

Araştırma Makalesi/ Research Article

Determining the Relationship between Global Future Perception, Job Insecurity and Future Anxiety in Healthcare Professionals

Sağlık Çalışanlarında Küresel Gelecek Algısı, İş Güvencesizliği ve Gelecek Kaygısı Arasındaki İlişkinin Belirlenmesi

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ABSTRACT

Objective: Globalization affects healthcare professionals' working conditions, ways of doing business, and perspectives for the future. From this perspective, the research aims to determine the relationship between global future perception, job insecurity, and future anxiety among healthcare professionals.

Method: The research was conducted with 414 healthcare professionals. "The Perceived Global Future Scale," "Job Insecurity Scale," and "Dark Future Scale" were used as data collection tools.

Results: The Perceived global future scale total score average of the healthcare professionals was 2.19±0.91, the dark future scale score average was 23.31±6.44, and the job insecurity scale score average was 22.37±4.03. A weak positive relationship was observed between the perceived global future scale and the job insecurity scale. A significant relationship was observed between the perceived global future scale factors and the job insecurity scale and future anxiety scale ($p < .05$). A significant and positive weak relationship was observed between the job insecurity scale and the future anxiety scale ($p < .05$).

Conclusion: There is a significant relationship between global future perception and factors and job insecurity and future anxiety among healthcare professionals. As the perception of job insecurity increases, future anxiety also increases. At this point, it is recommended that institution managers and manager nurses at the micro level and policymakers at the macro level take initiatives to reduce job insecurity and future anxiety that are affected by globalization.

Keywords: Future anxiety, future perception, health professional, job insecurity

ÖZ

Amaç: Küreselleşme sağlık çalışanlarının çalışma koşullarını, iş yapma biçimlerini ve geleceğe ilişkin bakış açılarını etkilemektedir. Bu bağlamda, araştırmanın amacı sağlık çalışanlarında küresel gelecek algısı, iş güvencesizliği ve gelecek kaygısı arasındaki ilişkinin belirlenmesidir.

Yöntem: Araştırma 414 sağlık çalışanı ile yürütülmüştür. Veri toplama aracı olarak "Algılanan Küresel Gelecek Ölçeği," "İş Güvencesizliği Ölçeği," ve "Gelecek Kaygısı Ölçeği" kullanılmıştır.

Bulgular: Sağlık çalışanlarının Algılanan küresel gelecek ölçeği toplam puan ortalaması 2.19±0.91, Gelecek kaygısı ölçeği puan ortalaması 23.31±6.44 ve iş güvencesizliği ölçeği puan ortalaması 22.37±4.03 olarak belirlendi. Algılanan küresel gelecek ölçeği ile iş güvencesizliği ölçeği arasında pozitif yönlü zayıf ilişki, Algılanan küresel gelecek ölçeği faktörleri ile iş güvencesizliği ölçeği ve gelecek kaygısı ölçeği arasında anlamlı ilişkiler gözlemlendi ($p < .05$). İş güvencesizliği ölçeği ile gelecek kaygısı ölçeği arasında anlamlı ve pozitif yönlü zayıf ilişki gözlemlendi ($p < .05$).

Sonuç: Sağlık çalışanlarında küresel gelecek algısı ve faktörleri ile iş güvencesizliği ve gelecek kaygısı arasında anlamlı ilişki vardır. İş güvencesizliği algısı arttıkça gelecek kaygısı da artmaktadır. Bu noktada mikro düzeyde kurum yöneticileri ve yönetici hemşirelerin, makro düzeyde ise politika belirleyicilerin küreselleşmenin etkilediği iş güvencesizliği ve gelecek kaygısını azaltmaya yönelik girişimlerde bulunmaları önerilir.

Anahtar Kelimeler: Gelecek algısı, gelecek kaygısı, iş güvencesizliği, sağlık çalışanı

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Introduction

The healthcare sector is a complex and dynamic field that undergoes constant changes due to the influence of globalization (Burke et al., 2015). Demographic, technological, economic, political, and environmental factors create both challenges and opportunities in the healthcare sector (Ergin and Akin, 2017). Healthcare costs are increasing, the population and healthcare workforce are aging, and migration, environmental, geopolitical, and technological factors are making changes in the design, workforce, and delivery of health services compulsory (ILO, 2019). While the changes are directing the health services, in some cases, the healthcare professionals also direct these changes (Bakker and Demerouti, 2017). In this context, it is necessary for healthcare professionals to have a global perspective on health and be able to generate appropriate solutions (Ergin and Akin, 2017).

The effects of globalization are perceived differently in different parts of the world (Ergin and Akin, 2017). In Turkey, it will also be possible to face more drawbacks, such as a lack of job security, low wages, social protection inadequacies, and increased health and safety risks, especially for those working in the private sector (Kuloglu and Piyal, 2021). Especially in the COVID-19 pandemic, it has been understood that health and economy are inextricably linked and that healthcare professionals, and especially nurses, who numerically constitute the largest number of health services, are vital for the health and economic well-being of communities (ICN, 2021). On the other hand, negative factors such as wars, terrorist attacks, epidemics, health issues, environmental problems, and social dynamics have an impact on how individuals perceive the future, society, and the world (Bodur and Kaya, 2017). It is seen that research on the impact of healthcare professionals on global changes has intensified during the COVID-19 pandemic. Events such as the COVID-19 pandemic act as a driving force for people to manage uncertainties and think about the future, both individually and globally (Bodur and Harmanci Seren, 2021). In this thinking process, the uncertainties and changes brought by global developments affect the attitudes of healthcare professionals toward the future and their perceptions of job security (Richter et al., 2013).

Job security is one of the issues that should be emphasized in terms of maintaining a work life in a certain order. Job insecurity is a negative emotion experienced by the employee due to the fear of

losing the job itself or certain features (Satria and Kustiawan, 2023). Job insecurity is the employee's perception of the degree of uncertainty about the future and is one of the most powerful inhibitory stressors in working life (Adekiya, 2023). Negative feelings, such as instability and uncertainty about the employee's life, cause future anxiety in the employee. Future anxiety also refers to anxiety and fear about possible or expected negative changes in the future (Zaleski et al., 2019). Negative emotions and cognitive dissonance caused by job insecurity and future anxiety cause employees to consume their limited psychological capital (Yu et al., 2023). Although studies conducted in recent years on future anxiety among healthcare professionals focus on the impact of the COVID-19 pandemic, research shows that one of the most important problems caused by future anxiety is the migration of healthcare professionals (Sen Olgay and Yurt, 2023). It is crucial to identify the perceptions of global changes and the challenges they face to empower healthcare professionals and maintain their mental health and well-being levels. There is an urgent need for research findings to provide evidence to enhance healthcare systems and health services and for managers to foster a positive work environment (Søvdal et al., 2021). There is no research in the literature that reveals the perceptions of healthcare professionals about global changes and their relationship with job insecurity and future anxiety. In addition, conducting research on all healthcare professionals will contribute to revealing the differences between professions and helping nurse managers to have information about other professional members reporting to them. The research findings fill an important gap in the literature. Based on this importance, this study is aimed at determining the relationship between the global future perceptions, job insecurity, and future anxiety of healthcare professionals.

The aim of this study is to determine the relationship and affecting factors between global future perception, job insecurity, and future anxiety in healthcare professionals.

Research Questions

1. What are the Perceived Global Future Scale total and factor scores, Job Insecurity Scale and Dark Future Scale score averages?

2. Is there a significant relationship between the personal and professional characteristics of healthcare professionals and the Perceived Global Future scale total and factor scores, the Job

Insecurity Scale and Dark Future Scale score averages?

3. Is there a significant relationship between Perceived Global Future scale total and factor scores, the Job Insecurity Scale, and Dark Future Scale score averages?

Method

Design and sample

The research is a descriptive and cross-sectional study. The population of the research consists of healthcare professionals working in public and private university hospitals and family health centers throughout Turkey. If the number of individuals in the population is unknown, to calculate the number of people to include to examine the prevalence of the issue in the sample calculation, the formula $n = (t^2 \times Pq) / d^2$ is used (Sumbuloglu and Sumbuloglu, 2005). According to this formula, the minimum sample representing the universe was calculated as 384. The sample consists of 414 healthcare professionals who were reached with the convenience sampling method and agreed to participate in the research. Inclusion criteria: (a) to be working as a healthcare professional at the time of the research; (b) to have been working for at least 1 year; (c) to approve the informed consent form; and (d) to complete the data collection form.

Data collection tools

The Introductory Information Form, Perceived Global Future Scale, Job Insecurity Scale, and Dark Future Scale were used as data collection tools.

Introductory Information Form: There are a total of 8 statements questioning the personal (age, gender) and occupational (profession, education level, type of institution, unit of work, duration of professional experience, working status) characteristics of healthcare professionals.

Perceived Global Future Scale (PGFS): The scale, developed by Bodur and Harmanci Seren (2021), consists of 36 items. The scale items are in the form of a 5-point Likert type and are ordered from the "Strongly Agree - 1 point" option to the "Strongly Disagree - 5 point" option. Some statements foresee the changes that may occur in the future on fundamental issues such as technology, environment, demography, and service areas such as health and education on a global scale. The scale consists of seven factors. Cronbach's reliability coefficient of the scale was found to be 0.93 for the whole scale. In the sub-dimensions, it is between 0.62-0.87 (Bodur and Harmanci Seren, 2021). In the research, Cronbach's reliability coefficient for the

whole scale was found to be 0.96. Factor Cronbach alpha coefficients are: Future of Health factor 0.93; Future of Education and Technology factor 0.83; Future of Biotechnology factor 0.80; Future of Society's Life factor 0.96; Future of Environment factor 0.94; Future of Human/Demographics factor 0.63; Cultural Conflict and Future factor 0.82. Statements numbered 12, 13, 14, 15, 16, 17, 20, and 21 in the scale are reverse scored. The scale score is calculated as the mean of the item total score, and the total score that can be obtained varies between 1 and 5. Low scores on the scale indicate a negative perception of the global future, while high scores indicate a positive perception (Bodur and Harmanci Seren, 2021).

The Job Insecurity Scale (JIS): It is a one-dimensional, 5-point Likert-type scale consisting of seven items developed by Zeytinoglu et al. (2007). The scale items are in the form of a 5-point Likert type and are ordered from the "Strongly Agree - 1 point" option to the "Strongly Disagree - 5 point" option. The Cronbach's α reliability coefficient of the scale was found to be 0.89. The Cronbach's α reliability coefficient for the scale was found to be 0.88 in the research. The scores that can be obtained from the scale vary between 7 and 35. As the score obtained from the scale increases, the perceived job insecurity of healthcare professionals increases.

Dark Future Scale (DFS): The Turkish validity and reliability study of the scale developed by Zaleski et al. (2019) was carried out by Tellioglu (2021), and it consists of 5 items and one dimension. The 7-point Likert-type scale is scored as (0) Strongly disagree, and (6) Strongly agree. Cronbach's reliability coefficient was 0.88 (Tellioglu, 2021). The Cronbach's α reliability coefficient for the scale was found to be 0.89 in the research. The score that can be obtained from the scale varies between 0 and 30. It is determined that the higher the score obtained from the scale, the higher the anxiety about the future.

Data collection

Research data were collected between March 1, 2022, and May 1, 2022, in a 2-month period using a web-based data collection method. The created form was sent electronically to healthcare professionals via social media applications that provide group communication. The data collection process was carried out by healthcare professionals sharing the research link with their colleagues working in the clinics where they work. An informed consent form was included on the first page of the online data collection tool. Those who

agreed to participate in the study were required to read the form and confirm their voluntary participation before they switched to other pages of the data collection tool. To reduce the error of not responding, “save/continue later” options have been added to the online questionnaire form.

Data analysis

The data from the research were analyzed with the SPSS Statistics 21 package program. Number, percentage, and mean were used in the analysis of basic descriptive data. During the normality analysis of the data, the values of the skewness and kurtosis variables were evaluated. Student’s t-test, ANOVA, and Pearson correlation analysis were applied for number, percentage, mean, and independent groups. The results were evaluated at the 95% confidence interval, and the significance level was $p < 0.05$.

Ethical considerations

Balikesir University Health Sciences Non-Interventional Research Ethics Committee permission was obtained to conduct the research (date: January 25, 2022, no. 2022/11). Research data were collected using a web-based data collection method. The research was conducted with healthcare professionals who agreed to participate in the study. Written permission was

obtained from the relevant authors via email for the data collection tools used in the research. The principles of the Declaration of Helsinki were followed at all stages of the research.

Results

The mean age of the healthcare professionals participating in the research is 32.19 ± 6.81 .

62.8% of the participants are women, 55.6% are nurses, 48.8% are undergraduates, 37.2% work in the emergency department, and 34.8% have been working for 1-5 years. 68.6% of the healthcare professionals work in a public hospital, 16.4% in a university hospital, 9.2% in a private hospital, 5.8% in a family health center, and 39.6% work in Public Personnel-4A status.

Table 1 shows the mean scores of the analyzed scales. Score averages of perceived global future factors: Future of Health 2.06 ± 1.07 , Future of Education and Technology 3.77 ± 0.98 , Future of Biotechnology 3.14 ± 0.49 , Future of Society's Life 1.85 ± 1.15 , Future of Environment 1.88 ± 1.17 , Future of Human/Demographics 2.53 ± 1.18 , Cultural Conflict and Future Factor 2.07 ± 1.06 , and the scale total score average was found to be 2.19 ± 0.91 . The participants' dark future scale mean score was 23.31 ± 6.44 , and the job insecurity scale mean score was 22.37 ± 4.03 .

Table 1. Perceived global future scale factors, future anxiety scale, and job insecurity scale mean scores (n=414)

Variable	Subscales	Range	M	SD	Skewness	Kurtosis
Perceived Global Future Scale	Future of Health	1-5	2.06	1.07	1.632	1.554
	Future of Education and Technology	1-5	3.77	0.98	-1.183	1.051
	Future of Biotechnology	2-5	3.14	0.49	0.427	0.192
	Future of Society's Life	1-5	1.85	1.15	1.704	1.704
	Future of Environment	1-5	1.88	1.17	1.614	1.411
	Future of Human/Demographics	1-5	2.53	1.18	0.359	-0.768
	Cultural Conflict and Future	1-5	2.07	1.06	1.065	0.471
	Total Score	1.03-5	2.19	0.91	1.697	2.087
Job Insecurity Scale		2-30	23.31	6.44	-1.275	1.365
Dark Future Scale		7-35	22.37	4.03	-0.205	0.916

Abbreviations: M, mean; SD, standard deviation

Table 2 shows the comparison of the descriptive features, and the perceived global future scale, dark future scale, and job insecurity scale mean scores. The job insecurity scale mean total score was higher in males, and a statistically significant difference was found ($p < 0.05$).

In the comparison made with the occupation of the participants, it was determined that the mean The physicians scores were higher on the Future of Biotechnology and Job Insecurity Scale ($p < 0.05$). On the future anxiety scale, the mean scores of midwives were found to be higher ($p < 0.05$).

Table 2. Comparison of the descriptive characteristics of healthcare professionals and the mean scale scores (n=414)

	n	Perceived Global Future Scale						DFS		JIS	
		FH	FET	FB	FSL	FE	FD	CCF	PGFS Total		
Gender											
Female	260	2.06±1.06	3.76±0.97	3.12±0.45	1.86±1.16	1.91±1.18	2.48±1.23	2.06±1.10	2.19±0.92	23.42±6.38	22.00±4.25
Male	154	2.06±1.09	3.78±1.01	3.19±0.55	1.84±1.14	1.85±1.14	2.62±1.10	2.09±0.99	2.18±0.90	23.11±6.57	23.01±3.55
Test statistic		0.953	0.894	0.174	0.848	0.613	0.229	0.229	0.102	0.637	0.013**
Occupation											
Physician ^a	108	1.90±0.93	3.73±0.96	3.31±0.52	1.76±1.05	1.83±0.98	2.37±1.10	2.08±1.02	2.10±0.83	23.01±6.25	23.01±3.94
Nurse ^b	230	2.11±1.09	3.77±0.99	3.08±0.47	1.84±1.11	1.85±1.17	2.60±1.18	2.06±1.18	2.20±0.91	23.42±6.61	22.28±4.19
Midwife ^c	34	2.09±1.01	3.96±0.89	3.02±0.45	1.91±1.38	1.81±1.30	2.82±1.11	2.82±1.11	2.21±0.85	26.23±4.11	22.70±2.88
Other ^d (Anesthesia technician, dentist, laboratory assistant, paramedic)	42	2.21±1.32	3.67±1.07	3.15±0.44	2.10±1.39	2.29±1.43	2.35±1.39	2.35±1.39	2.29±1.13	20.76±6.67	20.95±3.84
Test statistic		0.290	0.618	0.000** a>b, a>c	0.445	0.130	0.115	0.480	0.684	0.003* c>d	0.039* a>d
Education Level											
High school ^a	36	1.93±0.81	4.31±0.57	3.09±0.29	1.54±0.57	1.71±0.75	2.75±1.08	1.94±0.80	2.02±0.56	21.61±6.26	21.88±4.18
Assoc. Degree ^b	74	2.08±1.08	4.16±1.02	3.04±0.37	2.07±1.23	2.03±1.19	2.51±1.19	2.06±0.98	2.12±0.92	22.08±6.69	22.54±3.99
Undergraduate ^c	202	2.12±1.08	3.63±0.95	3.10±0.50	1.82±1.16	1.83±1.20	2.59±1.16	2.08±1.12	2.24±0.92	24.05±6.59	22.53±4.07
Graduate ^d	102	1.98±1.11	3.57±1.01	3.33±0.56	1.87±1.20	1.95±1.21	2.36±1.24	2.10±1.10	2.18±0.99	23.33±5.85	22.11±3.95
Test statistic		0.614	0.000** a,b >c,d	0.000** d>b,c	0.139	0.434	0.268	0.880	0.508	0.048* c>a,b	0.711
Working Unit											
Emergency service ^a	154	2.08±1.03	3.72±1.01	3.26±0.50	1.86±1.19	1.87±1.19	2.49±1.16	2.00±0.98	2.19±0.91	23.14±7.06	22.87±4.13
Intensive care ^b	60	2.24±1.33	3.67±1.09	3.00±0.40	2.03±1.25	2.02±1.28	2.48±1.16	2.30±1.15	2.28±1.11	23.23±5.88	22.50±4.89
Operating room ^c	28	1.68±0.80	4.39±0.68	3.05±0.41	1.76±1.08	1.78±1.05	2.57±0.85	2.10±0.90	1.91±0.70	23.71±5.05	22.64±3.82
Inpatient unit ^d	96	1.99±0.84	3.86±0.75	3.22±0.47	1.67±0.83	1.61±0.84	2.80±1.04	1.86±0.91	2.12±0.62	23.29±6.43	22.47±3.17
Other ^e (outpatient clinic, family health centers)	76	2.11±1.23	3.60±1.11	2.95±0.50	1.96±1.32	2.20±1.35	2.32±1.46	2.31±1.31	2.30±1.09	23.57±6.14	21.05±3.91
Test statistic		0.219	0.004* c >a,b,d	0.000** d,a >b,e	0.306	0.018* e>d	0.111	0.025* e>d	0.291	0.987	0.029* a>e
Working Year											
1-5 years ^a	144	2.23±1.15	3.77±1.04	3.08±0.45	2.05±1.22	2.07±1.24	2.54±1.13	2.31±1.13	2.28±0.98	22.16±6.41	22.44±3.89
6-10 years ^b	130	1.73±0.60	3.97±0.65	3.26±0.54	1.49±0.68	1.51±0.76	2.56±1.03	1.70±0.75	1.93±0.50	24.92±4.89	23.13±3.36
11-15 years ^c	74	2.14±1.13	3.81±1.13	3.19±0.50	1.81±1.21	1.81±1.18	2.47±1.35	1.93±1.10	2.21±1.00	24.14±6.31	21.62±4.73
16-20 years ^d	42	2.07±1.18	3.39±0.98	3.01±0.42	2.07±1.29	2.22±1.22	2.45±1.32	2.42±1.11	2.33±0.97	21.14±8.25	20.66±3.96
21 years and above ^e	24	2.55±1.62	3.19±1.30	2.97±0.42	2.41±1.68	2.48±1.73	2.70±1.48	2.50±1.23	2.64±1.40	22.66±8.61	23.16±4.82
Test statistic		0.001** a,e >b	0.001** b >d,e	0.003* b >a,d,e	0.001** a,d,e >b	0.001** a,d,e >b	0.911	0.001** a,d,e >b	0.001** a,e >b	0.001** b >a,d	0.003* b >d
Working Status											
Public personnel 4/A ^a	164	1.90±0.99	3.97±0.95	3.09±0.45	1.78±1.07	1.79±1.03	2.38±1.18	2.06±1.00	2.06±0.83	22.67±6.88	22.07±4.02
Public personnel 4/B ^b	140	2.16±1.07	3.60±0.96	3.22±0.50	1.83±1.13	1.84±1.23	2.77±1.09	2.07±1.12	2.26±0.95	23.47±6.77	23.02±3.94
Contracted ^c	110	2.17±1.16	3.69±1.02	3.13±0.52	2.00±1.28	2.09±1.26	2.47±1.25	2.10±1.08	2.27±0.96	24.06±5.19	22.00±4.07
Test statistic		0.053	0.003* a>b	0.050* b>a	0.283	0.105	0.014* b>a	0.957	0.079	0.202	0.062

Abbreviations: M, mean; SD, standard deviation; p, level of statistical significance. aF = ANOVA. bt = Student's t test. *p < .05., **p < .001, PGFS: Perceived Global Future Scale; FH: Future of Health; FET: Future of Education and Technology; FB: Future of Biotechnology; FSL: Future of Society's Life; FE: Future of Environment; FD: Future of Human/Demographics; CCF: Cultural Conflict and Future; DFS: Dark Future Scale; JIS: Job Insecurity Scale

In the comparison made with the education of the participants, it was determined that the mean score of high school graduates and associates degree was higher in the sub-dimension of the Future of Education and Technology ($p < 0.000$), and the mean score of those with graduate education was higher in the Future of Biotechnology Factor ($p < 0.000$). On the Dark Future Scale, it was determined that the mean score of those with undergraduate education was higher ($p < 0.05$).

In the comparison made with the unit where the participants work, it was determined that the Future of Education and Technology mean scores of those working in the operating room were higher, and the Future of Biotechnology and Job Insecurity mean scores of those working in the emergency service and inpatient unit were higher ($p < 0.05$).

In comparison with the working years of the participants, it was found that the Future of Health, Future of Society's Life, Future of Environment, Cultural Conflict and Future factors, Perceived Global Future Scale total score and Job Insecurity Scale mean scores of those working for 21 years or more were higher, and the mean score of Future of Education and Technology, Future of Biotechnology Factors and future anxiety of professionals between 6-10 years were higher ($p < 0.05$).

In comparison with the status of the participants, it was determined that the Future of Education and Technology mean scores of public personnel 4/A were higher, and the Biotechnology Factor and Future of Demographics mean scores of public personnel 4/B were higher ($p < 0.05$).

Table 3 shows the correlations between Perceived Global Future Scale factors (FH, FET, FB, FSL, FE, FD, and CCF), Dark Future Scale, and Job Insecurity Scale. Significant, positive weak relationships were observed between the Job Insecurity Scale and Perceived Global Future Scale total score and factors (FH, FET, FSL, FE, FD, and CCF) and Dark Future Scale ($p < .01$). Significant, negative, weak relationships were observed between the Dark Future Scale and the Perceived Global Future Scale factors (FSL, FE, and CCF), and a significant and positive weak relationship was observed between the FD factor ($p < .01$).

Discussion

The pace of change in healthcare is linked to almost every aspect of society and the economy. The COVID-19 pandemic has accelerated many of the changes that have emerged in recent years (Clinician

of the Future Reports, 2022). It is seen that most of the studies on future anxiety and job insecurity conducted with healthcare professionals focus on the effects of the COVID-19 pandemic. However, healthcare professionals are affected by all global changes as well as pandemics. Health professions' perceived global future scale score is below average. This situation shows that they have negative perceptions about the global future. Although there is no research on the subject, a study conducted with nurses emphasizes that nurses are at the center of future-oriented, sustainable health services and that they cannot stay away from global changes (Salvage and White, 2020). According to the research results, it is thought that more research is needed to determine the reasons for the negative perceptions detected.

In this research, where the global future perception levels of healthcare professionals were evaluated, the most positive perception was in the Future of Education and Technology factor. In the Clinician of the Future Reports (2022), the majority of clinicians expressed a positive opinion about the use of digital health technologies. Rapidly changing technologies have changed the roles and responsibilities of healthcare professionals, increasing the need to update their skills to provide patient-centered care (Jarva et al., 2022). Therefore, the research finding is considered a positive and important result.

In the research, healthcare professionals' future anxiety was above average. In the studies of Tunc and Ozen Kutunis (2015), it has been shown that healthcare professionals have high levels of anxiety about the future. In a study conducted with intern physicians, the majority of the participants had occupational concerns (Cihan et al., 2017). Sen Olgay and Yurt (2023) research reveals that one of the main reasons for healthcare professionals migrating from Turkey to the UK is anxiety about the future. According to the Ministry of Health of Turkey Health Statistics Yearbook (2019), there are 1 million healthcare personnel in all sectors, of whom 198 thousand are nurses, 56 thousand are midwives, and 160 thousand are physicians.

The fact that future anxiety is high, similar to the studies, shows that investment in the healthcare workforce, especially nurses, who constitute most of the research samples, should be increased.

Different forms of employment in the healthcare sector cause individual and organizational problems such as future anxiety and job insecurity. In the study, healthcare professionals had moderate job

insecurity perceptions. Similarly, in the study of Gunalan and Ceylan (2015) conducted with nurses, the perception of job insecurity was moderate. A study states that job insecurity is one of the most likely problems that healthcare professionals will face in the near future and that it may lead to global healthcare workforce migration (Ergin and Akin, 2017). Supporting the research finding, it was determined in the nurse migration trend study report of the Turkish Nurses Association that most of the nurses want to work abroad (TNA, 2023).

One of the striking results of the study was that physicians had higher job insecurity perceptions. The Clinician of the Future Reports (2022) revealed that a high proportion of physicians plan to leave their current role within a few years. In the report, the physicians were more likely to view the change in their roles negatively. In the study of Tunc and Ozen Kutunis (2015), it was shown that resident physicians mostly have high future anxiety, and in another study conducted with intern physicians, the majority of them have occupational anxiety (Cihan et al., 2017). Although it was found to be higher in physicians, the perception of job insecurity is also at a level that should be taken into account in nurses and midwives. The Ministry of Health of the Republic of Turkey initiated the White Reform to adapt to changes such as working conditions and service perception due to globalization and to make improvements in the working conditions of healthcare professionals (Ministry of Health of Turkey, 2022). The job insecurity perception levels determined according to the research results suggest that the improvements after the measures taken were insufficient.

Men's perceptions of job insecurity were higher in the study. In their study, Bazzoli and Probst (2023) showed that women are more concerned with deteriorating working conditions, while men experience job insecurity as a threat to their identity, supporting the research finding. One of the important findings of the study was that perceptions of job insecurity were higher among those working in the emergency department. In a study, it was shown that the anxiety levels of those working in the emergency service were high (Sahin and Kulakac, 2022). It is emphasized that negative employee outcomes are encountered due to the higher rate of work pressure, social pressure, lack of time, exposure to violence, and threats in emergency services (Batarfi et al., 2023).

The results of the research show the relationship between perceptions of the global future and job insecurity and future anxiety among healthcare professionals. Supporting the research result, there are studies showing that the Covid-19 pandemic, as a result of global changes, affects the job insecurity and anxiety levels of healthcare professionals (Karasu et al., 2022; Salari et al., 2020). As a result of the research, as the positive perception of the global future increases, the perception of job insecurity also increases, contrary to expectations. It is thought that this result is caused by the fact that job insecurity has a weak relationship with global future factors and that other sectoral and political factors, such as labor markets, also play a role in job insecurity.

In the research, it was seen that positive perceptions about the future of social life and the environment were lower. Healthcare professionals play a key role in helping society create a more sustainable future for patients and the environment. Similarly, in a study conducted with nurses, it was revealed that nurses do not immediately understand their responsibilities in combating climate change, and their awareness of this issue varies (Mahmoud and Mahmoud, 2023). In another study, participants stated that climate change is an important and growing cause of health problems, and they feel a responsibility to educate the public and policymakers about it (Kotcher et al., 2021).

In the research, as the positive perceptions about the future of education and technology increase, the perceptions of job insecurity also increase. With the current changes in global demographics, pandemics, the workforce market, technology, and policy, there has been a transition to a situation where professionals are increasingly exposed to insecurity regarding their secure employment status and the quality of their other aspects (promotion, employment relationship, working conditions, career opportunities) (Adekiya, 2023; Yeves et al., 2019).

Supporting the research findings, it is also emphasized that with the rapid development of the platform economy and technology, the employment environment and patterns have undergone radical changes, creating job uncertainty and unprecedented job insecurity among employees (Yu et al., 2023).

In the research, future anxiety among healthcare professionals increases as job insecurity increases. Job insecurity is one of the psychosocial risks that can have a major impact on healthcare professionals and society in general. In the literature, it is

emphasized that employees who feel job insecurity feel the threat of losing their jobs and experience more uncertainty about the future (Satria and Kustiawan, 2023). Considering the negative consequences of job insecurity, such as future anxiety, increased migration, psychosocial stress, musculoskeletal disorders, and poor performance, the medium level of job insecurity should be emphasized (Prado-Gascó et al., 2021).

Conclusion and Recommendations

The research reveals the relationship between global future perception factors and job insecurity and future anxiety. It is seen that job insecurity poses a problem for the future perspectives of nurses and all healthcare professionals, who make up the majority of the research sample. Global future perceptions, job insecurity perceptions, and future anxiety differ according to the personal and professional characteristics of healthcare professionals. The research can be studied in more comprehensive and larger samples to reflect all healthcare professionals with different personal and professional characteristics working in different institutions. To reveal how perceptions about the global future affect job insecurity and future anxiety, research can be conducted through in-depth interviews. According to the personal and professional characteristics of the healthcare professionals in the research findings, it can contribute to the creation of action plans by conducting qualitative and interventional studies with risky groups who have a negative attitude in terms of global future perception, job insecurity, and future anxiety. At this point, there is a need for institution managers and nurse managers at the micro level and policymakers at the macro level to take the necessary initiatives to improve the existing regulations and the system.

Limitations of The Study

Research data is limited to the answers of the health professionals who participated in the research. Therefore, the research results cannot be generalized. In addition, due to the web-based data collection method included in the research and the limited literature on the subject, the inadequacies in discussing the findings constitute the limitations of the research.

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What did the study add to the literature?

- Healthcare professionals have a negative perception of the global future.
- While the perceptions of healthcare professionals about the future of education and technology are positive, their positive perceptions about the future of social life and the environment are lower.
- Global future perception among healthcare professionals is related to job insecurity and future anxiety.
- As the perception of job insecurity increases among healthcare professionals, future anxiety also increases.

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