plans (10). In addition, efforts to prevent risk factors such as screening for mental health problems, psychoeducation and psychosocial support should focus on other groups at risk for adverse psychosocial outcomes (1, 36).

3. MATERIALS AND METHODS

3.1. Determination of Scales and Information Forms

In this section, the definitions, developments, structure and characteristics of the scales used in the design of the combined questionnaire applied in the study are stated. In addition, the domains/dimensions used in this study and the outputs of the study are shown in Figure 1.

3.1.1. Sociodemographic Characteristics and Job Information Form

With this form, it is also aimed to learn information about participants' personal information such as age, education level, gender, marital status, presence of children, presence of chronic diseases, presence of regular drug use, as well as work life (the duties they perform at the workplace / the unit or department, administrative positions and job seniority information).

3.1.2. Copenhagen Psychosocial Questionnaire-3 (COPSOQ-III)

COPSOQ aims to provide a theoretical perspective on psychosocial risks in the workplace, to enable employees and employers to focus on this issue, to develop a new language, to create a bridge between researchers and workplaces in the long term (75) by sector (private or public) and/or regardless of size. It is designed as a general scale that can be applied and used to assess psychosocial risks in the workplace. In addition, the results of COPSOQ studies, together with the different theories and dimensions in the scale, are seen as opportunities to improve work organization development (76).

The development of COPSOQ came about 20 years ago when Tage S. Kristensen and Vilhelm Borg started working with the psychosocial research group at the Danish National Institute of Occupational Health (75). COPSOQ has been recognized over the years by both the WHO (77) and the ILO (72) as a valid and useful risk assessment tool used to contribute to the decision-making process for the necessary action to prevent psychosocial risks in the workplace (75).

The first two versions, prior to the development of the third version of the scale, COPSOQ-III, have been translated into 18 different languages and used in 40 countries around the world (78). COPSOQ is also widely used in academic research (79). In

addition, COPSOQ has been applied to various professions and workplaces, and it has been reported in the literature that it is valid for both national and international comparisons (78).

Unlike other scales, the COPSOQ scale is based on many theories and is a developed scale. It was first created according to the psychosocial risk theories compiled by Kompier in 2000-2005. In this period, it was designed as a general scale that includes two to three dimensions of the work-stress model and two dimensions of the effort-reward balance model. In the following period, it was observed that so few models could not explain all psychosocial risks and many factors were left out, and its development continued (75).

In recent years, it is seen that there are many updates in changing working environments/conditions based on the results of new research on psychosocial risks, increasing globalization and socioeconomic crises. Examples of these are working conditions such as long working hours, insecure working, the widespread use of flexible working systems, and the restructuring of companies with the rapidly increasing digitalization in parallel with technological developments and the decrease in employment. The COPSOQ scale, which has been updated with the second version of COPSOQ published in 2010, COPSOQ-II, has revealed the need for country-specific adaptation of the scale due to the increase in its use in different countries and the national, cultural and professional characteristics of these countries.

The problems of translation and expressions in the concepts that emerged in the use of the first two versions were discussed in the annual evaluations made by the COPSOQ International Network, and the revisions made due to the global changes that took place in the last two decades, taking into account the current social trends, scientific concepts and completed research, were made in 2019 and reflected in the published COPSOQ-III version (78).

In the first two versions, three similar scales of the COPSOQ were developed: 'long' for use by researchers, 'medium' for use by occupational health professionals (occupational health centres, large workplaces, organizations, etc.) and 'short' for use by small workplaces. The COPSOQ-III structure consists of items labeled CORE, MIDDLE and LONG by the International COPSOQ Network. According to this structure, nationally adapted versions are developed by COPSOQ teams according to certain criteria. The use of CORE elements according to these criteria is mandatory for all national adaptations of

any length. Also, using only CORE elements alone is not considered a 'short' version of previous versions. National versions are always supported by COPSOQ items labeled MIDDLE and/or LONG, along with CORE items. With this structure, it can be said that the scale has a flexible and useful structure for the question, subject or domains/dimensions to be evaluated (75).

3.1.3. OHCOW Canada Questionnaire (CND)

The OHCOW Canada questionnaire (CND) was designed in April 2020 to learn about the experiences of healthcare workers in Canada during the COVID-19 pandemic. It is based on a scientifically recognized set of questions that measure different aspects of work-related psychosocial states as well as symptoms related to intensely stressful situations and mood disorders. The questionnaire was created by OHCOW with assistance from the Institute for Work and Health in North Carolina, relevant health and safety unions, and researchers at Duke University.

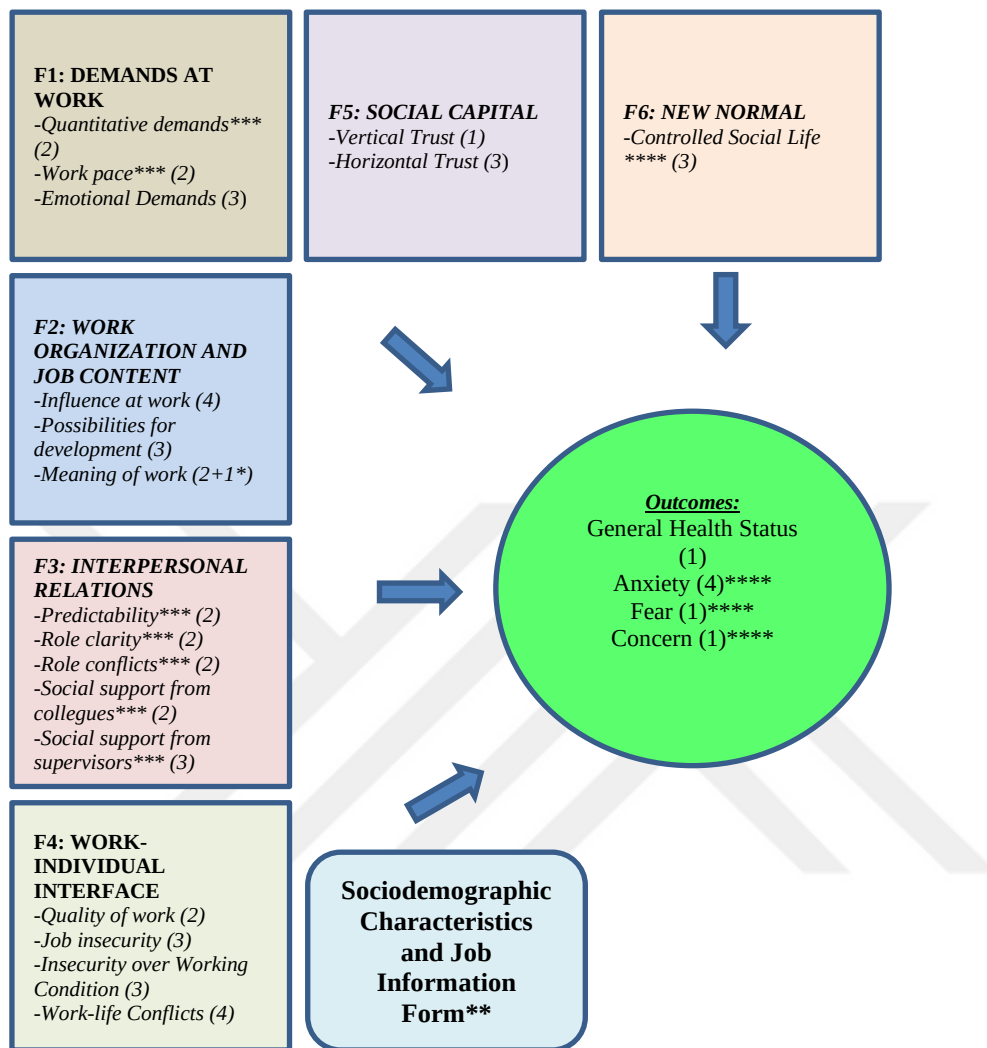
OHCOW is a non-profit, non-governmental organization with seven clinics in Ontario. The purpose of the questionnaire was determined to protect and improve the health of the health workers involved in the research. In addition, the first results of the questionnaire were published on September 21, 2020 (21).

In this study, the anxiety dimension, which was included as a dependent variable in the related questionnaire, and the controlled social life dimension, which was formed by grouping the questions about the new normal as the independent variable, were added to be used together with the COPSOQ-III scale. However, it is observed that many dimensions included in the related questionnaire for the measurement of psychosocial states are common with the dimensions in the COPSOQ-III scale. Common dimensions/variables are indicated in Figure 1 and Table 5.

In summary, in the combined questionnaire used in the study,

- Sociodemographic characteristics and job information form
- COPSOQ-III scale (relevant dimensions identified for COVID-19)
- CND questionnaire (relevant dimensions identified for COVID-19)

was deemed appropriate. All dependent and independent variables determined in the combined questionnaire are shown in Figure 1.



-Domain names are coded as F1, F2, F3, F4, F5 and F5 and express psychosocial risk factors. There are dimensions under each domain. In parentheses, “()” indicates the number of questions the relevant dimension has. Domains - F1, F2, F3, F4 and F5 are taken from COPSQ-III.

* This question is taken from COPSQ-II (Second version of COPSQ).

** The independent variables that make up the information form are listed in Table-3.

*** These dimensions are common in both the COPSQ-III scale and the CND questionnaire.

**** The domain coded F6 is only available in the CND questionnaire (21).

Figure 1. Variables in the combined questionnaire (F: Factor)

3.2. Characteristics and Methods of The Study

In this section, the type, location and time of the study, the target population (universe), data collection method, time plan and statistical methods, as well as the dependent and independent variables, questions, implementation and evaluation methods of the scales used in the study are stated.

3.2.1. Type of the Study

This study is a cross-sectional analytical type of research.

3.2.2. Location and Time of the Study

The study started with a literature review in June 2020 and was carried out by collecting data on October-December 2020, based on the Ethics Committee approval obtained from Yeditepe University Clinical Research Ethics Committee with the decision number 1280 on 10/09/2020. The study was concluded with its completion and submission in July 2021.

This study was carried out on the dates planned with the voluntary participation of people working in the office of a private company in Istanbul. The data collection process in the study was planned as three months from the approval of the Ethics Committee. The timeline of the work plan is presented in Table 2.

Table 2. Timeline of the study

	2020				2021	
MONTHS	June-August	September	October-November	December	January-May	August
Literature review and Thesis proposal Preparation						
Ethics committee approval (10.09.2020)						
Data collecting						
Data analysis and report preparation						
Thesis Presentation						

3.2.3. Target Population of the Study

Volunteer participants working in the office where the combined questionnaire was applied have switched to working from home as of the week when the first case of the COVID-19 pandemic in Turkey was officially announced. Some employees continued to go to the office for certain periods (alternate flexible/hybrid working system). In the "new normal" or "controlled social life" period defined by the health authorities, employees started to return to the office as of June 3, 2020, within the scope of the rotating flexible/hybrid working system (home/office). According to the determined criteria, employees with chronic diseases continued to work from home.

The universe of the study consists of the employees (340 people) in the office with the rotating flexible/hybrid working system of the company, where the security protocols created regarding the pandemic were implemented. A sample was not selected for the study. It is aimed to reach all office workers. Necessary permissions for the conduct of the research were obtained at the workplace where the study would be conducted. In addition, it was verbally stated to the participants that participation in the study was on a voluntary basis and their consent was obtained. Subsequently, the website of the online platform containing the questionnaire prepared as the study material was shared with the participants and the questionnaire was requested to be completed with the anonymous data collection tool (online survey tool) provided by the platform.

3.2.4. Methods of Data Collection

In the study, data was collected anonymously by using the combined questionnaire by installing an online survey platform. The survey link is as follows and the output of the survey is attached to the Annexes section. (Annex 7.2, Survey link: <https://kwiksurveys.com/s/Moh6KtdR#/0>)

There are 64 questions in the questionnaire form. In the first part, sociodemographic characteristics and job information form (10 questions) questions were asked to the participants. In the second part, participants were asked 54 questions consisting of six independent variables (a total of 47 questions from 17 dimensions) and four dependent variable dimensions (7 questions) from the COPSOQ-III / CND questionnaires, which include dimensions developed to assess psychosocial risks in the workplace. The representation of all dimensions is given in Figure 1.

3.2.5. Variables of the Study

The dependent variables of the study were determined as the general health status variable in the COPSOQ-III scale and the anxiety, fear and concern status variables in the pandemic period in the CND questionnaire. Dependent variables and the name of each dimension, meaning, sources, scale types and the number of questions they contain are presented in Table 3.

Table 3. Dependent variables and their properties

<u>Code of Dimension</u>	<u>VARIABLE (Number of question)</u>	<u>DEFINITION</u>	<u>SOURCE</u>	<u>SCALE</u>
GH	General Health (2)	The participant's assessment of his or her own general health during the pandemic period.	COPSOQ-III	Categorical
ANX	Anxiety (4)	The intensity/frequency of thoughts, feelings and behaviors related to family, health, finance, school and work-related concerns during the pandemic period.	CND	Categorical
FEAR	Fear (1)	The state of fear caused by a pandemic.	CND	Categorical
CONC	Concern (1)	The state of concern caused by virus transmission.	CND	Categorical

The independent variables of the study were determined as sociodemographic characteristics and gender, age, education level, marital status, presence of children, presence of chronic diseases, work seniority, business unit and administrative positions in the job information form. The definitions of the variables are shown in Table 4.

Table 4. Independent variables and their properties (Sociodemographic Characteristics and Job Information Form)

<u>VARIABLE</u>	<u>DEFINITION</u>	<u>SCALE</u>
Gender	The gender of the participant.	Dichotomous
Age	The age of the participant.	Continuous/ Intermittent
Marital status	The marital status of the participant.	Dichotomous
Education level	Completed most recently of the level of education by the participant.	Intermittent
Presence of Children	The participant's state of having children.	Dichotomous
Presence of chronic diseases	The condition of the participant having a chronic illness diagnosed by a medical doctor.	Dichotomous
Presence of regular medicine use	The state of having regular drug use by the participant.	Dichotomous
Job seniority	The duration of the participant's work at the workplace.	Continuous/Intermittent
Job unit / department	The unit or department of the participant in the workplace.	Open
Administrative positions (Practitioners/ Enforcers/Strategists)	The state of being the person who manages / is managed in the workplace. Practitioners: Employees (e.g. specialist, assistant, etc.) reporting to a superior (manager, manager, supervisor, etc.) Enforcers: Employees who are both subordinate practitioners and supervisors (e.g. specific managers) Strategists: Employees who can have a say in management. As one of director, manager etc.,	Dichotomous

At the same time, the domains of job demands (F1), work organization and job content (F2), interpersonal relationships (F3), individual work interface (F4) and trust (social capital) (F5) in the COPSOQ-III scale were also found in the CND questionnaire. It was determined as the controlled social life (F6) dimension, which was created by grouping certain questions in the study. The independent variables and the name of each dimension, meaning sources, scale types and the number of questions they contain are presented in Table 5.

Table 5. Independent variables (COPSOQ-III/CND)

CODE	<u>VARIABLE</u> (Number of question)	<u>DEFINITION</u>	<u>SOURCE</u>	<u>SCALE</u>
F1: DEMANDS AT WORK				
QD	Quantitative demands (2)	Quantitative Demands deal with how much one has to achieve in ones work. Quantitative Demands can be assessed as an incongruity between the amount of tasks and the time available to perform these tasks in a satisfactory manner.	COPSOQ-III / CND	Categorical
WP	Work pace (2)	Work Pace deals with the speed at which tasks have to be performed. Work Pace is a measure of the intensity of work.	COPSOQ-III / CND	Categorical
ED	Emotional demands (3)	Emotional Demands occur when the worker has to deal with or is confronted with other people's feelings at work. Other people comprise both people who are not employed at the workplace, e.g., customers, clients, or pupils, and people employed at the workplace, such as colleagues, superiors, or subordinates.	COPSOQ-III	Categorical
F2: WORK ORGANIZATION AND JOB CONTENT				
IN	Influence at work (4)	Influence at Work deals with the degree to which the employee can influence aspects of work itself, ranging from, e.g., planning of work to e.g., the order of tasks.	COPSOQ-III	Categorical
PD	Possibilities for development (3)	Possibilities for Development deal with if the tasks are challenging for the employee and if tasks provide opportunities for learning, and thus provide opportunities for development not only in the job but also at the personal level. Lack of development can create apathy, helplessness, and passivity.	COPSOQ-III	Categorical
MW	Meaning of work (2+1*)	Meaning of Work concerns both the meaning of the aim of work tasks and the meaning of the context of work tasks.	COPSOQ-III / COPSOQ-II *	Categorical

Table 5. Independant variables (COPSOQ-III/CND) (to be continue)

F3: INTERPERSONAL RELATIONS				
PR	Predictability (2)	Predictability deals with the means to avoid uncertainty and insecurity. This is achieved if the employees receive the relevant information at the right time.	COPSOQ-III / CND	Categorical
CL	Role clarity (2)	Role Clarity deals with the employee's understanding of her or his role at work, i.e., content of the tasks, expectations to be met, and her or his responsibilities.	COPSOQ-III	Categorical
CO	Role conflicts (2)	Role Conflicts stem from two sources. The first source is about possible inherent conflicting demands within a specific task. The second source is about possible conflicts when prioritizing different tasks.	COPSOQ-III / CND	Categorical
SC	Social support from colleagues (2)	Social Support from Colleagues deals with the employees' impression of the possibility to obtain support from colleagues if one should need it.	COPSOQ-III / CND	Categorical
SS	Social support from supervisors (3)	Social Support from Supervisors deals with the employees' impression of the possibility to obtain support from the immediate superior if one should need it.	COPSOQ-III / CND	Categorical
F4: WORK-INDIVIDUAL INTERFACE				
QW	Quality of work (2)	Quality of Work deals with the employee's experience of the immediate output of one's work, e.g., the product made, the service accomplished, etc.	COPSOQ-III	Categorical
JI	Job insecurity (3)	Job Insecurity deals with aspects of security of the employment of the employee, e.g., regarding the risk of being fired or the certainty of being reemployed if fired.	COPSOQ-III	Categorical
IW	Insecurity over Working Condition (3)	Insecurity over Working Conditions deals with aspects of security of working conditions such as the content of work, e.g., if one is reallocated within the company, change of working hours, or deterioration of pay.	COPSOQ-III	Categorical
WF	Work-life Conflicts (4)	Work Life Conflict deals with the possible consequences of work on privacy or on personal and family life and includes conflict regarding energy (mental and physical energy) and conflict regarding time.	COPSOQ-III	Categorical
F5: TRUST (SOCIAL CAPITAL)				
TM	Vertical Trust (1)	Vertical Trust deals with whether the employees can trust the management and vice versa. Vertical Trust can be observed in the communication between the management and the employees.	COPSOQ-III	Categorical
TE	Horizontal Trust (3)	Horizontal Trust deals with whether the employees can trust each other in daily work or not. Trust can be observed in the communication in the workplace; e.g., if one can freely express attitudes and feelings without fear of negative reactions.	COPSOQ-III	Categorical
F6: CONTROLLED SOCIAL LIFE DOMAIN				
CSL	Controlled Social Life (3)	Including questions about the safety procedures of employees who started working in the office after the pandemic.	CND	Categorical

3.2.6. Evaluation of Data

Between 11.09.2020-31.11.2020, data were collected from the volunteer participants working in the office of a private company in Istanbul, by applying the prepared combined questionnaire on the online platform. In the workplace where the total number of employees is determined as 340 people, the rate of participation in the study is 51.5%, with 175 volunteers participating in the study.

Anonymous data collected on the online survey platform were analyzed by transferring the SPSS Statistics Version 23 statistical program. In descriptive analysis, mean and standard deviation were used for continuous variables, and frequencies and percentages were used for categorical variables. Student's t-test and chi-square test were used for univariate analyzes in the analysis of independent and dependent variables.

In addition, information about the scoring methods in the scales used is given below as sub-titles.

3.2.6.1. COPSOQ-III Scale Scoring Method

In the combined questionnaire of the study, there were a total of 45 questions consisting of questions from 6 domains (17 dimensions) from the independent and dependent variables selected from the long version of the COPSOQ-III scale and defined in Table 3 and Table 4.

The scoring of each dimension was calculated in itself. For this reason, each dimension was scored separately with an independent and standard method and the total score was determined based on these values. The cut-off point was taken according to the median value of the total scores of the dimensions and the scores obtained from the dimensions were evaluated as high and low. Accordingly, a high score indicated that the psychosocial risk factor in the relevant dimension was high or low. In scoring the options, the general health question (8th question) was scored as a 10-point Likert scale, while all other dimensions were scored as a 5-point Likert scale.

Each dimension, the questions in the dimension and the scoring of each question are shown in Table 6.

3.2.6.2. CND Questionnaire Scoring Method

Three dependent (Anxiety (4 questions), Fear (1 question) and Concern (1 question)) and one independent (controlled social life dimension (3 questions)) variables from the CND questionnaire designed by OHCOW were included in the combined questionnaire.

While the four questions in the anxiety state variable were placed on a 4-point Likert scale, the fear situation caused by the pandemic (17th question) was applied according to a 10-point Likert scale. The 18th question, which was asked to measure the level of concern caused by virus transmission, was asked according to a 6-point Likert scale. In the controlled social life scale consisting of three questions, the personal risk assessment question, which is the 19th question, took place with a 4-point Likert scale, while the other two questions were directed to the participants with a 5-point Likert scale.

Each dimension, the questions in the dimension and the scoring of each question are shown in Table 6.

Table 6. Scoring Methods

Combined Questionnaire Scoring Method / Questions and Options			SCORE (Options: 1-2-3-4-5)				
Source	Code	QUESTION	1	2	3	4	5
COPSOQ-III / CND	WP1	Do you have to work very fast?	0	25	50	75	100
COPSOQ-III / CND	WP2	Do you work at a high pace throughout the day?	0	25	50	75	100
COPSOQ-III / CND	QD3	Do you get behind with your work?	0	25	50	75	100
COPSOQ-III / CND	QD2	How often do you not have time to complete all your work tasks?	0	25	50	75	100
COPSOQ-III	ED1	Does your work put you in emotionally disturbing situations?	0	25	50	75	100
COPSOQ-III	EDX2	Do you have to deal with other people's personal problems as part of your work?	0	25	50	75	100
COPSOQ-III	ED3	Is your work emotionally demanding?	0	25	50	75	100
COPSOQ-III	INX1	Do you have a large degree of influence on the decisions concerning your work?	100	75	50	25	0
COPSOQ-III	IN3	Can you influence the amount of work assigned to you?	100	75	50	25	0
COPSOQ-III	IN4	Do you have any influence on WHAT you do at work?	100	75	50	25	0
COPSOQ-III	IN6	Do you have any influence on HOW you do your work?	100	75	50	25	0
COPSOQ-III	PD2	Do you have the possibility of learning new things	100	75	50	25	0
COPSOQ-III	PD3	Can you use your skills or expertise in your work?	100	75	50	25	0
COPSOQ-III	PD4	Does your work give you the opportunity to develop your skills?	100	75	50	25	0
COPSOQ-III	MW1	Is your work meaningful?	100	75	50	25	0
COPSOQ-III	MW2	Do you feel that the work you do is important?	100	75	50	25	0
KOPSOR-II	MW	Do you feel motivated and involved in your work?	100	75	50	25	0
COPSOQ-III / CND	PR1	At your place of work, are you informed well in advance concerning, for example important decisions, changes or plans for the future?	100	75	50	25	0
COPSOQ-III / CND	PR2	Do you receive all the information you need to do your work well?	100	75	50	25	0
COPSOQ-III / CND	CL1	Does your work have clear objectives?	100	75	50	25	0
COPSOQ-III / CND	CL2	Do you know exactly which areas are your responsibility?	100	75	50	25	0
COPSOQ-III / CND	CO2	Are contradictory demands placed on you at work?	0	25	50	75	100
COPSOQ-III / CND	CO3	Do you sometimes have to do things which ought to have been done in a different way?	0	25	50	75	100
COPSOQ-III	QW1	To what extent do you find it possible to perform your work tasks at a satisfactory quality?	100	75	50	25	0
COPSOQ-III	QW2	Are you satisfied with the quality of the work performed at your workplace?	100	75	50	25	0

Table 7. Scoring Methods (*to be continue*)

Combined Questionnaire Scoring Method / Questions and Options			SCORE (Options: 1-2-3-4-5)				
COPSOQ-III / CND	SCX1	How often do you get help and support from your colleagues if needed?	100	75	50	25	0
COPSOQ-III / CND	SCX2	How often are your colleagues willing to listen to your problems at work if needed?	100	75	50	25	0
COPSOQ-III / CND	SSX2	How often do you get help and support from your immediate superior if needed?	100	75	50	25	0
COPSOQ-III / CND	SSX1	How often is your immediate superior willing to listen to your problems at work. if needed?	100	75	50	25	0
COPSOQ-III / CND	SSX3	How often does your immediate superior talk with you about how well you carry out your work?	100	75	50	25	0
COPSOQ-III	JI1	Are you worried about becoming unemployed?	0	25	50	75	100
COPSOQ-III	JI2	Are you worried about new technology making you redundant?	0	25	50	75	100
COPSOQ-III	JI3	Are you worried about it being difficult for you to find another job if you became unemployed?	0	25	50	75	100
COPSOQ-III	IW1	Are you worried about being transferred to another job against your will?	0	25	50	75	100
COPSOQ-III	IW3	Are you worried about the timetable being changed (shift, weekdays, time to enter and leave ...) against your will?	0	25	50	75	100
COPSOQ-III	IW4	Are you worried about a decrease in your salary (reduction, variable pay being introduced ...)?	0	25	50	75	100
COPSOQ-III	WF2	Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	0	25	50	75	100
COPSOQ-III	WF3	Do you feel that your work takes so much of your time that it has a negative effect on your private life?	0	25	50	75	100
COPSOQ-III	WF5	The demands of my work interfere with my private and family life?	0	25	50	75	100
COPSOQ-III	WF6	Due to work-related duties, I have to make changes to my plans for private and family activities.	0	25	50	75	100
COPSOQ-III	TE3	Do the employees in general trust each other?	100	75	50	25	0
COPSOQ-III	TM1	Does the management trust the employees to do their work well?	100	75	50	25	0
COPSOQ-III	TMX2	Can the employees trust the information that comes from the management?	100	75	50	25	0
COPSOQ-III	TM4	Are the employees able to express their views and feelings?	100	75	50	25	0
COPSOQ-III	GH	If you evaluate the best conceivable state of health at 10 points and the worst at 0 points: How many points do you then give your present state of health?	1-2-3-4-5-6-7-8-9-10 100-90-80-70-60-50-40-30-20-10				
CND	ANX1	Feeling nervous, anxious, or on edge	0	33	67	100	
CND	ANX2	Not being able to stop or control worrying	0	33	67	100	
CND	ANX3	Little interest or pleasure in doing things	0	33	67	100	
CND	ANX4	Feeling down, depressed, or hopeless	0	33	67	100	
CND	FEAR	On a scale from 1 to 10 how would you rate your current level of fear about this whole pandemic situation:	1-2-3-4-5-6-7-8-9-10 10-20-30-40-50-60-70-80-90-100				
CND	CONC	How concerned are you about bringing the virus home to those with whom yo live and/or friends?	100	80	60	40	20 0
CND	CSL1	How confident are you in your ability to adequately assess your personal risk?	100	67	33	0	
CND	CSL2	How would you rate the psychological health and safety climate in your workplace?	100	75	50	25	0
CND	CSL3	To what extent would you agree that the employer is doing its best to protect you and others on the job?	100	75	50	25	0

4. RESULTS

In this section, the results determined in the light of the data obtained in the study are included under the main headings of descriptive results, analyzes between variables and the relationship between administrative positions and COPSOQ / CND dimensions.

4.1. Descriptive Results

A total of 175 volunteer participants, consisting of office workers at the workplace, were included in the study and 38.9% of these participants were male and 61.1% were female.

Table 8. Distribution of the study participants by gender

Gender	Number	%
Female	107	61.1
Male	68	38.9
Total	175	100

4.1.1. Sociodemographic Status Variables

The distribution of sociodemographic status variables in the sociodemographic characteristics and job information form according to the gender of the participants is shown in Table 8.

Table 9. Distribution of sociodemographic status variables by gender

SOCIODEMOGRAPHIC STATUS VARIABLES	GENDER				p value*
	Male		Female		
	N	%	N	%	
Age					0.000
Under 30 years old	21	32.3	25	25.3	
30-40 years old	17	26.2	56	56.6	
40 years and older	27	41.5	18	18.2	
Marital status					0.061
Married	41	60.3	48	45.7	
Single	27	39.7	57	54.3	
Presence of children					0.050
No	35	51.5	71	66.4	
Yes	33	48.5	36	33.6	
Presence of regular medicine use					0.204
No	53	77.9	74	69.2	
Yes	15	22.1	33	30.8	
Presence of chronic disease					0.498
No	47	69.1	79	73.8	
Yes	21	30.9	28	26.2	
Education level					0.694
Primary school and high school	2	2.90	2	1.90	
Bachelor degree	34	50.0	60	56.1	
Master/Doctoral/Post-doctoral degrees	32	47.1	45	42.1	

* Pearson chi-square test

Of the voluntary participants formed by office workers, 26.2% of men and 56.6% of women are between the ages of 30-40 ($p=0.000$). 60.3% of men and 45.7% of women were married ($p=0.061$). The majority of the participants in the study do not have children. 51.5% of men and 66.4% of women stated that they did not have children ($p=0.050$). It is seen that many of the participants in the study do not use regular medication. This distribution was 77.9% for men and 69.2% for women ($p=0.204$). When the presence of chronic disease data were examined, it was shown in Table that 69.1% of men and 73.8% of women did not have a chronic disease diagnosed ($p=0.498$). Finally, it was seen that the educational background of the participants was mostly undergraduate and graduate degrees. Half of the participants (50%) completed a bachelor's degree in men and 56.1% in women. It was seen that it was 47.1% in men and 42.1% in women who completed their graduate degrees (including undergraduate, doctorate, post-doctorate degrees) ($p=0.694$).

4.1.2. Job Information Status Variations

The distribution of job information status variables in the sociodemographic characteristics and job information form according to the gender of the participants is shown in Table 9.

Table 10. Distribution of job information status variables by gender

JOB INFORMATION STATUS VARIATION	GENDER				p value*
	Male		Female		
	N	%	N	%	
Job seniority					0.380
0-1 year	26	38.2	34	32.4	
2-5 years	26	38.2	36	34.3	
6 years and above	16	23.5	35	33.3	
Administrative positions					0.198
Practitioners	28	50.9	57	58.8	
Enforcers	14	25.5	28	28.9	
Strategists	13	23.6	12	12.4	
Job unit / department					0.014
Scientific research department	7	12.7	6	6.2	
Financial&accounting departments	5	9.1	3	3.1	
Human resources department	2	3.6	7	7.2	
Communication&legal affairs departments	0	0	3	3.1	
Business development&sales excellence departments	3	5.5	7	7.2	
Information systems department	10	18.2	4	4.1	
Regulation & documentation departments	3	5.5	16	16.5	
Sales and marketing departments	21	38.2	47	48.5	
Supply chains departments	4	7.3	4	4.1	

* Pearson chi-square test

When the job seniority data of the volunteer participants formed by the office workers were examined, it was seen that the seniority of 0-1 years and 2-5 years was high for both men and women. 38.2% of men and 32.4% of women are in their first year at the company. Another 38.2% of men and 34.3% of women have been working in the company for two to five years ($p=0.380$). The ratios of practitioners, enforcers and strategists, formed as a descriptive variable on the basis of administrative positions, are shown in the table by gender. 50.9% of men and 58.8% of women are practitioners ($p=0.198$). Detailed results about the business units/departments where the employees are located are shown in the table. It has been observed that female participants mostly work in Sales & Marketing (48.5%) and Regulation & Documentation (16.5%) departments. It was stated that male participants took more roles in Sales & Marketing (38.2%), Information Systems (18.2%) and Scientific Research (12.7%) departments ($p=0.014$).

4.2. Analysis Between Variables

In this section, the independent variables of the study (the psychosocial risk factors included in the combined questionnaire used in the study (factors F1 to F6 shown in Table 5 and Figure-1, sociodemographic characteristics shown in Table 4 and Figure 1, and business information status variables) and the dependent variables that make up the outputs of the study (general health, anxiety, fear and concern states of the pandemic period shown in Table 3) are included.

4.2.1. General Health Status Variable Analysis

The relationships between the general health status variable and all the independent variables of the study were shared in this section, based on the answers given to the related question in COPSQ-III to determine the general health status of the volunteer participants, which were formed by the office workers at the time the data were collected.

4.2.1.1. General Health and Sociodemographic Variables

The results showing the relationships between the general health status variable and the sociodemographic status variables are given in Table 10.

Table 11. Relationship between general health and sociodemographic status variables

SOCIODEMOGRAPHIC STATUS VARIABLES	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Gender					0.426
Female (n=107)	41	38.3	66	61.7	
Male (n=65)	21	32.3	44	67.7	
Total (n=172)	62	36.0	110	64.0	
Age					0.211
Under 30 years old (n=44)	14	31.8	30	68.2	
30-40 years old (n=73)	31	42.5	42	57.5	
40 years and older (n=44)	12	27.3	32	72.7	
Total (n=161)	57	35.4	104	64.6	
Marital status					0.569
Married (n=87)	33	37.9	54	62.1	
Single (n=80)	28	33.7	55	66.3	
Total (n=170)	61	35.9	109	64.1	
Presence of children					0.782
No (n=105)	37	35.2	68	64.8	
Yes (n=67)	25	37.3	42	62.7	
Total (n=172)	62	36.0	110	64.0	
Presence of regular medicine use					0.000
No (n=124)	34	27.4	90	72.6	
Yes (n=48)	28	58.3	20	41.7	
Total (n=172)	62	36.0	110	64.0	
Presence of chronicl disease					0.001
No (n=123)	35	28.5	88	71.5	
Yes (n=49)	27	55.1	22	44.9	
Total (n=172)	62	36.0	110	64.0	
Education level					0.632
Primary school and high school (n=4)	1	25.0	3	75.0	
Bachelor degree (n=92)	36	39.1	56	60.9	
Master/Doctoral/Post-doctoral degrees (n=76)	25	32.9	51	67.1	
Total (n=172)	65	36.0	110	64.0	

* Pearson chi-square test

High general health status was found in 64.0% of the participants (n=172), and low general health status in 36.0%. When the relationships between the general health status of the participants and the sociodemographic status variables were examined separately, the result of high general health status in each of them was higher than 50%. The relationships between presence of regular medicine use and presence of chronic disease variables and general health status variable were found to be statistically significant (p=0.000 and p=0.001). No statistically significant relationship was found in other variables (p>0.05).

4.2.1.2. General Health and Work Information Status Variables

The results showing the relationships between the general health status variable and the job information status variables are shown in Table 11.

Table 12. Relationship between general health and job information status variables

JOB INFORMATION STATUS VARIATION	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Job seniority					0.204
0-1 year (n=58)	23	39.7	35	60.3	
2-5 years (n=61)	17	27.9	44	72.1	
6 years and above (n=51)	22	43.1	29	56.9	
Total (n=170)	62	36.5	108	63.5	
Administrative positions					0.251
Practitioners (n=99)	30	30.3	69	69.7	
Enforcers (n=46)	22	47.8	24	52.2	
Stratejist (n=27)	10	37.0	17	63.0	
Strategists (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the relations between the general health status of the participants and the variables of job seniority and managerial position, which are the job information status variables, are examined separately, the result of High general health status in each of them emerged at a rate higher than 50%. No significant relationship was found in either variable ($p>0.05$).

4.2.1.3. General Health and COPSOQ-III/CND Dimensions

The relationships between the general health status of the volunteer participants formed by the office workers at the time the data were collected and the dimensions (F1 to F6) of the psychosocial risk factors examined in the study are shown in the Tables below, respectively, and the results are summarized.

The relationships between F1: DEMANDS AT WORK and the dimensions that make up this domain and the general health status of the participants are shown in Table 12.

Table 13. General health and F1: Demands at work relationship

F1: DEMANDS AT WORK	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Work pace					0.573
High (n=109)	41	37.6	68	62.4	
Low (n=63)	21	33.3	42	66.7	
Total (n= 172)	62	36.0	110	64.0	
Quantitative demands					0.018
High (n=96)	42	43.8	54	56.3	
Low (n=76)	20	26.3	56	73.7	
Total (n=172)	62	36.0	110	64.0	
Emotional demands					0.112
High (n=75)	32	42.7	43	57.3	
Low (n=97)	30	30.9	67	69.1	
Total (n=172)	62	36.0	110	64.0	
F1: DEMANDS AT WORK (TOTAL)					0.050
High (n=80)	35	43.8	45	56.3	
Low (n=92)	27	29.3	65	70.7	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

According to the data obtained, no statistically significant relationship was found between the dimensions work pace and emotional demands in the F1 domain and the general health status variable ($p>0.05$). It was observed that 73.7% of the participants with a low quantitative demand were high and 26.3% had a low general health status. Based on these results, a statistically significant relationship was found between the quantitative demands dimension and the general health status variable ($p=0.018$). When the total results are examined, there is a statistically significant relationship between the F1 domain and the general health status variable ($p=0.05$).

The relationships between F2: WORK ORGANIZATION AND JOB CONTENT and the dimensions that make up this domain and the general health status of the participants are shown in Table 13.

Table 14. General health and F2: Work Organization and job content relationship

F2: WORK ORGANIZATION AND JOB CONTENT	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Influence at work					0.165
High (n=98)	31	31.6	67	68.4	
Low (n=74)	31	41.9	43	58.1	
Total (n=172)	62	36.0	110	64.0	
Possibilities for development					0.607
High (n=65)	25	38.5	40	64.5	
Low (n=107)	37	34.6	70	65.4	
Total (n=172)	62	36.0	110	64.0	
Meaning of work					0.221
High (n=109)	43	39.4	66	60.6	
Low (n=63)	19	30.2	44	69.8	
Total (n=172)	62	36.0	110	64.0	
F2: WORK ORGANIZATION AND JOB CONTENT (TOTAL)					0.298
High (n=88)	35	39.8	53	60.2	
Low (n=84)	27	32.1	57	67.9	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the data of both the dimensions and the total of the F2 domain were examined, it was observed that there was no statistically significant relationship between this domain and the general health status variable ($p>0.05$). In all dimensions and total results, the general health status variable was high over 60 percent.

The relationships between F3: INTERPERSONAL RELATIONS and the dimensions that make up this domain and the general health status of the participants are shown in Table 14.

Table 15. General health and F3: Interpersonal relations relationship

F3: INTERPERSONAL RELATIONS	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Predictability					0.236
High (n=73)	30	41.1	43	58.9	
Low (n=99)	32	32.3	67	67.7	
Total (n=172)	62	36.0	110	64.0	
Role clarity					0.280
High (n=116)	45	38.8	74	61.5	
Low (n=56)	17	30.4	39	69.6	
Total (n=172)	62	36.0	110	64.0	
Role conflicts					0.548
High (n=78)	30	38.5	48	61.5	
Low (n=94)	32	34.0	62	66.0	
Total (n=172)	62	36.0	110	64.0	
Social supports					0.118
High (n=89)	37	41.6	52	58.4	
Low (n=83)	25	30.1	58	69.9	
Total (n=172)	62	36.0	110	64.0	
F3: INTERPERSONAL RELATIONS (TOTAL)					0.118
High (n=89)	37	41.6	52	58.4	
Low (n=83)	25	30.1	58	69.9	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the data of both the dimensions and the total of the F3 domain were examined, it was observed that there was no statistically significant relationship between this domain and the general health status variable ($p>0.05$). In all dimensions and total results, the general health status variable was high over 60 percent.

The relationships between F4: WORK-INDIVIDUAL INTERFACE and the dimensions that make up this domain and the general health status of the participants are shown in Table 15.

Table 16. General Health and F4: Work-individual interface relationships

F4: WORK-INDIVIDUAL INTERFACE	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Quality of work					0.314
High (n=80)	32	40.0	48	60.0	
Low (n=92)	30	32.6	62	67.4	
Total (n=172)	62	36.0	110	64.0	
Job insecurity					0.249
High (n=76)	31	40.8	45	59.2	
Low (n=96)	31	32.3	65	67.7	
Total (n=172)	62	36.0	110	64.0	
Insecurity over Working Condition					0.515
High (n=97)	37	38.1	60	61.9	
Low (n=75)	25	33.3	50	66.7	
Total (n=172)	62	36.0	110	64.0	
Work-life Conflicts					0.012
High (n=78)	36	46.2	42	53.8	
Low (n=94)	26	27.7	68	72.3	
Total (n=172)	62	36.0	110	64.0	
F4: WORK-INDIVIDUAL INTERFACE (TOTAL)					0.166
High (n=85)	35	41.2	50	58.8	
Low (n=87)	27	31.0	60	69.0	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the data of the work-home conflict dimension, which is a one of dimension of F4, are evaluated, 46.2% of the participants with high work-home conflict have low general health status, while only 27.7% of the participants with Low work-home conflict have low general health status. and these results were statistically significant ($p=0.012$). No statistically significant relationship was found between the F4 domain and the general health status variable in the other dimensions and total results other than this domain ($p>0.05$).

The relationships between F5: TRUST (SOCIAL CAPITAL) domain and the general health status of the participants are shown in Table 16.

Table 17. General Health and F5: Trust (social capital) relationship

F5: TRUST (SOCIAL CAPITAL)	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
High (n=80)	35	43.8	45	56.3	0.050
Low (n=92)	27	29.3	65	70.7	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the data were analyzed, 43.8% of the participants with High Confidence had Low general health status, while only 29.3% of the participants with Low Confidence had Low general health status, and these results were statistically significant ($p=0.05$).

The relationships between F6: CONTROLLED SOCIAL LIFE DOMAIN domain and the general health status of the participants are shown in Table 17.

Table 18. General Health and F6: Controlled social life domain relationship

F6: CONTROLLED SOCIAL LIFE DOMAIN	GENERAL HEALTH				p value*
	Low		High		
	n	%	n	%	
Confidence in personal risk assessment ability during the pandemic period (CSL-1)					0.039
Self-confident participants (n=155)	52	33.5	103	66.5	
Unconfident participants (n=17)	10	58.8	7	41.2	
Total (n=172)	62	36.0	110	64.0	
Evaluation of the psychological health and safety climate in the workplace during the pandemic period (CSL-2)					0.161
Participants who found it at a good/reasonable level (n=86)	25	29.1	61	70.9	
Neutral participants(n=45)	19	42.2	26	57.8	
Participants who found it at a bad level(n=41)	18	43.9	23	56.1	
Total (n=172)	62	36.0	110	64.0	
Evaluation of the measures taken to protect employees at work during the pandemic period (CSL-3)					0.490
Participants who support(n=84)	31	36.9	53	63.1	
Neutral participants(n=50)	15	30.0	35	70.0	
Participants who do not support (n=38)	16	42.1	22	57.9	
Total (n=172)	62	36.0	110	64.0	

* Pearson chi-square test

When the data of both the dimensions and the total of the F6 domain were analyzed, it was observed that there was no statistically significant relationship between this dimension and the general health status variable ($p>0.05$). In all dimensions and total results, the general health status variable was high above fifty percent.

4.2.2. Anxiety State Variable Analysis

The relations between the anxiety state variable and all the independent variables of the study are shared in this section, based on the answers they gave to the related questions in the CND in order to determine the anxiety states of the volunteer participants formed by the office workers during the data collection period.

4.2.2.1. Anxiety and Sociodemographic Variables

The results showing the relationships between the anxiety status variable and the sociodemographic status variables are given in Table 18.

Table 19. Relationship between anxiety and sociodemographic status variables

SOCIODEMOGRAPHIC STATUS VARIABLES	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Gender					0.103
Female (n=107)	51	47.7	56	52.3	
Male (n=68)	41	60.3	27	39.7	
Total (n=175)	92	52.6	83	47.4	
Age					0.074
Under 30 years old (n=46)	20	43.5	26	56.5	
30-40 years old (n=73)	37	50.7	36	49.3	
40 years and older (n=45)	30	66.7	15	33.3	
Total (n=164)	87	53.0	77	47.0	
Marital status					0.506
Married (n=89)	49	55.1	40	44.9	
Single (n=84)	42	50.0	42	50.0	
Total (n=173)	91	52.6	82	47.4	
Presence of children					0.932
No (n=106)	56	52.8	50	47.2	
Yes (n=69)	36	52.2	33	47.8	
Total (n=175)	92	52.6	86	47.4	
Presence of regular medicine use					0.937
No (n=127)	67	52.8	60	47.2	
Yes (n=48)	25	52.1	23	47.9	
Total (n=175)	92	52.6	83	47.4	
Presence of chronic disease					0.153
No (n=126)	62	49.2	64	50.8	
Yes (n=49)	30	61.2	19	38.8	
Total (n=175)	92	52.6	83	47.4	
Education level					0.897
Primary school and high school(n=4)	2	50.0	2	50.0	
Bachelor degree (n=94)	48	51.1	46	48.9	
Master/Doctoral/Post-doctoral degrees (n=77)	42	54.5	35	45.5	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

High anxiety state was observed in 47.4% of the participants (n=175), and Low anxiety state in 52.6%. High anxiety was observed in 52.3% of female participants, while this rate was 39.7% in males (p=0.103). While 56.5% of the participants under the age of 30 were observed, Low anxiety levels were found to be 50.7% and 66.7% in the 30-40 years old and 40 years and older participants, respectively (p=0.074). Anxiety states were distributed in half in each of Marital status, Presence of children, Presence of regular medicine use, Presence of chronic disease and Education level variables. No statistical significance was found in these variables.

4.2.2.2. Anxiety and Work Information Status Variables

The results showing the relationships between the anxiety status variable and the job information status variables are shown in Table 19.

Table 20. Relationship between anxiety and job information status variables

JOB INFORMATION STATUS VARIATION	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Job seniority					0.174
0-1 year (n=60)	31	51.7	29	48.3	
2-5 years (n=62)	28	45.2	34	54.8	
6 years and above (n=51)	32	62.7	19	37.3	
Total (n=173)	91	52.6	82	47.4	
Administrative positions					0.281
Practitioners (n=101)	48	47.5	53	52.5	
Enforcers (n=46)	28	60.9	18	39.1	
Strategistsn (n=28)	16	57.1	12	42.9	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

While 51.7% and 62.7% of the participants with 0-1 year and 6 or more years of seniority, respectively, had a Low anxiety state, 54.8% of the participants with 2-5 years of experience had a High anxiety state. In the evaluation made based on the managerial positions of the participants, low anxiety was observed at the rates of 60.9% and 57.1% for the participants in the executive and strategist positions, respectively, while this rate was calculated as 47.5% for the practitioners.

4.2.2.3. Anxiety and COPSOQ-III/CND Dimensions

The relationships between the anxiety status of the volunteer participants formed by the office workers at the time the data were collected and the dimensions (F1 to F6) of the psychosocial risk factors examined in the study are shown in the Tables below, respectively, and the results are summarized.

The relationships between F1: DEMANDS AT WORK and the dimensions that make up this domain and the anxiety status of the participants are shown in Table 20.

Table 21. Anxiety and F1: Demands at work relationship

F1: DEMANDS AT WORK	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Work pace					0.302
High (n=109)	54	49.5	55	50.5	
Low (n=66)	38	57.6	28	42.4	
Total (n=175)	92	52.6	83	47.4	
Quantitative demands					0.068
High (n=97)	45	46.4	52	53.6	
Low (n=78)	47	60.3	31	39.7	
Total (n=175)	92	52.6	83	47.4	
Emotional demands					0.049
High (n=75)	33	44.0	42	56.0	
Low (n=100)	59	59.0	41	41.0	
Total (n=175)	92	52.6	83	47.4	
F1: DEMANDS AT WORK (TOTAL)					0.006
High (n=80)	33	41.3	47	58.8	
Low (n=95)	59	62.1	36	37.9	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

According to the data obtained, no statistically significant relationship was found between the dimensions of work pace and quantitative demands in the F1 domain and the anxiety state variable ($p > 0.05$). It was observed that 56.0% of the participants with high emotional demands had a high anxiety state and 44.0% had a low anxiety state. On the contrary, 41.0% of the participants with low emotional demands had a high anxiety state and 59.0% had a low anxiety state. Based on these results, statistically significant results were found between the emotional demands dimension and the anxiety state variable ($p = 0.049$). When the total results were examined, statistically significant results were calculated between the F1 domain and the anxiety state variable ($p = 0.05$).

The relationships between F2: WORK ORGANIZATION AND JOB CONTENT and the dimensions that make up this domain and the anxiety status of the participants are shown in Table 21.

Table 22. Anxiety and F2: Work organization and job content relationship

F2: WORK ORGANIZATION AND JOB CONTENT	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Influence at work					0.874
High (n=98)	51	52.0	47	48.0	
Low (n=77)	41	43.2	36	46.8	
Total (n=175)	92	52.6	83	47.4	
Possibilities for development					0.142
High (n=66)	30	45.5	36	54.5	
Low (n=109)	62	56.9	47	43.1	
Total (n=175)	92	52.6	83	47.4	
Meaning of work					0.046
High (n=111)	52	46.8	59	53.2	
Low (n=64)	40	62.5	24	37.5	
Total (n=175)	92	52.6	83	47.4	
F2: WORK ORGANIZATION AND JOB CONTENT (TOTAL)					0.493
High (n=88)	44	50.0	44	50.0	
Low (n=87)	48	55.2	39	44.8	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

When the data of both the dimensions and the total of the F2 domain were analyzed, it was observed that there was no statistically significant relationship between this domain and the anxiety state variable ($p>0.05$).

The relationships between F3: INTERPERSONAL RELATIONS and the dimensions that make up this domain and the anxiety status of the participants are shown in Table 22.

Table 23. Anxiety and F3: Interpersonal relations relationship

F3: INTERPERSONAL RELATIONS	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Predictability					0.099
High (n=73)	33	45.2	40	54.8	
Low (n=102)	59	57.8	43	42.2	
Total (n=175)	92	52.6	83	47.4	
Role clarity					0.011
High (n=116)	53	45.7	63	54.3	
Low (n=59)	39	66.1	20	33.9	
Total (n=175)	92	52.6	83	47.4	
Role conflicts					0.092
High (n=79)	36	45.6	43	54.4	
Low (n=96)	56	58.3	40	41.7	
Total (n=175)	92	52.6	83	47.4	
Social supports					0.811
High (n=89)	46	51.7	43	48.3	
Low (n=86)	46	53.5	40	46.5	
Total (n=175)	92	52.6	83	47.4	
F3: INTERPERSONAL RELATIONS (TOTAL)					0.398
High (n=89)	44	49.4	45	50.6	
Low (n=86)	48	55.8	38	44.2	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

No statistically significant correlation was found between the dimensions of the F3 domain, except role clarity, and the anxiety state variable ($p>0.05$). It was observed that 54.3% of the participants with role clarity high had a high anxiety state and 45.7% had a low anxiety state. Conversely, 33.9% of the participants with low role clarity had a high anxiety state, and 66.1% had a low anxiety state. Based on these results, statistically significant results were found between the role clarity dimension and the anxiety state variable ($p=0.011$). When the total results were examined, no statistically significant results were found between the F1 domain and the anxiety state variable ($p>0.05$).

The relationships between F4: WORK-INDIVIDUAL INTERFACE and the dimensions that make up this domain and the anxiety status of the participants are shown in Table 23.

Table 24. Anxiety and F4: Work-individual interface relationship

F4: WORK-INDIVIDUAL INTERFACE	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Quality of work					0.009
High (n=81)	34	42.0	47	58.0	
Low (n=94)	58	61.7	36	38.3	
Total (n=175)	92	52.6	83	47.4	
Job insecurity					0.067
High (n=78)	35	44.9	43	55.1	
Low (n=97)	57	58.8	40	41.2	
Total (n=175)	92	52.6	83	47.4	
Insecurity over Working Condition					0.006
High (n=96)	43	43.4	56	56.6	
Low (n=76)	49	64.5	27	35.5	
Total (n=175)	92	52.6	83	47.4	
Work-life Conflicts					0.004
High (n=79)	32	40.5	47	59.5	
Low (n=96)	60	62.5	36	37.5	
Total (n=175)	92	52.6	83	47.4	
F4: WORK-INDIVIDUAL INTERFACE (TOTAL)					0.001
High (n=87)	35	40.2	52	59.8	
Low (n=88)	57	64.8	31	35.2	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

A statistically significant correlation was found between all other dimensions and F4 total results and the anxiety state variable, except for the job insecurity dimension in the F4 domain ($p < 0.05$). High anxiety was observed in all dimensions of quality of work (58.0%), job insecurity (55.1%), insecurity over working condition (56.6%) and work-home conflict (59.5%), which were at high level, respectively.

The relationships between F5: TRUST (SOCIAL CAPITAL) domain and the anxiety status of the participants are shown in Table 24.

Table 25. Anxiety and F5: Trust (social capital) relationship

F5: TRUST (SOCIAL CAPITAL)	ANXIETY				p value*
	Low		High		
	n	%	n	%	
High (n=80)	34	42.5	46	57.5	0.014
Low (n=95)	58	61.1	37	38.9	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

When the data were analyzed, it was seen that 61.1% of the participants with Low confidence had a low anxiety state, and 38.9% had a high anxiety state. These results were found to be statistically significant between lack of trust and anxiety ($p=0.014$).

The relationships between F6: CONTROLLED SOCIAL LIFE DOMAIN and the anxiety status of the participants are shown in Table 25.

Table 26. Anxiety and F6: Controlled social life domain relationship

F6: CONTROLLED SOCIAL LIFE DOMAIN	ANXIETY				p value*
	Low		High		
	n	%	n	%	
Confidence in personal risk assessment ability during the pandemic period (CSL-1)					0.133
Self-confident participants (n=158)	86	54.4	72	45.6	
Unconfident participants (n=17)	6	35.3	11	64.7	
Total (n=175)	92	52.6	83	47.4	
Evaluation of the psychological health and safety climate in the workplace during the pandemic period (CSL-2)					0.064
Participants who found it at a good/reasonable level (n=89)	51	57.3	38	42.7	
Neutral participants(n=45)	26	57.8	19	42.2	
Participants who found it at a bad level(n=41)	15	36.6	26	63.4	
Total (n=175)	92	52.6	83	47.4	
Evaluation of the measures taken to protect employees at work during the pandemic period (CSL-3)					0.000
Participants who support(n=87)	54	62.1	33	37.9	
Neutral participants(n=50)	29	58.0	21	42.0	
Participants who do not support (n=38)	9	23.7	29	76.3	
Total (n=175)	92	52.6	83	47.4	

* Pearson chi-square test

In the F6 domain, no statistically significant relationship was found between the anxiety status variable and the other two dimensions, except for the evaluation of the measures taken to protect the employees at the workplace during the pandemic period (CSL-3). Low anxiety state was observed in 62.1% of the participants who supported the measures taken for the protection of employees in the workplace during the pandemic period, while 76.3% of the participants who did not support them had a high anxiety state. This result is statistically significant ($p=0.000$).

4.2.3. Fear State Variable Analysis

The relations between the fear state variable and all the independent variables of the study are shared in this section, based on the answers they gave to the related questions in the CND in order to determine the fear states of the volunteer participants formed by the office workers during the data collection period.

4.2.3.1. Fear Status and Sociodemographic Variables

The results showing the relationships between the fear status variable and the sociodemographic status variables are given in Table 26.

Table 27. Relationship between fear and sociodemographic status variables

SOCIODEMOGRAPHIC STATUS VARIABLES	FEAR				p value*
	Low		High		
	n	%	n	%	
Gender					0.012
Female (n=107)	66	61.7	41	38.3	
Male (n=65)	52	80.0	13	20.0	
Total (n=172)	118	68.6	54	31.4	
Age					0.709
Under 30 years old (n=44)	31	70.5	13	29.5	
30-40 years old (n=73)	48	65.8	25	34.2	
40 years and older (n=44)	32	72.7	12	27.3	
Total (n=161)	111	68.9	50	31.1	
Marital status					0.772
Married (n=87)	59	67.8	28	32.2	
Single (n=80)	58	79.9	25	30.1	
Total (n=170)	117	68.8	53	31.2	
Presence of children					0.318
No (n=105)	75	71.4	30	28.6	
Yes (n=67)	43	64.2	24	35.8	
Total (n=172)	118	68.6	54	31.4	
Presence of regular medicine use					0.695
No (n=124)	84	67.7	40	92.3	
Yes (n=48)	34	70.8	14	29.2	
Total (n=172)	118	68.6	54	31.4	

SOCIODEMOGRAPHIC STATUS VARIABLES	FEAR				p value*
	Low		High		
	n	%	n	%	
Presence of chronicl disease					0.823
No (n=123)	85	69.1	38	30.9	
Yes (n=49)	33	67.3	16	32.7	
Total (n=172)	118	68.6	54	31.4	
Education level					0.390
Primary school and high school (n=4)	3	75.0	1	25.0	
Bachelor degree (n=92)	67	72.8	25	27.2	
Master/Doctoral/Post-doctoral degrees (n=76)	48	63.2	28	36.8	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

When the data were analyzed, 68.6% of the participants (n=172) had a low level and 31.4% a high level of fear caused by the pandemic. Low fear level was measured in 61.7% of female participants and 80.0% of males. These rates are statistically significant ($p=0.012$). When all other variables and the fear situation were examined separately, Low fear level was observed above the average. No statistically significant results were found between these variables and the state of fear ($p<0.005$).

4.2.3.2. Fear and Work Information Status Variables

The results showing the relationships between the fear status variable and the job information status variables are shown in Table 27.

Table 28. Relationship between fear and job information status variables

JOB INFORMATION STATUS VARIATION	FEAR				p value*
	Low		High		
	n	%	n	%	
Job seniority					0.076
0-1 year (n=58)	35	60.3	23	39.7	
2-5 years (n=61)	42	68.9	19	31.1	
6 years and above (n=51)	41	80.4	10	19.6	
Total (n=170)	118	69.4	52	30.6	
Administrative positions					0.428
Practitioners (n=99)	64	64.6	35	35.4	
Enforcers (n=46)	34	73.9	12	26.1	
Strategists (n=27)	20	74.1	7	25.9	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

When the data were examined, when the relationship between the participants' work seniority and administrative positions and their fear status was examined, low fear was observed at a rate higher than fifty percent. No statistical significance was found in these results ($p<0.005$).

4.2.3.3. Fear and COPSOQ-III/CND Dimensions

The relationships between the fear status of the volunteer participants formed by the office workers at the time the data were collected and the dimensions (F1 to F6) of the psychosocial risk factors examined in the study are shown in the Tables below, respectively, and the results are summarized.

The relationships between F1: DEMANDS AT WORK and the dimensions that make up this domain and the fear status of the participants are shown in Table 28.

Table 29. Fear and F1: Demands at work relationship

		KORKU				p value*
F1: DEMANDS AT WORK	Low		High			
	n	%	n	%		
Work pace						0.197
High (n=109)	71	65.1	38	34.9		
Low (n=63)	47	74.6	16	25.4		
Total (n= 172)	118	68.6	54	31.4		
Quantitative demands						0.202
High (n=96)	62	64.6	34	35.4		
Low (n=76)	56	73.7	20	26.3		
Total (n=172)	118	68.6	54	31.4		
Emotional demands						0.071
High (n=75)	46	61.3	29	38.7		
Low (n=97)	72	74.2	25	25.8		
Total (n=172)	118	68.6	54	31.4		
F1: DEMANDS AT WORK (TOTAL)						0.342
High (n=80)	52	65.0	28	35.0		
Low (n=92)	66	71.7	26	28.3		
Total (n=172)	118	68.6	54	31.4		

* Pearson chi-square test

When the data of both the dimensions and the total of the F1 domain were analyzed, it was observed that there was no statistically significant relationship between this dimension and the fear state variable ($p>0.05$). In all dimensions and total results, the fear state variable was at low level over sixty percent.

The relationships between F2: WORK ORGANIZATION AND JOB CONTENT and the dimensions that make up this domain and the fear status of the participants are shown in Table 29.

Table 30. Fear and F2: Work organization and job content relationship

F2: WORK ORGANIZATION AND JOB CONTENT	FEAR				p value*
	Low		High		
	n	%	n	%	
Influence at work					0.459
High (n=98)	65	66.3	33	33.7	
Low (n=74)	53	71.6	21	28.4	
Total (n=172)	118	68.6	54	31.4	
Possibilities for development					0.248
High (n=65)	48	73.8	17	26.2	
Low (n=107)	70	65.4	37	34.6	
Total (n=172)	118	68.6	54	31.4	
Meaning of work					0.449
High (n=109)	77	70.6	32	29.4	
Low (n=63)	41	65.1	22	34.9	
Total (n=172)	118	68.6	54	31.4	
F2: WORK ORGANIZATION AND JOB CONTENT (TOTAL)					0.836
High (n=88)	61	69.3	27	30.7	
Low (n=84)	57	67.9	27	32.1	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

When the data of both the dimensions and the total of the F2 domain were examined, it was observed that there was no statistically significant relationship between this dimension and the fear state variable ($p>0.05$). In all dimensions and total results, the fear state variable was at low level over sixty percent.

The relationships between F3: INTERPERSONAL RELATIONS and the dimensions that make up this domain and the fear status of the participants are shown in Table 30.

Table 31. Fear and F3: Interpersonal relations relationship

F3: INTERPERSONAL RELATIONS	FEAR				p value*
	Low		High		
	n	%	n	%	
Predictability					0.489
High (n=73)	48	65.8	28	34.2	
Low (n=99)	70	70.7	29	29.3	
Total (n=172)	118	68.6	54	31.4	
Role clarity					0.008
High (n=116)	72	62.1	44	37.9	
Low (n=56)	46	82.1	10	17.9	
Total (n=172)	118	68.6	54	31.4	
Role conflicts					0.623
High (n=78)	55	70.5	23	29.5	
Low (n=94)	63	67.0	31	33.0	
Total (n=172)	118	68.6	54	31.4	
Social supports					0.757
High (n=89)	62	69.7	27	30.3	
Low (n=83)	56	67.5	27	32.5	
Total (n=172)	118	68.6	54	31.4	
F3: INTERPERSONAL RELATIONS (TOTAL)					0.728
High (n=89)	60	67.4	29	32.6	
Low (n=83)	58	59.9	25	30.1	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

No significant relationship was found between the dimensions of the F3 domain, except role clarity, and the variable of fear status ($p>0.05$). It was observed that 37.9% of the participants with role clarity high had a high fear state and 17.9% had a low fear state. Based on these results, statistically significant results were found between the role clarity dimension and the fear state variable ($p<0.05$). When the total results were examined, no statistically significant results were found between the F3 domain and the fear state variable ($p>0.05$).

The relationships between F4: WORK-INDIVIDUAL INTERFACE and the dimensions that make up this domain and the fear status of the participants are shown in Table 31.

Table 32. Fear and F4: Work-individual interface relationship

F4: WORK-INDIVIDUAL INTERFACE	FEAR				p value*
	Low		High		
	n	%	n	%	
Quality of work					0.535
High (n=80)	53	66.3	27	33.8	
Low (n=92)	65	70.7	27	29.3	
Total (n=172)	118	68.6	54	31.4	
Job insecurity					0.042
High (n=76)	46	60.5	30	39.5	
Low (n=96)	72	75.0	24	25.0	
Total (n=172)	118	68.6	54	31.4	
Insecurity over Working Condition					0.000
High (n=97)	56	57.7	41	42.3	
Low (n=75)	62	82.7	13	17.3	
Total (n=172)	118	68.6	54	31.4	
Work-life Conflicts					0.407
High (n=78)	51	65.4	27	34.6	
Low (n=94)	67	71.3	27	28.7	
Total (n=172)	118	68.6	54	31.4	
F4: WORK-INDIVIDUAL INTERFACE (TOTAL)					0.016
High (n=85)	54	60.0	34	40.0	
Low (n=87)	67	77.0	20	23.0	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

A statistically significant relationship was found between F4 total and fear status variable, and all other dimensions except quality of work and work-home conflict in the F4 domain ($p < 0.05$). Low fear status was calculated in all dimensions of quality of work (66.3%), job insecurity (60.5%), insecurity over working Condition (57.7%) and work-home conflict (65.4%), which were at the high level, respectively.

The relationships between F5: TRUST (SOCIAL CAPITAL) domain and the fear status of the participants are shown in Table 32.

Table 33. Fear and F5: Trust (social capital) relationship

F5: TRUST (SOCIAL CAPITAL)	FEAR				p value*
	Low		High		
	n	%	n	%	
High (n=80)	50	62.5	30	37.5	0.108
Low (n=92)	68	73.9	24	26.1	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

When the data belonging to the F5 domain were examined, it was observed that there was no statistically significant relationship between this dimension and the fear state variable ($p>0.05$).

The relationships between F6: CONTROLLED SOCIAL LIFE DOMAIN and the fear status of the participants are shown in Table 33.

Table 34. Fear and F6: Controlled social life domain relationship

	FEAR				p value*
F6: CONTROLLED SOCIAL LIFE DOMAIN	Low		High		
	n	%	n	%	
Confidence in personal risk assessment ability during the pandemic period (CSL-1)					0.462
Self-confident participants(n=155)	105	67.7	50	32.3	
Unconfident participants(n=17)	13	76.5	4	23.5	
Total (n=172)	118	68.6	54	31.4	
Evaluation of the psychological health and safety climate in the workplace during the pandemic period (CSL-2)					0.137
Participants who found it at a good/reasonable level(n=86)	63	73.3	23	26.7	
Neutral participants(n=45)	32	71.1	13	28.9	
Participants who found it at a bad level(n=41)	23	56.1	18	43.9	
Total (n=172)	118	68.6	54	31.4	
Evaluation of the measures taken to protect employees at work during the pandemic period (CSL-3)					0.198
Participants who support(n=84)	63	75.0	21	25.0	
Neutral participants(n=50)	32	64.0	18	36.0	
Participants who do not support (n=38)	23	60.5	15	39.5	
Total (n=172)	118	68.6	54	31.4	

* Pearson chi-square test

When the data of both the dimensions and the total of the F6 domain were examined, it was observed that there was no statistically significant relationship between this domain and the fear state variable ($p>0.05$). In all dimensions and total results, the fear state variable was at low level over fifty percent.

4.2.4. Concern State Variable Analysis

The relations between the concern state variable and all the independent variables of the study are shared in this section, based on the answers they gave to the related questions in the CND in order to determine the concern states of the volunteer participants formed by the office workers during the data collection period.

4.2.4.1. Concern Status and Sociodemographic Variables

The results showing the relationships between the concern status variable and the sociodemographic status variables are given in Table 34.

Table 35. Relationship between concern and sociodemographic status variables

SOCIODEMOGRAPHIC STATUS VARIABLES	CONCERN				p value*
	Low		High		
	n	%	n	%	
Gender					0.164
Female (n=107)	36	33.6	71	66.4	
Male (n=68)	30	44.1	38	55.9	
Total (n=175)	66	37.7	109	62.3	
Age					0.008
Under 30 years old (n=46)	10	21.7	36	78.3	
30-40 years old (n=73)	29	39.7	44	60.3	
40 years and older (n=45)	24	53.3	21	46.7	
Total (n=164)	63	38.4	101	61.6	
Marital status					0.651
Married (n=89)	32	36.0	57	64.0	
Single (n=84)	33	39.3	51	60.7	
Total (n=173)	65	37.6	108	62.4	
Presence of children					0.342
No (n=106)	37	34.9	69	65.1	
Yes (n=69)	29	42.0	40	58.0	
Total (n=175)	66	37.7	109	62.3	
Presence of regular medicine use					0.462
No (n=127)	50	39.4	77	60.6	
Yes (n=48)	16	33.3	32	66.7	
Total (n=175)	66	37.7	109	62.3	
Presence of chronic disease					0.857
No (n=126)	47	37.3	79	62.7	
Yes (n=49)	19	38.8	30	61.2	
Total (n=175)	66	37.7	109	62.3	
Education level					0.030
Primary school and high school(n=4)	2	50.0	2	50.0	
Bachelor degree (n=94)	27	28.7	67	71.3	
Master/Doctoral/Post-doctoral degrees (n=77)	37	48.1	40	51.9	

Total (n=175)	66	37.7	109	62.3	
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* Pearson chi-square test

When the data is analyzed, high anxiety was observed at a rate of 46.7% in 40 years and older participants during the pandemic period, while this rate was 78.3% and 60.3% in other age groups, respectively. This result was statistically significant ($p=0.008$). In all other variables, over fifty percent high anxiety was observed.

4.2.4.2. Concern and Work Information Status Variables

The results showing the relationships between the concern status variable and the job information status variables are shown in Table 35.

Table 36. Relationship between concern and job information status variables

JOB INFORMATION STATUS VARIATION	CONCERN				p value*
	Low		High		
	n	%	n	%	
Job seniority					0.070
0-1 year (n=60)	25	41.7	35	58.3	
2-5 years (n=62)	16	25.8	46	74.2	
6 years and above (n=51)	23	45.1	28	54.9	
Total (n=173)	64	37.0	109	63.0	
Administrative positions					0.004
Practitioners (n=101)	30	29.7	71	70.3	
Enforcers (n=46)	18	39.1	28	60.9	
Strategistsn (n=28)	18	64.3	10	35.7	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data were examined, 74.2% of the participants with 2-5 years of work experience had high anxiety, while this rate was 58.3% and 54.9% in the other categories, respectively ($p=0.070$). In the evaluations made based on managerial positions, while high anxiety was observed at the rates of 70.3% and 60.9% in the practitioners and practitioners, respectively, this rate was determined as 35.7% in the strategist participants. These results were statistically significant ($p=0.004$).

4.2.4.3. Concern and COPSOQ-III/CND Dimensions

The relationships between the concern status of the volunteer participants formed by the office workers at the time the data were collected and the dimensions (F1 to F6) of the psychosocial risk factors examined in the study are shown in the tables below, respectively, and the results are summarized.

The relationships between F1: DEMANDS AT WORK and the dimensions that make up this domain and the concern status of the participants are shown in Table 36.

Table 37. Concern and F1: Demands at work relationship

F1: DEMANDS AT WORK	CONCERN				p value*
	Low		High		
	n	%	n	%	
Work pace					0.352
High (n=109)	44	40.4	65	59.6	
Low (n=66)	22	33.3	44	66.7	
Total (n=175)	66	37.7	109	62.3	
Quantitative demands					0.261
High (n=97)	33	34.0	64	66.0	
Low (n=78)	33	42.3	45	57.7	
Total (n=175)	66	37.7	109	62.3	
Emotional demands					0.685
High (n=75)	27	36.0	48	64.0	
Low (n=100)	39	39.0	61	61.0	
Total (n=175)	66	37.7	109	62.3	
F1: DEMANDS AT WORK (TOTAL)					0.053
High (n=80)	24	30.0	56	70.0	
Low (n=95)	42	44.2	53	55.8	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data of both the dimensions and the total of the F1 domain were analyzed, it was observed that there was no statistically significant relationship between this domain and the concern state variable ($p>0.05$). In all dimensions and total results, the concern state variable was found to be high above fifty percent.

The relationships between F2: WORK ORGANIZATION AND JOB CONTENT and the dimensions that make up this domain and the concern status of the participants are shown in Table 37.

Table 38. Concern and F2: Work organization and job content relationship

F2: WORK ORGANIZATION AND JOB CONTENT	CONCERN				p value*
	Low		High		
	n	%	n	%	
Influence at work					0.744
High (n=98)	38	38.8	60	61.2	
Low (n=77)	28	36.4	49	63.6	
Total (n=175)	66	37.7	109	62.3	
Possibilities for development					0.100
High (n=66)	30	45.5	36	54.5	
Low (n=109)	36	33.0	73	67.0	
Total (n=175)	66	37.7	109	62.3	
Meaning of work					0.180
High (n=111)	46	41.4	65	58.6	
Low (n=64)	20	31.3	44	68.8	
Total (n=175)	66	37.7	109	62.3	
F2: WORK ORGANIZATION AND JOB CONTENT (TOTAL)					0.800
High (n=88)	34	38.6	54	61.4	
Low (n=87)	32	36.8	55	63.2	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data of both the dimensions and the total of the F2 domain were analyzed, it was observed that there was no significant relationship between this domain and the concern state variable ($p > 0.05$). In all dimensions and Total results, the concern state variable was high at over 60 percent.

The relationships between F3: INTERPERSONAL RELATIONS and the dimensions that make up this domain and the concern status of the participants are shown in Table 38.

Table 39. Concern and F3: Interpersonal relations relationship

F3: INTERPERSONAL RELATIONS	CONCERN				p value*
	Low		High		
	n	%	n	%	
Predictability					0.423
High (n=73)	25	34.2	48	65.8	
Low (n=102)	41	40.2	61	59.8	
Total (n=175)	66	37.7	109	62.3	
Role clarity					0.364
High (n=116)	41	35.3	75	64.7	
Low (n=59)	25	42.4	34	57.6	
Total (n=175)	66	37.7	109	62.3	
Role conflicts					0.574
High (n=79)	28	35.4	51	64.6	
Low (n=96)	38	39.6	58	60.4	
Total (n=175)	66	37.7	109	62.3	
Social supports					0.892
High (n=89)	34	38.2	55	61.8	
Low (n=86)	32	37.2	54	62.8	
Total (n=175)	66	37.7	109	62.3	
F3: INTERPERSONAL RELATIONS (TOTAL)					0.625
High (n=89)	32	36.0	57	64.0	
Low (n=86)	34	39.5	52	60.5	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data of both the dimensions and the total of the F3 domain were examined, it was observed that there was no significant relationship between this domain and the concern state variable ($p>0.05$). In all dimensions and total results, the concern state variable was high at over 60 percent.

The relationships between F4: WORK-INDIVIDUAL INTERFACE and the dimensions that make up this domain and the concern status of the participants are shown in Table 39.

Table 40. Concern and F4: Work-individual interface relationship

F4: WORK-INDIVIDUAL INTERFACE	CONCERN				p value*
	Low		High		
	n	%	n	%	
Quality of work					0.888
High (n=81)	31	38.3	50	61.7	
Low (n=94)	35	37.2	59	62.8	
Total (n=175)	66	37.7	109	62.3	
Job insecurity					0.044
High (n=78)	23	29.5	55	70.5	
Low (n=97)	43	44.3	54	55.7	
Total (n=175)	66	37.7	109	62.3	
Insecurity over working condition					0.009
High (n=96)	29	29.3	70	70.7	
Low (n=76)	37	48.7	39	51.3	
Total (n=175)	66	37.7	109	62.3	
Work-life Conflicts					0.574
High (n=79)	28	35.4	51	64.6	
Low (n=96)	38	39.6	58	60.4	
Total (n=175)	66	37.7	109	62.3	
F4: WORK-INDIVIDUAL INTERFACE (TOTAL)					0.002
High (n=87)	23	26.4	64	73.6	
Low (n=88)	43	48.9	45	51.1	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

A statistically significant correlation was found between all dimensions except quality of work and work-home conflict in the F4 domain, and between F4 total and the concern state variable ($p < 0.05$). High anxiety status was calculated in all dimensions of Quality of work (61.7%), job insecurity (70.5%), Insecurity over working condition (70.7%) and work-home conflict (64.6%), which were at high level, respectively.

The relationships between F5: TRUST (SOCIAL CAPITAL) domain and the concern status of the participants are shown in Table 40.

Table 41. Concern F5: Trust (social capital) relationship

F5: TRUST (SOCIAL CAPITAL)	CONCERN				p value*
	Low		High		
	n	%	n	%	
High (n=80)	30	37.5	50	62.5	0.957
Low (n=95)	36	37.9	59	62.1	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data belonging to the F5 domain were analyzed, it was observed that there was no statistically significant relationship between this domain and the variable of concern status ($p>0.05$).

The relationships between F6: CONTROLLED SOCIAL LIFE DOMAIN and the concern status of the participants are shown in Table 41.

Table 42. Concern and F6: Controlled social life domain relationship

F6: CONTROLLED SOCIAL LIFE DOMAIN	CONCERN				p value*
	Low		High		
	n	%	n	%	
Confidence in personal risk assessment ability during the pandemic period (CSL-1)					0.828
Self-confident participants(n=158)	60	38.2	98	62.0	
Unconfident participants(n=17)	6	35.3	11	64.7	
Total (n=175)	66	37.7	109	62.3	
Evaluation of the psychological health and safety climate in the workplace during the pandemic period (CSL-2)					0.847
Participants who found it at a good/reasonable level(n=89)	34	38.2	55	61.8	
Neutral participants(n=45)	18	40.0	27	60.0	
Participants who found it at a bad level(n=41)	14	34.1	27	65.9	
Total (n=175)	66	37.7	109	62.3	
Evaluation of the measures taken to protect employees at work during the pandemic period (CSL-3)					0.763
Participants who support(n=87)	35	40.2	52	59.8	
Neutral participants(n=50)	17	34.0	33	66.0	
Participants who do not support (n=38)	14	36.8	24	63.2	
Total (n=175)	66	37.7	109	62.3	

* Pearson chi-square test

When the data of both the dimensions and the Total of the F6 domain were analyzed, it was observed that there was no statistically significant relationship between this dimension and the concern state variable ($p>0.05$). In all dimensions and total results, the anxiety state variable was at low level over fifty percent.

4.3. Administrative Positions and COPSOQ-III/CND Dimensions

In this study, as the managerial issues variable, the participant's status of being a manager / managed person in the workplace is taken as basis and the relevant definitions are given in Table 3.

The relationships between the administrative positions of the voluntary participants formed by the office workers at the time the data were collected and the independent dimensions (F1 to F6) of the psychosocial risk factors examined in the study are shown in the Tables below, respectively, and the results are summarized.

The relationships between F1: DEMANDS AT WORK and the dimensions that make up this domain and the administrative positions of the participants are shown in Table 42.

Table 43. Administrative positions and F1: Demands at work relationship

F1: DEMANDS AT WORK	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
Work pace							0.245
High (n=109)	58	57.4	33	71.7	18	64.3	
Low (n=66)	43	42.6	13	28.3	10	35.7	
Total (n=175)	101	100	46	100	28	100	
Quantitative demands							0.480
High (n=97)	56	55.4	28	60.9	13	46.4	
Low (n=78)	45	44.6	18	39.1	15	53.6	
Total (n=175)	101	100	46	100	28	100	
Emotional demands							0.074
High (n=75)	36	35.6	25	54.3	14	50.0	
Low (n=100)	65	64.4	21	45.7	14	50.0	
Total (n=175)	101	100	46	100	28	100	
F1: DEMANDS AT WORK (TOTAL)							0.068
High (n=80)	44	43.6	27	58.7	9	32.1	
Low (n=95)	57	56.4	19	41.3	19	67.9	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

When the data of both the dimensions and the total of the F1 domain were examined, it was observed that there was no significant relationship between this domain and the administrative positions variable ($p>0.05$).

The relationships between F2: WORK ORGANIZATION AND JOB CONTENT and the dimensions that make up this domain and the administrative positions of the participants are shown in Table 43.

Table 44. Administrative positions and F2: Work organization and job content relationship

F2: WORK ORGANIZATION AND JOB CONTENT	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
Influence at work							0.560
High (n=98)	60	59.4	24	52.2	14	50.0	
Low (n=77)	41	40.6	22	47.8	14	50.0	
Total (n=175)	101	100	46	100	28	100	
Gelişme olanakları eksikliği							0.142
High (n=66)	44	43.6	15	32.6	7	25.0	
Low (n=109)	57	56.4	31	67.4	21	75.0	
Total (n=175)	101	100	46	100	28	100	
Meaning of work							0.799
High (n=111)	63	62.4	31	67.4	17	60.7	
Low (n=64)	38	37.6	15	32.6	11	39.3	
Total (n=175)	101	100	46	100	28	100	
F2: WORK ORGANIZATION AND JOB CONTENT (TOTAL)							0.338
High (n=88)	55	54.5	22	47.8	11	39.3	
Low (n=87)	46	45.5	24	52.2	17	60.7	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

When the data of both the dimensions and the Total of the F2 domain were examined, it was observed that there was no significant relationship between this domain and the administrative positions variable ($p>0.05$).

The relationships between F3: INTERPERSONAL RELATIONS and the dimensions that make up this domain and the administrative positions of the participants are shown in Table 44.

Table 45. Administrative positions and F3: Interpersonal relations relationship

F3: INTERPERSONAL RELATIONS	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
Predictability							0.123
High (n=73)	47	46.5	19	41.3	7	25.0	
Low (n=102)	54	53.5	27	58.7	21	75.0	
Total (n=175)	101	100	46	100	28	100	
Role clarity							0.002
High (n=116)	69	68.3	36	78.3	11	39.3	
Low (n=59)	32	31.7	10	21.7	17	60.7	
Total (n=175)	101	100	46	100	28	100	
Role conflicts							0.536
High (n=79)	43	42.6	24	52.2	12	42.9	
Low (n=96)	58	57.4	22	47.8	16	57.1	
Total (n=175)	101	100	46	100	28	100	
Social supports							0.000
High (n=89)	41	40.6	36	78.3	12	42.9	
Low (n=86)	60	59.4	10	21.7	16	57.1	
Total (n=175)	101	100	46	100	28	100	
F3: INTERPERSONAL RELATIONS (TOTAL)							0.000
High (n=89)	44	43.6	36	78.3	9	32.1	
Low (n=86)	57	56.4	10	21.7	19	67.9	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

A statistically significant relationship was found between all dimensions and F3 total results and administrative positions, except for the predictability and role conflicts dimensions in the F3 dimension ($p < 0.05$). Role clarity rates in practitioners and enforces were 68.3% and 78.3%, respectively. For strategists, this rate was found to be 39.3% ($p = 0.002$). It has been seen in the highest level enforces in social supports. High level of Social supports was detected in 78.3% of the enforces. This rate remained forty percent among practitioners and strategists. ($p = 0.000$)

The relationships between F4: WORK-INDIVIDUAL INTERFACE and the dimensions that make up this domain and the administrative positions of the participants are shown in Table 45.

Table 46. Administrative positions and F4: Work-individual interface relationship

F4: WORK-INDIVIDUAL INTERFACE	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
Quality of work							0.815
High (n=81)	46	45.5	23	50.0	12	42.9	
Low (n=94)	55	54.5	23	50.0	16	57.1	
Total (n=175)	101	100	46	100	28	100	
Job insecurity							0.647
High (n=78)	48	47.5	19	41.3	11	39.3	
Low (n=97)	53	52.5	18	58.7	17	60.7	
Total (n=175)	101	100	46	100	28	100	
Insecurity over working condition							0.042
High (n=96)	63	62.4	26	56.5	10	35.7	
Low (n=76)	38	37.6	20	43.5	18	64.3	
Total (n=175)	101	100	46	100	28	100	
Work-life Conflicts							0.296
High (n=79)	41	40.6	25	54.3	13	46.4	
Low (n=96)	60	59.4	21	45.7	15	53.6	
Total (n=175)	101	100	46	100	28	100	
F4: WORK-INDIVIDUAL INTERFACE (TOTAL)							0.157
High (n=87)	48	47.5	28	60.9	11	39.3	
Low (n=88)	53	52.5	18	39.1	17	60.7	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

No statistically significant relationship was found between the dimensions of the F4 domain, except for the insecurity over working condition dimension, and administrative positions ($p>0.05$). The insecurity over working condition dimension was found to be high at rates of 62.4% and 56.5% in practitioners and enforces, respectively. For strategists, this rate is only 35.7% ($p=0.042$).

The relationships between F5: TRUST (SOCIAL CAPITAL) domain and the administrative positions of the participants are shown in Table 46.

Table 47. Administrative positions and F5: Trust (social capital) relations

F5: TRUST (SOCIAL CAPITAL)	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
High (n=80)	41	40.6	26	56.5	13	46.4	0.198
Low (n=95)	60	59.4	20	43.5	15	53.6	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

When the data belonging to the F5 domain were analyzed, it was observed that there was no statistically significant relationship between this dimension and the variable of administrative positions ($p > 0.05$).

The relationships between F6: CONTROLLED SOCIAL LIFE DOMAIN domain and the administrative positions of the participants are shown in Table 47.

Table 48. Administrative positions and F6: Controlled social life domain relationship

F6: CONTROLLED SOCIAL LIFE DOMAIN	ADMINISTRATIVE POSITIONS						p value*
	Practitioners		Enforcers		Strategists		
	n	%	n	%	n	%	
Confidence in personal risk assessment ability during the pandemic period (CSL-1)							0.214
Self-confident participants(n=158)	94	93.1	41	89.1	23	82.1	
Unconfident participants(n=17)	7	6.9	5	10.9	5	17.9	
Total (n=175)	101	100	46	100	28	100	
Evaluation of the psychological health and safety climate in the workplace during the pandemic period (CSL-2)							0.346
Participants who found it at a good/reasonable level(n=89)	52	51.5	22	47.8	15	53.6	
Neutral participants(n=45)	21	20.8	15	32.6	9	32.1	
Participants who found it at a bad level(n=41)	28	27.7	9	19.6	4	14.3	
Total (n=175)	101	100	46	100	28	100	
Evaluation of the measures taken to protect employees at work during the pandemic period (CSL-3)							0.485
Participants who support(n=87)	45	44.6	25	54.3	17	60.7	
Neutral participants(n=50)	30	29.7	13	28.3	7	25.0	
Participants who do not support (n=38)	26	25.7	8	17.4	4	14.3	
Total (n=175)	101	100	46	100	28	100	

* Pearson chi-square test

When the data of both the dimensions and the Total of the F6 domain were examined, it was observed that there was no statistically significant relationship between this dimension and administrative positions ($p>0.05$).

5. DISCUSSION AND CONCLUSION

In this study, the effect of psychosocial risk factors on the physical and mental health of office workers during the "new normal" or "controlled social life" period, which includes the rules and restrictions taken to prevent the COVID-19 pandemic. While the general health status variable at the time the data collected is used as the physical health indicator, the anxiety, pandemic-induced fear status and the virus contamination-induced anxiety status are included as the mental health indicators during the data collection period.

When the general results of the independent variables are examined,

- high general health status in 64.0% of the participants (n=172),
- low anxiety state in 47.4% of the participants (n=175),
- low fear of pandemic caused by 31.4% of the participants (n=172),
- 62.3% of the participants (n=175) had high concern due to virus transmission.

In particular, it was observed high anxiety that trust at work ($p=0.014$), role clarity ($p=0.011$), work pace ($p=0.006$), work-home conflicts ($p=0.004$), which were seen in the period of data collection and included in the dimensions of psychosocial risk factors. In addition to the job insignificance ($p=0.046$) and poor quality ($p=0.009$), high anxiety status was observed in the participants who gave high scores to the variables of insecurity of working conditions ($p=0.006$), which may arise due to uncertainties caused by the pandemic.. Participants who supported the measures taken for the protection of employees at work during the pandemic period had lower levels of anxiety than those who did not ($p=0.000$). The percentage of high anxiety state is lower in those who find the psychological health and safety climate in the workplace optimistic. Despite the precautions and the rotating flexible working system (especially in employees under 30), a high concern of virus transmission was observed ($p=0.008$). Worry about carrying the virus was most common among subordinates (practitioners) ($p=0.004$). Consistent with the anxiety status variable, a statistically significant difference was found between the insecurity of work and working conditions and the anxiety of carrying a virus.

5.1. General Health Status

The general health status variable in the study refers to the results determined based on the answers to the question, which includes the evaluation of the participants' own general health at the time the data were collected, and which includes the worst (0) to the best

(10) score options. A low level of general health means that the participant does not feel well in general.

During the pandemic period, 58.3% of those who use regular drugs and only 27.4% of those who do not have a low general health status ($p=0.000$). Similarly, a low level of general health was found in 55.1% of the participants with a chronic disease and in 28.5% of those who did not have a chronic disease ($p=0.001$). This result suggests that people with chronic diseases in the high-risk group for COVID-19 may have been affected by news or warnings about the pandemic, regardless of disease results (80, 81). Therefore, both in their professional and private lives, they have fear, anxiety, stress and sleep problems, etc. There may be participants who have had psychological problems such as psychological problems and who gave lower scores in the questionnaire used in this study. However, they may be more worried about the change in the regular lifestyle they are used to during the pandemic period, or the inability to attend the control appointments of their diseases due to measures or closures, the problems experienced in the management of chronic diseases due to the problems experienced in the health infrastructures of the countries (82, 83).

Low general health status was found in 43.8% of the participants with a high F1: workload and in 26.3% of the participants with a low workload ($p=0.018$). While there are no statistically significant results in other dimensions of demands, only the questions of workload in the questionnaire can be examined as the reason for the significant results in the dimension of quantitative demands. Both questions belonging to this dimension are questions directed to the participants about time planning at work and the intensity of work tasks. Therefore, it is understood that the participants who have difficulty in completing their work tasks or who stated that their work hours are not enough to complete the tasks score lower on their general health status. Here, problems such as the uncertainty during the pandemic period, the problems of remote working (working from home) caused by excessive intensity or rotating work, and the increase in working hours at home, regardless of time period, may have had an impact on the negative evaluation of the general health status of the employees. According to an online survey conducted by Eurofound of respondents from various countries and working in different sectors, approximately one-third of respondents stated that in their current working situation, they felt physically tired either "always" or "most of the time" at the end of the working day.

According to the results, these rates are higher in female and young workers (18-34 years) (84). Again, similar problems that may arise regarding the F1: Job demands domain were evaluated in detail in the ILO report and recommendations were given (39).

Low level of general health was found in 46.2% of those with high F4: Work-home conflict dimension and 27.7% of those with low dimension ($p=0.012$). It is difficult to make a comparison because there was no research on this subject in the company where the study was carried out, but considering the problems experienced during the pandemic period, it has been reported in other studies that the general health status of the participants who had a high degree of work-home conflict was lower. A study conducted in April 2020 reported that working mothers, especially who have children younger than 12 years old, find it difficult to balance their work and private lives. Although teleworking methods are a key factor in ensuring business continuity, it has been stated that it causes an increase in the number of people working from home, causing difficulties in managing the work-life balance, and an increase especially in those working overtime (84). There are many warnings and precautions in the literature on how to re-establish the work-life balance, which can be disrupted by the radical changes during the pandemic period by experts on these issues (85, 39).

Low level of general health was found in 43.8% of those with a high level of F5: Lack of trust and in 29.3% of those with a low level of general health ($p=0.050$). It is observed that in the F5: Lack of confidence dimension, which includes reliability questions both among employees and in terms of management, participants see their general health as lower, especially in mental health issues. Research shows that building trusting business relationships allows companies to outperform over time and even outperform companies that don't have a strong culture of trust. The pandemic period has once again brought to the fore how important the organizational trust culture is for employees, especially during the remote working period, and that it affects the mental health of the employees (78, 86).

5.2. Anxiety Status Variable

The intensity/frequency of experiencing thoughts, feelings and behaviors related to family, health, finance, school and work-related concerns during the data collection period of the participants were evaluated with 4 questions under a single heading in the anxiety state variable dimension. A high level of anxiety means that the participant may feel anxious and tense, which may affect his work and private life in general.

High level of anxiety was observed in 53.6% of the participants with high F1: Quantitative demands. Low-level anxiety was observed in 60.3% of the participants whose quantitative demands were measured at a low level. Although these results are not statistically significant, they are consistent with emotional demands.

High level of anxiety was observed in 56.0% of the participants with high F1: Emotional demands. A low level of anxiety was observed in 59.0% of the participants whose emotional demands were measured at a low level ($p=0.049$). Similar to the results of emotional demands, although not statistically significant, F1: High level of anxiety was observed in 53.6% of the participants with high F1: Quantitative demands. Low-level anxiety was observed in 60.3% of the participants whose quantitative demands were measured at a low level ($p>0.05$)

In the "Eurofound COVID-19-Living and Working Research Report" published during the pandemic period, it was measured as a result of online surveys that emotional demands were especially high in women and young workers during the pandemic period, and that high emotional demands are an indicator of mental health problems, fatigue and burnout. In addition, reference is made to literature studies showing that it is associated with musculoskeletal disorders. (84).

High level of anxiety was observed in 54.3% of the participants with high F3: Role clarity. A low level of anxiety was observed in 66.1% of the participants in whom the lack of role clarity was measured at a low level ($p=0.011$).

Particularly, the difficulties experienced in remote/virtual working conditions due to the measures taken to prevent virus transmission have given parents working from home a difficult time. Due to many reasons such as mothers who continue to work from home, caregivers/workers in their homes unable to come due to the pandemic, children continuing their online education from home due to the schools being closed, and their working spouses being at home during the day, they also try to catch up with all kinds of work at home. Brought home and home-work conflicts. In the survey studies, it was stated that the lack of role clarity in the workplace increased work-family conflicts and affected the responsibilities of family members (87,88). All these reasons may be the main cause of anxiety.

Statistically significant results were found in three dimensions (lack of job quality ($p=0.009$), insecurity of working conditions ($p=0.006$), and work-home conflict

($p=0.004$) in the F4: Individual working interface domain. There is a similar/parallel trend with the others (job insecurity, $p=0.067$) although there is no significance in the dimension. The fact that this experience is realized as a “must” with the fear, anxiety and uncertainty of the pandemic is different from the transitional stages to flexible working in the pre-pandemic periods. As in other dimensions, major or minor changes in their private lives or in different work-related issues, as well as major or minor changes in their individual work interfaces. radical changes are in question lack of job quality, job insecurity, working conditions are insecure It was observed that all participants with high levels of work-home conflict and high anxiety levels were also more than 50% high. It has been stated in many studies in the literature that situations such as uncertainties about the future experienced during the pandemic period, job insecurity, a decrease in work motivation, and the inability to attach sufficient importance to duties at work when the priority is human health and safety precautions are followed, are associated with increased stress, anxiety, depression and burnout (39).

High level of anxiety was observed in 57.5% of the participants whose F5: Lack of trust was measured at a high level. A low level of anxiety was observed in 61.1% of the participants whose lack of trust was measured at a low level ($p=0.014$). Regarding the lack of trust, remote/virtual working conditions during the pandemic period have been cited as an example in the literature. It is stated that remote working, in other words, virtual teamwork, creates a perception of social isolation in employees and this situation causes a need for higher trust among the people in the team. In addition, untimely and long working hours and problems that may occur in technological infrastructures can overshadow the many benefits that come with working remotely and create more risks. In order to manage or eliminate these risks, different approaches such as virtual events (for example, morning briefings, coffee breaks, conversations outside of work) among employees and many methods to re-establish social intimacy and reinforce team spirit/trust are mentioned in the literature. Overall, in crises such as the pandemic, there is a need for more research on coping with social attachment and fatigue and self-motivation issues in teams, given higher social support needs, feelings of security, as well as structure and leadership. (87)

In the question of the evaluation of the measures taken to protect the employees in the workplace during the pandemic period (CSL-3), high level of anxiety was observed in

76.3% of those who did not support these measures ($p=0.000$). Low-level anxiety was observed in 62.1% of those who supported the relevant measures. These results prove that the measures taken by the company were adopted by the participants and positively affected them mentally.

5.3. Fear and Concern Status Variables

Pandemic-induced fear status variable in the study refers to the results determined based on the answers to the question, which includes the evaluation of the participants' own fear levels during the data collection period, and which includes options from the lowest (0) to the highest (10). A high level of fear means that the participant is experiencing fear from the pandemic.

The virus contamination anxiety state variable in the study, which includes the evaluation of participants' own anxiety levels at the time of data collection, and "How worried are you about infecting your cohabitants and/or friends?" It expresses the results determined based on the answers they gave to the question with six different options. A high level of anxiety means that the participant is worried about being a carrier of the virus or infecting their relatives.

When the studies in the literature on the fear of COVID-19 and the concern of virus transmission are examined, there are mostly studies for health professionals (89). In one of these studies, significant fear and anxiety was observed in healthcare workers working in clinical departments and at high risk of transmission (direct and/or long-term contact with cases) compared to healthcare workers in the low-risk group not working in clinics (90).

Again, in the current studies in the literature, it has been stated that the virus contamination that caused the spread of the COVID-19 pandemic may have created an additional concern for people, especially due to the infodemic or rumors on their social media platforms (111). In addition, people who consider various forms of virus transmission without scientific evidence have caused doubts on many issues and the term "coronaphobia" has been added to the literature. In studies focusing on the panic felt by people during the pandemic, researchers have defined coronaphobia as "an over-triggered response to fear of being infected with the virus that causes COVID-19. However, personal or professional loss, increased reassurance and safety-seeking behaviors, and marked impairments in the functioning of daily life are the cause. It has been stated that

the physiological symptoms that the disease is also cause extreme anxiety. Therefore, concerns about COVID-19 may manifest themselves not only in fear and anxiety about contracting and dying of the disease, but also in the associated social and occupational stress. The increase in coronaphobia is related to the elucidation of its psychosocial process. studies are ongoing (114).

There are studies showing that fear of COVID-19 increases depression, anxiety and stress and reduces life satisfaction. Limited studies have also shown that fear of COVID-19 leads to higher levels of psychological distress and poor mental health. (91)

In another study, it was shown that fear of COVID-19 has positive relationships with hospital anxiety and depression (92). It has been suggested that constant exposure to news about worldwide deaths or the infection rate of the pandemic causes individuals to experience fear, anxiety, and depression, and concerns about the risk of becoming infected can also increase fear among the public (93).

It has been underlined that symptoms such as anxiety, depression, fear, stress and sleep problems are more common during the COVID-19 pandemic (94).

However, a study conducted in Japan found a positive relationship between the number of measures taken to prevent virus transmission and fear and anxiety about COVID-19. An increase has been observed in the fear and anxiety of the pandemic, which is expected to decrease with the taking of precautions. It has been stated that the reason for this may be the increased awareness and knowledge about the pandemic. In the same study, it was determined that the psychological stress of the employees decreased and their work performance was preserved with the more intensive application of the measures taken in the workplace for COVID-19 (95).

It should be underlined that according to the results obtained in this study, the high level of fear was measured in 31.4% of the general results. The reason for this may be due to the measures taken by the company before the data collection period and the confidence of the employees in the measures they have taken individually, together with the transition to the remote working method. As a matter of fact, in the questions of F6: Controlled social life, close to 70% of the participants, who were confident about the measures taken for virus transmission and supported the measures taken by the company by seeing the psychological health and safety climate of the company positively, were found to have low levels of fear. These results are consistent with the results in the other variables

mentioned above. The organizational trust that the company established among the employees during the data collection period may have reduced the fear levels of the participants.

When the relationships between the independent variables and the fear state variable are examined separately, the level of fear seen in female participants is 38.3%, while this rate is 20.0% in men. ($p=0.012$) According to a study conducted in Turkey, women's anxiety and fear due to the pandemic is higher than men's (96). The results obtained from this study are consistent with the study in the literature.

When the results of the anxiety state variable were examined, it was observed that 78.3% of the participants under the age of 30 had a high level of anxiety. This rate is 60.3% for the 30-40 age group, and 46.7% for the 40 years old and over. ($p=0.008$) In a large-scale cohort study conducted in Canada, it was determined that stress, anxiety and depression caused by the pandemic were higher in individuals under the age of 25 than in individuals under the age of 60. The main reason for this is the perception that the academic, social, professional and economic expectations of individuals under the age of 25 are more threatened by COVID-19 (97). In parallel with this result, it is clear that young individuals are more worried about transmitting the virus to their families at home (especially to their relatives over 60 years old who comply with the "stay at home" calls) while continuing their working life.

In the dimensions of lack of role clarity, job and working conditions insecurity in the F3 and F4 domains, statistically significant results were found between the fear status variable due to pandemic and anxiety status variable due to virus contamination. The reason for this can be explained by the uncertainty and anxiety situations caused by the pandemic in the business world or working life, just as in anxiety (87,88,39).

5.4. Administrative Positions and Psychosocial Risk Factors

In this section, there are evaluations of the relationship between the data obtained with the administrative positions variable used in the study and the psychosocial risk factors. Administrative position classification, whose definitions are given in Table 4, is stated as practitioner, executive and strategist employees.

Participants in the practitioner status were determined as employees (for example, experts, assistants, etc.) reporting to a superior (manager, manager, supervisor, etc.).

Participants in the enforcer status were designated as both subordinate practitioners and employees with superior supervisors (for example, certain managers).

Participants who are strategists, on the other hand, can be directors, managers, etc., who can have a say in management.

Based on the question posed to the participants in the sociodemographic characteristics and job information form, the participants completed the questionnaires, considering their own duties and responsibilities.

Although no statistically significant results could be found in the work pace and quantitative demands dimensions in the F1: Demands at work domain, a high trend was observed in all three administrative positions during the data collection period. While high level of work speed was observed in 57.4% of the practitioners, 71.7% of the enforcers, and 64.3% of the strategists, these rates were determined as 55.4%, 60.9% and 46.4% in quantitative demands, respectively. The main reason for this, as in other independent variables, is the transition of the company to a hybrid system that includes the remote working system for the first time in its history, as well as the adaptation and digital infrastructure that may arise in this transition. It can be shown that all employees are going through a difficult transition period, both physically and mentally, due to delays in work plans or work plans. In addition to the general problems (41) created by the teleworking system during the periods when remote working was implemented, the importance of managers' management and guidance of their employees in the routine and sustainable progress of work despite all uncertainties and radical changes was understood more closely. For example, managers have tried to keep in touch with their employees and motivate them by providing both information and feedback and inspiration (98, 104). In this context, a great responsibility may have fallen on the enforcer employees, who act as a bridge in the relationship and communication between the supervisors (in this study, they are in the implementer category) and the practitioners and strategists, where these rates are the highest. It is necessary to examine these responsibilities or the actions taken and, in particular, to examine more closely the special demands caused by remote working. (108)

In addition, at this point, it would be useful to look at the exceptional results of the supervisors reflecting the psychosocial risk factors they experienced during the pandemic period.

When the results were examined, more than fifty percent of the enforcers were measured at a high level in all dimensions of F1: Demands at work domain. It is noteworthy that the work-home conflict dimension in the F4: Individual work interface domain is found at a high level only in practitioners (54.3%). Also, according to the results of the F5: Lack of trust domain, 56.5% of the practitioners were only at a high level, while this dimension was determined as a low level of over fifty percent in the other two administrative positions. Another result that supports this is a high level of lack of social support in 78.3% of the practitioners in the dimension in the F3: Interpersonal relations domain, and this result is statistically significant. It is noteworthy that, similar to the F5 dimension, it is seen as a low level of over fifty percent in the other two administrative positions.

There are many studies in the literature on supervisors' ability to assist their employees in matters related to job demands and to provide social support. For example, social support theory suggests that supervisor support has a direct positive effect on employee compliance, as well as a positive effect that helps alleviate negative manifestations of job demands. (102)

There are also many studies in the literature examining the relationship between the well-being and stress of employees at work and the mood of supervisors. (99) Thus, these results reveal the potential for a high level of psychosocial risk factor to affect other managerial positions other than enforcers in the medium and long term. For example, it shows that working remotely for longer periods of time can reduce subordinates' opportunities to receive feedback from leaders and is associated with difficulties in learning opportunities, lower organizational commitment, and higher risk of turnover. (109). In addition, during social distance and remote working periods, it should be examined how new employees can provide trust and social support through interactions through online platforms so that they do not become disadvantaged due to the lack of face-to-face interaction with their supervisors (110). When the results are examined, Lack of development opportunities, which is a dimension of F2: Work organization and job content domain, was measured at a low level in all administrative positions (56.4% for practitioners, 67.4% for practitioners, 75.0% for strategists). In particular, the fact that each employee sees this situation as an opportunity both in their career and personal development and in crisis management may be the reason for these results. The opportunities and development brought by the pandemic, both individually and

institutionally, are the subject of many studies in the literature and can serve as a recommendation or guide. (108) However, in a study in which approximately 6000 executives from different sectors and companies participated during the pandemic period, it was found that companies that were considered the most prepared for COVID-19 had already adapted to the "development" perspective and this crisis would be considered as an opportunity to prepare the company for the future. result has been reported. (106) Therefore, it can be said that this crisis is considered as an opportunity for the personnel of the company where the study was conducted.

In addition, in the dimension of the meaninglessness of work in the F2 domain, high job meaninglessness was observed at rates of more than 60 percent in all three administrative positions. This may be a situation directly related to pandemic conditions. As a matter of fact, the current crisis has also started to think about more fundamental questions about the meaning of life and how they can live their lives in a meaningful way in their inner worlds. Re-examining what is "really" important in life with the pandemic, many employees have asked themselves whether their work has any "real" meaning in these times of crisis. (105) In such a period, a decrease in the meaning attributed to the work done can be considered as an expected situation.

Another remarkable result is in the lack of role clarity dimension in F3: interpersonal relations. The lack of role clarity, which was determined at a high level of more than 60 percent in practitioners and enforcers, was found only 39.3% in strategists, and these results are statistically significant.

According to the reviews in the literature, interpersonal conflict or coordination problems may arise, especially in studies about remote working, in other words, due to the tendency of virtual teamwork to have lower communication richness compared to face-to-face teamwork. At this point, reducing role gaps, establishing a safe and healthy information flow by establishing intra-team communication, clarifying team goals and creating a structural order are among the basic recommendations for virtual teams (104). At this point, it is seen that the lack of role is mostly in the practitioners, that is, in the subordinates, and the biggest responsibility in this regard falls on the managers.

Although the work insecurity dimension in the F4: Individual work interface domain was found to be high in 62.4% of practitioners and 56.5% of practitioners, this rate remained at 35.7% among strategists, and the results were statistically significant.

The fact that this dimension, which has a positive relationship between the anxiety status variable, is especially high in subordinates who are practitioners, may be related to the uncertainties about the future experienced during the pandemic period. As a matter of fact, the potential problems that may be experienced in terms of working systems, working hours or salary expectations during this period, which will have to adapt to the decisions made by the top management, may have caused concern among the employees. Finally, when the results obtained in the F6: Controlled social life domain are examined, in all three categories, the level of confidence in the risk assessment ability of individuals at the time of data collection was evaluated at a very high level, and the psychological health and safety climate at the workplace was evaluated at a good level at 50%. However, it is seen that the measures taken by the company against the pandemic are supported in all three managerial categories. These results are consistent with the results obtained in other independent variables.

5.5. Limitations, Strengths and Weaknesses of the Study

The limitations and weaknesses of the study are listed as follows:

- The participation rate remained at 51.5%. It was thought that the most important reason for this was the increase in the workload of the units during the pandemic period or the work plans changed by the rotational work could prevent participation. In addition, it was thought that the questionnaire required time due to the large number of scale questions, reducing the participation rate. Parallel to this, one of the main reasons may be that people who do not answer the questionnaire do not care about psychosocial risks. In this respect, it is thought that the results of psychosocial risk assessment may not fully represent workplaces.
- Participants who participated in the study voluntarily answered the questionnaire by not entering any personal identification information on the online survey platform in order to protect privacy. This situation is considered to be good in terms of confidentiality, as well as reducing the response rate. Because it was not possible to track who completed the questionnaire and who did not, only two reminders could be made to the units in the office in general. Nevertheless, the participation of half of the office workers in the study is a positive development. Because, in most of the departments, 50% of the employees answered the survey.

- The most important weakness of the study is the absence of pre-pandemic data that can be compared with the data. Since this situation prevents comparing the results of the study as "before and after the pandemic", the results in the study only addressed the pandemic period.

When the strengths of the study are examined, during the pandemic period, employees in all managerial positions have psychosocial risks as well as physical, chemical, biological and ergonomic risks that they may be exposed to, and this risk management gains a new dimension, assigning different responsibilities to everyone, and a healthy trust and communication among employees, especially in times of crisis. One of the most important benefits of this study has been raising awareness to build a bridge.

5.6. Conclusion and Recommendations

At the time of data collection, many psychosocial risk factors were found to have negative and statistically significant effects on the current general health and especially anxiety states of the participants. However, the rotating flexible working system determined by the company has had both positive and negative aspects on employees, and detailed research should be conducted on the new business models/work systems designed with the pandemic period and the effects of these models on office workers.

In addition, the necessity of arranging office spaces that can affect the health status of employees is an important factor for both the employee and the employer while examining the factors that determine the physical modern office designs that are the results of developing technology and rapid digitalization and integrated with new business models/work systems. For this reason, besides the observance of the work, the health of the employees should also be observed and the offices should be arranged in a way that the employees are comfortable.

In the pandemic period, it is seen that the management of psychosocial risks that office workers may be exposed to, as well as physical, chemical, biological and ergonomic risks that may arise from rapid and radical changes in working life, has gained a new dimension. It is important to take the necessary actions in a timely manner by establishing a safe and healthy communication bridge between employees and workplaces in order to predict and minimize the negativities that these risks may cause, especially in times of crisis.

Psychosocial risk factors should be investigated regularly at certain time intervals. Thus, taking into account the changes and trends between crisis periods and normal periods, necessary measures can be taken.

In times of crisis or uncertainties, it is thought that raising the awareness of office workers, who are in all managerial positions in terms of leadership and management, on psychosocial risk factors as well as other risk factors, can provide important benefits in terms of organizational trust and cooperation and work efficiency.

Finally, based on the results obtained in the study, considering the increasing importance of psychosocial risk factors, their impact on the physical and mental health of employees, and the potential problems with organizational management that may arise in the long run, it is recommended to give importance to psychosocial risk management in both normal and crisis periods.

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7. APPENDICES

7.1. Ethical Approval



Sayı : 37068608-6100-15- 1948
Konu: Klinik Araştırmalar
Etik Kurul Başvurusu hk.

10/09/2020

İlgili Makama (Fatih Koyuncuoğlu)

Yeditepe Üniversitesi Halk Sağlığı A.D. Dr. Öğr. Üyesi Hale Arık Taşyikan'ın sorumlu araştırmacı olduğu **“COVID – 19 Pandemisi Sürecinde COPSOQ III İle Değerlendirilen Psikososyal Risk Faktörlerinin Ofis Çalışanlarının Sağlık Durumu Üzerine Etkisi”** isimli araştırma projesine ait Klinik Araştırmalar Etik Kurulu (KAEK) Başvuru Dosyası (1940) kayıtlı Numaralı KAEK Başvuru Dosyası, Yeditepe Üniversitesi Klinik Araştırmalar Etik Kurulu tarafından 09.09.2020 tarihli toplantıda incelenmiştir.

Kurul tarafından yapılan inceleme sonucu, yukarıdaki isim belirtilen çalışmanın yapılmasının etik ve bilimsel açıdan uygun olduğuna karar verilmiştir. (KAEK Karar No:1280)

Prof. Dr. Turgay Çelik

Yeditepe Üniversitesi
Klinik Araştırmalar Etik Kurul Başkanı

7.2. Online Survey Form Printed

(Survey Link: <https://kwiksurveys.com/s/Moh6KtdR#/0>)

KOPSOR-III (COVID-19) PSİKOSOSYAL RİSK FAKTÖRLERİ ARAŞTIRMA ANKETİ

Hoşgeldiniz,

Bu çalışmada, içerisinde bulunduğumuz pandemi döneminde çalışanların yaşadığı psikososyal risk faktörlerinin çalışan sağlığına etkisini araştırıyoruz.

Sayın katılımcı,

- Bu çalışma Yeditepe Üniversitesi Tıp Fakültesi Halk Sağlığı Anabilim Dalı araştırması olarak yürütülmektedir.
- Çalışmaya katılmak **gönüllülük** esasına göredir. **Kurumsal / kişisel bilgileriniz hiç kimse ile paylaşılmayacaktır.** Bu nedenle isim ve adres bilgileri sorulmamaktadır. Size sorulan tüm soruları yanıtlamaya çalışınız. Yeterince anlamadığınız sorularda açıklama yapmamızı isteyiniz. Bu çalışmadan elde edilecek veriler bilimsel amaçlar dışında kullanılmayacaktır.
- Özellikle bu dönemde **sağlıklı bilimsel veriye ihtiyaç** oldukça fazladır. Bu anketten elde edilen bilgiler, bir pandemide, ofiste çalışanların karşılaştığı sorunları daha iyi anlamamıza ve ele almamıza yardımcı olacaktır.
- Bu ankete katılımınız, yanıtlarınızın -diğer insanlardan gelenlerle birlikte- raporlarda veya yayınlarda kullanılmasına izin verdiğiniz anlamına gelir.
- **Özel şirket, kurum veya kuruluş bağlantısı olmayan bu çalışma, tamamıyla toplum ve çalışan sağlığı için veri toplamak amaçlanmıştır.**
- Çalışmanın özgün sorusu pandemi döneminde yaşanan toplumsal ve iş hayatındaki **ani/radikal değişiklikler ile “yeni normal” veya “kontrollü sosyal hayat” dönemlerine adaptasyon aşamalarında, ofis ortamlarında çalışan kişilerin psikososyal risk faktörlerinin çalışan sağlığına olan etkilerinin incelenmesidir.**

Cinsiyetiniz:

☐ Kadın ☐ Erkek

Yaşınız:

Çocuğunuz var mı?

☐ Evet ☐ Hayır

Online Survey Form Printed (continued)

Çocuğunuz var ise kaç tane?

Medeni durumunuz:

- ☐ Evli
☐ Bekar
☐ Diğer

*** Düzenli olarak kullandığınız bir ilaç var mı?**

- ☐ Evet ☐ Hayır
☐ Evet ise lütfen belirtiniz.

*** Doktor tarafından tanısı konulmuş herhangi bir kronik hastalığınız var mı?**

(Birden fazla seçenek işaretleyebilirsiniz. Eğer yok ise "Kronik hastalığım yok" seçeneğini işaretleyiniz.)

- | | | |
|--|---|---|
| ☐ Kalp Hastalıkları | ☐ Astım | ☐ Romatizma Hastalıkları |
| ☐ Yüksek Tansiyon | ☐ Engel veya sakatlık | ☐ Psikolojik Hastalıklar |
| ☐ Kanser | ☐ Sara | ☐ Depresyon |
| ☐ Verem | ☐ Şeker | ☐ Felç |
| ☐ Bronşit | ☐ Kronik hastalığım yok. | |

Diğer (Lütfen belirtiniz.)

*** En son bitirdiğiniz okula göre eğitim durumunuz nedir?**

- ☐ Lise ☐ Lisans ☐ Yüksek Lisans ☐ Doktora
☐ Diğer (Lütfen belirtiniz.)

Online Survey Form Printed (continued)

- * Bu işte sorumlu olduğunuz temel görevler nelerdir?
(Departmanınızı belirtebilirsiniz, ör: satış, İK vb.)

- * Bu işyerinde çalışmaya ne zaman başladınız? (AA/YYYYY olarak belirtebilirsiniz.)

Online Survey Form Printed (continued)

* Yaptığınız görev aşağıdakilerden hangisine uygundur?

A-UYGULAYICI PERSONEL: Bir üst amirine (yönetici, müdür, süpervizör vb.) bağlı olan çalışanlar (ör. uzman, asistan vb.)

B-UYGULATICI PERSONEL: Hem astında çalışan uygulayıcıları hem de üst amiri olan çalışanlar (ör. belirli yöneticiler)

C- STRATEJİST PERSONEL: Yönetimde söz sahibi olabilen direktör, yönetici, müdür vb. çalışanlar

☐

Uygulayıcıyım.

☐

Uygulaticiym.

☐

Stratejistim.

☐

Diğer (Bu 3 klasmanda olduğunuzu düşünmüyorsanız lütfen belirtiniz.)

1* COVID-19 pandemisi dönemindeki iş hayatınıza göre aşağıdaki sorulara

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5) şeklinde cevaplayınız.

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Çok hızlı çalışmak zorunda kalır mısınız?				
1	2	3	4	5
Gün boyunca yüksek bir hızda mı çalışıyorsunuz?				
1	2	3	4	5
İşlerinizi yetiştiremediğiniz oluyor mu?				
1	2	3	4	5
Tüm görevlerinizi tamamlamak için zamanınızın yetmediği ne sıklıkla olur?				
1	2	3	4	5
İşiniz sizi duygusal olarak rahatsız edici durumlara sokar mı?				
1	2	3	4	5
İşinizin bir parçası başkalarının kişisel sorunları ile uğraşmanızı gerektirir mi?				
1	2	3	4	5
İşiniz size duygusal olarak bir yük getirir mi?				
1	2	3	4	5
İşinize ilişkin alınan kararlarda büyük oranda etki gücünüz var mı?				
1	2	3	4	5
Size verilen iş miktarını belirlemede etkiniz olur mu?				
1	2	3	4	5
İşinizde NE yapacağınıza siz karar verebiliyor musunuz?				
1	2	3	4	5
İşinizi NASIL yapacağınız konusunda sizin bir etkiniz oluyor mu?				
1	2	3	4	5
İşinizde yeni şeyler öğrenme olanağınız var mıdır?				
1	2	3	4	5

Online Survey Form Printed (continued)

İşinizde becerilerinizi ya da uzmanlığınızı kullanabiliyor musunuz?

1 2 3 4 5

İşiniz size becerilerinizi geliştirme fırsatı veriyor mu?

1 2 3 4 5

2* COVID-19 pandemisi dönemindeki iş hayatınıza göre aşağıdaki sorulara

ÇOK AZ ÖLÇÜDE (1), AZ ÖLÇÜDE (2), ORTA ÖLÇÜDE (3), BÜYÜK ÖLÇÜDE (4) veya ÇOK BÜYÜK ÖLÇÜDE (5)

şeklinde cevaplayınız.

ÇOK AZ ÖLÇÜDE	AZ ÖLÇÜDE	ORTA ÖLÇÜDE	BÜYÜK ÖLÇÜDE	ÇOK BÜYÜK ÖLÇÜDE
İşinizi anlamlı buluyor musunuz?				
1	2	3	4	5
Yaptığınız işin önemli olduğunu hissediyor musunuz?				
1	2	3	4	5
Kendinizi işinizde motive ve ilgili hissediyor musunuz?				
1	2	3	4	5
İşyerinde önemli kararlar, değişiklikler veya gelecek planlarına ilişkin önceden size bilgi verilir mi?				
1	2	3	4	5
İşinizi iyi yapabilmeniz için gerek duyduğunuz bilgiyi alıyor musunuz?				
1	2	3	4	5
İşinizin amaçları net olarak belirli midir?				
1	2	3	4	5
Hangi alanların kesin olarak sizin sorumluluğunuzda olduğunu biliyor musunuz?				
1	2	3	4	5
İşinizde sizden birbiri ile çelişkili talepler isteniyor mu?				
1	2	3	4	5
Bazen başka türlü yapılması gerektiğini düşündüğünüz şeyleri yapmak zorunda kalıyor musunuz?				
1	2	3	4	5
İş görevlerinizi tatmin edici bir kalitede yerine getirmenin ne ölçüde mümkün olduğunu düşünüyorsunuz?				
1	2	3	4	5
İşyerinizde yapılan işin kalitesinden memnun musunuz?				
1	2	3	4	5

Online Survey Form Printed (continued)

3* COVID-19 pandemisi dönemindeki iş hayatınıza göre aşağıdaki sorulara

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)
şeklinde cevaplayınız.

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
İş arkadaşlarınızdan ne sıklıkta yardım ve destek alırsınız?				
1	2	3	4	5
İş arkadaşlarınız sizin işle ilgili sorunlarınızı dinlemeye ne sıklıkta istek duyar?				
1	2	3	4	5
Bir üst amirinizden ne sıklıkta yardım ve destek alırsınız?				
1	2	3	4	5
Bir üst amiriniz sizin işle ilgili sorunlarınızı dinlemeye ne sıklıkta istek duyar?				
1	2	3	4	5
İşinizi nasıl yürüttüğünüz ile ilgili olarak amiriniz sizinle ne sıklıkta konuşur?				
1	2	3	4	5

4* COVID-19 Pandemisi Döneminde, aşağıdakilerden kaygı duyuyor musunuz?

ÇOK AZ ÖLÇÜDE (1), AZ ÖLÇÜDE (2), ORTA ÖLÇÜDE (3), BÜYÜK ÖLÇÜDE (4) veya ÇOK BÜYÜK ÖLÇÜDE (5) şeklinde cevaplayınız.

ÇOK AZ ÖLÇÜDE	AZ ÖLÇÜDE	ORTA ÖLÇÜDE	BÜYÜK ÖLÇÜDE	ÇOK BÜYÜK ÖLÇÜDE
İşsiz Kalmaktan:				
1	2	3	4	5
Yeni bir teknolojinin kullanımı ile işsiz kalmaktan:				
1	2	3	4	5
İşsiz kalırsanız yeni bir iş bulmanızın zor olmasından:				
1	2	3	4	5
İsteğiniz dışında başka bir işe transfer olmaktan:				
1	2	3	4	5
Çalışma zamanlarınızın (işe geliş-gidiş, çalışma günleri değişimi vb.) isteğiniz dışında değiştirilmesinden:				
1	2	3	4	5
Maaşınızın azalacağından:				
1	2	3	4	5

Online Survey Form Printed (continued)

5* COVID-19 pandemisi dönemindeki iş hayatınıza göre aşağıdaki sorulara

HAYIR, ASLA (1); EVET, AMA ÇOK AZ (2); KARARSIZIM (3);
EVET, BİR NOKTAYA KADAR (4) veya EVET, KESİNLİKLE (5)
şeklinde cevaplayınız.

HAYIR, ASLA	EVET, AMA ÇOK AZ	KARARSIZIM	EVET, BİR NOKTAYA KADAR	EVET, KESİNLİKLE
İşiniz enerjinizin çoğunu tükettiği için özel yaşamınızın olumsuz etkilendiğini hissediyor musunuz?				
1	2	3	4	5
İşiniz zamanınızın çoğunu aldığı için özel yaşamınızın olumsuz etkilendiğini hissediyor musunuz?				
1	2	3	4	5
İşinizin gerektirdikleri özel ve aile yaşamınızı aksatıyor mu?				
1	2	3	4	5
İşle ilgili görevleriniz nedeniyle aile ve özel yaşamınız için yaptığınız planları değiştirmek zorunda kalıyor musunuz?				
1	2	3	4	5

6* COVID-19 pandemisi dönemindeki iş hayatınıza göre aşağıdaki sorulara

ÇOK AZ ÖLÇÜDE (1), AZ ÖLÇÜDE (2), ORTA ÖLÇÜDE (3), BÜYÜK ÖLÇÜDE (4) veya ÇOK BÜYÜK
ÖLÇÜDE (5)
şeklinde cevaplayınız.

ÇOK AZ ÖLÇÜDE	AZ ÖLÇÜDE	ORTA ÖLÇÜDE	BÜYÜK ÖLÇÜDE	ÇOK BÜYÜK ÖLÇÜDE
Çalışanlar genel olarak birbirlerine güveniyor mu?				
1	2	3	4	5
Yönetim, işlerini iyi yaptıkları konusunda çalışanlarına güven duyuyor mu?				
1	2	3	4	5
Çalışanlar yönetim tarafından verilen bilgilere güveniyor mu?				
1	2	3	4	5
Çalışanlar görüş ve duygularını ifade edebiliyor mu?				
1	2	3	4	5

7* Uygun seçeneği işaretleyiniz. Genel olarak, sağlığını:

ZAYIF	İDARE EDER	İYİ	ÇOK İYİ	MÜKEMMEL
1	2	3	4	5

8* Düşündüğünüz en iyi sağlık durumunu 10, en kötüsü de 0 puan olarak değerlendirirseniz: Mevcut sağlık durumunuza kaç puan verirdiniz?

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

Online Survey Form Printed (continued)

9* Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)

şeklinde cevaplayınız.

(Uyku Sorunları)

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Ne kadar sıklıkla planladığınızdan çok erken uyandınız ve tekrardan uyuyamadınız?				
1	2	3	4	5
Ne sıklıkta bir kaç kez uykunuz kesildi ve tekrar uykuya dalmakta zorlandınız?				
1	2	3	4	5

10* Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)

şeklinde cevaplayınız.

(Tükenmişlik)

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Kendinizi ne sıklıkta yıpranmış hissettiniz?				
1	2	3	4	5
Kendinizi ne sıklıkta fiziksel olarak tükenmiş hissettiniz?				
1	2	3	4	5
Kendinizi ne sıklıkta duygusal olarak tükenmiş hissettiniz?				
1	2	3	4	5
Kendinizi ne sıklıkta yorgun hissettiniz?				
1	2	3	4	5

11* Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)

şeklinde cevaplayınız.

(Stres)

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Ne sıklıkta gevşeme problemlerinizi oldu?				
1	2	3	4	5
Ne sıklıkta sinirlendiniz?				
1	2	3	4	5
Ne sıklıkta gerildiniz?				
1	2	3	4	5

Online Survey Form Printed (continued)

12* Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)

şeklinde cevaplayınız.

(Somatik Stres)

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Ne sıklıkla karın ağrınız oldu?				
1	2	3	4	5
Ne sıklıkla başınız ağrıdı?				
1	2	3	4	5
Ne sıklıkla çarpıntı geçirdiniz?				
1	2	3	4	5
Ne sıklıkla çeşitli kaslarınızda gerginlik yaşadınız?				
1	2	3	4	5

13* Aşağıdaki soruları son 4 hafta boyunca durumunuzun nasıl olduğuna göre

ASLA / NEREDEYSE HİÇ (1), NADİREN (2), BAZEN (3), SIKLIKLA (4) veya HER ZAMAN (5)

şeklinde cevaplayınız.

(Kognitif Stres)

ASLA / NEREDEYSE HİÇ	NADİREN	BAZEN	SIKLIKLA	HER ZAMAN
Ne sıklıkla konsantre olmakta zorluk çektiniz?				
1	2	3	4	5
Ne kadar sıklıkla net düşünmekte zorlandınız?				
1	2	3	4	5
Ne sıklıkla karar almakta zorluk çektiniz?				
1	2	3	4	5
Ne sıklıkla hatırlamakta zorluk çektiniz?				
1	2	3	4	5

Online Survey Form Printed (continued)

14* COVID-19 pandemisi döneminde aşağıdaki tanımlamalar size ne kadar uyuyor?

HİÇ UYMUYOR. (1), BİRAZ UYUYOR. (2), OLDUKÇA İYİ UYUYOR. (3) veya MÜKEMMEL UYUYOR.

(4)

şeklinde cevaplayınız.

(Öz yeterlilik)

HİÇ UYMUYOR.	BİRAZ UYUYOR.	OLDUKÇA İYİ UYUYOR.	MÜKEMMEL UYUYOR.
"Yeterince sıkı çalışırsam, zor sorunları her zaman çözebilirim."			
1	2	3	4
"İnsanlar bana karşı olsa da, istediğimi elde etmenin bir yolunu bulurum."			
1	2	3	4
"Planlarıma sadık kalmak ve hedeflerime ulaşmak benim için kolaydır."			
1	2	3	4
"Beklenmeyen olaylarla başa çıkabileceğimden eminim."			
1	2	3	4
"Bir sorunum olduğunda, genellikle bunu çözmenin bir kaç yolunu bulabilirim."			
1	2	3	4
"Ne olursa olsun, genelde idare ederim."			
1	2	3	4

15* COVID-19 pandemisi döneminde aşağıdaki tanımlamalar size ne kadar uyuyor?

HİÇ UYMUYOR. (1), BİRAZ UYUYOR. (2), OLDUKÇA İYİ UYUYOR. (3) veya MÜKEMMEL UYUYOR.

(4)

şeklinde cevaplayınız.

(Psikolojik Sağlamlık)

HİÇ UYMUYOR.	BİRAZ UYUYOR.	OLDUKÇA İYİ UYUYOR.	MÜKEMMEL UYUYOR.
"Zor durumlarda kendi yeteneklerime güvenebilirim."			
1	2	3	4
"Sorunların çoğunu kendi başıma çözebilirim."			
1	2	3	4
"Genellikle zorlu ve karmaşık görevleri de iyi çözebilirim."			
1	2	3	4
"Bu mevcut koşullar altında işe olan katkımın her zamankinden daha önemli olduğunu hissediyorum."			
1	2	3	4

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- 16* Aşağıdaki duygu durum hallerini, son 4 hafta boyunca aile, sağlık, finans, okul ve iş ile ilgili endişelerinize bağlı olan duygu, düşünce ve davranışlarınıza göre değerlendiriniz.
- ASLA / NEREDEYSE HİÇ (1), BİR KAÇ GÜN (2), GÜNLERİN YARISINDAN FAZLA (3) veya NEREDEYSE HER GÜN (4)
- şeklinde cevaplayınız.
- (Anksiyete)

ASLA / NEREDEYSE HİÇ	BİR KAÇ GÜN	GÜNLERİN YARISINDAN FAZLA	NEREDEYSE HER GÜN
Gergin, endişeli veya sınırdan hissetmek.			
1	2	3	4
Endişelenmeyi durduramamak veya kontrol edememek.			
1	2	3	4
Bir şeyler yapmak için çok az ilgi veya zevk duymak			
1	2	3	4
Enerjisiz, depresif veya umutsuz hissetmek			
1	2	3	4

- 17* Düşündüğünüz korku düzeyinize en yüksek 10, en düşük 0 puan olarak değerlendirirseniz: tüm bu pandemi durumu hakkındaki mevcut korku düzeyinizi kaç puan olarak değerlendirirsiniz?

1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

- 18* Virüsü birlikte yaşadığınız kişilere ve / veya arkadaşlarınıza bulaştırmaktan ne kadar endişelisiniz?

SON DERECE ENDİŞELİYİM.	ÇOK ENDİŞELİYİM.	ENDİŞELİYİM.	BAZEN ENDİŞELİYİM.	AZ ENDİŞELİYİM.	HİÇ ENDİŞELİ DEĞİLİM.
1	2	3	4	5	6

"KONTROLLÜ SOSYAL HAYAT" DÖNEMİNDE,

- 19* Kişisel riskinizi yeterince değerlendirme yeteneğinizden ne kadar eminsiniz?

KENDİME HİÇ GÜVENMİYORUM.	KENDİME AZ GÜVENİYORUM.	KENDİMDEN BİRAZ EMİNİM.	KENDİMDEN ÇOK EMİNİM.
1	2	3	4

Online Survey Form Printed (continued)

20* İşyerinizdeki psikolojik sağlık ve güvenlik iklimini nasıl değerlendirirsiniz?

TOKSİK	İYİ DEĞİL / ZAYIF	NÖTR	MAKUL	SAĞLIKLI / DESTEKLEYİCİ ŞEKİLDE İYİ
1	2	3	4	5

21* İşverenin sizi ve başkalarını işyerinde korumak için elinden gelenin en iyisini yaptığına katılıyor musunuz?

KESİNLİKLE KATILMIYORUM.	KATILMIYORUM.	TARAFSIZIM.	KATILIYORUM.	KESİNLİKLE KATILIYORUM.
1	2	3	4	5

NOTLAR:

1. Ankette verdiğiniz cevapların bize ulaşması için aşağıdaki "Cevaplarınızın bize ulaşması için tıklayınız." kutucuğuna tıklamalısınız.
2. Kutucuğa tıkladığınızda "Katılımınız için Teşekkür Ederiz, Sağlıklı Günler Dileriz." sayfasına yönlendirilirseniz bu, anketinizi tamamladığınızı göstermektedir.
3. Sistemin sizi bu sayfada bırakarak "Lütfen bu soruyu yanıtlayınız." uyarısını vermesi durumunda işaretlenen soru veya soruları cevapladığınızdan emin olarak anketi tamamlayınız.