

VIOLENCE AGAINST HEALTH CARE WORKERS: A RETROSPECTIVE STUDY**Hacer ATAMAN¹, Gökhan ABA², ***

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As violence in society is increasing in recent years it is an important problem in health institutions as well. Changes in health systems, rising socio-economic levels of people, and changes in expectations for health services led to violence in health sector. This study was conducted for the purpose of examining work place violence against health care workers. This retrospective-descriptive study covers a period from December 2011 to April 2015. 136 notifications about work place violence reported by health workers to quality management unit of a hospital were taken into account. Research findings show that 43,4% of the victims of violence was physicians, 37,5% was nurses and health officers and 19,1% were from other professions. 63,2% of the health workers were women, 36,8% were male. Additionally health workers were exposed to violence by 47.3% of the patients and 52.7% by their relatives. 69.7% of the people applied violence were male and 30.3% were female. 63,2% of the health workers exposed to violence were women, 36,8% were male. According to our results male physicians were exposed to workplace violence more than other workers and this was significant ($\chi^2=31,634$, $p<0,01$).

When place of violence occurred was investigated it was seen that while most of physicians were exposed to violence in polyclinics, nurses were exposed to violence in inpatient services ($\chi^2=18,231$, $p<0,01$). Male physicians were exposed to verbal violence most. On the other hand nurses experienced both verbal and physical violence ($\chi^2=34,639$, $p<0,01$). Patient relatives applied verbal violence and the others applied physical violence ($\chi^2=22,073$, $p<0,01$).

As a result, in order to reduce / prevent violence in work place , it is considered necessary to increase consciousness of patients and their relatives, to increase security measures in health institutions, to provide health workers to report work place violence to management , to improve physical working conditions and increase legal sanctions in terms of providing employee safety.

Key words: Health Workers, Health institution, Employee Safety, Violence

1. INTRODUCTION

The World Health Organization defines violence as "the possibility of causing or leading to injury, death, psychological damage, impaired development or absence in one person, group or community with intentional physical exertion, use of force" Violence can be seen everywhere and is becoming a serious problem affecting all professions, especially in the workplace [2]. Violence in the workplace is defined as "events that an individual or people have been abused or attacked during situations involving an employee's work" [2,3,4]. Violence in the workplace can be seen in many different types as verbal harassment, physical assault, harassment, bullying, intimidation, threats and obscene behavior [3]. Violence in the workplace, whether physical or psychological, has become a global problem whose boundaries went beyond working environments and occupational groups. Violence in the workplace has escalated in recent years and has now become a priority in both industrialized and developing countries [5].

Health institutions are one of the most seen areas of violence [2]. Violence in health care institutions refers to verbal or behavioral threats, physical attacks or sexual assaults [2,4,6,7] which creates a risk for health care workers from patients, relatives or anyone else. Health institutions are among the places where workplace violence is mostly experienced because of environmental risk factors. Serving vulnerable people having mental illness, drug addicts and criminals is the greatest risk factor to be exposed to violence for health workers. Hospitals can turn into risky and dangerous environments for them [8]. In the literature, although verbal and physical types of violence are mostly discussed, psychological, sexual and economic violence have been included in types of violence in recent years [6]. It has been reported that the most common type of violence among types of violence in health institutions is verbal violence [9]. These attacks against health workers are in an increasing trend affecting community health additionally [6]. Violence is an important public health problem in society and workplaces, and the frequency of it is increasing [8].

Violence seen in the health sector is different from that in other sectors. Health care workers often provide service to patients and their relatives under difficult circumstances and in close relationships [10]. Working in a health institution is more risky than other workplaces because of violence. The frequency of verbal violence is higher than physical violence. In different studies, it has been stated that working in health institutions is 16 times more risky than other places of work because of the violence. It is stated that encountering violence may be a serious problem for physicians as well as other health personnel because of the fact that patients or patient relatives may not accept delays in treatments due to various reasons and tend to be aggressive [11].

There are different factors that increase the risk of violence in health institutions. These include 24-hour uninterrupted health care given by health workers, the presence of stressful family members, long waiting times for patients, and inability of health staff to maintain their care. It has also been reported that the intensity of work, insufficient number of staff, working in an overcrowded environment, working alone, lack of education in coping with violence, lack of sufficient security personnel, lack of restriction on violence can be considered as factors increasing the risk of violence [12].

The main causes of violence in health institutions are interaction between health workers and patients, organizational factors, environmental factors and social variables. Patients and their relatives and health workers are in a process of interaction involving complex relationships. In this process, it is necessary for the individuals to be in contact by exchanging information in order to carry out the

communication process for a healthy interaction. However, clear and effective communication does not generally take place between health workers and patients and their relatives, and some communication problems arise. Organizational factors that create violence in health institutions include lack of infrastructure and equipment, lack of personnel, extended queues, delayed appointments, excessive workload, adverse working conditions, lack of time to hospitalization, lack of empty beds and lack of safety. Factors such as culture, level of crime in the community, level of poverty, level of drug use, population density is among the environmental factors of violence in health institutions. [13].

Violence in the workplace damages the physical, psychological and social structure of health workers and can lead to many disorders such as increasing stress and medical errors, decreasing of work efficiency and quality of life, anxiety and concentration difficulties, withdrawing from social relations besides the initial effects [12]. It can also cause adverse consequences, both physically and psychologically. These negative results may lead to a rise in emotional reactions, anger, shock, fear, depression, and anxiety and sleep disorders. Occupational accidents, injuries and even suicides can be seen in workplaces exposed to violence frequently [10].

2. METHOD

This retrospective-descriptive study covers a period from December 2011 to April 2015, when the "White Code" application launched at a Training and Research Hospital for work place violent in health care facilities begins. In this study 136 notifications about work place violence reported by health workers to quality management unit of a hospital were investigated. In the analysis of the data, SPSS 19.0 was used. Permission was obtained from the Institution's Clinical Research Ethics Committee and the institution before starting work.

3. FINDINGS

The findings obtained from analysis of data regarding health workers exposed to violence in the health institution is given below.

Table 1. Distribution of health workers exposed to violence according to professions (n=136)

Profession	n	%
Physician	59	43,4
Nurse, Health Officer	51	37,5
Other	26	19,1
Total	136	100

Table 1.shows that 43,4% of the victims of violence were physicians, 37,5% were nurses and health officers and 19,1% were from other professions.

Table 2. Distribution of people who applied violence to health workers (n=110)

People applied violence (n=110)	n	%
Patient	52	47,3
The relatives of the patients	58	52,7
Total	110	100

It can be seen from Table 2 that health workers were exposed to violence by 47.3% of the patients and 52.7% by their relatives.

Table 3. Distribution of people who applied violence and health workers exposed to violence by gender(n=110)

People applied violence (n=110)				Health workers exposed to violence (n=136)			
Female		Male		Female		Male	
n	%	n	%	n	%	n	%
33	30,3	77	69,7	86	63,2	50	36,8

69,7% of the people applied violence were male and 30,3% were females. 63,2% of the health workers exposed to violence were women, 36,8% were male. Findings can be seen in Table 3.

Table 4. Relationship between profession and gender according to workplace violence

Health workers exposed to violence	Gender		Total	Chi-Square Test
	Female	Male		
Physician	5	54	59	$\chi^2=31,634$; $df=2$; $p=0,001$
Nurse, Health Officer	23	28	51	
Other	22	4	26	
Total	50	86	136	

In Table 4 it can be seen that male physicians were exposed to workplace violence more than other workers.

Table 5. Relationship between place of violence and profession

Place of Violence	Health workers exposed to violence (n=136)			Total	Chi-Square Test
	Physician	Nurse, Health Officer	Other		
Inpatient services	14	28	12	54	$\chi^2=18,231$; df=6; p=0,004
Polyclinics	18	12	9	39	
Emergency	27	10	4	41	
Other	0	1	1	2	
Toplam	59	51	26	136	

According to Table 5. While most of physicians were exposed to violence in polyclinics, nurses were exposed to violence in inpatient services.

Table 6. Relationship between violence type and profession

Violence type	Health workers exposed to violence			Total	Chi-Square Test
	Physician	Nurse, health officer	Other		
Verbal Violence	51	29	7	87	$\chi^2=34,639$; df=4; p=0,001
Physical Violence	6	18	10	34	
Verbal and Physical Violence	2	4	9	15	
Total	59	51	26	136	

As can be seen from Table 6 physicians were exposed to verbal violence most. Nurses experienced verbal and physical violence.

Table 7. Relationship between violence type and people who applied violence

Violence type	People who applied violence		Total	Chi-Square Test
	Patient	Patient relative		
Verbal Violence	26	45	71	$\chi^2=22,073$; df=2; p=0,001
Physical Violence	23	4	27	
Verbal and Physical Violence	3	9	12	
Total	52	58	110	

According to Table 7 patient relatives applied verbal violence and the others applied physical violence.

When the types of physical violence were analyzed, erythromatosis around the left umbilicus (face, eye, nose, chest, ear, head), bite-tightening, bleeding in the mouth, kicking (arm, hand), erosion image, slapping, hair pulling, broken in the knee, throwing a hard object in the face, biting the chest, pushing, squeezing the throat and throwing shoulder in the chest were seen most.

4. DISCUSSION

Akca and his colleagues found that 47.4% of the victims of violence in a health institution were medical secretary or patient advisor, 36.8% were physicians, 10.5% were administrative personnel and 5.3% were health technicians. It was observed that 45.5% of the violence against health workers was inflicted by the patient and 40.9% of the violence was inflicted by the patient relatives. A majority of the violence exposers were male with a rate of 76.2%. 85.7% of the victims were women, 14.2% were males. It was observed that the place of violence of most seen was examination room with a rate of 45.5%. That was followed by the corridor with a rate of 22.7%. All of the staff that was exposed to violence explained their violence as verbal threat or aggression [11].

In study of Ayranç and his friends, 48.4% of men and 52.5% of the women were found to have experienced violence among health workers. According to profession, the rates of abuse are 53.7% in physicians, 58.4% in nurses and 43.5% in assistant personnel. Violence occurred most in emergency department (63.1%) and clinical services. In 1071 health workers, the rate of violence was 50.8% [14].

Gülalp and colleagues found that there was a significant relationship between physical violence and gender, age, occupation, and experience at work [15].

In the "Health Workers Violence Survey" conducted by the Health and Social Workers' Union in 25 provinces and 1300 health workers it was found that there were more risky groups for exposure to violence. Participants were asked what extent they were exposed to violence throughout your career; 86.8% of the respondents stated that they were exposed to verbal, psychological or physical violence at least once. 23.7% of the respondents stated that they were exposed to physical violence in the last year. The proportion of people who have been exposed to psychological / verbal abuse within the past year is 98.3%. 56.9% of those exposed to violence stated that the violence was committed by patient relatives and 31.8% were performed by patients. When we look at the sex of the people who applied violence, we see that 68.33% is male and 31.67% is female. The time of the violence is widespread, both during working hours and during the seizure. While the rate of participants who reported violence during working hours was 64.5%, 33.9% stated that they were exposed to violence during the seizure. In the question "Where did the violence occur?" 25% of the participants answered the hospital corridor, 23.8% the emergency service, and 11.7% the polyclinic [16].

Arcak and Kasımoğlu found that 21% of nurses were exposed to violence at in last one year of working [17]. Winstanley and Whittington reported that 68.3% of participants were exposed to verbal violence in a study conducted in a general hospital in the UK [18].

In Demir's study, it was found that 60.3% of the nurses were exposed to violence in a hospital. The percentage of physical violence was 11.9%, verbal violence was 51.6% and sexual violence was % 9.5. It was found that 65.1% of cases of violence were committed by relatives of the patient [3].

In a study conducted in Kocaeli, the rate of exposure to violence in the last 12 months was 72.4%; the type of violence most exposed during work life was verbal violence with a rate of 98.5%.

14.3% of the health workers were exposed to workplace violence on weekdays; 30.1% were occurred during the visiting, and 37.2% were exposed during outpatient services [2].

Özcan and Bilgin systematically addressed violence against health workers in Turkey and reported that attacks were observed more frequently during the daytime than nighttime. In this systematic review, all types of violence towards healthcare workers were found to be high, and violence was performed by the majority of the patients' relatives and patients [19].

5. RESULT

This study focused on reported violence incidences, so it can be said that there may be a lot of violence victims who are not recorded official. The findings of the study show that among health workers physicians and nurses are most exposed to violence. Violence in workplace decreases performance of health workers and destroys quietness of environment. Besides verbal assault other kinds of violence as well as fist, kick, slap, bite occurs so that health workers have a risk in order to maintain their lives. Health professionals who work for enhancing the health of the people can unfortunately lose their own health when performing their duties. The underlying reason for violent acts against health workers is that individuals think that their or their relatives' health status is more important and urgent than all issues. Patients and / or relatives of patients are also subjected to violence as a result of their claim without knowing their responsibilities. In this case, the motivation of health personnel working in difficult conditions decreases and burnout occurs.

As a result, in order to reduce / prevent work place violence, it is considered necessary to increase consciousness of patients and their relatives, to increase security measures in health institutions, to provide health workers to report work placed violence against them to their institutions, to improve physical working conditions and increase legal sanctions against violence.

6. REFERENCES

- [1] Krug, E. G., et al., *World Report on Violence and Health*, World Health Organization, Geneva, 2002
- [2] Çamcı, O., Kutlu, Y., Kocaeli'nde Sağlık Çalışanlarına Yönelik İşyeri Şiddetinin Belirlenmesi, *Psikiyatri Hemşireliği Dergisi*, 2 (2011) 1, pp. 9-16
- [3] Demir, G., Bir Üniversite Hastanesinde Çalışan Hemşirelerin Şiddete Maruz Kalma Durumlarının İncelenmesi, *İnönü Üniversitesi Sağlık Bilimleri Dergisi*, 3 (2014), 1, pp. 25-28
- [4] İlhan, M. N., et al., Toplum Gözüyle Sağlık Çalışanlarına Şiddet: Nedenler, Tutumlar, Davranışlar, *Gazi Medical Journal*, 24 (2013), pp. 5-10
- [5] International Labour Organization (ILO), et al., *Framework Guidelines For Addressing Workplace Violence in The Health Sector*. International Labour Office, Geneva, 2002
- [6] Al, B., et al., Sağlık Çalışanlarına Yönelik Artan Şiddet, *The Journal of Academic Emergency Medicine*, 11 (2012), pp. 115-24
- [7] Annagür B., Sağlık Çalışanlarına Yönelik Şiddet: Risk Faktörleri, Etkileri, Değerlendirilmesi ve Önlenmesi, *Psikiyatride Güncel Yaklaşımlar*, 2 (2010), 2, pp. 161-173

- [8] Cinoğlu, A., Sağlık Kurumlarında Şiddet, Dönem Projesi, Pamukkale Üniversitesi, Denizli, Türkiye, 2015
- [9] Kahriman İ., Hemşirelerin Sözel ve Fiziksel Şiddete Maruz Kalma Durumlarının Belirlenmesi, *Psikiyatri Hemşireliği iDergisi*, 5 (2014), 2, pp. 77-83
- [10] Pınar, T., Pınar G., Sağlık Çalışanları ve İşyerinde Şiddet, *TAF Preventive Medicine Bulletin*, 12 (2012), 3, pp. 315-326
- [11] Akca, N., et al., Sağlık Çalışanlarına Uygulanan Şiddet: Özel Bir Tıp Merkezi Örneği, *Ankara Sağlık Hizmetleri Dergisi*, 13 (2014), 1, pp. 1-12
- [12] Durak, T. Ç., et al., Bozyaka Eğitim ve Araştırma Hastanesi Sağlık Çalışanlarına Hasta ve Hasta Yakınları Tarafından Uygulanan Şiddetin Değerlendirilmesi, *Genel Tıp Dergisi*, 24 (2014), pp. 130-137
- [13] Sarcan, E., Toplumun Sağlık Çalışanlarına Uygulanan Şiddete Bakış Açısı, Uzmanlık Tezi, Gazi Üniversitesi, Ankara, Türkiye, 2013
- [14] Ayrancı, Ü., et al., Çeşitli Sağlık Kurumlarında ve Sağlık Meslek Gruplarında Şiddete Uğrama Sıklığı, *Anadolu Psikiyatri Dergisi*, 3 (2002), pp. 147-154
- [15] Güllalp, B., et al., Dangers Faced By Emergency Staff: Experience In Urban Centers In Southern Turkey, *Turkish Journal of Trauma&Emergency Surgery*, 15 (2009), 3, pp. 239-242
- [16] Sağlık ve Sosyal Hizmet Çalışanları Sendikası, *Sağlık Çalışanları Şiddet Araştırması*, Sağlık-Sen Yayınları-20, Ankara, 2013
- [17] Arcak R.Kasımoğlu; E., *Diyarbakır Merkezdeki Hastane ve Sağlık Ocaklarında Çalışan Hemşirelerin Sağlık Hizmetlerindeki Rolü ve İş Memnuniyetleri*, *Dicle Tıp Dergisi*, 1(2006), 3, pp. 323-330.
- [18] Winstanley, S., Whittington, R., Aggression Towards Health Care Staff In A UK General Hospital: Variation Among Professions and Departments, *Journal of Clinical Nursing*, 13 (2004), 1, pp. 3-10
- [19] Özcan, N. K., Bilgin, H., Türkiye’de Sağlık Çalışanlarına Yönelik Şiddet: Sistemantik Derleme. *Türkiye Klinikleri Tıp Bilimleri Dergisi*, 31 (2011), 6, pp. 1442-56