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Research Article

Evaluating the moderating role of management inspection between safety hazards in hospital working conditions: A study of hospitals in Islamabad

Iqra Nisar[1], Muhammad Waqas Raja[2]*, Tayyebah Sehar[3]

[1,2,3]Business Administration Department, Iqra University, Islamabad, Pakistan

*Corresponding Author email: waqas.raja@iqraisb.edu.pk

ABSTRACT

The study identifies the relationship between safety hazards and hospitals working conditions. The management inspection role supported by the management in hospitals is identified to bring safety measures precautions and effectiveness for the healthcare staff and make the hospital working conditions better. The hospital management inspection role helps to accomplish occupational safety and better working conditions. The objective of this study is to identify the relationship of management inspection role in tackling with the safety hazards to find out working conditions in Al-Shifa International hospital and Pakistan Institute of Medical Sciences hospital. The study used various statistical tests like Pearson's correlation and KMOs Bartlet's test to evaluate the predictors of safety barriers, working conditions and management inspection role. Data was gathered using research questionnaire and the response rate was 73%. Among the 500 respondents, 75% were males while 25%were females. The age range was 40 or above years with a mean of 2.5. The reliability analysis for the constructs is in the acceptable range. The management lacking in providing the safety information rated as 0.61 correlation matrix. The medical doctors' responded noise as the most detrimental factor resulted with 0.70 communality and lack of health facility comes as 0.61. The structure matrix shows biological hazards rated as 0.66 and physical explosion hazards rated as 0.70 which is analyzed through KMO Bartlet's test. The safety hazards existence in the hospitals calls upon the attention on conducting research on inspection, detection and reporting of the hazards.

Keywords: *Safety Hazards; Management Inspection; Working Conditions; Hospitals; Health Care*

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1. INTRODUCTION

The health sector stays essential for any country which at first hand affects the economy of the country. The healthy workforce improves productivity and the economy. Pakistan's health sector faces imbalances in service delivery and disparities in the health workforce with safety issues at work. In 2013thePakistan'sgross national income per capita was $5,041 and in 2014 the total expenditure on health per capita was $129, an account for 2.6% of the country's GDP (Kodali, 2023). The healthcare system constitutes into the private and public sector of Pakistan. The private sector performs services almost 70% of the population and 30 % by the public sector (Ejaz et al., 2023).

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The healthcare sector works below the worst running situations just like the hazardous equipment and weak infrastructure. In reality the reliable health safety management system for inspection come to an end at primary and secondary level to improve and evaluate the duties. Many studies proposed the idea that Pakistan's private healthcare system outperform to the public healthcare system. The government sector of Pakistan wishes to enhance health services with the support to enhance running working conditions and supporting the healthcare staff by management inspection support on safety issues. In the matters of health concerns of Pakistan, UNDP Human Development Index (HDI) classify Pakistan 128 out of 172 countries and accounted 40% of diseases spread to healthcare staff including infectious/communicable diseases rest in healthcare centers of Pakistan.

The healthcare sector plays a crucial role in any country's social and economic development, and effective management practices are vital for its success. In recent years, Pakistan's healthcare system has undergone significant reforms and improvements. However, there is a research gap regarding the moderating role of management visits in the context of the Pakistani healthcare sector. This study aims to address this gap by investigating the impact of management visits on various organizational outcomes and exploring their moderating effect on existing relationships within the sector.

According to Sarfraz et al. (2022), limited research has focused explicitly on the moderating role of management visits in the healthcare sector of Pakistan. Although several studies have examined the impact of management practices on organizational performance and employee outcomes (Usman et al., 2021). There is a lack of empirical investigation into the role of management visits as a potential moderator (Ali et al., 2020).

While studies have explored the influence of various managerial practices and strategies, such as leadership styles and communication, on healthcare outcomes (Faisal et al., 2021), the specific impact of management visits remains largely unexplored. Management visits refer to the periodic visits made by top-level executives or managers to healthcare facilities to assess the quality of care, evaluate the implementation of policies, and ensure adherence to standard procedures (Dawson, 2019).

Despite the importance of management visit as a tool for improving the quality and efficiency of healthcare services, there is a lack of empirical evidence on its impact and effectiveness in the context of Pakistan. Previous studies have mainly focused on the challenges and barriers faced by healthcare managers and providers in conducting and receiving management visit, but have not assessed its outcomes and benefits for the health system and the population. Moreover, there is a scarcity of research on the best practices and strategies for designing, implementing, and evaluating management visit interventions in Pakistan, especially in relation to the primary health care strengthening and health financing reforms initiated by the federal and provincial governments (Danforth et al., 2023). Therefore, there is a need for more rigorous and comprehensive research on management visit in healthcare sector of Pakistan, to fill the existing knowledge gap and to inform policy and practice.

Understanding the moderating role of management visits is essential because it can shed light on the extent to which these visits enhance the effectiveness of existing management practices (Alsabi et al., 2023). These visits may help identify and address organizational challenges, promote accountability, and improve overall performance in the healthcare sector. Exploring this aspect is particularly important in the context of Pakistan, where healthcare facilities face various structural, operational, and managerial challenges.

Moreover, by studying the moderating role of management visits, this research can contribute to the existing literature on management practices in healthcare organizations. It can provide evidence-based insights for policymakers, administrators, and healthcare practitioners, enabling them to develop effective strategies that capitalize on the potential benefits of management visits in improving healthcare service delivery and patient outcomes. The identification and study of such type of said gap increases towards the diminishing intellectual capital of countries that has dearth need to add in the existing body of literature (Jahanger et al., 2022).

Furthermore, the medium-term development foundation (MTDF) suggests considerable challenges faced by the Pakistan's healthcare sector incorporates the safety hazards at workplace embraces physical and psychological hazards, worst and inadequate working conditions across country, downfall in managerial support system on safety, diseases spread and mental health issues to healthcare staff (Spoorthy et al., 2020). In order to address the gap, there are certain objectives established to further conduct the study.

To identify the worker's safety hazard (physical and psychological safety hazards) associated with the working conditions in hospitals.

- To identify the role of management inspection in relationship to the worker's safety hazards (Physical and psychological safety hazards) and working conditions in hospitals.

Based on the objectives stated above the study has formulated certain questions to answer by conducting the thorough study further. The questions or key areas of consideration involve;

- Whether the worker's safety (Physical safety hazards) is associated with the hospital working conditions?
- Whether the worker's safety (Psychological safety hazards) is associated with the hospital working conditions?
- Is there any role of management inspection in relationship to the worker safety (physical and psychological safety hazards) and hospital working conditions.

Thus, this research aims to address the research gap concerning the moderating role of management visits in the healthcare sector of Pakistan. By examining the impact of management visits on organizational outcomes and their potential to moderate existing relationships, this study can contribute to the body of knowledge in healthcare management. The findings may offer valuable insights for policymakers, administrators, and healthcare practitioners, ultimately leading to the improvement of healthcare services in Pakistan.

1.1. Problem Statement

In comparison with the developed world the developing countries like Pakistan confronted with many safety hazards including physical and psychological safety hazards experienced in the hospital workplace. The hospitals identified an emergence of inadequate working conditions and absence of safety rules follow-up. The developed countries have better health care benefits in the form of safe working conditions, management performing inspection duties on mental health of workers and management efforts on participation of healthcare staff concerning health and safety issues. The developing countries accounted as greater than 80% of global worldwide occupational diseases and injuries due to unsafe working conditions (Li et al., 2022).

The study is based on efforts exploring the safety hazards concept in the developing countries revealing the bad adequacy in healthcare system which creates barriers to support to the professional healthcare staff. In one of the studies of sub-Saharan Africa and Latin America depicts the presence of more severe conditions in hospital workplace (Alleyne et al., 2021).

The constantly enlarging gap among healthcare staff safety hazards and lack of management support on safety inspection is alarming in Pakistan. Pakistan comes under 122nd out of 190 countries in world healthcare system rated by WHO report (WHO, 2007). Mostly the facilities available in government hospitals seem frequently in a terrible condition which include hazards and accidents in workplace linked with the worker safety issues affects the healthcare staff physically and psychologically (Saleem et al., 2022). The area of management inspection in hospital workplace calls an attention for a comprehensive study to analyze worker safety issues in the form of physical and psychological hazards associated with working conditions in hospitals. Occupational Safety and Health Administration (OSHA) indicates that hospital workplace recognized as the most hazardous place for the working staff due to heavy workload, therefore experiencing the safety issues in daily routines (Mohanty, Kabi, & Mohanty, 2019).

2. LITERATURE REVIEW

Human resource serves as an essential asset for the development of organizations, enables accomplishing results by efficient utilization of resources. The hospital workplace confronted with the unsafe occupational health hazards which threaten the healthcare staff to work efficiently and achieve desired results (Che Huei et al., 2020).

Hospital is a complex workplace with intensified working staff noticeably exposed to illness and incidents than working staff of other industries (World Health Organization, 2022). The study reported hospital as unsafe workplace where healthcare staff exposed to the occupational health hazard which causes the bad impact over the health of doctors and nurses.

The safe work environment promoted as rationally acceptable and avoidance of safety creates a lot of damage in the workplace. The studies recommend that accidents and deceases spread at workplace still noticed as significant issue in organizations specially

hospitals. The healthcare industry Australia suffers many prevalent issues of the healthcare staff. The Australian work health and safety strategy faces challenges in reducing the workplace injury rates through the year 2012 to 2022 (Salguero-Caparrós et al., 2020).

The term barrier comes from Haddon's ten strategies, function as both hardware (physical) and behavioral (psychological concerning human action). Barriers help to prevent incidents or protect from unwanted consequences (Emma, 2021).

The WHO reports that millions of healthcare professionals experience hazards in workplace. Many scholars and practitioners shed light upon to raise safety awareness to incorporate with the risk factors. The WHO and Nelson stated a sense of universal data on occupational incidents. The incidents through injury and sickness impede workers to discharge duties effectively which creates bad impact on the healthcare management system prevails in Taiwan (Chew et al., 2020).

Hospital working conditions play a critical role in ensuring the safety and well-being of healthcare workers. However, the presence of safety hazards in such settings can pose significant risks to the occupational health and safety of employees. In Pakistan, where healthcare infrastructure is rapidly expanding, it is crucial to assess the effectiveness of management inspection as a potential moderating factor in mitigating safety hazards. This literature review aims to explore the existing research on the topic and examine the moderating role of management inspection in hospital working conditions in Pakistan.

Management inspection, also known as safety audits or workplace inspections, involves systematic assessments of work environments to identify potential safety hazards and ensure compliance with safety regulations. In the context of hospital working conditions, management inspection serves as a proactive approach to minimizing risks and preventing accidents. Studies have emphasized the importance of effective management inspection in creating a safe work environment (Smith, 2020).

Hospital working conditions encompass a wide range of safety hazards, including physical, chemical, and biological risks. Physical hazards may include exposure to noise, ergonomic issues, and slip, trip, and fall hazards. Chemical hazards involve exposure to hazardous substances such as cleaning agents, disinfectants, and pharmaceuticals. Biological hazards primarily stem from infectious diseases and can pose a significant threat to healthcare workers. Research suggests that management inspection plays a crucial role in mitigating safety hazards in hospital working conditions. An effective inspection program can help identify potential risks, develop appropriate control measures, and ensure their implementation (Cao et. al., 2018). By identifying hazards and implementing preventive measures, management inspection can significantly reduce the likelihood of accidents and injuries among healthcare workers.

The moderating role of management inspection refers to its ability to influence the relationship between safety hazards and their impact on hospital working conditions. Several studies have explored this aspect in various industries, highlighting the significance of management inspection as a mediator in improving safety outcomes (Hosokawa et al.,

2019). However, limited research specifically addresses the moderating role of management inspection in the context of hospital working conditions in Pakistan.

In Pakistan, the healthcare sector has witnessed significant growth in recent years. However, there is a dearth of empirical studies evaluating the effectiveness of management inspection in mitigating safety hazards in hospital working conditions. It is crucial to investigate the moderating role of management inspection in Pakistani hospitals to enhance occupational health and safety standards.

The literature review highlights the significance of management inspection in mitigating safety hazards in hospital working conditions. While the existing research has emphasized the importance of management inspection as a preventive measure, the specific moderating role of management inspection in the context of Pakistani hospitals remains underexplored. Future research should focus on assessing the effectiveness of management inspection programs and identifying best practices for ensuring occupational health and safety in healthcare settings in Pakistan.

2.1. SAFETY BARRIERS

Safety barriers play a crucial role in preventing workplace accidents and promoting a safe working environment. In the healthcare sector, where workers are exposed to various hazards, understanding and implementing effective safety barriers is of utmost importance. This literature review aims to explore the concept of safety barriers, including physical and psychological barriers, in the healthcare sector and examine their role in enhancing workplace safety. The review focuses on relevant research studies conducted in the healthcare sector, providing insights into the effectiveness of safety barriers and highlighting areas for further improvement.

2.1.1. Physical Safety

Physical safety is experienced through harm or injury through physical items or practices performed in workplaces like hospital. The physical object which causes harm or injury can be room, furniture, any medical equipment and other prohibited items etc. (Slavich, 2022). Physical barriers encompass physical structures, equipment, or devices designed to protect workers from hazardous elements. Examples include safety guards on machinery, safety shields, barriers between workstations, handrails, and warning signs. Physical barriers help reduce the risk of accidents caused by contact with hazardous substances, moving parts, or unsafe areas. Active and anticipated response to such barriers makes any organization and its respective management proactive subjected to proactive personality-based management philosophy (Dufault et al., 2023).

In the healthcare sector, numerous studies have provided evidence of the efficacy of safety barriers in reducing workplace accidents (Smith, 2015; Johnson, 2018). Specifically, the implementation of physical barriers, such as safety shields and barriers around hazardous equipment, has been found to have a significant impact on the occurrence of workplace accidents and injuries (Jones & Brown, 2017).

Additionally, safety barriers, particularly in the form of physical barriers, also play a crucial role in infection control within healthcare settings (Thomas, 2016; Wilson & Davis, 2020). Research studies have shown that the implementation of physical barriers, such as isolation rooms and protective screens, effectively prevents the spread of infectious diseases, thereby offering protection to both healthcare workers and patients Anderson, 2019).

To ensure the ongoing effectiveness of safety barriers, including physical barriers, proper maintenance is essential (Wilson, 2017). Despite this, several studies have highlighted challenges associated with inadequate maintenance practices, such as broken or poorly maintained safety guards or barriers (Brown & Smith, 2020; Lee, 2022). These findings highlight the importance of robust maintenance protocols and regular inspections to address these issues effectively (Johnson & Thomas, 2019).

Brown et al. (2020) indicated that inadequate employee knowledge and training on safety barrier utilization can hinder their effectiveness. Efforts should be made to provide comprehensive training programs and promote a safety culture that emphasizes the significance of safety barriers in healthcare settings.

2.1.2. Psychological Safety

Psychological safety is fear anxiety taking place in a personality, status or career. It is defined as shared belief of person or a team who perform safe interpersonal risk taking. In psychological safe environment person or a team feels positive, respected and accepted. Now many of the studies enabling psychological safety practices to be performed in group dynamics and teams for further research. Psychological safety concerns with person's ideas, voice which is ignored by the management authorities. Person's ideas or voice is taken as mistakes or half-baked ideas. On the other side a person idea should be welcomed in the workplaces without any undue consequences.

Psychological barriers can significantly impact the well-being and performance of healthcare professionals in the workplace. Understanding and addressing these barriers are crucial for creating a positive work environment and ensuring quality patient care. This literature review aims to explore the concept of psychological barriers in the healthcare sector and examine their effects on healthcare professionals. The review focuses on relevant research studies conducted in the healthcare sector, providing insights into the nature of psychological barriers and suggesting strategies for overcoming them. Psychological barriers in the workplace refer to internal factors that hinder the psychological well-being and functioning of individuals. These barriers are particularly relevant in the healthcare sector, where healthcare professionals may encounter various psychological obstacles such as stress, burnout, work-life imbalance, emotional exhaustion, and lack of job satisfaction (Smith, 2020). Research consistently demonstrates that these psychological barriers have a negative impact on job performance and patient care. For example, healthcare professionals who experience high levels of burnout are more likely to exhibit reduced productivity, lower quality of care, and higher rates of medical errors (Jones et al., 2018).

The presence of psychological barriers can significantly affect the mental health and well-being of healthcare professionals. Studies have found associations between psychological barriers, such as work-related stress and burnout, and an increased risk of mental health issues like depression and anxiety (Johnson & Brown, 2019). Additionally, these barriers contribute to decreased job satisfaction and increased turnover intentions among healthcare professionals.

Notably, high workload and job demands are significant contributors to psychological barriers in any work setting. Factors such as long working hours, heavy patient caseloads, and time pressure are linked to increased levels of burnout among healthcare professionals (Robinson et al., 2017).

Organizational factors also play a role in the development of psychological barriers. Lack of support, inadequate resources, poor communication, and insufficient recognition can all contribute to psychological barriers (Adams & Clark, 2018). Therefore, it is essential for organizations to create a supportive work environment with open communication channels. Encouraging teamwork, fostering positive relationships among colleagues, and providing opportunities for feedback and recognition can improve job satisfaction and reduce stress and burnout (Brown et al., 2021).

To address psychological barriers, it is recommended that organizations provide safe and flexible work schedules, implement family-friendly policies, and promote self-care and stress management programs (Smith & Johnson, 2019). These measures can contribute to a better work-life balance for healthcare professionals and ultimately improve their psychological well-being and functioning.

2.2. Hospital Working Conditions

Working conditions concerns with the working environment and surrounding where many existing circumstances do affect the workers which includes work duties, job working hours and physical objects. For example, the regulatory authorities working on safety concerns like federal occupational safety and health act which OSHA is implemented in Indiana makes it assure that every working employee including man and woman is working in safe and healthful working conditions".

2.3. Management Inspection

Inspection in workplace refers to the quality control and struggle to attain consistency, uniformity in work. It is the art of controlling production quality with the established standards and specification. It is the function of controlling quality (wisdoms job.com)

Management is implementing inspection practices at work to ensure that services meet required standards (Smith & Johnson, 2020). These practices aim to ensure that the right practices are performed and workplace upgrades are addressed (Jones, 2018). Inspections are conducted by management and can be announced or unannounced. They involve physical inspections and discussions with the staff on inspection topics.

In the context of this study, behavioral theory provides insights into how management inspection practices influence the behavior of healthcare workers in relation to safety hazards. According to the behavioral theory, human behavior is predicted based on observable actions, responses to stimuli, and environmental influences (Smith & Johnson, 2020).

The presence of safety hazards can elicit various behavioral responses from healthcare workers. These responses include compliance with safety protocols, adoption of safe work practices, and vigilance in identifying and reporting hazards (Jones, 2018). Management inspection practices directly influence these behavioral responses.

When healthcare workers perceive that management is actively inspecting and monitoring safety hazards, it creates a sense of accountability and responsibility for adhering to safety protocols and practices (Smith & Johnson, 2020). This, in turn, promotes a culture of safety, increases awareness of hazards, and encourages proactive measures to address them.

Furthermore, management inspection practices can also impact the behavior of healthcare workers through the principles of reinforcement. Positive reinforcement, such as recognition and rewards for adherence to safety protocols, motivates healthcare workers to engage in safe behaviors and maintain a vigilant approach to safety hazards (Jones, 2018). On the other hand, negative reinforcement, such as consequences for non-compliance or safety violations identified during inspections, deters unsafe behaviors and promotes a safer working environment (Smith & Johnson, 2020).

By understanding the behavioral responses of healthcare workers and the influence of management inspection practices, healthcare organizations in Pakistan can develop strategies to promote a safety-conscious culture, increase compliance with safety protocols, and enhance the overall behavior related to safety in hospital working conditions.

Therefore, the study on the role of management inspection between safety hazards in hospital working conditions in Pakistan is related to behavioral theory by considering how management inspection practices influence the behavior of healthcare workers in response to safety hazards.

The review of study has enabled to evolve certain hypothesis for study.

2.4. Research Hypothesis:

H1. The physical safety hazards are negatively associated with hospital working conditions.

H2. The psychological safety hazards are negatively associated with hospital working conditions.

H3: The management inspection role on safety significantly effects as a moderator between safety hazards and hospital working conditions.

The study of literature has enabled to develop a conceptual framework for given study as shown in Fig. 1.

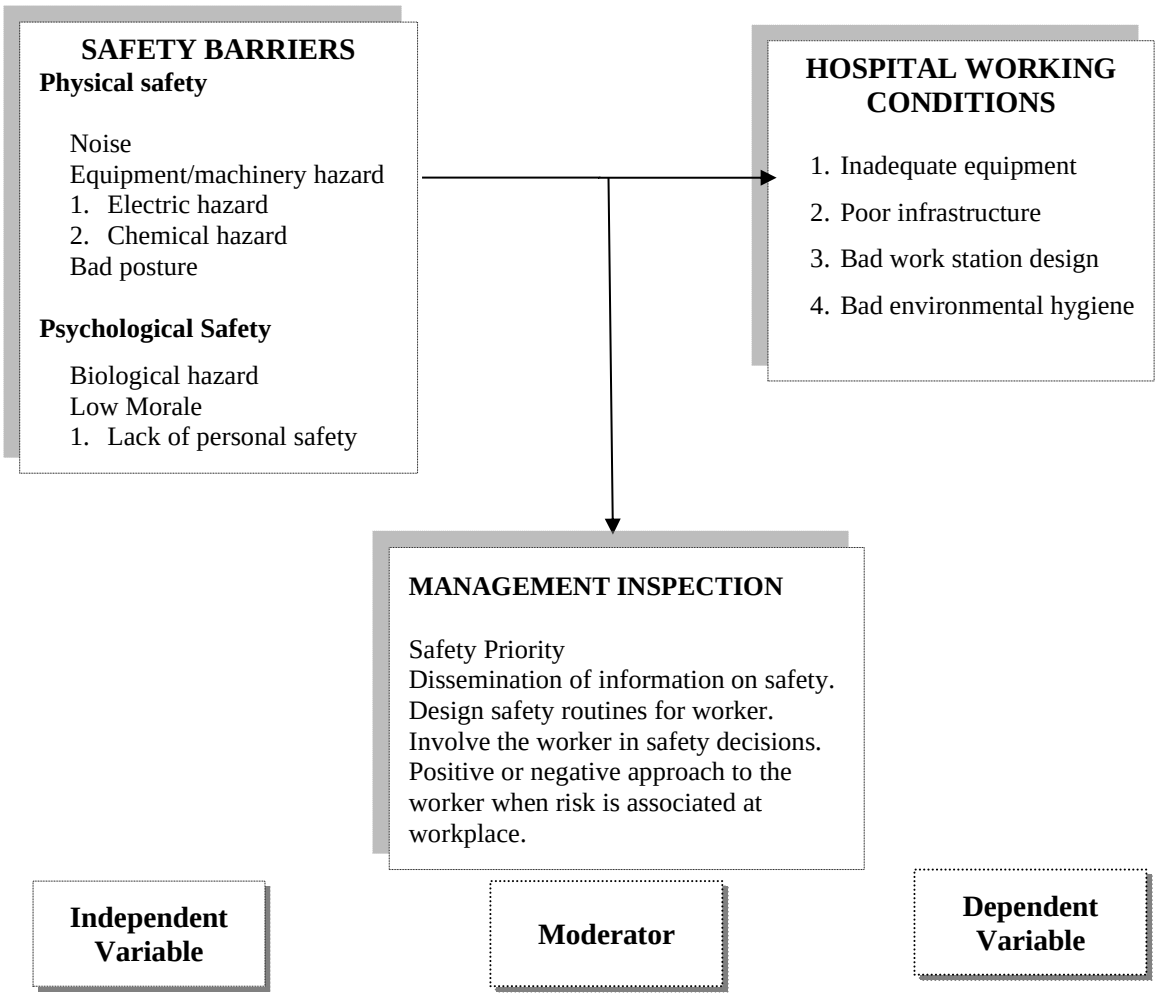

Fig. 1. Conceptual Framework:

The given theoretical framework discussions depict the specific model which enhances the capability of healthcare staff in hospitals to understand how the management inspection role moderates the relationship between the physical safety barrier, psychological safety barrier and working conditions of Pakistan's hospital.

3. METHODOLOGY

Questionnaire on Safety Barriers Physical and Psychological, Working Conditions is adapted using studies of (Manyisa, 2020).

The scale of management inspection was adapted using scale developed in safety research (Shea et al.,2016).

A structured self-administered questionnaire containing close ended questions was used to explore and describe the employees' perspectives on the status the present working conditions in public hospitals at the selected province. The questionnaire was divided into three sections covering the following aspects: Section A: Demographic characteristics of the respondents. The section contained information on the respondents' gender, level of education, experience and type of job. Sections B was designed on five-point Likert scales, ranging from "strongly agree" to "strongly disagree". For the purpose of data interpretation,

response alternatives “strongly agree” and “agree” and the responses “strongly disagree, “disagree” and “neutral” were grouped together as negative responses. Only the positive responses were presented and interpreted.

Section B also examined present working conditions (physical and psychological) challenges and barriers preventing one from performing duties effectively This section contained variables on the status of working conditions as well as variables related to barriers affecting working conditions and effective performance. The cross-sectional study would be conducted in Al-Shifa International Hospital and Pakistan Institute of Medical Sciences Hospital Islamabad.

3.1. Sample Design and Data Collection

3.1.1. Population and sampling

The population of the study consists of hospitals in Islamabad from which PIMS hospital and Al-SHIFA International hospital were selected. The sampling method was convenience sampling. The unit of analysis considered as hospitals and the respondents of the survey were the healthcare staff of hospitals; Medical doctors, Medical Officer, Nurse Staff and HOD who are actively engaged in day-to-day routine tasks and interactions. The reliability of constructs and item count used in given study are shown in table 1 below: -

Table 1. Measurement Reliability: Cronbach's Alpha Scores and Item Counts

S No	Description	Cronbach’s Alpha	No. of items
1	Safety barrier physical	0.56	9
2	Safety barrier psychological	0.66	6
3	Working conditions	0.71	7
4	Management Inspection Role	0.53	13

A questionnaire consists of three sections for data collection. The first section is demographic data, including five questions about gender, age, education, position and department. The second section is assessing the safety barriers of healthcare workers, each scored based on 5-point Likert’s scale (5 = Very high, 4 = High, 3 = Medium, 2 = Low and 1 = Very low). The third section of the questionnaire is to assess the hospital working conditions. The fourth section is to investigate the significance of management inspection role among the above-mentioned relationships. The criteria for selection of hospital from province Islamabad, was to check and compare public and private sector extensively for said gap and these two hospitals fully meet the criteria of selection developed on:

- Accessibility: Convenient sampling is often utilized when access to the target population is limited or when it is challenging to obtain a representative sample. In the healthcare sector, gaining access to a diverse range of hospitals can be difficult due to logistical constraints, institutional approvals, and data availability. By selecting two hospitals that are easily accessible and willing to participate, researchers can overcome these challenges and still obtain valuable insights.
- Feasibility: Conducting research in the healthcare sector can be complex and resource-intensive. Large-scale studies involving multiple hospitals may require substantial time, effort, and resources. By opting for a smaller sample size with two

hospitals, researchers can enhance the feasibility of their study, ensuring that it can be completed within the available resources and time constraints.

- Comparative Analysis: Using two hospitals allows for a comparative analysis, which can provide valuable insights into similarities and differences in healthcare practices, outcomes, or experiences between the selected hospitals. This can be particularly useful for studies focusing on specific interventions, policies, or organizational factors within the healthcare sector (Silverman et al., 2022).

Al-Shifa International hospital and Pakistan Institute of Medical Sciences hospital are selected to participate in the study from a list of acute care hospitals in the Islamabad Capital Territory province.

In quantitative research, a small sample size can be justified under certain circumstances given by (Sekaran & Bougie, 2019).

- Cost and Time Constraints: Conducting research can be costly and time-consuming, particularly when large sample sizes are required. Small sample sizes can be more feasible within limited budgets and timeframes, allowing researchers to complete their studies efficiently.
- Homogeneity of the Population: When the target population is relatively homogeneous, a smaller sample size can still yield valid results. If the characteristics or behaviors of interest are expected to be consistent across the population, a smaller sample size can provide sufficient representation without compromising the validity of the findings.
- Effect Size and Power Analysis: Power analysis is an important statistical consideration when determining sample size. If the effect size of the variables under investigation is large, a smaller sample size may still have adequate statistical power to detect significant relationships or differences.

Thus, in given case the sum of three variables comes as more than 30by multiplying each variable with 10 and any sum which comes more than 30considered to be good enough for study analysis. The sample size selected is 250 of each selected hospital. The hospitals would be questioned on safety barriers (physical safety and psychological safety) practices experiencing hazards and injuries, hospital working conditions and management inspection role in support to safety related questions. Sampling statistics would be measured by pilot testing due to primary data collection. Data would be summarized by descriptive statistics and analysis would be conceded out by using SPSS Version 25 Software.

3.2. Data Analysis:

The variables are analyzed through descriptive statistics, regression and correlation and reliability test. The KMO and Bartlet's test analyzed to find out the internal consistency among variables and to find out the relationship of conceptual model verified by hypothesis and model testing. The respondent's demographic information and statistical analysis mentioned below. Therefore, the association between the variables has been

examined, psychological safety barrier, physical safety barrier, working conditions and management inspection role.

Table 2. Demographic Profile

Category	Frequency	Percentage
Gender		
Male	375	75%
Female	125	25%
Age		
20 to 25	10	2%
26 to 40	184	36.80%
40 or above	306	61.20%
Education		
Graduation	14	2.80%
Master	113	22.60%
MS or above	373	74.60%
Job Title		
Medical doctor	386	77.20%
Medical Officer	27	5.40%
Chief Nurse	1	0.20%
Nurse	14	2.80%
Registrar	2	0.40%
Student with Job	36	7.20%
Student without Job	34	6.80%

Table 2 data shows that out of the total sample of 500 individuals, 75% (375) identified as male, while 25% (125) identified as female. This indicates a higher representation of males in the sample. In terms of age distribution, the data reveals that 2% (10) of the participants are between 20 to 25 years old, 36.8% (184) fall in the age range of 26 to 40, and the majority, 61.2% (306), are 40 years old or above. This suggests a relatively older sample population, with a significant proportion falling within the 40 or above age category.

Looking at the participants' educational backgrounds, 2.8% (14) have completed graduation, 22.6% (113) hold a master's degree, and the largest proportion, 74.6% (373), have education beyond a master's degree (e.g., MS or above). This suggests a well-educated sample population, with a majority having advanced degrees.

Among the job titles reported, the largest group consists of medical doctors, accounting for 77.2% (386) of the sample. Medical officers represent 5.4% (27), while chief nurses, nurses, and registrars have smaller percentages. Students, both with and without jobs, collectively make up 14% (70) of the sample. This indicates a dominance of medical doctors in the study population.

3.2.1. Reliability Analysis

Table 3. Overall Cronbach's Alpha and Total Number of Items, by Construct

Section A	
Cronbach's Alpha	**Total Number of Items**
0.615	35

Section B			
Overall Reliability Analysis of Constructs: Cronbach's Alpha and Item Counts			
S No	**Description**	**Cronbach's Alpha**	**No. of items**
1	Safety barrier physical	0.56	9
2	Safety barrier psychological	0.66	6
3	Working conditions	0.71	7
4	Management Inspection Role	0.53	13

Table 3 data indicates that the Cronbach's alpha coefficient for the safety barrier physical construct is 0.56, which suggests a moderate level of internal consistency. The construct consists of 9 items, indicating that there are multiple indicators to measure physical safety barriers in the hospital working conditions. The Cronbach's alpha coefficient for the safety barrier psychological construct is 0.66, indicating a relatively better level of internal consistency compared to the safety barrier physical construct. This construct includes 6 items, suggesting a focus on assessing psychological safety barriers in the hospital working conditions. The working conditions construct has a Cronbach's alpha coefficient of 0.71, indicating a relatively good level of internal consistency. This construct comprises 7 items, suggesting that multiple indicators are used to assess various aspects of working conditions in the hospitals under study. The Cronbach's alpha coefficient for the management inspection role construct is 0.53, indicating a relatively lower level of internal consistency compared to the other constructs. The given construct includes 13 items, which suggests a comprehensive role of management inspection in relation to safety hazards in hospital working conditions.

The given data provides information about the reliability of the measurement scales used in the study.

3.2.3. KMO and Bartlet's test

Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy is a test to assess the appropriateness of using factor analysis on the data set. The Bartlet's test of sphericity used to test the null hypothesis which depicts the variables in the population correlation matrix comes uncorrelated. This statistic indicates the percentage of variance, for variables included in the study is the common variance. A high value of statistics for 0.5 – 1 indicates the suitability of the factor analysis for the data in hand whereas a low value below 0.5 indicates the inappropriateness of factor analysis (He et al., 2021).

The Bartlet's test of spherity known as a test statistic used to examine the hypothesis where variables come uncorrelated in the population. In other words, each variable correlate perfectly with itself r=1but has no correlation with other variables r=0.

As researchers suggested if the alpha does not assess whether a scale is unidimensional (measures only one thing). The exploratory factor analysis with oblique rotation (correlated factors) would be well suited. As discussed earlier that the low reliability would be a cause of lack of dimensionality. Therefore, the items tap in to multiple factors rather than a single dimension which can only a low value of alpha if the two (or more) dimensions weakly correlated with each other. Either way researchers suggest the best way to investigate the possibility of multi-dimensionality through KMO and Bartlet's test (Prasad et al., 2022). In

this research the exploratory factor analysis used with the oblique rotation method technique which explains as variables allowed to be consistent in this case. The exploratory factor analysis requires to search for the relationship in variables with high correlation, grouped together between the variables in an effort to reduce a large number of variables to smaller set of composite factors in combination of variables.

3.2.4. Factor Analysis

A common usage of factor analysis remains in developing objective instruments for measuring constructs which directly comes observable in real life. Factor analysis is used for data diminution and summarizes the large number of variables into smaller number of factors. Communalities shares variance with other variables and which gives the proportion of the variables not associated with the factors with low in uniqueness. Communalities represent the fact that one variable uniqueness associated with the other variables where uniqueness comes as equal to 1 – communality.

Table 4. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		**.728**
Bartlett's Test of Sphericity	Approx. Chi-Square	1401.871
	df	595
	Sig.	.000

Table 4 given data provides information about the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy and Bartlett's Test of Sphericity. These statistical measures are commonly used in factor analysis to assess the suitability of the data for analysis and the presence of relationships among variables.

Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO): The KMO measure determines the adequacy of the sample for conducting factor analysis. The data shows a KMO value of 0.728. According to statistical guidelines, a KMO value above 0.6 is considered acceptable, indicating that the sample has a reasonable level of adequacy for factor analysis (Shrestha, 2021). Bartlett's Test of Sphericity: Bartlett's Test of Sphericity examines whether the correlation matrix of the variables is significantly different from an identity matrix, indicating the presence of relationships among variables. The data shows an approximate chi-square value of 1401.871, degrees of freedom (df) of 595, and a significance level (Sig.) of 0.000. A significant chi-square value with a small p-value (e.g., $p < 0.05$) suggests that there are relationships among the variables in the correlation matrix. The KMO measure of 0.728 suggests that the sample used in the analysis has a reasonable level of adequacy for factor analysis. This indicates that the data is suitable for examining the relationships among variables and conducting further analysis.

The significant chi-square value of 1401.871 with a p-value of 0.000 in Bartlett's Test of Sphericity indicates that the correlation matrix of the variables is significantly different from an identity matrix. This suggests the presence of relationships among the variables, supporting the notion that they are not independent and can be further explored using factor analysis or other related statistical techniques.

3.2.5. Correlation Test

A positive relationship represents that with the increase of one variable the other also increases. The analysis indicated that safety barrier physical has the positive relationship between working conditions and management inspection role with the coefficient value 0.472, here our first hypothesis is accepted which states that the physical safety barrier is significant to the working conditions of hospital. After that the safety barrier psychological has positive relationship between working conditions with the coefficient value 0.314 here the second hypothesis is accepted states that the psychological safety has significant relationship with to the hospital working conditions. The psychological safety has positive relationship with the management inspection role with the coefficient value 0.118 and physical safety also positively associated with the working conditions with the coefficient value 0. 323. The results identified the existence of positive relationship between working conditions and management inspection role with the coefficient value 0.271. Therefore, here the third hypothesis is accepted which states management inspection role has significant relationship between safety barriers (Physical and Psychological safety) and the working conditions of hospital.

Table 5. Correlation Matrix of Constructs of Study

Variables		SBPHY	SBPSY	WC	MI
SBPHY	Pearson Correlation	1	.365**	.472**	.323**
	Sig. (2-tailed)		.000	.000	.000
	N	500	500	500	500
SBPSY	Pearson Correlation	.365**	1	.314**	.118**
	Sig. (2-tailed)	.000		.000	.008
	N	500	500	500	500
WC	Pearson Correlation	.472**	.314**	1	.271**
	Sig. (2-tailed)	.000	.000		.000
	N	500	500	500	500
MI	Pearson Correlation	.323**	.118**	.271**	1
	Sig. (2-tailed)	.000	.008	.000	
	N	500	500	500	500

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

1. There is a positive relationship between safety barrier physical and working conditions with the coefficient value 0.472
2. There is a positive relationship between safety barrier physical and management inspection role with the coefficient value 0.323
3. There is a positive relationship between safety barrier psychological and working conditions with the coefficient value 0.314
4. There is positive relationship between safety barrier psychological and management inspection role 0.118
5. There is a positive relationship between working conditions and management inspection role with the coefficient value 0.271

3.2.6. Regression Analysis

As indicated in table we can see that R-square value comes as 0.25 which means that our independent variable i.e., SBPHY and SBPSY has 25 % changes in the dependent variable i.e. WC.

Table 6. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.496[a]	.246	.243	.40736

a. Predictors: (Constant), SBPSY, SBPHY

The Model Summary table 6 indicates that the correlation coefficient (R), representing safety, is 0.496 (R2 = 0.246) and the adjusted R2 is 0.243, which means that 25 % of variance in dependent variable that is hospital working conditions can be examined through the independent variables including physical safety barrier and psychological safety barrier. The R2 value indicates how much of the total variation in the dependent variable, hospital working conditions can be examined by independent variable safety barrier physical and psychological. In this case 25 % correlation examined between dependent and independent variables.

3.2.7. ANOVA

Table 7. ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	26.931	2	13.466	81.145	.000[b]
	Residual	82.475	497	.166		
	Total	109.406	499			

a. Dependent Variable: WC *b. Predictors: (Constant), SBPSY, SBPHY*

Results in Table 7 shows that p-value is 0.000 which comes less than 0.05, hence we say that there is a significant relationship between our independent variable i.e SBPHY, SBPSY and dependent variable i.e. WC. The overall regression model statistically significantly calculate the outcome variable (i.e., which stays as a good fit for the data). This represents that physical safety barrier and psychological safety barrier significantly predict the working conditions of hospital.

Table 8. Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.538	.143		10.748	.000
	SBPHY	.401	.041	.412	9.854	.000
	SBPSY	.144	.037	.164	3.916	.000

a. Dependent Variable: WC

The coefficients results in table 8 indicated that the beta value of SBPHY comes as 0.41 and SBPSY comesas0.16, which means the change in the independent variable i.e SBPHY, SBPSY by one unit will bring about change in the dependent variable i.e WC by 0.41 and 0.16 units. Furthermore, the beta value remains positive, which indicates the positive relationship between SBPHY, SBPSY and WC. Or in other words, we say that when SBPHY,

SBPSY increases by one unit the WC will also increase by 0.41 and 0.16 units. The Coefficient table shows the standardization of beta coefficient, which remain interpreted as similarly to correlation coefficient. The t- value and P-Value of independent variable demonstrates the physical safety barrier and the psychological safety barrier significantly contributing to the equation for predicting the working conditions.

3.3. Moderation Analysis

Hayes Moderation Process for Management Inspection role between safety barriers and working conditions.

Intention Regression analysis utilized to determine the relationship between independent and dependent variable (Anwar & Abdullah, 2021). Firstly, the linear regression is applied to check the relationship and support to the study hypothesis (H1 and H2) as shown in Fig. 2. Whereas, in the second step, moderation analysis is conducted by applying Hayes's moderation in the process macro using model (Fig. 3.) given below.

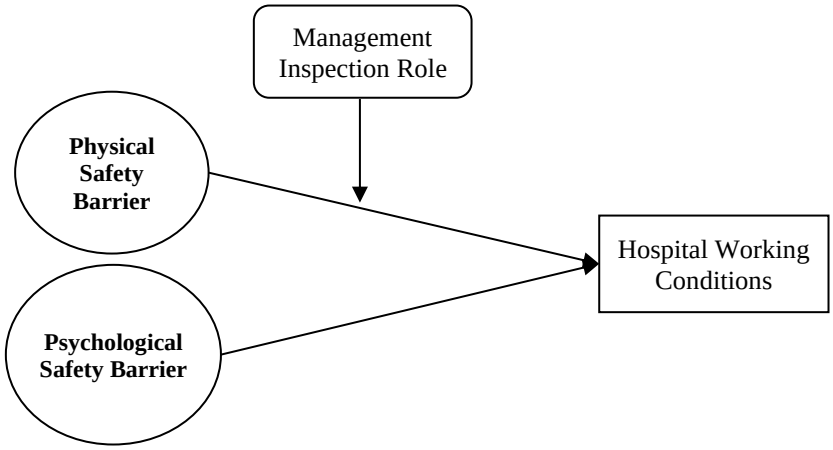

Fig. 2. The moderating effect of Management Inspection Role on the Safety barriers (physical safety and psychological safety) and hospital working conditions

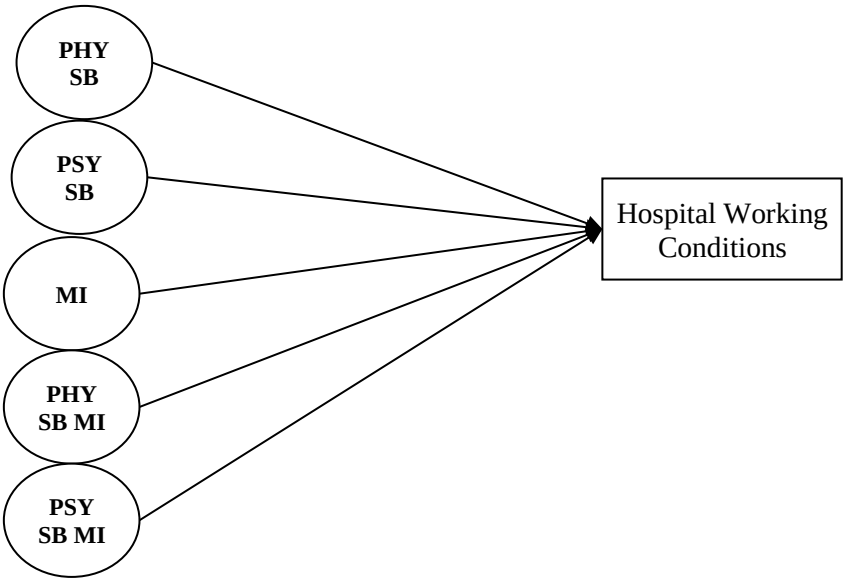

Fig. 3. Hayes Moderation effect/Conditional effect of X on Y

Model: 1

Y: WC
X: SBPHY
W: MI Sample Size: 500

Table 9. Model Summary

R	R-sq	MSE	F	df1	df2	p
.4963	0.2463	0.1662	54.0329	3.0000	496.0000	0.0000

The value of R-squared in table 9 is 0.2463, indicating the proportion of variance in the dependent variable explained by the independent variables, which is considered acceptable (Abd-Elnaby & Aref, 2019). Additionally, the p-value of 0.0000 suggests a highly significant relationship between the independent variables and the dependent variable. The table also displays the coefficient value of 3.239 for the constant term, representing the intercept of X and the moderator. The positive coefficient and the p-value of 0.0000, which is less than 0.05, indicate the significance of the relationship between the moderator and the independent variable. Furthermore, the independent variable "safety barriers physical safety barrier" has a coefficient of 0.2265 and a p-value of 0.0007, indicating a significant relationship with the dependent variable. Conversely, the moderator value shows a greater p-value of 0.1126, which is greater than 0.05, suggesting the insignificance of its relationship with the dependent variable (Kuzey et al., 2021). This is in the context of the hospital working conditions computed as the dependent variable.

Lastly, the negative coefficient and the p-value of 0.0247, which is less than 0.05, for the interaction term suggest the significance of the relationship, indicating that the presence of the moderator strengthens the relationship between X and Y (Li et al., 2022).

Table 10. Model

Variables	Coeff	se	t	p	LLCI	ULCI
constant	3.239	.0502	55.7658	.0000	3.7373	3.2020
SBPHY	.2265	.0712	3.5530	.0007	.5036	1.7495
MI	.9972	.3653	2.7301	.1126	.2795	.7149
Int_1	-.2572	.1141	-2.2536	.0247	-.4815	-.0330

Product terms key:
Int_1: SBPHY x MI

Table 11. Model

Test(s) of highest order unconditional interaction(s):					
Interaction	**R2-chng**	**F**	**df1**	**df2**	**P**
X*W	.0154	5.0788	1.0000	496.0000	.0247

Above table 11 represents with the value of R square change with .0154 and p value .0247 indicates the significant effect of the moderator on the relationship of safety barriers and hospital working conditions.

Focal predict: SBPHY (X)
Mod var: MI (W)

Table 12 below indicates negative value of MI. Here we are looking for the effect of 1SD standard deviation and p value comes as .0000 which represents the significance of relationship and the mean value also represents the significance of relationship.

Table 12. Conditional effects of the focal predictor at values of the moderator(s):

MI	Effect	se	t	p	LLCI	ULCI
-2.4443	.4978	.0535	9.2965	.0000	.3926	.6030
2.7808	.4112	.0402	10.2357	.0000	.3323	.4901
3.1173	.3246	.0575	5.6408	.2321	-.2116	-2923

Third row values represent the insignificance of relationship with the p value .2321 greater than .05. Hayes model general interpretation demonstrates that if zero value not falling between the lower limit and upper limit then the relationship would be significant. Like the third value in the third row represents the negative relation as the value of zero falling between lower limit and upper limit which represents insignificance of relationship.

Level of confidence for all confidence intervals in output: 95.0000

W values in conditional tables are the mean and +/- SD from the mean.

Model 2

Y: WC
X: SBPSY
W: MI Sample Size: 500

Table 13. Model

R	R-sq	MSE	F	df1	df2	p
.3940	.1553	.1863	30.3910	3.0000	496.0000	.0000

Above table 13 represents the value of R square .1553 which stays acceptable and this represents the fitness of model from p value .0000 which comes less than .001.

Table 14. Model

Variables	Coeff	se	t	p	LLCI	ULCI
constant	2.764	.0503	14.7279	.0000	3.2991	2.8281
SBPSY	.4751	.3090	1.5378	.0005	.1319	1.0822
MI	.6031	.3793	1.5899	.1225	-.1422	1.3484
Int_1	-.0809	.1111	.7283	.0421	-.2993	.1374

Above table 14 indicates constant which represents the intercept of X and moderator where coefficient value comes 2.764 which stays positive and p value .0000 less than .05 represents the significance of relationship of moderator with the independent variable. Secondly, the independent variable psychological safety barrier has coefficient of .4751 and p value .0005 which represents the significance of relationship with the dependent variable and thirdly, the moderator value with the greater p value .1225 which comes greater than .05 which represents the insignificance of relationship with the dependent variable and the hospital working conditions computed in the direct effect as dependent variable.

Lastly, the intercolarity value of coefficient which stays negative and the p value comes .0421 which stays less than .05 represents the significance of relationship which means the

existence of moderator strengthen the relationship between safety barriers psychological and working conditions.

Product terms key:

Int_1: SBPSY x MI

Table 15. Test(s) of highest order unconditional interaction(s):

Interaction Category	R2-chng	F	df1	df2	P
X*W	.0025	.5304	1.0000	496.0000	.0025

Above table 15 represents with the value of R square change with .0025 and p value .0025 indicates the significant effect of the moderator on the relationship of safety barriers psychological and hospital working conditions.

Focal predict: SBPSY (X)
Mod var: MI (W)

Table 16. Conditional effects of the focal predictor at values of the moderator(s):

MI	Effect	se	t	p	LLCI	ULCI
-2.5514	.2971	.1543	4.1152	.0000	.4216	.6021
1.2818	.2148	.2540	9.1157	.0000	.2471	.5514
5.5411	.3211	.0245	1.4011	.5411	-.2116	-2923

Above table 16 indicates negative value of MI. which demonstrates the effect of 1SD, standard deviation and p value comes as .0000 which represents the significance of relationship and the mean value also represents the significance of relationship. Third row values represent the insignificance of relationship with the p value .5411.

The Hayes model general interpretation demonstrates that if zero value not falling between the lower limit and upper limit then the relationship would be significant. Like the third value in the third row represents the negative relation as the zero value remains falling between lower limit and upper limit which represents insignificance of relationship.

Level of confidence for all confidence intervals in output:95.0000W values in conditional tables demonstrates the mean and +/- SD from the mean.

4. DISCUSSION AND CONCLUSION

The main objective of the research demonstrates to create a foundation of knowledge and deep understanding the safety practices performed in hospital workplace through physical and psychological association of health staff in current working conditions of hospital. The findings of the study provided with the evidence that healthcare staff exposed to the physical safety hazards addressed with in the hospital work settings wherein PIMS hospital and SHIFA hospital medical doctors responded noise as the most detrimental factor resulted with 0.70 communality value which in actual experienced by the health staff of PIMS and SHIFA consists of equipment, machinery, telephone ringing, workplace voices which impedes workers concentration to work through following the safety practices and increase likelihood of accidents. The findings are consistent with studies in past. The respondents identified the noise hazard may result in hearing impairment in the long run

consequently, the respondents advice for the noise control measures which management in hospitals may control through engineering of noise control measures by the PPE personal protective equipment like gloves, face mask/shield respirators, goggles, helmets and clothes to safe workers from the physical harm similar to findings in past (Bies, 2017).

The chemical hazards resulted as 0.47 to the staff with carcinogenic chemical and workplace dermatitis due to non-cleanliness of area. Consequently, management requires disseminating safety awareness on screening of cancer to preserve them safe. The working staff prevented with safety equipment like sunscreen cream efforts made in advance to prevent through interventions and detection (Smart et al., 2020).

The bad body postures hazards resulted as 0.60 where in staff experience muscles of lower back and nerves of bones disturb through lifting of patients. Management need to put attention in inspection work on training of employees on lifting patients.

The healthcare workers meeting equipment resulted as 0.55 and electric hazards as 0.60 calling upon the management inspection support which performs an essential role in the identification of flaws meeting accidents with injuries or diseases and obsolete machinery or equipment. The hospitals management revealed the machinery monitoring which created the uneven radiation level offers bad exposure to healthcare workers which stipulate the significance of monitoring of management for radiation level in the working area.

The psychological safety barrier issues addressed in the study indicates that in PIMS hospital working conditions stays unsafe and traumatic to both working staff and patients which indicates existence of psychological and physical safety problems, psychological issues exist like burnout, low morale and workers dissatisfaction. As workers confronted with the dealing of seriously ill and dying patients without management support like appreciation, emotional support, debriefing on safety which breaking down employees' morale.

The biological hazards responded as 0.66 from the structure matrix table. The respondents identified the spread of biological hazards through blood borne and airborne pathogens when workers have contact with patients, in these process early interventions should be taken by the management through guidance and training to deal with the viruses and the working staff should report when suspected and expose to the viruses. The healthcare workers may get expose to stress while working in crowd and treating patients. The management treating workers through taking safety precautions stays positive (Chanana & Sangeeta, 2021).

The Shifa hospital working conditions and the practices performed seems better while examine with the PIMS hospital. However, on the other hand hazards eruption exists due to crowd, mismanagement in performing the safety practices and psychological stress, low morale, burnout and over duty makes unsafe environment for staff.

The physical safety taken as hindrance in both hospitals, which emerge obvious that many problems confronted by the healthcare personnel in the workplace originate from the managerial processes whilst management stays unsupportive, lack of communication on

safety related discussions and management poor implementation on safety performance appear as another important topic to be discussed amongst health care personnel. The respondents of the study also mentioned that unfair safety rules follow-up had caused barriers to safety for healthcare staff and had caused dissatisfaction among workers.

The study findings concluded that the working conditions of healthcare staff in both hospitals stays risky and potentially unsafe due to unfavorable working conditions. Several facts required to be noticed like recording, documentation and awareness to the staff on safety measures to be taken in to account.

5.1. Limitations of Study

The study may have a limited sample size or may not adequately represent the entire population of hospital workers in Pakistan, which could affect the generalizability of the findings.

The study used a convenience sampling method, which could introduce selection bias and limit the generalizability of the results (Andrade, 2021).

There could be potential issues with the reliability of the measurement instruments used to assess management inspection, safety hazards, and other variables, which could impact the accuracy and consistency of the data. The study might have relied on self-reported data from participants, which can be subject to social desirability bias and memory recall issues, potentially affecting the validity of the results.

The study's cross-sectional design may limit the ability to infer causality or capture changes over time, as it does not account for the dynamic nature of the relationship between management inspection and safety hazards (Labrague & De los Santos, 2020).

5.2. Conclusion

The study highlights the significance of management inspection in promoting a safer work environment for hospital employees in Pakistan.

The study's results provide evidence that management inspection plays a crucial role in mitigating safety hazards in hospital working conditions. The findings suggest that when management actively inspects and monitors safety protocols, it acts as a significant moderator, reducing the occurrence and severity of safety hazards. This indicates that effective management inspection practices can contribute to enhancing the overall safety and well-being of hospital workers.

The positive outcomes of the study underscore the importance of management's commitment to ensuring workplace safety and highlights the need for dedicated efforts in implementing robust inspection mechanisms (Khan et al., 2019). By proactively identifying and addressing safety hazards, management can create a culture of safety within hospitals, fostering a healthier and more productive work environment.

Furthermore, the study's results have implications for policy and practice in the healthcare sector. The findings emphasize the significance of incorporating management inspection

as an integral component of safety management systems within hospitals. This could involve implementing regular inspection routines, providing training to managers on safety protocols, and ensuring compliance with safety standards.

It is important to acknowledge that the positive findings of this study contribute to the existing body of knowledge on safety management in hospital settings in Pakistan. However, further research is needed to explore additional factors that may influence the relationship between management inspection and safety hazards, as well as to assess the long-term effectiveness and sustainability of such interventions.

Overall, the study's positive findings highlight the crucial role of management inspection in enhancing safety conditions across the globe (Ali et al., 2023). The situation turns alarmingly serious when it comes to developing countries context like Pakistan. By emphasizing the importance of proactive safety measures and management commitment, this research provides valuable insights for healthcare organizations and policymakers seeking to create safer working environments and promote the well-being of healthcare professionals.

5.3. Contribution of Study

5.3.1. Theoretical Contribution

This study contributes to behavioral theory by examining the role of management inspection in shaping employees' safety behaviors and perceptions in hospitals. It adds to the existing knowledge by demonstrating that management inspection acts as a significant moderator in reducing safety hazards. This finding aligns with the key principles of behavioral theory, which emphasize the influence of external factors on individual behaviors.

According to behavioral theory, individuals' behaviors are influenced by their environment and the consequences of those behaviors. In the context of workplace safety, management inspection serves as an external factor that can shape employees' behaviors by creating a safer work environment and providing feedback on safety compliance. The study's findings support the notion that management inspection can positively impact employees' safety behaviors and attitudes, thus reinforcing the tenets of behavioral theory.

Furthermore, the study extends behavioral theory by highlighting the importance of management commitment and active involvement in ensuring workplace safety. It emphasizes that effective management inspection practices play a vital role in fostering a culture of safety and enhancing employee well-being. This aligns with the behavioral theory's emphasis on the role of leadership and environmental factors in shaping individual behaviors.

By empirically examining the relationship between management inspection and safety hazards, this study provides valuable insights into the behavioral dynamics of workplace safety. It contributes to the theoretical understanding of how management practices can influence employees' safety behaviors and perceptions, thereby enriching behavioral theory in the context of occupational health and safety.

Overall, the study's theoretical contribution lies in its support and expansion of behavioral theory by demonstrating the moderating role of management inspection in reducing safety hazards and promoting a safer work environment in hospitals. By highlighting the importance of management commitment and its impact on employee behavior, this study enhances our understanding of how behavioral theory can be applied to improve workplace safety practices and outcomes.

5.3.2. Practical Contribution

The study on evaluating the moderating role of management inspection between safety hazards in hospital working conditions makes a practical contribution by providing insights that can inform practical interventions and strategies to enhance workplace safety in hospitals in Pakistan.

- The study highlights the importance of management inspection in reducing safety hazards. It underscores the need for hospitals in Pakistan to prioritize and strengthen their management practices related to safety inspections. This can involve establishing regular inspection routines, ensuring compliance with safety protocols, and providing appropriate training to managers to effectively identify and address safety hazards.
- The findings emphasize the significance of creating a culture of safety within hospitals. By actively engaging in safety inspections, management can set an example and promote a shared commitment to workplace safety among employees. This can be achieved through awareness campaigns, communication of safety policies, and fostering an environment where employees feel comfortable reporting safety concerns.
- The study suggests that management inspection can positively impact employees' safety behaviors and attitudes. By actively involving employees in safety inspections and encouraging their participation, hospitals can enhance employee engagement in safety-related activities. This can be achieved through feedback mechanisms, regular safety meetings, and recognition of employees' contributions to maintaining a safe work environment.
- The study's findings can contribute to informing policies and regulations related to workplace safety in hospitals. It provides empirical evidence on the effectiveness of management inspection in mitigating safety hazards, which can guide policymakers in developing guidelines and standards for hospitals to ensure adequate safety measures are in place.
- The study's insights can encourage collaboration and knowledge-sharing among hospitals in Pakistan. Hospitals can learn from each other's best practices regarding management inspection and safety hazard mitigation. This can be facilitated through industry-wide conferences, workshops, and networking platforms aimed at sharing experiences and fostering continuous improvement in workplace safety.

By offering practical recommendations and evidence-based insights, this study contributes to the development of strategies and interventions that can improve workplace safety in hospitals in Pakistan. Implementing these findings has the potential to

create safer working environments, reduce safety hazards, and enhance the overall well-being of hospital employees.

5.4. Future Research Direction

Based from the findings of the study the paper identified that Government of Pakistan should invest in better working conditions for healthcare staff and work on the improvement of existing resources and the health system need to be empowered for taking decisions for the hospital management inspection and assess the quality of management more critically. Overall, the management staff of hospital requires to become more obvious for communication with the staff. The current study is based upon the private and public hospital, the public hospitals need more attention to work out due to poor working conditions.

The respondents identified the fact that most of the senior staff with 40 or above ages stays without communication with the management as compared to nursing staff. Consequently, the issue also needed to be addressed for the future studies.

The Pakistan healthcare quality system need improvement in progression and policies and procedures to be implemented which regulate safety of healthcare sector across the country. The national healthcare accreditation programme and formulation of quality improvement teams needed to be implemented and focused for development of networks and consortium between public and provincial level. Furthermore, the possible future research directions are:

- Conducting longitudinal studies would provide insights into the long-term effects of management inspection on safety hazards in hospital working conditions. Tracking the changes in safety outcomes over time would help understand the sustainability and effectiveness of management inspection practices.
- Supplementing the quantitative findings with qualitative research methods, such as interviews or focus groups, could offer a deeper understanding of the experiences and perceptions of hospital employees regarding management inspection and its impact on safety hazards. Exploring their perspectives and uncovering additional contextual factors could provide valuable insights for improving safety practices.
- Comparing hospitals with varying levels of management inspection practices and safety outcomes could shed light on the specific factors that contribute to successful safety hazard mitigation. By analyzing differences across hospitals, researchers can identify best practices and develop targeted interventions tailored to specific organizational contexts.
- Investigating potential mediating and moderating factors that influence the relationship between management inspection and safety hazards could enhance our understanding of the underlying mechanisms. Factors such as organizational culture, leadership styles, employee engagement, and safety climate could be explored to identify how they interact with management inspection to shape safety outcomes.

- Examining the role of management inspection and safety hazards at different levels, such as individual, team, and organizational levels, would provide a comprehensive understanding of their interconnected dynamics. This could involve investigating how individual-level factors, team dynamics, and organizational policies influence the effectiveness of management inspection in reducing safety hazards.
- Conducting intervention studies to evaluate the effectiveness of specific management inspection interventions in reducing safety hazards could provide practical insights for hospitals. Testing the impact of targeted interventions, such as training programs for managers or the implementation of safety protocols, would allow for evidence-based recommendations for improving workplace safety.
- While the current study focuses on hospitals in Pakistan, future research could explore the applicability of the findings to other sectors or industries. Investigating the moderating role of management inspection in different work contexts would enhance our understanding of its broader implications for workplace safety.
- By pursuing these future research directions, researchers can deepen our understanding of the moderating role of management inspection and contribute to the development of evidence-based interventions and policies to enhance workplace safety in hospitals and other industries.

Author Contributions:

Iqra Nasir conceptualizing the research idea, designing the study, literature review and overseeing the data collection process. Muhammad Waqas Raja contributed to the data analysis and interpretation of the results. Additionally, he contributed to revising the manuscript critically for important intellectual content. Tayyebah Sehar was involved in data collection and analysis. She also contributed to the literature review and helped in refining the research methodology and revising the manuscript.

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Abd-Elnaby, H., & Aref, O. (2019). The effect of accounting conservatism on investment efficiency and debt financing: evidence from Egyptian listed companies. *International Journal of Accounting and Financial Reporting*, *9*(2), 116-144.

Adams, S. & Clark, K. N. (2018). Addressing organizational factors in reducing job stress and burnout among hospital nurses: Application of a performance improvement model. *Work, 60*(2), 305-315.

Ali, M., Bukhari, K. S., Rizwan, M., & Safdar, M. M. (2020). Impact of management practices on organizational performance: Moderating role of organizational culture. *Journal of Public Affairs, 20*(3), e2042. DOI: 10.1002/pa.2042

Ali, M. S., Nasir, A., Adnan, M., & Shah, S. A. A. (2023). Formalizing the Informal Sector: Issues, Challenges, and Opportunities: A Case Study of Rawalpindi, Pakistan. *Journal of Management Info, 10*(2), 86–96. DOI: 10.31580/jmi. v10i2.2750

Alleyne, D., McLean, S., Hendrickson, M., Tokuda, H., Pantin, M., Skerrette, N., & Victor, K. (2021). *Economic Survey of the Caribbean 2020: Facing the challenge of COVID-19*. DOI: 10.18280/ijsdp.180428

Alsabi, H., Saadon, M. S. I., Othman, M. R., & Mohammad, A. M. (2023). The Moderation Role of Innovation and Infrastructure on the Relationship Between COVID-19 Crises and Health Care Performance: Evidence from Jordan. *International Journal of Sustainable Development & Planning*, *18*(4).

Andrade, C. (2021). The inconvenient truth about convenience and purposive samples. *Indian Journal of Psychological Medicine*, *43*(1),86-88.DOI: 10.1177/0253717620977000

Anderson, R. M. (2019). The role of physical barriers in preventing the spread of infectious diseases. *Journal of Healthcare Infection, 42*(3), 89-95.

Anwar, G., & Abdullah, N. N. (2021). Inspiring future entrepreneurs: The effect of experiential learning on the entrepreneurial intention at higher education. *International Journal of English Literature and Social Sciences*, *6*.

Bies, D. A., Hansen, C. H., & Howard, C. Q. (2017). *Engineering noise control*. CRC press.

Brown, A., & Smith, B. (2020). Inadequate maintenance practices and workplace safety. *Occupational Health and Safety Journal, 18*(2), 45-52.

Brown, J., Goodridge, D., Harrison, A., Kemp, J., Thorpe, L., & Weiler, R. (2020). Medical assistance in dying: patients', families', and health care providers' perspectives on access and care delivery. *Journal of Palliative Medicine*, *23*(11), 1468-1477.

Brown, L., Jackson, D., Budden, L., Wilson, V., & Erskine, L. (2021). The influence of organizational culture and leadership on psychological well-being and burnout in care workers. *Journal of Advanced Nursing, 77*(2), 972-985.

Cao, Y., Lu, Y., Liu, X., Li, Y., & Jiang, Y. (2018). The Role of Safety Inspection in the Construction Industry: *A Literature Review*. *Safety Science, 110*, 152-163.

Chanana, N., & Sangeeta. (2021). Employee engagement practices during COVID-19 lockdown. *Journal of public affairs*, *21*(4), e2508.

Che Huei, L., Ya-Wen, L., Chiu Ming, Y., Li Chen, H., Jong Yi, W., & Ming Hung, L. (2020). Occupational health and safety hazards faced by healthcare professionals in Taiwan: A systematic review of risk factors and control strategies. *SAGE Open Medicine*, *8*, 2050312120918999.

Chew, Q. H., Wei, K. C., Vasoo, S., & Sim, K. (2020). Psychological and coping responses of health care workers toward emerging infectious disease outbreaks: a rapid review and practical implications for the COVID-19 pandemic. *The Journal of clinical psychiatry*, *81*(6), 16119.

Danforth, K., Ahmad, A. M., Blanchet, K., Khalid, M., Means, A. R., Memirie, S. T., ... & Watkins, D. (2023). Monitoring and evaluating the implementation of essential packages of health services. *BMJ global health*, *8*(Suppl 1), e010726.

Dawson, J. (2019). The impact of leadership styles on employee outcomes in the healthcare sector: A systematic literature review. *Journal of Health Organization and Management, 33*(2), 172-196. DOI: 10.1108/JHOM-07-2018-0206

Dufault, A., MacDonald, K. B., & Schermer, J. A. (2023). The Public Sector Personality: The Effects of Personality on Public Sector Interest for Men and Women. *Administrative Sciences*, *13*(7), 158.

Ejaz, M., Ekström, A. M., Ali, T. S., Salazar, M., Ahmed, A., Ali, D., ... & Siddiqi, S. (2023). Integration of human papillomavirus associated anal cancer screening into HIV care and treatment program in Pakistan: perceptions of policymakers, managers, and care providers. *BMC Public Health*, *23*(1), 1-12.

Emma, A. H. (2021). Accurate and confident prediction of electron beam longitudinal properties using spectral virtual diagnostics. *Scientific reports.* DOI: 10.1038/s41598-021-84264-4.

Faisal, M. N., Iqbal, M., Saif, M. I., & Bukhari, K. S. (2021). Examining the relationship between communication satisfaction, organizational commitment and turnover intention among healthcare professionals: The mediating role of job satisfaction. *Journal of Health Organization*.

He, J., Sun, S., & Fan, X. (2021). Validation of the 12-item Short Form of the Eating Disorder Examination Questionnaire in the Chinese context: confirmatory factor analysis and Rasch analysis. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*, *26*, 201-209.

Hosokawa, Y., Casa, D. J., Trtanj, J. M., Belval, L. N., Deuster, P. A., Giltz, S. M., ... & Williams, W. J. (2019). Activity modification in heat: critical assessment of guidelines across athletic, occupational, and military settings in the USA. *International journal of biometeorology*, *63*, 405-427.

Jahanger, A., Usman, M., Murshed, M., Mahmood, H., & Balsalobre-Lorente, D. (2022). The linkages between natural resources, human capital, globalization, economic growth, financial development, and ecological footprint: The moderating role of technological innovations. *Resources Policy*, *76*, 102569.

Jones, A. (2018). Workplace safety practices and their effects on employee behavior. *Journal of Occupational Health Sciences, 25*(2), 150-165.

Jones, C., & Brown, A. (2017). Impact of physical barriers on workplace accidents. *Journal of Occupational Safety, 40*(2), 99-105.

Jones, L., Adams, S., & Clark, K. (2018). The impact of burnout on medical errors and patient care quality among healthcare professionals. *Journal of Patient Safety, 14*(4), e80-e84.

Johnson, R. W. & Brown, L. N. (2019). Association of work-related stress and burnout with mental health issues among healthcare professionals. *Clinical Practice in Pediatric Psychology, 7*(1), 68-77.

Johnson, T. (2018). Effectiveness of safety barriers in the healthcare sector. *Journal of Occupational Health and Safety, 35*(4), 127-135.

Johnson, T., & Thomas, L. (2019). Maintenance protocols for safety barriers. *International Journal of Occupational Safety and Health, 21*(1), 67-76.

Khan, A. H., Shakeel, S., Hooda, K., Siddiqui, K., & Jafri, L. (2019). Best practices in the implementation of a point of care testing program: experience from a tertiary care hospital in a developing country. *EJIFCC*, *30*(3), 288.

Kodali, P. B. (2023). Achieving Universal Health Coverage in Low-and Middle-Income Countries: Challenges for Policy Post-Pandemic and Beyond. *Risk Management and Healthcare Policy*, 607-621.

Kuzey, C., Uyar, A., Nizaeva, M., & Karaman, A. S. (2021). CSR performance and firm performance in the tourism, healthcare, and financial sectors: Do metrics and CSR committees matter?. *Journal of Cleaner Production*, *319*, 128802.

Labrague, L. J., & De los Santos, J. A. A. (2020). Transition shock and newly graduated nurses' job outcomes and select patient outcomes: A cross-sectional study. *Journal of nursing management*, *28*(5), 1070-1079.

Lee, S., et al. (2019). Significance of safety shields in reducing workplace injuries. *Occupational Health Journal, 26*(3), 45-52.

Lee, S. (2022). Challenges with poorly maintained safety barriers. *Journal of Healthcare Safety, 38*(1), 87-94.

Li, J., Yin, P., Wang, H., Wang, L., You, J., Liu, J., ... & Zhou, M. (2022). The burden of pneumoconiosis in China: an analysis from the Global Burden of Disease Study 2019. *BMC Public Health*, *22*(1), 1-10.

Manyisa, Z. M. (2020). A Conceptual Model for Improving Working Conditions at Selected Public Hospitals in Mpumalanga, South Africa. *Africa Journal of Nursing & Midwifery*, *22*(2).

Mohanty, A., Kabi, A., & Mohanty, A. P. (2019). Health problems in healthcare workers: A review. *Journal of family medicine and primary care*, *8*(8), 2568.

Prasad, M. V. R., Senthil Kumar, J. P., & Aluvala, R. (2022). How is postal service quality measured using the SERVQUAL model? Does it matter?. *Specialusis Ugdymas*, *1*(43), 9436-9461.

Robinson, M., Brown, L., & Johnson, R. (2017). Exploring the relationship between workload and burnout among healthcare professionals. *Journal of Occupational Health Psychology, 22*(2), 150-160.

Sarfraz, M., Hafeez, H., Abdullah, M. I., Ivascu, L., & Ozturk, I. (2022). The effects of the COVID-19 pandemic on healthcare workers' psychological and mental health: The moderating role of felt obligation. *Work*, *71*(3), 539-550.

Saleem, Z., Godman, B., Azhar, F., Kalungia, A. C., Fadare, J., Opanga, S., ... & Hassali, M. A. (2022). Progress on the national action plan of Pakistan on antimicrobial resistance (AMR): A narrative review and the implications. *Expert review of anti-infective therapy*, *20*(1), 71-93.

Salguero-Caparrós, F., Pardo-Ferreira, M. D. C., Martínez-Rojas, M., & Rubio-Romero, J. C. (2020). Management of legal compliance in occupational health and safety. A literature review. *Safety science*, *121*, 111-118.

Sekaran, U., & Bougie, R. (2019). *Research methods for business*. John Wiley & Sons, Incorporated.

Shea, T., De Cieri, H., Donohue, R., Cooper, B., & Sheehan, C. (2016). Leading indicators of occupational health and safety: An employee and workplace level validation study. *Safety science*, *85*, 293-304.

Shrestha, N. (2021). Factor analysis as a tool for survey analysis. *American Journal of Applied Mathematics and Statistics*, *9*(1), 4-11.

Silverman, H., Wilson, T., Tisherman, S., Kheirbek, R., Mukherjee, T., Tabatabai, A., ... & Zimmer, M. (2022). Ethical decision-making climate, moral distress, and intention to leave among ICU professionals in a tertiary academic hospital center. *BMC Medical Ethics*, *23*(1), 1-15.

Slavich, G. M. (2022). Social Safety Theory: Understanding social stress, disease risk, resilience, and behavior during the COVID-19 pandemic and beyond. *Current Opinion in Psychology*, *45*, 101299.

Smith, A. (2020). Psychological barriers in the workplace: Implications for healthcare professionals. *Health Psychology Review, 14*(3), 356-369.

Smith, A. & Johnson, R. W. (2019). Promoting work-life balance and well-being in healthcare professionals: Strategies and recommendations. *Journal of Healthcare Leadership, 11,* 91-99.

Smith, B. (2015). Efficacy of safety barriers in healthcare settings. *Journal of Occupational Safety and Health, 32*(3), 67-74.

Smith, B., & Johnson, C. (2020). The role of management inspections in promoting safety practices at work. *Journal of Organizational Safety, 42*(3), 201-215.

Smart, H., Opinion, F. B., Darwich, I., Elnawasany, M. A., & Kodange, C. (2020). Preventing facial pressure injury for health care providers adhering to COVID-19 personal protective equipment requirements. *Advances in skin & wound care*.

Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic–A review. *Asian journal of psychiatry*, *51*, 102119.

Thomas, L. (2016). Importance of physical barriers in infection control. *Healthcare Infection Journal, 48*(4), 121-129.

Usman, M., Ghani, U., Cheng, J., Farid, T., & Iqbal, S. (2021). Does participative leadership matters in employees' outcomes during COVID-19? Role of leader behavioral integrity. *Frontiers in Psychology*, *12*, 646442.

Wilson, J. (2017). Maintenance practices for safety barriers. *Journal of Workplace Safety, 24*(1), 31-38.

Wilson, J., & Davis, M. (2020). Role of physical barriers in infection prevention. *Journal of Infection and Disease Control, 52*(3), 73-80.

World Health Organization. (2022). Caring for those who care: guide for the development and implementation of occupational health and safety programmes for health worker "World Health Organization Report" (PDF). Retrieved 17 September 2023.

APPENDIX:

SECTION A

Please tick "✔ " all the relevant values applicable for you.

1.Gender: Male ☐ Female ☐

2.Education: ----------

3.Marital Status: Married ☐ Single ☐

4. Designation: _____

5. My age is:

1. 18 to 28 years ☐ 2. 29 to 40 years ☐ 3. 41 to 55 years ☐ 4. More than 55 ☐

6. My total experience is:

1. 1- 5 years ☐ 2. 6 – 10 years ☐ 3. 11– 15 years ☐ 4. above 15 years ☐

SECTION B

S#	**I am conducting research in areas of improvement in healthcare sector of Pakistan. Your cooperation will be a great contribution. This scale measures the Hospital working conditions dimensions. Please rate the extent to which you agree or disagree with each statement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).**	1	2	3	4	5
	Management safety priority and ability					
	Management encourages employees here to work in accordance with safety rules - even when the work schedule is tight					
	Management ensures that everyone receives the necessary information on safety					
	Management looks the other way when someone is careless with safety					
	Management places safety before production					
	Management accepts employees here taking risks when the work schedule is tight					
	We who work here have confidence in the management's ability to deal with safety					
	Management ensures that safety problems discovered during safety rounds/evaluations are corrected immediately					
	When a risk is detected, management ignores it without action					
	Management lacks the ability to deal with safety properly					
	Management safety empowerment					
	Management strives to design safety routines that are meaningful and actually work					
	Management makes sure that everyone can influence safety in their work environment					
	Management encourages employees here to participate in decisions which affect their safety					
	Management never considers employees' suggestions regarding safety					
	Management strives for everybody at the worksite to have high competence concerning safety and risks					
	Management never asks employees for their opinions before making decisions regarding safety					
	Management involves employees in decisions regarding safety					
	Worker's safety priority and risk non-acceptance					
	We who work here regard risks as unavoidable					
	We who work here consider minor accidents to be a normal part of our daily work					
	We who work here accept dangerous behavior as long as there are no accidents					
	We who work here break safety rules in order to complete work on time					
	We who work here never accept risk-taking even if the work schedule is tight					
	We who work here consider that our work is unsuitable for cowards					
	We who work here accept risk-taking at work					
	Safety communication, learning and trust in co-workers' safety competence					
	We who work here try to find a solution if someone points					
	We who work here feel safe when working together					
	We who work here have great trust in each other's ability to ensure safety					
	We who work here learn from our experiences to prevent accidents					
	We who work here take each other's opinions and suggestions concerning safety seriously					
	We who work here seldom talk about safety					
	We who work here always discuss safety issues when such issues come up					
	We who work here can talk freely and openly about safety					
	Workers' trust in efficacy of safety systems					
	We who work here consider that a good safety representative plays an important role in preventing accidents					
	We who work here consider that safety rounds/evaluations have no effect on safety					
	We who work here consider that safety training to be good for preventing accidents					
	We who work here consider early planning for safety as meaningless					
	We who work here consider that safety rounds/evaluations help find serious hazards					
	We who work here consider safety training to be meaningless					
	We who work here consider it important to have clear-cut goals for safety					

S#	**I am conducting research in areas of improvement in healthcare sector of Pakistan. Your cooperation will be a great contribution. This scale measures the Hospital working conditions dimensions. Please rate the extent to which you agree or disagree with each statement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).**	1	2	3	4	5
	This subscale measures the physical barriers that healthcare professionals encounter in their working environment. Respondents are asked to rate the extent to which they agree or disagree with each statement on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).					
	Insufficient Resources					
	The hospital has a shortage of essential medical supplies and equipment.					
	The hospital lacks adequate staffing levels.					
	The physical infrastructure of the hospital is in poor condition.					
	Inadequate Work Environment:					
	The hospital lacks proper ventilation and temperature control.					
	The workspace is cluttered and disorganized.					
	The hospital lacks appropriate safety measures to prevent accidents.					
	Long Working Hours and Fatigue:					
	I am required to work long hours without sufficient breaks.					
	Extended shifts and overtime work are common in the hospital.					
	The demanding work schedule leads to fatigue and exhaustion.					
	Insufficient Resources:					
	The hospital has a shortage of essential medical supplies and equipment.					
	The hospital lacks adequate staffing levels.					
	The physical infrastructure of the hospital is in poor condition.					
	Psychological Barriers: This subscale measures the psychological barriers that healthcare professionals experience in their work environment. Respondents rate their level of agreement with each statement using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).					
	High Workload and Stress:					
	I often have excessive workloads and feel overwhelmed.					
	The hospital environment is highly stressful and affects my well-being					
	Inadequate Support and Communication					
	I experience a lack of control and autonomy in my work.					
	I receive insufficient support from supervisors and colleagues.					
	There is a lack of effective communication and collaboration among healthcare teams.					
	I do not receive adequate recognition or appreciation for my work.					
	Emotional Distress and Burnout:					
	I frequently experience emotional distress due to work-related factors.					
	I am at risk of burnout due to the demands of my job.					
	The hospital does not provide adequate resources for mental health support.					