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Evaluation of the Life Quality of Workers In A Cement Factory

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Abstract

This study is planned to evaluate the life quality of 93 workers in a cement factory resided in Eastern Black Sea Region, determination of their life quality is carried out by SF - 36 Life Quality Scale with a face-to-face survey method. Physical Role Function Difficulty sub-dimension (93.01 \pm 19.98) came out as the one with the highest point average among the workers' life quality dimensions, while Vitality/Tiredness (57.15 \pm 19.22) and General Health Perception (57.04 \pm 15.38) came out as the one with the lowest point average. A significant difference was found between the workers' working hours and their Vitality/Tiredness and Mental Health scores and it was found out that the workers with 16-20 years working time seemed to have a higher Vitality/Tiredness score than the ones with 6-10 years working time (p<0.05). Workers seemed to have difficulties in higher rates in performing their tasks as they have Vitality/Tiredness and health perceptions in mid-levels and it was determined that the more working years they had, the higher their Vitality/Tiredness and health perceptions went up.

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1. Introduction

Work life, as a part of life itself and working environment affect individuals' social, cultural situations and life qualities (Keser, 2004). World Health Organization defines life quality as "ivdividuals' action of percepting their positions in life, being related to their objectives, expectations, standards and worries about life" (Group, 1998; Skevigton et al., 2004). By designating life quality, the objective of determining people's psychological, physical, material, social, economical, well-being and many more aspects by terms of condition and satisfaction is clearly carried out. Life quality is assessed in two ways as personal and social. While personal evaluation represents and individual's

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satisfaction, social evaluation stands for concepts such as an individual's inhabitance, income level and social circle (Karademir, 2014; Demirkıran, 2012).

Workers in cement factories have to deal with health problems related to skin and sense organs, digestive system (ulcer) and respiratory system (chronic bronchitis, emphysema) due to the conditions like heat, noise, dust and the climatic conditions they're exposed to in their working environments (Türkkan, 2015). All work-related negativities consist a risk for one's health, hence affects one's life quality in the short or long run. Improvements towards the working environments of the workers in our country are initiated by Labor (No. 3857, 2003) and Occupational Health and Safety Law (No. 6645, 2015) though still not in at the desired level. The existence of occupational nursery gained an importance by this law as well (Regulations regarding the occupational doctor and other health professionals' mission, authorization, responsibility and educations, 2013). Occupational health nurses should designate the problems affecting the working places in order to present a better service for the workers in their working environments (Güler and Kubilay, 1998). By the nursing initiatives taken towards the problems affecting the life quality, there will be a decline in error rates in working places (Güler ve Kubilay, 1998). From this point of view, this study was carried out with the motivation of designating the life quality of the workers working in the cement factory.

2. Methodology

Universe of the study consists of the workers in a cement factory resided in Eastern Black Sea Region while the sample consists of 93 voluntary workers out of 110 working at the same factory between 01-04/12/2015, without the preference of sample choosing. Data were collected by the researchers with the use of SF-36 Life Quality Scale (Pınar, 1995; Ware 1992) and face-to-face interviews with the sociodemographic properties. Scale score of the living quarters in the scale take readings between 0 and 100 from lowest to the highest. Positive grading was used in the scale, where the grading was based on the assumption of life quality's increase as each health field's score increases (WareandSherbourne 1992, Pınar 1995). Results were analyzed in SPSS software by use of percentage, number, chisquare, t test, Mann Whitney U test, Kruskal Wallis H test and Dunnet T3 Post Hoc test.

3. Findings and Discussion

Work life, as a part of life itself and working environment affect individuals' social, cultural situations and life qualities. As the life quality increases, the workers experience happiness out of their works, therefore their work performance improves and they become better at their work (Perim, 2007). When the distributions are examined according to our sample's definitive specifications in our study; it was discovered that workers have an average of age of 40,24±6,58 with 84,9% high school graduates, 84,9% married, 38,7% have 2 children. 39,8% of the workers have 16-20 years of work experience and their working time average is 13,66±6,49 and 55,9% of them were found to have their annual general medical examinations.

When the workers' point averages regarding their life quality scale's sub-dimensions, Physical Function point average is 87,42±17,63, Physical Role Function Difficulty point average is 93,01±19,98, Emotional Role Function Difficulty point average is 89.61±24.56, Liveliness/Tiredness point average is 57.15±19.22, Mental Health point average is 64.90±18.52, Social Function point average is 66.84±20.59, Pain point average is 72.02±23.40 and General Health Perception point average is 57.04±15.38. These findings show that they experience difficulties in high rate in Physical Function, Physical Role Function and Emotional Role Function while they have a medium-level of Liveliness/Tiredness, Mental Health, Social Function, Pain and General Health Perceptions. The highest point average is Physical Role Function Difficulty (93.01±19.98) while the lowest is Liveliness/Tiredness (57.15±19.22) among all the sub-dimensions (Table 1). This situation shows that the workers have a high rate of difficulty in carrying out their tasks and they have a medium level of Liveliness/Tiredness though their scale regarding this sub-dimension is lower compared to the others. In the studies made, it was found out that the highest scale sub-dimension point average belongs to Physical Function (Namal and ark., 2015; Kızılırmak, 2014; Muşlu and ark., 2012; Aksungur, 2009; Koltarla, 2008) while the lowest belongs to Pain dimension (Namal and ark., 2015; Kızılırmak, 2014) and Liveliness/Tiredness dimension (Muşlu ve ark., 2012; Aksungur, 2009; Koltarla, 2008). This variability in our study and in other former studies is considered to derive from the age differences between the groups participating in the studies and the lifestyles of people belonging to society's different categories.

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