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## SAFETY MANAGEMENT AT THE WORKPLACE IN PUBLIC AND PRIVATE HEALTHCARE FACILITIES IN THE CANTON OF SARAJEVO

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### ABSTRACT

**Introduction:** Workplace safety means implementing a modern risk assessment method automatically included in the risk management activity. When a risk is discovered, it is necessary to reduce it or eliminate it completely through preventive measures or interventions.

**Aim:** To examine to what extent healthcare organizations care about their workers, to what extent workers are aware of the risks, whether they have adequate working conditions and whether they respect them.

**Participants and methods:** The study was included 144 healthcare professionals employed in public and private healthcare institutions in the Sarajevo Canton. The sample was selected by the method of random selection. The study is descriptive and comparative.

**Results:** The total sample (N=144) included 140 or 97.2% respondents working in public healthcare institutions, and 4 or 2.8% respondents working in private healthcare institutions. Almost  $\frac{3}{4}$  of respondents are familiar with the implementation of risk assessment in the workplace, and in 25.0% of cases they are familiar with some strategic document on risk management and assessment of risky workplaces. The largest number of respondents, 63.9%, state that they respect the protection measures provided by the employer. None of the respondents gave reasons for non-compliance.

**Conclusion:** Respondents confirmed the existence of workplace risks in public and private healthcare institutions and awareness about them, they are fully or partially aware of the risks and partially practice protection against them. A significant number of employees mention illnesses that are potentially caused by a risky workplace.

**Keywords:** workplace safety, management, healthcare institutions.

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## INTRODUCTION

Improving health and safety at work has been an important issue in the European Union (EU) since the 1980s. According to the principles of the United Nations (UN), the World Health Organization (WHO) and the International Labor Organization (ILO), every citizen of the world has the right to healthy and safe work in a working environment that enables him to live a healthy and long productive life. "Numerous key documents speak of this: the Constitution, Alma Ata Declaration, Health for All Strategy, General Work Programs and several resolutions of the World Health Assembly. The need to protect and improve health and safety at work by eliminating and/or controlling hazards and risks in the working environment was emphasized. In this way, the improvement of the health and working ability of working people is achieved" (1).

Workplace safety means the implementation of a modern risk assessment method that is automatically included in the risk management activity. When a risk is discovered, it is necessary to reduce it or eliminate it completely through preventive measures or interventions. Risk assessment at the workplace is crucial and the first step in the prevention of accidents at work,

occupational diseases and work-related diseases.

"Within every organization, in order to perform work tasks in an appropriate manner, it is necessary to ensure that the workforce can adequately take care of their health needs, that is, to ensure that their working environment is safe for their health. Health, safety and security are considered to be one of the most important aspects in any company (2).

"Working conditions and the working environment can have a positive (salutogenic) or harmful effect on health and well-being. Employment and work give an individual the possibility of economic security, development of knowledge, work skills and competences, and the ability to socialize. On the other hand, daily exposure to hazards, risk factors (chemical, physical, biological, psychosocial) and various loads can cause occupational illness or accidents at work. Numerous studies have offered convincing evidence of the positive connection between health at work and: good organization of work, clearly defined work tasks, regular supervision and rewards, good management-leadership, a healthy and creative workplace, the safety of which provides conditions suitable for advancement at work and social development. The health and safety

strategy at work not only ensures the health of workers, but also significantly contributes to productivity, product quality, work motivation and job satisfaction." The modern concept of safety and health protection at work is implemented in companies and corporations of the developed world with the message that good safety means good work (3).

In modern companies, the organization of people management with its tasks and activities has positioned itself as an important and significant driver of change, and as a basic prerequisite for efficient and effective operations, that is, as an important determinant of business success (4).

There are several tools and techniques that can be used to assess risk. The decision tree and risk matrix are among the most commonly used tools, but there are other techniques such as hazard analysis and critical control points (HACCP) and job safety analysis (JSA). Depending on the industry and specific workplace, some of these tools may be more appropriate than others.

It is important that risk assessment is carried out and updated regularly to ensure that protection and risk management measures are relevant and effective. In addition, it is important to educate employees about the risks in the workplace

and the safety procedures they should follow to reduce the risk of accidents and injuries (5).

By reviewing the available literature as well as the relevant internet databases, we were unable to find similar research in our area an workplace safety that would be specifically focused on work in healthcare institutions. For this reason, we believe that this study will certainly contribute to a better understanding of the issue of safety at workplaces in healthcare institutions, and contribute to their improvement.

The main objective of this study is to examine the extent to which healthcare organizations take care of their workers, especially workers in places of increased risk. Also the objective is to examine the extent to which workers are aware of the risks, whether they are provided with working conditions and whether they respect them.

## **PARTICIPANTS AND METHODS**

The study was conducted among healthcare workers employed in public and private healthcare institutions in the Sarajevo Canton. The survey included 144 healthcare workers. The sample was selected by the method of random selection.

The study is descriptive and comparative. An author's questionnaire created on the

basis of a review of professional and scientific literature and on the basis of experiences from everyday clinical practice was used as a research instrument. The questionnaire was created in the electronic form "Google Forms" and was available to respondents via e-mail. The research was conducted in the period from January 15 to January 30, 2023. The questionnaire is anonymous and it is not possible to find out the identity of the respondents from the answers provided. The scientific methods used are the method of induction, deduction, compilation, etc. In this research, all ethical principles related to the protection of the identity of the respondents and the data obtained through the questionnaire were respected.

### Statistical analysis

The software system SPSS for Windows (version 13.0, SPSS Inc, Chicago, Illinois, USA) and Microsoft Excel (version 11, Microsoft Corporation, Redmond, WA, USA) were used for statistical analysis of the obtained data. Nominal and ordinal variables in the research were analyzed with the  $\chi^2$  test, and in case of missing the expected frequency, Fisher's exact test was used. For continuous variables in the study, the symmetry of their distribution was first analyzed using the Shapiro-Wilk test. If the distribution of continuous variables was

not symmetrical, the arithmetic mean and standard deviation were used to display the mean value and measures of dispersion, and parametric tests (Student's t-test) were used to compare these variables. If the distribution of continuous variables was asymmetrical, the median and interquartile range were used to display the mean value and dispersion measures, and non-parametric tests (Mann-Whitney U test, Kruskal-Wallis test) were used to compare them.

## RESULTS

### Sample description

The total sample consisted of 144 healthcare professionals from the area of Sarajevo Canton. The total sample included 140 or 97.2 % of respondents working in public healthcare institutions, and 4 or 2.8 % of respondents working in private healthcare institutions.

In relation to gender distribution, women were more represented in the sample in 125 or 86.8% of cases compared to 19 or 13.2% of men.

In the total sample, respondents in the age group of 37-45 years were most often represented in 52 or 36.1%, followed by respondents in the age group of 46-55 years in 39 or 27.1%, and respondents in the age group of 26-36 years old in 31 or 21.5% of cases.

Only one respondent was over 65 years old.

The largest number of respondents in the sample has completed high school education in 97 or 67.4%, followed by

respondents with faculty education in 29 or 20.1%, master's degrees, PhDs or professors in 16 or 11.1% of cases, and only 2 respondents or 1.4% with higher education (Table 1).

**Table 1. - Overview of the sociodemographic characteristics of the respondents**

		N	%
<b>Sector</b>	Public health institution	140	97.2
	Private healthcare institution	4	2.8
<b>Gender</b>	Male	19	13.2
	Female	125	86.8
<b>Age</b>	18-25 years	7	4.9
	26-36 years	31	21.5
	37-45 years	52	36.1
	46-55 years	39	27.1
	56-65 years	14	9.7
	over 65 years	1	.7
<b>Qualifications</b>	Highschool	97	67.4
	Higher education	2	1.4
	Faculty	29	20.1
	Master's degree, doctor of science, professor	16	11.1

### Presentation of study results

Respondents rated their health with an average rating of  $3.54 \pm 0.98$  on a scale from 1 to 5. Most often, respondents rated their health with a rating of 4 or 3.

The majority of respondents, 95 or 66.0% state that they do not have any occupational disease, 30 or 20.8% that they

do, and 19 or 13.2% that they do not perform health examinations.

Of the total number of respondents, 17 or 11.9% stated that they were offered to change their workplace due to an occupational illness, which 9 or 6.3% accepted immediately, while 8 or 5.6% of the respondents refused it on personal responsibility (Table 2).

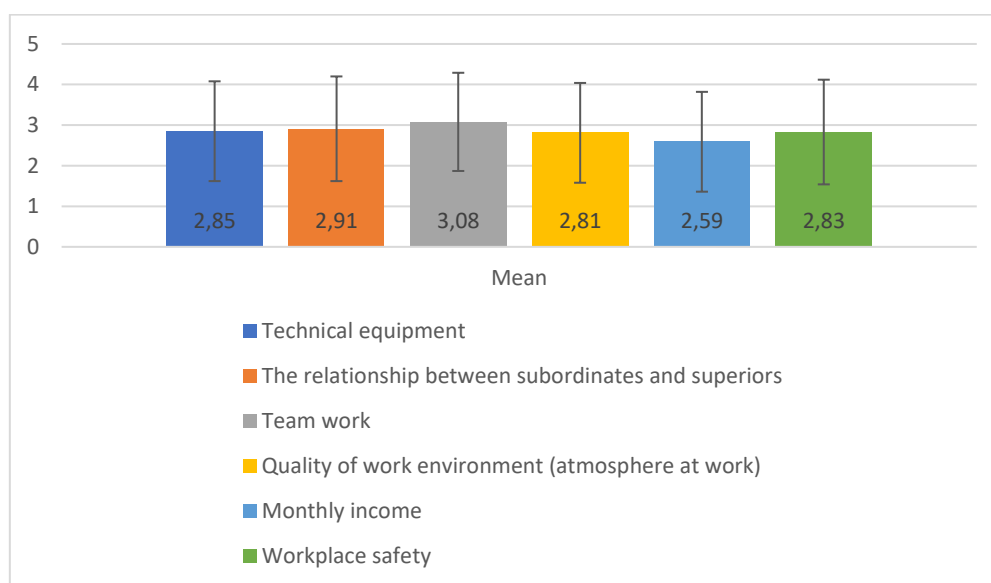
**Table 2.** - Overview of the average health score and prevalence of occupational diseases

Health rating (scale 1-5)	X	3.54	
	SEM	0.08	
	Median	4.00	
	SD	0.98	
	Minimum	1.00	
	Maksimum	5.00	
		N	%
<b>Representations of occupational diseases</b>	Yes	30	20.8
	No	95	66.0
	I do not carry out health examinations	19	13.2
<b>Representations of change of workplace due to occupational illness</b>	Yes, but I don't want to change my workplace, I accept on my own responsibility	8	5.6
	Yes, I accepted it immediately	9	6.3
	No	127	88.2

The analysis of the degree of satisfaction with aspects of the working environment on a scale from 1 to 5, where 1 represents the answer “Completely dissatisfied” and 5 “Completely satisfied” shows that the respondents generally evaluated all aspects with an average score of around 3, which corresponds to the answer “Neither satisfied nor dissatisfied” “.

Satisfaction with the technical equipment of the OJ in which they work was assessed with an average score of  $2.85 \pm 1.23$ , with the most common answer being “Partially dissatisfied” in 43 or 29.9%. Satisfaction with the relationship between subordinates and superiors was evaluated with an average score of  $2.91 \pm 1.29$ , with the most common answer being “Partially satisfied”

in 38 or 26.4%. Satisfaction with teamwork was assessed with an average score of  $3.08 \pm 1.21$ , with the most common answer being “Partially satisfied” in 43 or 29.9%. Satisfaction with the quality of the working environment was evaluated with an average score of  $2.81 \pm 1.23$ , with the most common answer being “Partially satisfied” in 46 or 31.9%. Satisfaction with the amount of monthly income was assessed with an average score of  $2.59 \pm 1.23$ , with the most common answer being “Partially dissatisfied” in 46 or 31.9%. Satisfaction with workplace safety was evaluated with an average score of  $2.83 \pm 1.29$ , with the most common answer being “Partially dissatisfied” in 46 or 31.9% (Figure 1).



**Figure 1.** - Analysis of respondents' degree of satisfaction with aspects of the workplace

Almost half of the respondents, 69 or 47.9%, state that they do not know or are not sure whether there is an occupational safety service or an authorized worker for occupational safety in their institution. Of the total number, 51 or 35.4% gave an

affirmative answer, while 24 or 16.7% gave a negative answer.

To the question “Are you familiar with conducting a risk assessment at the workplace in your institution?”, almost ¾ of respondents answered yes in 103 or 71.5% of cases (Table 3).

**Table 3.** - Analysis of the presence of occupational health and safety services and the familiarity of respondents

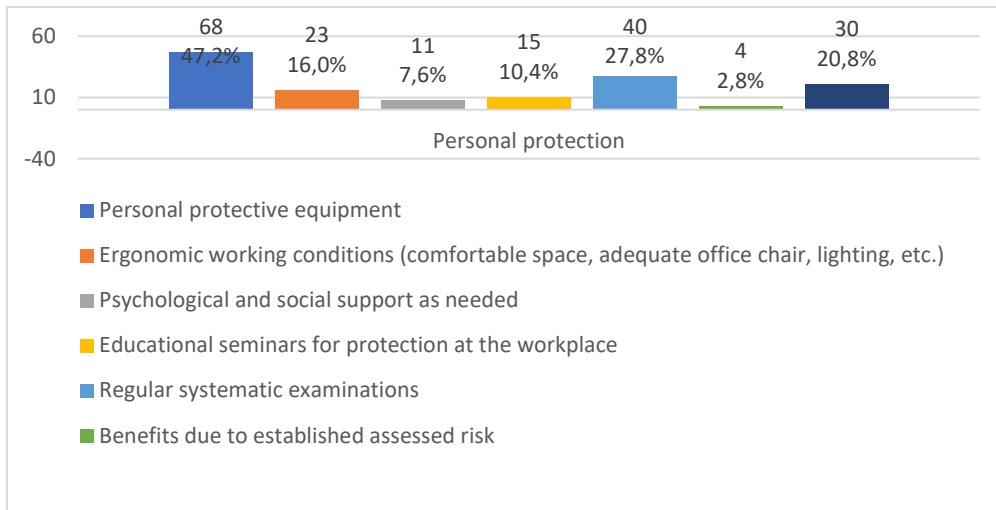
		N	%
<b>There is an occupational safety service or an authorized worker for occupational safety</b>	Yes	51	35.4
	No	24	16.7
<b>I am familiar with conducting a risk assessment in the workplace</b>	Yes	103	71.5
	No	40	27.8
<b>I am familiar with the risks in the workplace</b>	Yes	81	56.3
	Partially	56	38.9
	No	40	27.8
<b>Acquainted with some strategic document on risk management and assessment of risky workplaces</b>	Yes	36	25.0
	Partially	68	47.2
	No	40	27.8

The analysis of familiarity with some strategic document on risk management and assessment of risky workplaces shows

that 36 or 25.0% of respondents are fully aware, 68 or 47.2% partially, and 40 or 27.8% that they are not aware. As the most

common means of personal protection provided to them by the institution where they work, respondents state personal protective equipment according to standards in 68 or 47.2%, followed by regular systematic examinations in 40 or 27.8%, followed by ergonomic working

conditions in 23 or 16.0%, educational seminars for workplace protection in 15 or 10.4%, psychological and social support as needed in 11 or 7.6%, and benefits due to the established estimated risk in 4 or 2.8%. Likewise, 30 or 20.8% of respondents state none of the above (Figure 1).



**Figure 2.** - Analysis of personal protection conditions provided by the institution

The largest number of respondents, 92 or 63.9%, state that they respect the protection measures provided by the employer, 32 or 22.2% that they do so because it is mandatory, and 20 or 13.9% that they partially respect the protection measures. None of the respondents gave reasons for non-compliance.

Of the total number of respondents, 17 or 11.8% state that they are familiar with some protection measures that the employer is obliged to provide, but did not do so, 61 or 42.4% partially, and 66 or 45.8% that they are not.

As measures that the employer did not provide, the respondents mentioned: “Personal protection in the zone of ionizing radiation” in 2 cases and in one case: “Security”, “Staff rotation from a more difficult workplace to an easier one”, “Already mentioned above, differences by departments, inequality” and “Protection from noise in the workplace”.

Almost half of the respondents state that there were incidents that occurred due to inadequate risk assessment in the workplace, fully in 26 or 18.1%, and partially in 43 or 29.9%. Out of the total



number, 75 or 52.1% of respondents stated that there were no such incidents.

The analysis of familiarity with the rights and obligations related to protection at work shows that 52 or 36.1% of

respondents are fully familiar with the same, 77 or 53.5% partially, and 15 or 10.4% that they are not at all familiar with the aforementioned (Table 4).

**Table 4.** - *Overview of compliance with measures and familiarity with risks*

		N	%
<b>I respect the protection measures provided by the employer</b>	Yes	92	63.9
	Yes, because it is mandatory	32	22.2
	Partially	20	13.9
<b>I am familiar with some protection measures that the employer is obliged to provide, but he did not do so</b>	Yes	17	11.8
	Partially	61	42.4
<b>I am familiar with incidents that occurred due to inadequate risk assessment at the workplace</b>	Yes	26	18.1
	Partially	43	29.9
<b>I am familiar with the rights and obligations related to protection at work</b>	Yes	52	36.1
	Partially	77	53.5

Correlation analysis shows that familiarity with risks in the workplace has a positive impact in the sense that workers rate their health better, rate interpersonal relations in the workplace better, team work and the

quality of the working environment, have higher monthly incomes and rate workplace safety better, as well as the availability of psychosocial assistance if necessary (Table 5).

**Table 5.** - *Correlation analysis of the impact of familiarity with risks in the workplace*

		<b>Familiarity with workplace risks</b>
<b>Health rating (scale 1-5)</b>	ro	-.276**
	p	.001
<b>The relationship between subordinates and superiors</b>	ro	-.236**
	p	.004
<b>Team work</b>	ro	-.247**
	p	.003
<b>Quality of work environment (atmosphere at work)</b>	ro	-.258**
	p	.002
<b>Amount of monthly income</b>	ro	-.206*
	p	.013
<b>Safety in the workplace</b>	ro	-.263**
	p	.001
<b>Psychological and social support as needed</b>	ro	.193*
	p	.021
**. Correlation significant at $p < 0.01$ level		
*. Correlation significant at $p < 0.05$ level		

## DISCUSSION

In this research, the majority of respondents stated that they do not have any occupational disease, and about one quarter that they do not perform health examinations. But, of the total number of respondents, almost 12 % stated that they were offered to change their workplace due to an occupational illness.

Almost half of the respondents state that there were incidents that occurred due to inadequate risk assessment in the workplace

According to the other authors, the annual prevalence of HCW incidents and injuries was about 3 %. The highest rate of injuries

was found among nurses and nurse assistants and the most commonly reported injuries were from sharp instruments or needle sticks. These injuries are frequent and costly (6, 7). Factors associated with injuries from needles and sharp objects are age, level of education, number of shifts per month, and history of related training (7). Other frequent incidents reported by HCWs were threats and violence. This is a problem, especially in psychiatric care and emergency wards and has been reported by various health professionals (8). Other frequent injury situations were patient manual handling, including positioning, transferring, and lifting. The most

commonly reported pain locations were the trunk, shoulder, arm, hand and lower back. Andersen et al. found an association with daily patient transfer and increased risk for back injury among HCWs and the use of assistive devices reduced the risk (9).

In one review, Vieira et al. summarises that up to 50 – 90 % have WMSD during their careers where low back pain is the body part most commonly affected (10). Another study by Darragh et al. analysed injury incidents among PTs and occupational therapists. They found that among 248 injury incidents, manual therapy and transfers/lifts were associated with 54 % of all injuries (11).

The analysis of the degree of satisfaction with aspects of the working environment on a scale from 1 to 5 shows that the respondents generally evaluated all aspects with an average score of around 3, which corresponds to the answer “Neither satisfied nor dissatisfied“.

Almost half of the respondents state that they do not know or are not sure whether there is an occupational safety service or an authorized worker for occupational safety in their institution. Also, the analysis of familiarity with some strategic document on risk management and assessment of risky workplaces shows that one quarter of the respondents are fully familiarized. The largest number of

respondents, almost 65 % state that they respect the protection measures provided by the employer.

As measures that the employer did not provide, the respondents mentioned: “Personal protection in the zone of ionizing radiation”, “Security”, “Staff rotation from a more difficult workplace to an easier one”, “Already mentioned above, differences by departments, inequality” and “Protection from noise in the workplace”.

Correlation analysis shows that familiarity with risks in the workplace has a positive impact in the sense that workers rate their health better, rate interpersonal relations in the workplace better, teamwork and the quality of the working environment, have higher monthly incomes and rate workplace safety better, as well as the availability of psychosocial assistance if necessary.

Other authors have found that factors associated with injuries from needles and sharp objects are age, level of education, number of shifts per month, and history of related training (7). Other frequent incidents reported by HCWs were threats and violence. This is a problem, especially in psychiatric care and emergency wards and has been reported by various health professionals (8). Other frequent injury situations were patient manual handling,

including positioning, transferring, and lifting. The most commonly reported pain locations were the trunk, shoulder, arm, hand and lower back. Andersen et al. found an association with daily patient transfer and increased risk for back injury among HCWs and the use of assistive devices reduced the risk (9).

Safety at work is an item that has been a priority throughout history, and we especially emphasize it today because there are many drivers and motives, and safety is something that is necessary for every worker, especially those who are exposed to greater risks (12-15).

In Bosnia and Herzegovina, safety at work is an important topic that is considered by numerous experts and authors in their works. In the last few years, the need to ensure safety at work has been particularly emphasized, given that this area is still subject to numerous risks and dangers (2).

In the literature, we find different approaches to this topic, depending on the field of research and the interest of the author. Some authors focus on the legal framework for occupational safety, while others consider practical measures that can be taken to ensure a safe working environment (12-15).

The authors in Bosnia and Herzegovina emphasize that responsibility for safety at work is shared between employers and

employees. Employers are responsible for providing safety conditions, equipment and tools, and training employees on safety protocols and procedures in the event of accidents or injuries. Employees, on the other hand, are responsible for complying with safety regulations and acting in accordance with them. This research confirms that a large number of workers adhere to protective measures, but that employers have not in all cases provided everything necessary for workplace safety (16-19).

The Agency for Quality and Accreditation in Health Care in Federation of Bosnia and Herzegovina (AKAZ) has developed Safety and Quality Standards for hospitals that help create a safer environment for both patients and health professionals working in health care facilities, which all accredited health care facilities are required to adhere to (20). In some books on this topic, the importance of education and training of employees is emphasized in order to increase the awareness of safety at work. The authors also recommend regular equipment maintenance, strict safety protocols and risk assessment, which can help prevent accidents and injuries. Workers in public and private healthcare institutions confirm that protocols of this type are followed, but that there is much room for improvement (21).

Finally, the importance of constant evaluation of security measures and protocols, as well as regular training of employees, is emphasized. All these measures can contribute to risk reduction and ensure the safety of employees in the workplace (22).

Many authors emphasize the need for employers to take responsibility for the safety of their employees and provide adequate training and protective equipment to prevent accidents and injuries at work.

Also, the legal framework for occupational safety is discussed and the rights and obligations of employers and employees are discussed. The authors recognize the importance of workplace safety and provide valuable insights and recommendations on how to ensure a safe work environment for all employees. Their works provide practical advice and guidance for employers and employees on how to prevent accidents and injuries and how to comply with safety regulations.

The analysis carried out by Ovčina and Karić showed that respondents who are currently in the process of professional development or have a better social background are less exposed to mobbing in the form of “passive-aggressive communication”. People with high incomes are less exposed to “pathological lying as a means to an end”, in contrast to

respondents who live in urban areas. People with a higher level of education are more exposed to “stress due to communication with colleagues and patients, conflicts” (2018), which also speaks to the safety factors at the workplace that were also examined by this research (23).

Begović (2020) also concludes in his research on the role of safety managers in the development of safety culture that an expert responsible for ensuring safety at work is necessary primarily for the purpose of ensuring humane working conditions and prevention of injuries and illnesses at work, and secondarily for the general well being of workers and more efficient work of employees engaged in risky or relatively risky occupations. The analysis of workers' attitudes towards safety showed that workers have a developed attitude about safety, but the values have large deviations, which indicates the existence of exceptions that can have negative consequences, which was also confirmed in this research (24).

Therefore, we can say that it is of crucial importance that workers are provided with conditions for safe work and that work is done on the awareness of workers on issues of safety at work, that is, that they know what they can legally demand from the employer.

Methods such as trainings and workshops related to safety at work can be helpful, but it is important that in the future it is possible for institutions to employ safety experts in the workplace, whether they are individuals or organizations. This would relieve the administration of the institution and open up space for improving workplace safety, which in the future would motivate workers to be more productive at work, but also happier with the work they do, which would ultimately lead to better efficiency.

## CONCLUSIONS

Health workers confirmed the existence of workplace risks in public and private healthcare institutions and their awareness of them. Respondents are fully or partially aware of the risks and partially practice protection against them. Less than half of the respondents confirmed that risk protection measures are provided at the workplace by the employer. A significant number of employees mention illnesses that are potentially caused by a risky workplace.

In Bosnia and Herzegovina, there are regulations related to this area, such as the Law on Safety and Health Protection at Work and the Rulebook on the Organization and Way of Implementing Occupational Safety Measures in Health

Care Institutions. Safety management in healthcare institutions is a long-term process, but its adoption achieves better protection of the health and safety of employees and patients, and ultimately improves the quality of healthcare.

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## UPRAVLJANJE SIGURNOŠĆU NA RADU U JAVNIM I PRIVATNIM ZDRAVSTVENIM USTANOVAMA U KANTONU SARAJEVO

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### SAŽETAK

Uvod: Sigurnost na radnom mjestu podrazumijeva primjenu moderno koncipirane metode procjene rizika koja se automatski uključuje u aktivnost upravljanja rizikom. Kada se otkrije rizik, potrebno ga je preventivnim mjerama ili intervencijama smanjiti ili potpuno otkloniti. Cilj: Ispitati u kojoj mjeri zdravstvene organizacije brinu o svojim radnicima, u kojoj su mjeri radnici svjesni rizika, da li imaju adekvatne uslove rada i da li ih poštuju.

Ispitanici i metode: Istraživanjem je obuhvaćeno 144 zdravstvenih radnika zaposlenih u javnim i privatnim zdravstvenim ustanovama na području Kantona Sarajevo. Uzorak je odabran metodom slučajnog izbora. Studija je deskriptivna i komparativna.

Rezultati: Ukupan uzorak (N=144) obuhvata 140 ili 97,2 % ispitanika koji rade u javnim zdravstvenim ustanovama i 4 ili 2,8 % ispitanika koji rade u privatnim zdravstvenim ustanovama. Gotovo  $\frac{3}{4}$  ispitanika upoznato je sa primjenom procjene rizika na radnom mjestu, u 25,0 % slučajeva je upoznato sa nekim strateškim dokumentom o upravljanju rizicima i procjeni rizičnih radnih mjesta. Najveći broj ispitanika, njih 63,9 %, navodi da poštuje mjere zaštite koje im poslodavac pruža. Niko od ispitanika nije naveo razloge za nepoštovanje.

Zaključak: Ispitanici su potvrdili postojanje rizika na radnom mjestu u javnim i privatnim zdravstvenim ustanovama i svijest o njima, te su potpuno ili djelimično svjesni rizika i djelimično praktikuju zaštitu od njih. Značajan broj zaposlenih navodi oboljenja koja su potencijalno uzrokovana rizičnim radnim mjestom.

**Ključne riječi:** sigurnost na radnom mjestu, menadžment, zdravstvene ustanove.

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