

THE AWARENESS OF REGULATIONS IN THE FIELD OF OCCUPATIONAL SAFETY OF HEALTHCARE PROFESSIONALS – A CASE STUDY

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Abstract

The global pandemic crisis caused by the coronavirus has demonstrated the importance of occupational safety of healthcare professionals. Workplace risks are not the same across all categories of healthcare professionals. This research is focused on healthcare professionals in psychiatric institutions. We wanted to explore to what extent healthcare professionals are familiar with their rights and obligations in the field of occupational safety. Empirical research was conducted using the survey method. The research sample consisted of healthcare professionals (medical doctors and nurses/technicians) employed at the Special Hospital for Psychiatric Diseases Gornja Toponica in Niš. The study included 215 respondents. The age of the respondents ranged between 20 and 64 years. Their educational qualifications varied from high school education to completed PhD studies. We concluded that the majority of healthcare professionals included in the sample were familiar with legal regulations in the field of occupational safety and health. This is encouraging if we bear in mind the fact that the knowledge of how to react in specific cases, the need for cooperation with persons in charge of occupational safety, and care for occupational safety are preconditions for reducing occupational risks, improving health and increasing safety.

Key words: healthcare professionals, risks, occupational safety and health, regulations

ПОЗНАВАЊЕ ПРОПИСА О БЕЗБЕДНОСТИ И ЗДРАВЉУ НА РАДУ ЗДРАВСТВЕНИХ РАДНИКА – СТУДИЈА СЛУЧАЈА

Апстракт

Светска пандемијска криза узрокована корона вирусом указала је на значај заштите на раду здравствених радника. Ризици на радном месту нису исти за све

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категорије запослених у здравственим установама. Предмет овог истраживања је усмерен на здравствене раднике у психијатријским установама. Нас је интересовало да истражимо колико здравствени радници познају своја права и обавезе у области безбедности и здравља на раду. Сprovedено је емпиријско истраживање. Истраживачки узорак су чинили здравствени радници (лекари и медицинске сестре/техничари) запослени у Специјалној болници за психијатријске болести „Горња Топоница“ у Нишу. У истраживање је било укључено 215 испитаника старосне доби у распону између 20 и 51 и више година, и стручне спреме од средње школе до доктората. Закључили смо да већина здравствених радника познаје законску регулативу из области безбедности и здравља на раду. Овај податак је охрабрујућ уколико се пође од чињенице да познавање начина реаговања у конкретним случајевима, потреба за сарадњом са лицима задуженим за безбедност и обавеза да се води рачуна о безбедности радног места представљају предуслов за смањење професионалних ризика, унапређење здравља и повећање безбедности.

Кључне речи: здравствени радници, ризици, безбедност и здравље на раду, прописи

INTRODUCTION

The health of the world's population has significantly improved in the last decades, partly due to the improved effects of prevention, diagnostics, treatment and recovery methods. The global pandemic caused by COVID-19 has caused global changes in different aspects of contemporary existence (Videnović, Hanić & Sućeska, 2021), and emphasised problems in healthcare systems. Despite these advances, there are some segments of the healthcare system that require improvement. The analysis of these features is important in order to take the steps necessary to solve the problems (Holland, 2016). One of these is the position of healthcare providers, or healthcare professionals. Due to the introduction of market competition and self-regulation in the health sector, healthcare institutions in many countries have faced numerous challenges and an uncertain future (Van Wijngaarden, Scholten & Van Wijk, 2012) as, nowadays, the healthcare system strives to achieve financial sustainability in addition to providing quality healthcare (De Rosis & Nuti, 2018). In achieving these complex goals, it is possible to neglect healthcare professionals, and especially their occupational safety and health.

Healthcare professionals are faced with numerous challenges of occupational safety and health. They are not the same across all categories of healthcare professionals, and they also differ depending on the type of service that a healthcare institution provides. Researchers have paid special attention to the occupational safety and health of healthcare professionals in psychiatric institutions. Psychiatry is considered one of the most stressful medical disciplines, since healthcare professionals in this field treat chronic or incurable patients with mental illnesses (Liu, Wang & Zhao, 2015). They often face continuous stress, develop burnout

syndrome, and job dissatisfaction (Spear, Wood, Chawla et al, 2004), and they are at high risk of developing some psychiatric disorders (Finnøy, 2009). Occupational safety and health problems in psychiatric institutions are particularly emphasised in literature on nurses, who play a major role in providing care for patients with mental illnesses (Heydari, Meshkin-yazd, & Soudmand, 2017). All this points to the need to further study the issue of occupational safety and health of healthcare professionals – medical doctors and nurses in psychiatric institutions. The aim of this analysis is to explore the problem and point to its possible practical solutions, since safe, healthy and satisfied healthcare professionals undoubtedly provide better healthcare to their patients (Rey, Walter & Giuffrida, 2004).

BACKGROUND

The Challenges of Occupational Safety and Health Faced by Healthcare Professionals in Psychiatric Institutions

The analysis of sources on the occupational safety and health of healthcare professionals in psychiatric institutions pointed out some frequent problems, which are a common research subject. These include several groups of problems - workplace stress, burnout syndrome, job dissatisfaction, lack of motivation to work, and workplace violence.

Healthcare institutions are often a very stressful place for healthcare professionals (Andres Rozo, Olson et al, 2017). Workplace stress occurs when the demands of the work environment exceed the employee's ability to cope with them (EUOSHA, 2002). Frequent sources of workplace stress include work overload, poor interpersonal relationships, organisational structure and climate, an insufficient number of associates in a team, and on-call duty (Družić Ljubotina & Friščić, 2014; Knežević, Golubić, Milošević et al, 2009).

Workplace stress can lead to burnout syndrome. It is a negative work-related psychological state which includes a whole range of symptoms – physical fatigue, emotional exhaustion, and loss of motivation, among others (Freudenberger, 1974). It denotes the employee's state of frustration or fatigue (Freudenberger, 1980), wherein they disconnect from their job and feel physically and emotionally exhausted (Kafry & Pines, 1980). This growing feeling of emotional exhaustion, depersonalisation and reduced personal achievement (Maslach & Jackson, 1981) implies a pessimistic view of oneself and one's environment, which leads to psychosomatic exhaustion (Kahn, 1978). When an employee suffers from emotional exhaustion (Maslach, 1976), there is a progressive loss of energy (Škrinjar, 1996), which is followed by a cynical attitude towards the environment and distance from colleagues (Maslach, 1982). Growing inefficiency at work further leads to fear, frustration, and emotional exhaus-

tion (Golembiewski, 1989). Numerous studies have shown that burnout syndrome is more common in healthcare professionals who are in daily contact with patients (Maslach & Jackson, 1981). They are expected to continuously demonstrate assertiveness, technical abilities, and physical fitness. Many factors which lead to burnout in health professionals have not yet been sufficiently researched, but there are studies arguing that it is largely the result of work environment factors (Bilal & Hafiz Mushtaq, 2016; Bejer, Domka-Jopek, Probachta et al, 2019).

Every employee has certain expectations from the work organisation. When employees' expectations and needs are met, productivity is obviously higher (Temesgen, Wubie Aychew & Tesema Leshargie, 2018). Additional risks to the safety and health of healthcare professionals are a lack of motivation to work and job dissatisfaction. Healthcare professionals' low motivation to work has a great impact on the patients themselves. This issue requires the attention of the healthcare institution's management (Đorđević, Petrović, Vuković et al, 2015). Job satisfaction represents an individual's cognitive, affective and evaluative reactions towards their job. Many studies point to a relationship between job satisfaction, productivity and commitment to work (Marković, Deljanin Ilić, Milošević et al, 2013). For healthcare professionals, it is an important factor which determines the quality of the healthcare provided and affects the work of the entire health system. Research shows that gender, age, level of education, years of experience, salary and working hours are important factors influencing healthcare professionals' job satisfaction (Grujičić, Jovičić, Rađen et al, 2016).

Workplace violence, as a violent act directed at an individual at work or on duty, is a phenomenon that seriously endangers the health of employees (Yao, Wang, Wang et al, 2014). Some definitions of workplace violence include only physical violence, while others define it as only psychological (WHO, 2002). It is also defined as any behaviour intended to harm an employee or the organisation itself (Neuman & Baron, 1998). These are incidents in which persons have been threatened or attacked in work-related circumstances (Fišeković Kremić, 2016). According to the EU, workplace violence is most prevalent in public administration and defense (14%), followed by the education and healthcare systems (12%) (Paunović & Kosanović, 2010). Nurses are considered to be particularly at risk of workplace violence (Milutinovic, Prokeš, Gavrilov-Jerkovic, 2009). The existence of violence against healthcare professionals in psychiatric facilities is evidenced by the fact that one of the first models of on-the-job training was developed at St. Thomas Psychiatric Hospital in 1976 (Lipscomb & El Ghaziri, 2013). Despite state regulations and the organisations' warnings, it still exists as a workplace hazard in healthcare facilities (Arbury, Zankowski, Lipscomb et al, 2017).

Some other hazards can be noticed, such as the communication of team members within a healthcare organisation (Manojlovich & Antonakos, 2008), hostile behaviour in the workplace (Kordić & Babić, 2014), work-family conflict, physical and mental health problems (Zhang, Punnett & Nannini, 2017), and patient satisfaction (Vermeir, Downs, Degroote et al, 2018).

Legal Regulations on the Occupational Safety and Health of Healthcare Professionals in Psychiatric Institutions in the Republic of Serbia

Occupational safety and health is a right that is clearly recognised in the legal system of the Republic of Serbia. It is guaranteed to all employees by the Constitution of Serbia (2006). Legal regulations on the occupational safety and health of healthcare professionals in psychiatric institutions can be divided into several groups.

The first group consists of regulations on occupational safety and health which apply to all categories of employees, including healthcare professionals in psychiatric institutions. This includes the Law on Occupational Safety and Health (2005), and rulebooks and decrees based on this law. This law regulates the implementation and improvement of the occupational safety and health of employees, including healthcare professionals, with the aim of preventing workplace injuries, occupational diseases and work-related diseases. It allows the employer and employee to regulate their mutual rights, obligations and responsibilities in relation to occupational safety and health in more detail by a collective agreement, the organisation's rulebook on occupational safety and health, or the employment contract. There is a Special Collective Agreement for Health Institutions in Serbia founded by the Republic of Serbia, an autonomous province, and a unit of local self-government (2019), which dedicates an entire chapter to the occupational safety and health of healthcare professionals.

The second group consists of regulations which regulate employment relationships in Serbia in general terms, including labour relations of healthcare professionals in psychiatric institutions. The basic law in this group is the Labor Law (2005), which regulates the rights, obligations and responsibilities of the employment subject, and to which the right to safe and healthy working conditions belongs. On the basis of this law, there are a number of decrees which also regulate employment relationships that refer to healthcare professionals in psychiatric institutions. Certain segments of occupational safety are regulated by other laws, such as the Law on Prevention of Harassment at the Workplace (2010).

The third group of regulations, which incorporates specific legal solutions pertaining to the features of the occupational safety and health of healthcare professionals in psychiatric institutions, consists of acts that regulate the healthcare system of Serbia. The Law on Healthcare Protection (2019) and the Law on Protection of Persons with Mental Disorders (2013) are of special importance for healthcare professionals in psychiat-

ric institutions. They are accompanied by the Rulebook on Detailed Conditions for Performing Healthcare Activities in Healthcare Institutions and Other Gorms of Healthcare Services (2006) and the Rulebook on the Conditions and Manner of Internal Organization of Healthcare Institutions (2006). The Law on Protection of Persons with Mental Disorders is accompanied by the Rulebook on Detailed Conditions for the Application of Physical Restraint and Isolation of Persons with Mental Disorders who are in Treatment in Psychiatric Institutions (2013), which also regulates certain issues of importance for these employees.

In addition to the above documents, the Occupational Safety and Health Convention No. 155 (1981), and the Promotional Framework for Occupational Safety and Health Convention No. 187 (2006), adopted by the ILO, are part of our legal system. These conventions have been ratified by the Republic of Serbia, and they establish the basic principles according to which a system of safety and health at work should be established in the country that ratifies them. The regulations of our country rely on these conventions in their legal solutions, and this likewise pertains to the safety and health at work of healthcare workers in psychiatric institutions.

METHODS

An empirical research was conducted. A survey questionnaire was designed for the purposes of this research. The research was based on a sample of healthcare professionals (doctors and nurses/technicians) employed at the Special Hospital for Psychiatric Diseases *Gornja Toponica* in Niš who voluntarily agreed to participate in the research. The study included 215 respondents (140 women and 75 men). The age of the respondents ranged between 20 and 64 years. Their educational qualifications varied from high school education to completed PhD studies.

RESULTS AND DISCUSSION

The structure of the respondents based on their level of education is presented in Table 1.

Table 1. Structure of respondents based on their level of education

Educational qualifications	N	%
High school degree	145	68.4
(higher) Vocational education	41	19.3
University degree (bachelor, master, specialisation)	25	11.8
PhD	1	0.5
Total	212	100

Source: Authors' research

Table 2. Knowledge on occupational safety and health

	Educational qualifications	Strongly agree		Partly agree		Undecided		Partly disagree		Strongly disagree		χ^2	df	p
		N	%	N	%	N	%	N	%	N	%			
I am aware that employee and employer rights and obligations in the field of occupational safety and health are regulated by the Law on Occupational safety and health	High school	86	59.3	43	29.7	9	6.2	4	2.8	3	2.1	40.960	12	0.000
	Vocational	28	68.3	9	22	2	4.9	1	2.4	1	2.4			
	University	21	84	3	12	1	4	0	0	0	0			
	PhD	0	0	0	0	0	0	1	100	0	0			
	Total	135	63.7	55	25.9	12	5.7	6	2.8	4	1.9			
I am aware that the Risk Assessment Act has identified all possible hazards to my workplace	High school	67	46.2	39	26.9	21	14.5	10	6.9	8	5.5	15.083	12	0.237
	Vocational	26	63.4	8	19.5	3	7.3	3	7.3	1	2.4			
	University	13	52	9	36	3	12	0	0	0	0			
	PhD	0	0	0	0	1	100	0	0	0	0			
	Total	106	50	56	26.4	28	13.2	13	6.1	9	4.2			
When establishing an employment relationship, I was trained for safe and healthy work by the employer	High school	68	46.9	53	36.6	6	4.1	12	8.3	6	4.1	26.653	12	0.009
	Vocational	20	48.8	17	41.5	2	4.9	2	4.9	0	0			
	University	14	56	5	20	1	4	3	12	2	8			
	PhD	0	0	0	0	1	100	0	0	0	0			
	Total	102	48.1	75	35.4	10	4.7	17	8.0	8	3.8			
I believe that I am familiar with all types of workplace risks and safety measures in the jobs I perform	High school	71	49	53	36.6	9	6.2	8	5.5	4	2.8	21.868	12	0.039
	Vocational	24	58.5	11	26.8	3	7.3	2	4.9	1	2.4			
	University	15	60	8	32	1	4	0	0	1	4			
	PhD	0	0	0	0	0	0	1	100	0	0			
	Total	110	51.9	72	34	13	6.1	11	5.2	6	2.8			
I have the right to give suggestions, remarks and notifications to the employer on the issues of occupational safety and health	High school	65	44.8	32	22.1	19	13.1	13	9	16	11	12.636	12	0.396
	Vocational	22	53.7	5	12.2	8	19.5	4	9.8	2	4.9			
	University	15	60	5	20	2	8	1	4	2	8			
	PhD	0	0	0	0	1	100	0	0	0	0			
	Total	102	48.1	42	19.8	30	14.2	18	8.5	20	9.4			
When my life and health are in imminent danger because the prescribed OSH measures have not been implemented at my workplace, I have the right to refuse to work until these measures are provided.	High school	68	47.2	40	27.8	13	9	8	5.6	15	10.4	20.093	12	0.065
	Vocational	17	41.5	12	29.3	2	4.9	5	12.2	5	12.2			
	University	10	40	8	32	3	12	0	0	4	16			
	PhD	0	0	0	0	0	0	1	100	0	0			
	Total	95	45	60	28.4	18	8.5	14	6.6	24	11.4			

When my life and health are in imminent danger, I have the right to take appropriate measures in accordance with my knowledge and available resources at my disposal.	<i>High school</i>	85	58.6	38	26.2	9	6.2	8	5.5	5	3.4	26.634	12	0.017
	<i>Vocational</i>	18	43.9	14	34.1	6	14.6	2	4.9	1	2.4			
	<i>University</i>	15	60	7	28	2	8	0	0	1	4			
	<i>PhD</i>	0	0	0	0	0	0	1	100	0	0			
	Total	118	55.7	59	27.8	17	8	11	5.2	7	3.3			
I am aware that there is a person in charge of occupational safety and health in my work organization	<i>High school</i>	108	74.5	18	12.4	8	5.5	1	0.7	10	6.9	4.215	12	0.979
	<i>Vocational</i>	31	75.6	3	7.3	3	7.3	0	0	4	9.8			
	<i>University</i>	21	84	3	12	0	0	0	0	1	4			
	<i>PhD</i>	1	100	0	0	0	0	0	0	0	0			
	Total	161	75.9	24	11.3	11	5.2	1	0.5	15	7.1			
I have the right to elect one or more representatives for occupational safety and health	<i>High school</i>	67	46.5	30	20.8	26	18.1	6	4.2	15	10.4	15.625	12	0.209
	<i>Vocational</i>	15	36.6	14	34.1	9	22	1	2.4	2	4.9			
	<i>University</i>	11	44	3	12	5	20	0	0	6	24			
	<i>PhD</i>	0	0	0	0	1	100	0	0	0	0			
	Total	93	44.1	47	22.3	41	19.4	7	3.3	23	10.9			
I am obliged to apply the prescribed protection measures for safe and healthy work	<i>High school</i>	117	80.7	18	12.4	7	4.8	2	1.4	1	0.7	9.577	12	0.653
	<i>Vocational</i>	35	85.4	4	9.8	2	4.9	0	0	0	0			
	<i>University</i>	22	88	2	8	1	4	0	0	0	0			
	<i>PhD</i>	0	0	1	100	0	0	0	0	0	0			
	Total	174	82.1	25	1.8	10	4.7	2	0.9	1	0.5			
Before leaving my workplace, I am obliged to leave my workplace and means of work in a condition that does not endanger other employees.	<i>High school</i>	127	87.6	11	7.6	4	2.8	1	0.7	2	1.4	28.072	12	0.005
	<i>Vocational</i>	37	90.2	1	2.4	3	7.3	0	0	0	0			
	<i>University</i>	22	88	1	4	1	4	0	0	1	4			
	<i>PhD</i>	0	0	0	0	0	0	1	100	0	0			
	Total	186	87.7	13	6.1	9	4.2	1	0.5	3	1.4			
I am obliged to cooperate with my employer and person in charge of occupational safety and health	<i>High school</i>	118	81.4	14	9.7	5	3.4	3	2.1	5	3.4	11.554	12	0.482
	<i>Vocational</i>	34	82.9	5	12.2	2	4.9	0	0	0	0			
	<i>University</i>	20	80	3	12	1	4	0	0	1	4			
	<i>PhD</i>	0	0	1	100	0	0	0	0	0	0			
	Total	172	81.1	23	10.8	8	3.8	3	1.4	6	2.8			

Source: Authors' research

The data presented in Table 2 shows that the majority of the respondents are familiar with the fact that the Law on Occupational Safety and Health regulates the relations between employees and employers in this area, given that 63.7% of the respondents *strongly agree*, and 25.9% *agree* with the statement "I am aware that employee and employer rights and obligations in the field of occupational safety and health are regulated

by the Law on Occupational Safety and Health". By conducting the χ^2 test, it was determined that there is a statistically significant difference in the attitudes of the respondents regarding this claim ($p = 0.000$; $p < 0.05$). Despite the fact that it had been determined that healthcare professionals largely agree with the claim, their attitudes are related to their educational qualifications. The fact that healthcare professionals with a higher level of education are better acquainted with the existence of the Law on Occupational Safety and Health can be partly explained by the information that Occupational Medicine is studied as a subject at medical faculties, and that some of its segments are dedicated to legal solutions from the regulations regarding occupational safety and health. Additional knowledge on the regulations in the field of occupational safety and health is not acquired at the level of doctoral academic studies. All categories of employees, regardless of their education, should be familiar with the basic law governing occupational safety and health.

Healthcare professionals are also aware that the Risk Assessment Act identifies possible hazards and harms related to their workplace (50% of the respondents *strongly agree* and 26.4% of the respondents *agree*). Nevertheless, 13.2% of the respondents were *undecided*, including those with a PhD degree. There were those who responded with *partly disagree* (6.1%), and *strongly disagree* (4.2%), which points to their doubts regarding the issue. The fact that the majority of healthcare professionals are familiar with the Law on Occupational Safety and Health, and the Risk Assessment Act is encouraging.

When establishing the employment relationship, healthcare professionals are trained for safe and healthy work (48.1% *strongly agree* and 35.4% *partly agree*). They are familiar with the risks and protective measures at the jobs they perform (51.9% *strongly agree* and 34% *partly agree*). We must not neglect the possibility that they gave the expected and desirable answers because they are responsible individuals as regards the field of occupational safety and health. There are respondents who were undecided or expressed disagreement. Although their percentage is significantly lower, this data indicates their insufficient ability to work in a safe and healthy manner, which can be alarming. This may point to the fact that the training of employees for safe and healthy work in healthcare institutions is often conducted just as a formal obligation. The data obtained by conducting the χ^2 test shows that there is a statistically significant difference in the answers of the respondents when it comes to the claims "When establishing an employment relationship, I was trained for safe and healthy work by the employer" ($p = 0.009$; $p < 0.05$), and "I believe that I am familiar with all types of workplace risks and safety measures in the jobs I perform" ($p = 0.039$; $p < 0.05$), which suggests that the attitudes of healthcare professionals with a lower level of education are different from the attitudes of respondents with a higher level of education. In this case, there was a respondent with a PhD degree who was

undecided. Such a response is hard to explain since the employer's obligation applies to all employees regardless of their level of education.

Bearing in mind the percentage of positive responses (*strongly agree* and *partly agree*) to the claims related to the rights of employees, it can be concluded that the largest percentage of the surveyed healthcare professionals are familiar with their right to: give suggestions, remarks and notifications on the issues of occupational safety and health (48.1% *strongly agree*, 19.8% *partly agree*); refuse to work in the event of imminent danger to their health and life until the prescribed occupational safety and health measures are taken (45% *strongly agree*, 28.4% *partly agree*); take measures in accordance with their knowledge and available resources in case of imminent danger to life and health (55.7% *strongly agree*, 27.8% *partly agree*); and elect one or more representatives for occupational safety and health (44.1% *strongly agree*, 22.3% *partly agree*). Many respondents were *undecided* when it comes to their right to choose representatives for work (19.4%), and the largest disagreement pertains to the statement regarding the right of employees to give suggestions, remarks and notifications to the employer on occupational safety and health issues (8.5% *partly disagree* and 9.4% *strongly disagree*), which means that these healthcare professionals are not aware of all their rights. It is possible that healthcare professionals are denied these rights in practice, although they are prescribed by law, which is why they responded negatively. This group includes healthcare professionals with a PhD degree who are either *undecided* (in case of giving suggestions, remarks and notifications regarding occupational safety and health, and electing representatives for occupational safety and health) or show disagreement (in case of refusing to work when they are in imminent danger and taking action in such cases in accordance with their knowledge and available resources) with the claims relating to employees' rights.

By conducting the χ^2 test for the claims related to the employees' familiarity with the rights in the field of occupational safety and health, a statistically significant difference in the answers of the respondents was found for the claim "When my life and health are in imminent danger, I have the right to take appropriate measures in accordance with my knowledge and available resources at my disposal" ($p = 0.017$; $p < 0.05$). Despite the fact that the largest percentage of the respondents are familiar with this right, their answers vary depending on their level of education, as evidenced by the answer of a respondent with a PhD degree who *partly disagrees* with being familiar with this right.

Even though it is possible that healthcare professionals are denied their rights in the field of occupational safety and health, and that their answers regarding their knowledge of their rights are socially desirable, the percentage of those who stated that they are aware of their rights is significantly higher. It can be assumed that they will act accordingly in order to reduce occupational risks, while creating a safe and healthy environment.

The largest percentage (75.9%) *strongly agree* with the claim “I am aware that there is a person in charge of occupational safety and health in my work organisation”. There are those who show disagreement (6.9% of the respondents with high school degrees, and 9.8% of the respondents with (higher) vocational education *strongly disagree*).

They are aware of their obligations in the field of occupational safety and health – they *strongly agree* that: they are obliged to apply the prescribed protection measures for safe and healthy work (82.1%); before leaving their workplace, they are obliged to leave their workplace and means of work in a condition that does not endanger other employees (87.7%); and they are obliged to cooperate with the employer and the person in charge of occupational safety and health (81.1%). The questions are whether these answers are socially desirable, and whether these professionals adhere to their obligations. A statistically significant difference in the answers of the respondents was found for the claim “Before leaving my workplace, I am obliged to leave my workplace and means of work in a condition that does not endanger other employees” ($p = 0.005$; $p < 0.05$). In this case, a respondent with a PhD degree *partly disagreed*, which can be confusing.

The analysis of the data presented in Table 2 points to the conclusion that the majority of the healthcare professionals included in the research sample are familiar with the legislation in the field of occupational safety and health, as well as their rights and obligations in this field. This is encouraging if we consider the fact that knowing how to react in specific cases, the need for cooperation with persons in charge of occupational safety, and care for occupational safety are preconditions for reducing occupational risks, improving health and increasing safety.

The results of this research open up some important areas for further research at the intersection of occupational safety and health, and human resource management strategies in healthcare institutions. It could be interesting and useful to conduct some scientific research and to analyse both the types of risks to which healthcare workers in psychiatric institutions are exposed and their knowledge of the prescribed rights and obligations in the field of occupational health and safety. This kind of research would contribute to understanding the need for, and the possibilities of, improving the implementation of the principle of prevention through specific risks for these employees.

CONCLUSION

Personal rights and freedoms are the result of a long struggle for the respect of physical and personal integrity (Dimovski, 2021). Healthcare professionals are exposed to numerous workplace risks, which can seriously jeopardise their health. Occupational dysfunction is frequent

among healthcare professionals (Mutsumi & Makoto, 2019), and this has been proven by various studies (Harizanova & Stoyanova, 2020; Sagherian, Clinton, Abu-Saad Huijjer et al., 2017; Samur & Seren Intepeler, 2017).

This research shows that healthcare professionals in psychiatric institutions are particularly vulnerable as regards occupational safety and health due to the nature of the medical services they provide. For that reason, the employees' knowledge of the regulations in this area is a basic precondition for their implementation. The implications of this research should be observed in relation to the organisation of various forms of non-formal educational programmes for healthcare professionals in the field of occupational safety and health, especially in conditions of new workplace threats and risks.

The value of this paper lies in its potential to help understand the role of legal knowledge in managing risks, and improving the safety and working conditions in healthcare facilities. This would enable healthcare professionals to cope with occupational safety and health challenges (stress, burnout, lack of motivation, etc.) more easily, and to improve their overall health (Ilić Petković & Nikolić, 2020). Since the employer is, upon establishing an employment relationship, legally obliged to train their employees to conduct their work in a safe and healthy manner, and to periodically check their competence, it is clear that the employer (healthcare institution) needs to continuously analyse the threats posed to the safety and health of their employees. Healthcare professionals have a legal right and obligation to attend to their occupational safety and health, in which their knowledge of the prescribed rights, obligations and responsibilities of the healthcare institution, and their own rights can help them significantly.

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ПОЗНАВАЊЕ ПРОПИСА О БЕЗБЕДНОСТИ И ЗДРАВЉУ НА РАДУ ЗДРАВСТВЕНИХ РАДНИКА – СТУДИЈА СЛУЧАЈА

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Резиме

Потреба за заштитом на раду здравствених радника и њен значај су добро познати у литератури, па је предмет овог истраживања усмерен на здравствене раднике у психијатријским установама, с обзиром на то да је психијатрија једна од најстреснијих медицинских грана. Емпиријско истраживање је спроведено методом анкетирања, а истраживачки узорак су чинили лекари и медицинске сестре/техничари запослени у Специјалној болници за психијатријске болести „Горња Топоница“ у Нишу. У истраживање је било укључено 215 испитаника (140 жена и 75 мушкараца) старосне доби између 20 и 64 године, а стручне спреме од средње школе до доктората. Резултати истраживања показују да већина испитаника познаје законску регулативу из области безбедности и здравља на раду, те и права и обавезе који су њима прописани. Овај податак је охрабрујућ уколико се има у виду да су здравствени радници у психијатријским установама посебно рањиви у погледу безбедности и здравља на раду због природе медицинских услуга које пружају. Неопходно је да они познају прописе из ове области, јер се тиме обезбеђују ефикасно функционисање система безбедности и здравља на раду и њихова заштита.