

## PREVALENCE OF AGGRESSION AND VIOLENCE AGAINST HEALTHCARE WORKERS AND ITS IMPACT ON INTENTION TO LEAVE<sup>1,2</sup>

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### Abstract

Violence in health sector is increasing day by day and becoming a major problem for healthcare workers. This study has been carried out in order to determine the cases of physical, verbal, and sexual violence of the healthcare workers who work in a state hospital in Sivas and the effects of the violence on their intent to leave. 300 people accepted to participate in the study voluntarily. Data were collected with “Workplace Violence Questionnaire in Health Sector” and “The Intent to Leave the Profession Scale”, and have been evaluated in SPSS v.22, by using percentages, mean, chi square, Mann Whitney U and Kruskal Wallis H tests. Content analysis was conducted for open ended questions. It was found that 50,7% of healthcare workers have stated the risk of being exposed to violence in their workplace as “high”, 19% were exposed to physical violence, 56% were exposed to verbal abuse. Verbal abuse directly affects the intention of healthcare professionals to leave.

**Key Words:** Workplace Violence, Healthcare Workers, Intent to Leave, Violence, Aggression

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## INTRODUCTION

Violence involves a destructive action, avoiding an action, or inaction, directed toward an object or person. It is possible for people to encounter different forms and appearances of violence, such as oppression, persecution, intimidation, punishment, rebellion, killing, both at individual or social level of all areas of life (Mutlu, 1997; Kocacık, 2001; Aytaç et. al., 2011). Violence is defined as a concept that includes, extreme emotional state, rough and tough behavior, abuse of body power, and acts that harm individuals and the society. Although it is often perceived as beating or hitting, there are many kinds of violence in the society. In addition to regarding all forms of physical force as violence, verbal, sexual, psychological and economic violence are also among the violence types (Aytaç et. al., 2011).

Workplace violence, which has entered the literature as a separate form of violence, is a human resource problem that has recently attracted researchers and managers, is becoming increasingly important for organizations and employees, and is an important cause of death and injury in many parts of the world (World Health Organization, 2002; Aytaç et. al., 2011). The International Labor Office (ILO) defines workplace violence as threats, assaults, harassment, or other aggressive behavior that put workers at work in a way that poses a clear or hidden threat to their health and safety (International Labor Office, 2006). In addition, a behavior must be done intentionally in order to be regarded as violence in the workplace (Bronner, Peretz and Ehrenfeld, 2003).

Violence is an important public health problem which is seen more and more common in the health sector as seen in all sectors and healthcare workers consist the most important targets and victims (Eker et. al., 2011; Sağlık-Sen, 2013). According to the "Workplace Violence Report in the Health Sector", 25% of violent incidents at workplaces occurred in health institutions and 50% of healthcare workers were exposed to violence (ICN, PSI, WHO, ILO, 2002).

Kingma (2001) noted that the risk of healthcare workers being exposed to violence is 16 times higher than those working in other sectors (Kingma, 2001). In Turkey, more than 50% of the healthcare workers were found to be subjected to violence in many studies (Ayrancı, Yenilmez, Günay and Kaptanoğlu, 2002; Akyön, 2008, Gokce and Dundar, 2008; Dursun, 2012; Çamcı and Kutlu, 2011; Atik, 2013; Nart, 2014; Kaya, Demir, Karsavuran, Ürek and İlgün., 2016).

According to the data of the Ankara Medical Association (ATO), it is seen that the healthcare workers have given white codes 46,361 times in the last five years (from 14.05.2012 to 02.02.2017). According to these applications, 12,489 of the healthcare workers were exposed to physical violence and 31,513 were exposed to verbal abuse. 27232 of the ones who were exposed to violence are physicians and 19029 are other healthcare workers. From June 2016 to February 2017 (June 27, 2016-08.02.2017), there were 642 healthcare workers were exposed to physical violence, 5,165 were exposed to verbal abuse and 1,185 personnel were exposed to both verbal and physical violence and ran the white code. 4.403 of these applications were made by physicians and 2.589 by other healthcare workers. However, there is no data about the current situation of the staff who were exposed to violence (Ankara Medical Association, 2017).

The consequences of workplace violence occur at both the individual and the organizational level. People exposed to violence are psychologically and physically affected. Discomfort, exhaustion, loss of job satisfaction, dissatisfaction, discomfort, disability, job change, resignation, physical injury, stomachache, sleep problems, fatigue, constant headache, high level anger, fear, anxiety, stress, depression, and such problems are treated as individual consequences of violence. (Akyön, 2008; Gökçe and Dünder, 2008; Hegney et. al., 2010; Ünsal Atan and Dönmez, 2011; Aytaç et. al., 2011; Dursun and Aytac, 2011; Nart, 2011).

Due to the violence, there is an increase in the turnover rate and absenteeism, and in this case additional costs arise for the organizations. High turnover rates cause increase in hospital costs due to the recruitment of new staff, job placement, recruitment process etc. Due to high turnover rates, job efficiency decreases, the workload of the remaining staff increases, and the quality of care decreases. In addition, the payment of employee compensation, who is exposed to violence, the health costs of the employee and prestige loss of the company are among the other organizational outcomes of violence (Akyön, 2008; Aytaç et. al., 2011; TBMM, 2013).

In this study three aims have been determined;

- a) The determination of the healthcare workers' exposition to physical violence, verbal abuse, and sexual abuse,
- b) The determination of the physical, psychological and social effects of violence on healthcare workers,
- c) The determination of the effect of violence on the intent to leave.

## METHOD

### Sample

The population of this research involved 1344 physician, nurse, technician and other healthcare workers working in a state hospital in Sivas between 07.03.2016- 18.04.2016. In the study voluntary response samples was used. In total 300 people accepted to participate to the study voluntarily. 60,0% of participants are women, 43,0% of them are between the ages of 27-36, 76,0% are married, and 37,0% are nurses, 21,7% are physicians, 19,3% are technician, and 22% are other healthcare workers.

### Measures

In the study, "Workplace Violence Questionnaire in Health Sector" was used to evaluate violence experiences of healthcare workers and "The Intent to Leave the Profession Scale" was used in order to analyze their tendency to leave the work.

**Workplace Violence Questionnaire in Health Sector:** This questionnaire has been constructed by using "Workplace Violence in Healthcare Research Question Form" that has been formed by World Health Organisation, International Labour Office, International Council of Nurses and Public Services International. This form consists of four parts which are "Personal and Workplace Information", "Physical Violence in Workplace", "Psychological Violence" and "Health Sector Employer".

**Intent to Leave Scale:** Intent to leave scale was developed by Mobley, Griffin, Hand and Meglino (1979). The Scale is a five-point Likert type (1 = Strongly disagree, 5 = Strongly agree) and it consists of three questions. The score points on the scale is between 1-5 and high points shows that the intention to leave is high. According to the scale, high scorers intend to leave more often, expressing that they may quit at the first possible opportunity or are actively seeking alternative job. The reliability coefficient (Cronbach's Alpha) of the scale was found to be 0.878.

### Procedure

This study has been approved by the Cumhuriyet University Non-invasive Clinical Research Ethics Committee on 20.11.2015, numbered 2015/06. In addition, a written permission has been provided by the Hospital Management. The population of this research involved 1344 physicians, nurses,

technicians and other healthcare workers working in a state hospital in Sivas between 07.03.2016-18.04.2016. In the study voluntary response samples was used. The first author of this study visited the hospital every day at different times between the dates stated above, distributed the questionnaire to all healthcare workers in all clinics and outpatient clinics. The participants have been visited in their own workplace. Necessary explanations about the study have been made and it has been stated that collected data will be kept as private and anonymous and will only be used for the study. Verbal and written consents of the participants has been taken and then data collection tools have been submitted. Filled questionnaires have been received at the date and time stated by the participants. The participants who haven't filled the form or who demand for additional time have been visited twice. Ten missing questionnaires haven't been included in the study.

### Analysis of Data

According to the 'central limit theorem', each of the unbiased samples consisting of independent observations from a universe with a normal distribution shows a normal distribution provided that the sample size is 30 and above. In addition, regardless of the population, as the sample grows, the shape of the distribution approaches the normal distribution and thus the validity and reliability levels of the inferences to be made for the parameters increase (Demir ve ark., 2016). Therefore, as the sample size was 300, normality distribution was not made. In the analyzes of the responses of healthcare workers to the questions percentages and average have been used descriptive statistics and for open ended questions the content analysis has been made. To compare demographic variables with intent to leave scale scores, T-test, ANOVA, Tukey, chi square, Mann Whitney U and Kruskal Wallis H have been used. Also in order to find the effect of violence on intent to leave regression analysis has been made. For statistical significance  $p \leq 0,05$  has been taken.

## RESULTS

**Table 1.** Assessment of the Risks of Violence According to Demographic Characteristics of Healthcare Workers

| Demographic Characteristics | What is the risk of violence in your workplace? |      |        |      |      |      | Assessment                      |
|-----------------------------|---|------|--------|------|------|------|---------------------------------|
|                             | Low   |      | Medium |      | High |      |                                 |
|                             | N   | %    | n      | %    | n    | %    |                                 |
| <b>Age</b>                  |   |      |        |      |      |      |                                 |
| ≤26 years                   | 5   | 10,0 | 19     | 38,0 | 26   | 52,0 | $\chi^2=11,453,$<br>$p=0,022^*$ |
| 27-36 years                 | 12  | 9,3  | 39     | 30,2 | 78   | 60,5 |                                 |
| ≥37 years                   | 13  | 10,7 | 60     | 49,6 | 48   | 39,7 |                                 |
| <b>Gender</b>               |   |      |        |      |      |      |                                 |
| Woman                       | 16  | 8,9  | 74     | 41,1 | 90   | 50,0 | $\chi^2=0,957,$<br>$p=0,620$    |
| Man                         | 14  | 11,7 | 44     | 36,7 | 62   | 51,7 |                                 |
| <b>Marital Status</b>       |   |      |        |      |      |      |                                 |
| Married                     | 25  | 11,0 | 93     | 40,8 | 110  | 48,2 | $\chi^2=2,496,$<br>$p=0,287$    |
| Single                      | 5   | 6,9  | 25     | 34,7 | 42   | 58,3 |                                 |
| <b>Profession</b>           |   |      |        |      |      |      |                                 |
| Physician                   | 8   | 12,3 | 26     | 40,0 | 31   | 47,7 | $\chi^2=2,444,$<br>$p=0,875$    |
| Nurse                       | 8   | 7,2  | 42     | 37,8 | 61   | 55,0 |                                 |
| Technician                  | 7   | 12,1 | 22     | 37,9 | 29   | 50,0 |                                 |
| Other                       | 7   | 10,6 | 28     | 42,4 | 31   | 47,0 |                                 |

In total, 50,7% of the healthcare workers indicated that their risk of being harassed at work is "high", while 39,3% thought that the risk level is "medium" and 10% "low. According to demographic variables, fear of being subjected to violence is statistically higher in the 27-36 age



## ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

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group compared to other age groups ( $p<0.05$ ). Nurses, males, and single healthcare workers stated that the risk of their exposure to violence is "high".

Of the participants 19% stated that they were subjected to physical violence, 56% to verbal abuse and 1.7% to sexual harassment. It was found that the physical violence exposure of men was statistically significantly higher ( $p<0,05$ ). Those aged 26 and younger, married people and other healthcare workers were the most exposed to physical violence, and those aged 27-36, women, single and physicians were the most exposed to verbal abuse ( $p>0,05$ ).

36 people stated that they were exposed to physical violence by patient's relatives, 20 people by the patients and one person by other people. On the other hand, 128 people stated that they were subjected to verbal abuse by patient's relatives, 80 people by patients, 11 people by their colleagues and one person by other people.

The type of verbal abuse and physical violence was asked to healthcare workers as open-ended questions. 50 people answered this question by stating

**Table 2.** Distribution of Exposure to Violence According to Demographic Characteristics of Healthcare Workers

| Demographic Characteristics | Physical Violence |      |             |      | Assessment                     | Verbal Abuse |      |             |      | Assessment                   |
|-----------------------------|-------------------|------|-------------|------|--------------------------------|--------------|------|-------------|------|------------------------------|
|                             | Exposed           |      | Non-Exposed |      |                                | Exposed      |      | Non-Exposed |      |                              |
|                             | n                 | %    | n           | %    |                                | n            | %    | n           | %    |                              |
| <b>Age</b>                  |                   |      |             |      |                                |              |      |             |      |                              |
| ≤26 years                   | 11                | 22,0 | 39          | 78,0 | $\chi^2=0,665,$<br>$p=0,717$   | 29           | 58,0 | 21          | 42,0 | $\chi^2=2,658,$<br>$p=0,265$ |
| 27-36 years                 | 22                | 17,1 | 107         | 82,9 |                                | 78           | 60,5 | 51          | 39,5 |                              |
| ≥37 years                   | 24                | 19,8 | 97          | 80,2 |                                | 61           | 50,4 | 60          | 49,6 |                              |
| <b>Gender</b>               |                   |      |             |      |                                |              |      |             |      |                              |
| Woman                       | 26                | 14,4 | 154         | 85,6 | $\chi^2=5,351,$<br>$p=0,014^*$ | 103          | 57,2 | 77          | 42,8 | $\chi^2=0,273,$<br>$p=0,601$ |
| Man                         | 31                | 25,8 | 89          | 74,2 |                                | 65           | 54,2 | 55          | 45,8 |                              |
| <b>Marital Status</b>       |                   |      |             |      |                                |              |      |             |      |                              |
| Married                     | 44                | 19,3 | 184         | 80,7 | $\chi^2=0,004,$<br>$p=0,951$   | 127          | 55,7 | 101         | 44,3 | $\chi^2=0,034,$<br>$p=0,853$ |
| Single                      | 13                | 18,1 | 59          | 81,9 |                                | 41           | 56,9 | 31          | 43,1 |                              |
| <b>Profession</b>           |                   |      |             |      |                                |              |      |             |      |                              |
| Physician                   | 10                | 15,4 | 55          | 84,6 | $\chi^2=6,653,$<br>$p=0,084$   | 39           | 60,0 | 26          | 40,0 | $\chi^2=0,837,$<br>$p=0,841$ |
| Nurse                       | 15                | 13,5 | 96          | 86,5 |                                | 63           | 56,8 | 48          | 43,2 |                              |
| Technician                  | 14                | 24,1 | 44          | 75,9 |                                | 31           | 53,4 | 27          | 46,6 |                              |
| Other                       | 18                | 27,3 | 48          | 72,7 |                                | 35           | 53,0 | 31          | 47,0 |                              |
| <b>Total</b>                | 57                | 19,0 | 243         | 81,0 |                                | 168          | 56,0 | 132         | 44,0 |                              |

that they have been the victim of a physical violence such as pushing (n=15), punching (n=12), assaulting (n=6), beating (n=4), slapping (n=3), kicking (n=3), spitting (n=1) and gun pointing (n=1). People which have been the victim of a verbal abuse stated the type of the harassment as insulting (n=127), cursing (n=32), yelling (n=32) and threatening (n=6).

**Table 3.** Distribution of Responses of Healthcare Workers Affected by Physical Violence

|  | N         | %            |
|--|-----------|--------------|
| <b>Physical injury due to violence</b>       |           |              |
| Yes  | 7         | 12,3         |
| No   | 50        | 87,7         |
| <b>Total</b>                                 | <b>57</b> | <b>100,0</b> |
| <b>Being absent from work after violence</b> |           |              |
| Yes  | 7         | 12,3         |
| No   | 50        | 87,7         |
| <b>Total</b>                                 | <b>57</b> | <b>100,0</b> |
| <b>Interruption time of working</b>          |           |              |
| 1 day  | 1         | 14,3         |
| 2-3 days                                     | 2         | 28,6         |
| 1 week                                       | 4         | 57,1         |
| <b>Total</b>                                 | <b>7</b>  | <b>100,0</b> |

In total 12,3% (n=7) of the physical violence victims stated that they have been injured due to violence and have a break from work (Table 3). 4 healthcare workers stated that they took a break for a week.

**Table 4.** Experiences of Healthcare Workers After Violence

|  | Physical Violence |      | Verbal Abuse |      |
|--|-------------------|------|--------------|------|
|  | N                 | %    | N            | %    |
| <b>Ongoing, disturbing thoughts and memories</b>         |                   |      |              |      |
| 0 (never)  |                   |      |              |      |
| 1  | 11                | 19,3 | 29           | 17,3 |
| 2  | 11                | 19,3 | 32           | 19,0 |
| 3  | 12                | 21,1 | 54           | 32,1 |
| 4 (often)  | 12                | 21,1 | 30           | 17,9 |
|  | 11                | 19,3 | 23           | 13,7 |
| <b>Don't try to remember the attack and its thoughts</b> |                   |      |              |      |
| 0 (never)  |                   |      |              |      |
| 1  | 6                 | 10,5 | 28           | 16,7 |
| 2  | 12                | 21,1 | 29           | 17,3 |
| 3  | 13                | 22,8 | 39           | 23,2 |
| 4 (often)  | 12                | 21,1 | 41           | 24,3 |
|  | 14                | 24,6 | 31           | 18,5 |

**Continuously alert and defensive**

|           |    |      |    |      |
|-----------|----|------|----|------|
| 0 (never) | 8  | 14,0 | 26 | 15,5 |
| 1         | 7  | 12,3 | 23 | 13,7 |
| 2         | 9  | 15,8 | 29 | 17,3 |
| 3         | 12 | 21,1 | 53 | 31,5 |
| 4 (often) | 21 | 36,8 | 37 | 22,0 |

**Feeling that any attempts after the incident were a waste of effort**

|           |    |      |    |      |
|-----------|----|------|----|------|
| 0 (never) | 8  | 14,0 | 15 | 8,9  |
| 1         | 8  | 14,0 | 23 | 13,7 |
| 2         | 12 | 21,1 | 39 | 23,2 |
| 3         | 12 | 21,1 | 31 | 18,5 |
| 4 (often) | 17 | 29,8 | 60 | 35,7 |

|              |           |              |            |              |
|--------------|-----------|--------------|------------|--------------|
| <b>Total</b> | <b>57</b> | <b>100,0</b> | <b>168</b> | <b>100,0</b> |
|--------------|-----------|--------------|------------|--------------|

Healthcare workers which have been a victim of violence, experienced things like “continuous, disturbing thoughts and memories” (physical violence= 80,7% (various degrees); verbal abuse=82,7% (various degrees), “trying not to remember the attack and related thoughts” (physical violence=89,5% (various degrees); verbal abuse=83,3% (various degrees), “always being cautious and defensive” (physical violence=86,0% (various degrees); verbal abuse=84,5% (various degrees), and “feeling that any attempts after the incident are of waste of time and effort” (physical violence=86,0% (various degrees); verbal abuse=84,5% (various degrees) (Table 4).

**Table 5.** Intent to Leave Score of Healthcare Workers Exposed to Violence

|                          | n   | Intent to leave score |            |
|--------------------------|-----|-----------------------|------------|
|                          |     | X ± S                 | Assessment |
| <b>Physical Violence</b> |     |                       |            |
| Exposed                  | 57  | 2,29±1,16             | p=0,405    |
| Non-Exposed              | 243 | 2,14±1,06             |            |
| <b>Verbal Abuse</b>      |     |                       |            |
| Exposed                  | 168 | 2,34±1,12             | p= 0,001*  |
| Non-Exposed              | 132 | 1,94±0,99             |            |

The rate of intention to leave among victims of physical violence is 2,29±1,16 and intention to leave rate of among victims of verbal abuse is 2,34±1,12 (p<0,05) (Table 5).

**Table 6.** Regression Analysis Results of Intent to Leave and Violence

|                          | B     | SH   | p    | ODDS  | 95% C.I. ODDS |        |
|--------------------------|-------|------|------|-------|---------------|--------|
|                          |       |      |      |       | Lower         | Higher |
| <b>Physical Violence</b> | -,052 | ,323 | ,873 | ,950  | ,504          | 1,787  |
| <b>Verbal Abuse</b>      | -,559 | ,267 | ,036 | ,572  | ,339          | ,964   |
| <b>Constant</b>          | ,035  | ,635 | ,956 | 1,036 |               |        |

As seen above the Table 6, regression analysis was carried out to explore the effect of violence on the intent to leave. It has been found that verbal abuse directly affects the intention to leave of healthcare workers.



## DISCUSSION

This study has been carried out in order to determine the prevalence of physical, verbal, and sexual violence of the physician, nurses, technicians, and the other healthcare workers who work in a hospital in Sivas and the effects of the violence on their intent to leave.

In total 90% of the healthcare workers evaluate their risk of being victimized in a violent act as “high” or “medium”, while only 10% evaluate theirs as “low” (Table 1). Similarly to our study, in a research carried out among 241 medical professionals by Gates et al (2006), only 7% of the staff states that they completely feel safe. The same research shows that 75% of nurses do not feel safe at work. In Turkey, Ünlüsoy Dinçer (2010) and Sağlık- Sen (2013) studies show parallelism with our study. Increased prevalence of violence and lack of means to prevent such events in the healthcare sector, can increase the perception of healthcare workers’ risk of violence against them. It can be seen in relevant studies that this kind of violent acts affect work performance negatively (Gates, Rose and McQueen, 2006; Çelik, Çelik, Ağırbaş and Uğurluoğlu, 2007; Gates, Gillespie and Succop, 2011; Ünsal Atan and Dönmez, 2013; Samir, Mohamed, Moustafa and Abou Saif., 2012) and causes lower organizational commitment (May and Grubbs, 2002; Ng, Yeung, Cheung, Chun and White, 2009; Demir and Rodwell, 2012).

It is found that 19% of healthcare workers are the victim of physical violence, 56% of verbal abuse and 1,7% of sexual harassment. Physical violence is usually targeted to the age of 26 and under, to married participants and other healthcare workers, while verbal abuse is common in 27-35 age group, women, singles and physicians. In the literature, similar to our study results it was found that healthcare workers were more subject to verbal abuse (Gates et al., 2006; Erkol, Gökdoğan, Erkol and Boz, 2007; Akyön, 2008; Gökçe and Dünder, 2008; Aytaç et al., 2009; Aytaç et al., 2011; Çamcı and Kutlu, 2011; Talas, Kocaöz and Akgüç, 2011; Dursun, 2012; Magnavita and Hepoinemi, 2011; Atik, 2013; Keyvanara, Maracy and Ziari, 2013; Vural, Çiftçi, Fil, Dura and Vural, 2013; Akça, Yılmaz and Işık, 2014; Aydın, 2014; Nart, 2014; Önde, 2014; Türkmenoğlu, 2014; Shi, et al., 2015; Akbaş, Boz, Dursun, Çetin and Kılıçaslan, 2016; Çelebi, 2016; Kaya et al., 2016; Şen Savaş, 2016; Çelik et al., 2017; Emiroğlu, Çopur and Kuru, 2017; Seun-Fadipe ve ark., 2019; Yiğit, 2020). The reason for the high rate of verbal abuse can be explained by the fact that it can be applied easily and is difficult to prove and therefore it is difficult to impose legal sanctions. Among the reasons for the increase in violence in health services are; problems related to legal, social and political views, insufficient punishment of violators, the way the media approached violence, lack of knowledge about identifying violence among healthcare professionals, and wrong decisions and actions of politicians and healthcare managers. In addition to all these, acceptance of violence in society and cultural perception of it as "normal" can be defined as factors that increase violence. Also hospitals are stressful and crowded places in their nature (for example, long and tiring work shifts make staff more stressful, and critically ill patients and their relatives may experience high stress levels etc.) and therefore, the work environment itself can be considered as a factor that increases violence.

Although there are differences between professions, studies have reported that sexual harassment in the workplace is more common in the health sector (Phillips & Schneider, 1999; Chadhuri, 2007; Çelik & Çelik, 2007; Erdemir, Akgün Çıtak & Ulusoy, 2011; Ulusoy, Swigart, & Erdemir, 2011) . In our study, the rate of sexual harassment was found to be low (1.7%, N = 5) and therefore it was not analyzed statistically.

In our study, it has been found that healthcare professionals are exposed to violence mostly by patient’s relatives and secondly by the patients. Studies on the subject support our results. (Algwaiz and Alghanim, 2012; Abualrub and Khawaldeh, 2013; Atik, 2013, Sönmez et al., 2013, Beattie ve ark., 2018).

In our study, it was found that victims who were subjected to violence generally feel “always being cautious and defensive” and “post-event attempts will not work” after the incident. The studies of Çamcı Kutlu (2011) and Ünlüsoy Dinçer (2010) are in parallel with our study. Based on these findings, we can say that the interventions performed after the violence are not considered “sufficient” by the healthcare personnel and they do not feel safe, thus living a high level of stress.

In the study, we found that violence victims' intention to leave their jobs rates are below average. However, the verbal abuse victims' intention to leave was statistically significantly higher ( $p < 0.05$ ). The results of the regression analysis in our study showed that verbal abuse affects the intention to leave ( $p < 0.05$ ). National and international literature on the same subject supports our results. (Sofield and Salmond, 2003; Ünlüsoy Dinçer, 2011; Armmer and Ball, 2015; Chang and Cho, 2016; Oh et al., 2016; Choi and Lee, 2017; Eneroth et al., 2017; Chang ve ark., 2018).

## CONCLUSION AND RECOMMENDATIONS

In our study, it was found that healthcare workers were exposed to violence at a high rate and that violence affects their intention to leave. They stated that they have a high risk of being exposed to violence in their workplace. It was determined that those who were subjected to violence felt constantly alert after the violence they experienced and thought they would experience similar events over and over again. The participants stated that they were not satisfied with the attempts made by the hospital management regarding the incident. Considering that violence is experienced in serious dimensions such as physical assault, beating, shooting with a gun, slapping, swearing, and insults, it is thought that healthcare workers are under both psychological and physical pressure and this causes significant problems at both individual and organizational levels.

In the study, in addition to legal regulations such as the regulation of effective punishment systems to prevent violence in healthcare facilities, it is recommended to adopt a “zero tolerance to violence” approach and to increase the quality of security measures. At the same time, hospital managers should take violence seriously, support employees in all matters and make them feel that they are by their side.

## REFERENCES

- AbuAlRub, R.F., Al-Khawaldeh, A.T. (2014). Workplace physical violence among hospital nurses and physicians in underserved areas in Jordan. *Journal of Clinical Nursing*, 23(13-14), 1937-1947.
- Akbaş, M., Boz, A., Dursun, A., Çetin, S., Kılıçaslan, A. (2016). 112 çalışanlarının şiddete maruz kalma durumları ve şiddete yönelik tutum ve davranışları. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi*, 9(3), 93-100.
- Akça, N., Yılmaz, A., Işık, O. (2014). Sağlık çalışanlarına uygulanan şiddet: özel bir tıp merkezi örneği. *Ankara Sağlık Hizmetleri Dergisi*, 13(1), 1-12.
- Akyön, F.V. (2008). *İşyerinde Şiddete Karşı Çalışanların Bireysel Çatışma Yönetimi Yaklaşımları; Sağlık Sektöründe Bir Araştırma*. Marmara Üniversitesi, Sosyal Bilimler Enstitüsü, İşletme Anabilim Dalı, Yönetim ve Organizasyon Bilim Dalı, Doktora Tezi, İstanbul.
- Algwaiz, W.M., Alghanim SA. (2012). Violence exposure among health care professionals in Saudi public hospitals. A Preliminary Investigation. *Saudi Journal*, 33(1), 76-82.



## ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

INTERNATIONAL JOURNAL OF HEALTH MANAGEMENT AND STRATEGIES RESEARCH

Cilt/Volume : 6 Sayı/Issue : 3 Yıl/Year : 2020 ISSN -2149-6161

Ankara Tabip Odası. (2017). <http://www.ato.org.tr/news/show/209>. (Erişim: 17.10.209)

Armmer, F., Ball, C. (2015). Perceptions of horizontal violence in staff nurses and intent to leave. *Work*, 51(1), 91-97.

Atik, D. (2013). Sağlık çalışanlarına yönelik şiddet olgusunun bir devlet hastanesi örneğinde incelenmesi. *E-Journal of New World Sciences Academy*, 8(2), 1-15.

Aydın, N. (2014). *Şiddet Açısından Güvenli Ortamda Çalışılması İçin Alınan Önlemlerin Sağlık Çalışanları Tarafından Değerlendirilmesi*, Türk Hava Kurumu Üniversitesi, Sosyal Bilimler Enstitüsü, Yüksek Lisans Tezi, Ankara.

Ayrancı, Ü., Yenilmez, Ç., Günay, Y., Kaptanoğlu, C. (2002). Çeşitli sağlık kurumlarında ve sağlık meslek gruplarında şiddete uğrama sıklığı. *Anadolu Psikiyatri Dergisi*, 3, 147-154.

Aytaç S, Bozkurt V, Bayram N, Bilgel N. (2009). Violence Against Health Workers at University Hospital in Turkey. *Journal of the World Universities Forum*, 2(3), 35-52.

Aytaç, S., Bozkurt, V., Bayram, N., Yıldız, S., Aytac, M., Sokullu-Akıncı, F., Bilgel, N. (2011). Workplace violence: a study of Turkish workers. *International Journal of Occupational Safety and Ergonomics*, 17(4), 385-402.

Beattie, J., Griffiths, D., Innes, K., Morphet, J. (2019). Workplace violence perpetrated by clients of health care: A need for safety and trauma-informed care. *Journal of clinical nursing*, 28(1-2), 116-124.

Bronner, G., Peretz, C., Ehrenfeld, M. (2003). Sexual harassment of nurses and nursing students. *Journal of Advanced Nursing*, 42(6), 637-644.

Chang, H.E., Cho, S.H. (2016). Workplace violence and job outcomes of newly licensed nurses. *Asian Nursing Research*, 10(4), 271-276.

Chang, Y.P., Lee, D.C., Wang, H.H. (2018). Violence-prevention climate in the turnover intention of nurses experiencing workplace violence and work frustration. *Journal of nursing management*, 26(8), 961-971.

Chaudhuri, P. (2007). Experiences of sexual harassment of women health workers in four hospitals in Kolkata, India. *Reproductive Health Matters*, 15(30), 221-229.

Choi, S.H., Lee, H. (2017). Workplace violence against nurses in Korea and its impact on professional quality of life and turnover intention. *Journal of Nursing Management*, 25(7), 508-518.

Çamcı, O., Kutlu, Y. (2011). Kocaeli'nde sağlık çalışanlarına yönelik işyeri şiddetinin belirlenmesi. *Psikiyatri Hemşireliği Dergisi*, 2(1), 9-16.

Çelik, S.Ş., Çelik, Y., Ağırbaş, İ., Uğurluoğlu, Ö. (2007). Verbal and physical abuse against nurses in Turkey. *International Nursing Review*, 54(4), 359-366.



## ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

INTERNATIONAL JOURNAL OF HEALTH MANAGEMENT AND STRATEGIES RESEARCH

Cilt/Volume : 6 Sayı/Issue : 3 Yıl/Year : 2020 ISSN -2149-6161

Çelik, Y., Çelik, S.Ş. (2007). Sexual harassment against nurses in Turkey. *Journal of Nursing Scholarship*, 39(2), 200-206.

Demir, D., Rodwell, J. (2012). Psychosocial antecedents and consequences of workplace aggression for hospital nurses. *Journal of Nursing Scholarship*, 44(4), 376-384.

Demir, E., Saatçioğlu, Ö., İmrol, F. (2016). Uluslararası dergilerde yayımlanan eğitim araştırmalarının normallik varsayımları açısından incelenmesi. *Current Research in Education*, 2(3), 130-148.

Dursun, S., Aytaç, S. (2011). İşyerinde şiddet davranışlarının çalışanlar üzerindeki etkisi: bir uygulama. *Tisk Akademi*, 6(11), 6-29.

Dursun, S. (2012). İşyeri şiddetinin çalışanların tükenmişlik düzeyi üzerine etkisi: sağlık sektöründe bir uygulama. *Çalışma İlişkileri Dergisi*, 3(1), 103-113.

Eker, S. (2012). Alfred Adler'in kişilik kuramının demokrasi düşüncesi açısından önemi. *Uludağ Üniversitesi Fen-Edebiyat Fakültesi Sosyal Bilimler Dergisi*, 13(22), 157-180.

Emiroğlu, O.N., Çopur EÖ, Kuru N. (2016). Analysis on incidents of violence towards health care workers in turkey between 2012 and 2016: reflected in the press. *International Journal of Health Sciences and Research*, 7(1), 193-201.

Eneroth, M., Gustafsson-Sendén, M., Schenck-Gustafsson, K., Wall, M., Fridner, A. (2017). Threats or violence from patients was associated with turnover intention among foreign-born GPs—a comparison of four workplace factors associated with attitudes of wanting to quit one's job as a GP. *Scandinavian Journal of Primary Health Care*, 35(2), 208-213.

Erdemir, F., Akgün-Çıtak, E., Ulusoy, H., Geçkil, E. (2011). Hemşirelerin hastalar tarafından cinsel tacize uğrama durumlarının belirlenmesi. *Hacettepe Üniversitesi Hemşirelik Fakültesi Dergisi*, 18(2), 27-35.

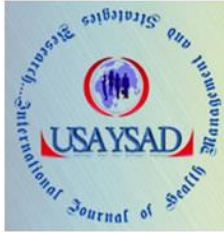
Erkol, H., Gökdoğan, M.R., Erkol, Z., Boz, B. (2007). Aggression and violence towards health care providers – a problem in Turkey?. *Journal of Forensic and Legal Medicine*, 14, 423-428.

Gates, D., Ross, C.S., McQueen, L. (2006). Violence: recognition, management and prevention. *The Journal of Emergency Medicine*, 31(3), 331-337.

Gates, D.M., Gillespie, G.L., Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nursing Economics*, 29(2), 59-66.

Gökçe, T., DüNDAR, C. (2008). Samsun Ruh Ve Sinir Hastalıkları Hastanesi'nde çalışan hekim ve hemşirelerde şiddete maruziyet sıklığı ve kaygı düzeylerine etkisi. *İnönü Üniversitesi Tıp Fakültesi Dergisi*, 15(1), 25-28.

Hegney, D., Tuckett, A., Parker, D., Eley, R.M. (2010). Workplace violence: differences in perceptions of nursing work between those exposed and those not exposed – a cross sector analysis. *International Journal of Nursing Practice*, 16(2), 188-202.



## ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

INTERNATIONAL JOURNAL OF HEALTH MANAGEMENT AND STRATEGIES RESEARCH

Cilt/Volume : 6 Sayı/Issue : 3 Yıl/Year : 2020 ISSN -2149-6161

Heponiemi, T., Kouvonen, A., Virtanen, M., Vänskä, J., Elovainio, M. (2014). The prospective effects of workplace violence on physicians' job satisfaction and turnover intentions: the buffering effect of job control. *BMC Health Services Research*, 14(1), 19.

International Council of Nurses (ICN), Public Services International (PSI), World Health Organisation (WHO), International Labour Office (ILO). (2002). *Framework Guidelines for Addressing Workplace Violence in the Health Sector*, Geneva: ILO.

International Labour Office (ILO). (2006) *Violence at Work*. [http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS\\_PUBL\\_9221108406\\_EN/lang-en/index.htm](http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_PUBL_9221108406_EN/lang-en/index.htm) (Erişim: 03.11.2019).

Kaya, S., Demir, İ.B., Karsavuran, S., Ürek, D., İlgün, G. (2016). Violence against Doctors and Nurses in Hospitals in Turkey. *Journal of Forensic Nursing*, 12(1), 26-34.

Keyvanara, M., Maracy, M.R., Ziari, N.B. (2015). A study conducted on the demographic factors of victims of violence in support and administrative departments of hospital in 2013. *Journal of Education and Health Promotion*, 4.

Kingma, M. (2001). Workplace violence in the health sector: a problem of epidemic proportion. *International Nursing Review*, 48, 129-130.

Kocacık, F. (2001). Şiddet olgusu üzerine. *Cumhuriyet Üniversitesi İktisadi ve İdari Bilimler Dergisi*, 2(1), 1-7.

Magnavita, N., Heponiemi, T. (2011). Workplace violence against nursing students and nurses: an Italian experience. *Journal of Nursing Scholarship*, 43(2), 203-210.

May, D.D., Grubbs, L.M. (2002). The extent, nature, and precipitating factors of nurse assault among three groups of registered nurses in a regional medical center. *Journal of Emergency Nursing*, 28(1), 11-17.

Mutlu, E. (1997). Televizyon, çocuklar ve şiddet. *İstanbul Üniversitesi İletişim Fakültesi Dergisi*, 4, 41-77.

Nart, S. (2014). İş ortamında şiddet, tükenmişlik ve iş tatmini ilişkileri: sağlık sektörü üzerine bir araştırma. *Yönetim ve Ekonomi Araştırmaları Dergisi*, 12(23), 248-268.

Ng, K., Yeung, J., Cheung, I., Chung, A., White, P. (2009). Workplace violence-a survey of diagnostic radiographers working in public hospitals in Hong Kong. *Journal of Occupational Health*, 51(4), 355-363.

Oh, H., Uhm, D.C., Yoon, Y.J. (2016). Workplace Bullying, Job Stress, Intent to Leave, And Nurses' Perceptions of Patient Safety in South Korean Hospitals. *Nursing Research*, 65(5), 380-388.

Önde, M. (2014). *Bir Üniversite Hastanesinde Temel Tehlikelerin Belirlenmesi ve İşyeri Şiddeti Örneği*, Adnan Menderes Üniversitesi, Tıp Fakültesi, Halk Sağlığı Anabilim Dalı, Uzmanlık Tezi, Aydın.

Phillips, S.P., Schneider, M.S. (1993). Sexual harassment of female doctors by patients. *New England Journal of Medicine*, 329(26), 1936-1939.

Sağlık ve Sosyal Hizmet Çalışanları Sendikası. (2013). *Sağlık Çalışanları Şiddet Araştırması*, Sağlık-Sen Yayınları, Ankara.

Samir, N., Mohamed, R., Moustafa, E., Abou-Saif, H. (2012). Nurses' attitudes and reactions to workplace violence in obstetrics and gynecology departments in Cairo hospitals. *Eastern Mediterranean Health Journal*, 18(3), 198-204.

Seun-Fadipe, C.T., Akinsulore, A. A., Oginni, O. A. (2019). Workplace violence and risk for psychiatric morbidity among health workers in a tertiary health care setting in Nigeria: prevalence and correlates. *Psychiatry research*, 272, 730-736.

Shi, J., Wang, S., Zhou, P., Shi, L., Zhang, Y., Bai, F., Xue, D., Zhang, X. (2015). The frequency of patient-initiated violence and its psychological impact on physicians in china: a cross-sectional study. *PloS one*, 10(6).

Sofield, L., Salmond, S.W. (2003). Workplace violence: a focus on verbal abuse and intent to leave the organization. *Orthopaedic Nursing*, 22(4), 274-283.

Sönmez, M., Karaoğlu, L., Egri, M., Genç, M.F., Günes, G., Pehlivan, E. (2013). Prevalence of workplace violence against health staff in Malatya. *Bitlis Eren University Journal of Science and Technology*, 3(1), 26-31.

Şen-Savaş, N. (2016). *Acil Servislerde Yaşanan Şiddet Olaylarının Sağlık Profesyonelleri Tarafından Değerlendirilmesi*, Bahçeşehir Üniversitesi, Sağlık Bilimleri Enstitüsü, Hemşirelik Yüksek Lisans Programı, İstanbul.

Talas, M.S., Kocaöz, S., Akgüç, S. (2011). A survey violence against staff working in the emergency department in Ankara, Turkey. *Asian Nursing Research*, 5(4), 197-203.

Türkiye Büyük Millet Meclisi. (2013). *Sağlık Çalışanlarına Yönelik Artan Şiddet Olaylarının Araştırılarak Alınması Gereken Önlemlerin Belirlenmesi Amacıyla Kurulan Meclis Araştırması Komisyonu Raporu*. Ankara.

Türkmenoğlu, B. (2014). *Sivas İl Merkezi Sağlık Çalışanlarında Şiddete Maruziyet Sıklığı ve Şiddetin Tükenmişlik Düzeyine Etkisi*, Cumhuriyet Üniversitesi, Sağlık Bilimleri Enstitüsü, Halk Sağlığı Anabilim Dalı, Yüksek Lisans Tezi, Sivas.

Ulusoy, H., Swigart, V., Erdemir, F. (2011). Think globally, act locally: understanding sexual harassment from a cross-cultural perspective. *Medical education*, 45(6), 603-612.

Ünlüsoy-Dinçer, N. (2010). *Hemşirelerin İşyeri Şiddetine Maruz Kalma Durumları ile İş Doyumları ve İşten Ayrılma Eğilimleri*, Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü, Doktora Tezi, Ankara.

Ünsal-Atan, Ş., Dönmez, S. (2011). Hemşirelere karşı işyeri şiddeti. *Adli Tıp Dergisi*, 25(1), 71-80.



## ULUSLARARASI SAĞLIK YÖNETİMİ VE STRATEJİLERİ ARAŞTIRMA DERGİSİ

INTERNATIONAL JOURNAL OF HEALTH MANAGEMENT AND STRATEGIES RESEARCH

Cilt/Volume : 6 Sayı/Issue : 3 Yıl/Year : 2020 ISSN -2149-6161

Vural, F., Çiftçi, S., Fil, Ş., Dura, A., Vural, B. (2013). Bir devlet hastanesinde acil servis çalışanlarına yönelik şiddet: şiddetin rapor edilme sıklığı. *Turkish Journal of Family Practice/Türkiye Aile Hekimliği Dergisi*, 17(4), 147-152.

Yiğit, A. (2020). Exposure to violence of nurses in Turkey: a meta-analysis research. *Uluslararası Sağlık Yönetimi ve Stratejileri Araştırma Dergisi*, 6(1): 127-138.

World Health Organization. (2002). *World Report on Violence and Health*.