ORIGINAL RESEARCH

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The approach of society regarding the violence against healthcare providers

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Abstract

Objective: The aim of this study is to investigate the society's approach to violence and to offer solutions to prevent violence in health.

Methods: This study was conducted in Kahramanmaraş province in February and March 2020. The questionnaire of 50 questions was applied to 1306 people face-to-face.

Results: 53.8% of our participants were female. Among the people who had an argument with healthcare providers, 53.0% of them were male. 40.2% of the people who had an argument were aged 25-40. 78.1% have a high school or less education. 86.6% of the ones who considered violence as a tool of demanding justice had high school. Only 19.2% of the people who consider violence as demanding justice had information about code white. 82.9% of the people who state that the most significant reason for the violence is the attitude of healthcare providers had a high school or lower level of education. Participants were asked about the reasons for violence, and 44.0% of them answered that it was the presence of angry and aggressive people.

Conclusion: Violence in the health sector has many complicated and intertwined aspects. Its solution is for the people in charge to do their part.

Keywords: Violence, Health, Healthcare providers

INTRODUCTION

Violence is a very complex concept that has existed since the beginning of human history and has sociological, cultural, psychological, philosophical, political aspects, and takes away the right to live humanely. According to the definition of the World Health Organization (WHO), violence is the threat of intentional use of force resulting in injury, death, psychological harm, developmental delay or negligence against oneself, another person or a group (1).

With the development of societies, the value given to people has also increased, and the concept of violence and the reactions to the consequences of violence have also changed day by day (2). The definition, purpose, and orientation of violence vary from culture to culture, in different periods of the same culture (3). In a study, it was stated that the rate of exposure to violence in health sector workers in Türkiye is 50.8% and that the most frequent victims are general practitioners (67.6%) and nurses (58.4%) (4). In a study conducted in 2019, 90.5% of the participants stated that they experienced violence at least once during their work-life, and 50.8% stated that they experienced violence at least once in their workplace in the last

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year (5). In a multicenter study conducted in western Turkey, the frequency of being exposed to violence at least once in the last year was determined as 49.5% and it was reported that 48.3% of the cases were exposed to violence between 1-5 times (6).

This problem, which can increase the incidence of stress and depression, causes a decrease in the satisfaction of the job, thus causing serious disruptions and obstacles in the current functioning is one of the primary problems of health systems in developed and developing countries (7,8). In the study conducted by İlhan et al. on patients who applied to health institutions, 55.5% of the participants stated that violence in health is mostly seen in public hospitals, 56.3% of health institutions mostly experienced violence in emergency departments, 79.4% stated that their personnel was exposed to verbal violence the most (9).

The socio-economic effects of violence in health institutions, which are very important, can be seen in healthcare organizations and healthcare professionals, healthcare delivery and community (10). In the study conducted by Ayrancı et al., it was stated that 43.5% of the healthcare professionals who were subjected to violence did not report any mental problems, while 56.2% had mental trauma findings such as anxiety (6). In another study, it was stated that 55.0% of physicians who were subjected to violence were diagnosed with post-traumatic stress disorder and some mental trauma findings such as insomnia, stress, depression and agoraphobia were present (11).

Violence in healthcare institutions is defined as a form of situation consisting of threatening behavior, verbal assault, physical assault, and sexual assault that pose a risk to the healthcare worker from the patient, patient relatives or any other individual. (12). In the study of İlhan et al., it was stated that healthcare workers are 16 times more at risk of being exposed to violence than other workplaces (9). It is estimated that violence in health institutions is higher than detected. The reason for the lower rate of reporting of violence in health institutions is only because serious situations such as injuries are perceived as violence (4). The one-year prevalence of physical violence was reported in the review, which was published in 2020 and obtained from 65 different studies from 30 countries and aimed to measure the extent of physical violence against healthcare workers. The prevalence values ranged from 2.7% to 88.3%, the lowest one-year prevalence was found among nurses in Thailand, and the highest rate was observed among psychiatric nurses in the UK (13).

In Turkan's study, the causes of violence are low education level, as well as ignorance, intolerance and impatience, negative attitudes and behaviors of healthcare professionals, not going as expected in the treatment process, negative statements of politicians and health administrators, alcohol and drug use, psychiatric patient group, provocative publications in the media, the patients or their relatives' reflecting their own flaws to healthcare professionals, transfer of the health system problems of the past to the present, the attitude of the physicians in the centers where the patient is referred (14). According to a study conducted by ILO (International Labor Office), WHO, ICN (International Council of Nurses), PSI (Public Services International) in Bulgaria in 2002, the causes of violence in health institutions are stated as the current social and economic situation in the country, health reform, stress, and social tension, personality of patients, managerial skills of healthcare managers, patients with special conditions such as mental patients, security weaknesses, lack of legal procedures. (15).

This study is aimed at investigating the perceptions of individuals aged 18 and over on violence against healthcare professionals. Our aim is to investigate these violent incidents in the health sector from the eyes of society and to determine the reasons and raise awareness about the violence against healthcare workers in society.

METHODS

Our research is a descriptive and cross-sectional study. Our 50-question questionnaire was applied face-to-face between 01.02.2020-31.03.2020 for people who live in Kahramanmaraş province, who are 18 years of age and over, but are not health workers or who do not receive education in health departments.

Table 1. Distribution of demographic characteristics of the participants

	n	%
Age groups		
18-24	468	35.8
25-40	439	33.6
41 and over	399	30.6
Sex		
Male	603	46.2
Female	703	53.8
Marital Status		
Married	690	52,8
Single	616	47,2
Job		
Officer	146	11,2
Worker	167	12,8
Student	441	33,8
Housewife	260	19.9
Artisan	70	5.4
Retired	74	5.7
Self-employment	68	5.2
Unemployed	69	5.3
Other	11th	0.8
Education		
High school and below	1047	80.2
University and above	259	19.8
Economic status of the family		
Very bad	20	1.5
Bad	118	9.0
Middle	764	58.5
Good	367	28.1
Very good	37	2.8

Table 2. Characteristics of those stating negative statements -1

		Those who have an argument (n = 415)		I argue with the person victimizing me (n = 71)		The most important cause of violence is the attitude of healthcare providers (n = 310)		Those who say that being a doctor is not sacred (n = 208)		Those who see violence as seeking justice (n = 276)	
	n	n	%	n	%	n	%	n	%	n	%
Age Groups											
18-24	468	123	29.6	33	46.5	114	36.8	73	35.1	91	33.0
25-40	439	167	40.2	18	25.4	103	33.2	87	41.8	96	34.8
> 41	399	125	30.1	20	28.2	93	30.0	48	23.1	89	32.2
		χ^{2*} = 14.501 p = 0.001		χ^2 = 44.949 p <0.001		χ^2 = 2.490 p = 0.646		χ^2 = 9.526 p = 0.009		χ^2 = 1.272 p = 0.529	
Sex											
Male	603	220	53,0	44	62.0	154	49.7	126	60.6	166	60.1
Female	703	195	47,0	27	38.0	156	50.3	82	39.4	110	39.9
		χ^2 = 11.453 p = 0.001		χ^2 = 20.677 p <0.001		χ^2 = 2.416 p = 0.299		χ^2 = 20.657 p <0.001		χ^2 = 27.494 p <0.001	
Education status											
High school and below	1047	324	78.1	59	83.1	257	82,9	163	78.4	239	86.6
University and above	259	91	21.9	12	16.9	53	17.1	45	21.6	37	13.4
		χ^2 = 1.681 p = 0.195		χ^2 = 8.022 p = 0.091		χ^2 = 7.650 p = 0.022		χ^2 =, 506 p = 0.477		χ^2 = 9.089 p = 0.003	
Marital Status											
Married	690	234	56.4	30	42.3	163	52.6	88	42.3	150	54.3
Single	616	181	43.6	41	57.7	147	47.4	120	57.7	126	45.7
		χ^2 = 3.081 p = 0.079		χ^2 = 20.356 p <0.001		χ^2 = .020 p = 0.990		χ^2 = 10.999 p = 0.001		χ^2 = 0,322 p = 0,570	
Economic Status											
Bad	138	59	14.2	12	16.9	39	12.6	38	18.3	49	17.8
Middle	764	242	58.3	41	57.7	190	61.3	105	50.5	156	56.5
Good	404	114	27.5	18	25.4	81	26.1	65	31.3	71	25.7
		χ^2 = 10.034 p = 0.007		χ^2 = 23.372 p = 0.003		χ^2 = 6.933 p = 0.139		χ^2 = 16.619 p <0.001		χ^2 = 20.411 p <0.001	
Habit											
No habit	845	217	52,3	41	57,7	194	62.6	100	48.1	147	53.3
Cigarette + Wild tobacco	403	172	41.4	21	29.6	100	32.3	82	39.4	105	38.0
Alcohol + Other	58	26	6.3	9	12.7	16	5.2	26	12.5	24	8.7
		χ^2 = 41.142 p <0.001		χ^2 = 23.917 p = 0.002		χ^2 = 6.832 p = 0.145		χ^2 = 52.631 p <0.001		χ^2 = 27.200 p <0.001	
Knowing the white code											
I have no idea	648	207	49.9	46	64.8	163	52.6	101	48.6	148	53.6
I heard but I don't know what it is	313	100	24.1	7	9.9	73	23.5	57	27.4	75	27.2
I know	345	108	26.0	18	25.4	74	23.9	50	24.0	53	19.2
		χ^2 = .048 p = 0.976		χ^2 = 27.218 p = 0.001		χ^2 = 5.912 p = 0.206		χ^2 = 1.805 p = 0.405		χ^2 = 9.528 p = 0.009	
Relative from health sector											
There is	780	245	59.0	34	47.9	171	55.2	94	45.2	130	47.1
No	526	170	41.0	37	52.1	139	44.8	114	54.8	146	52.9
		χ^2 =, 120 p = 0.729		χ^2 = 7.041 p = 0.134		χ^2 = 3.710 p = 0.156		χ^2 = 21.720 p <0.001		χ^2 = 23.181 p <0.001	

* Chi-square or Fisher test was used.

Questionnaire questions include sociodemographic data, the place of health workers in society, view of violence against health workers, and evaluation questions about the thoughts about the violence experienced. The population of this study consists of voluntary participants who reside in … city and do not work in a health institution. Participants were informed and consent was obtained. According to TUIK 2019 data, the population of Kahramanmaraş is 1,154,102. The number of people aged 18 and over that constitute the population of the study was 768,577. The sample size was calculated as 1306 when 50% unknown frequency was calculated with a 3% margin of error and 97% confidence interval. This study has been applied to 1306 people from different age groups who are living in the houses, apartments and sites, student dormitories, workplaces in Kahramanmaraş city center, and accepted the survey.

Statistical Analysis

Mean and standard deviation are given in the descriptive statistics of continuous variables, and frequency (n) and percentage (%) values are given in the definition of categorical variables. Relationships between categorical variables were examined using Chi-square/Fisher's exact analysis. In cases where a significant difference was detected in chi-square analyzes with 2x3 and more groups, follow-up tests (post-hoc) were conducted to determine the groups from which the difference originated from. The data were transferred to IBM SPSS.23 program and evaluated with statistical analysis and $p < 0.05$ was accepted as the significance level in all analysis.

RESULTS

The demographic characteristics of the participants are shown in detail in Table 1. The proportions of men and women married and single in the study are close to each other, and it is seen that individuals from various professions and with different economic levels are included in the study.

As approximately two-third of the 891 participants stated that they had never had any discussions with a healthcare worker in any health institution, and 27 (2.1%) of them stated that they had more than five. Of those who had an argument, 152 (11.6%) stated that they had an argument with the doctor, 128 (9.8%) with the nurse, and 118 (9.0%) with the secretary. It is seen that the controversial behavior is mostly in the form of verbal discussion (31.2%) and assault (0.5%) at the least.

As shown in Table 2, 40.2% of the 415 participants who are "having a dispute" are from the 25-40 age group, 53% are men, 58.3% have a moderate economic situation, and 52.3% did not have a habit. A significant relationship was found between the participants who had an argument and age groups ($p = 0.001$), sex ($p = 0.001$), economic status ($p = 0.007$) and habits ($p < 0.001$).

Of the 71 participants who said that they would argue with the person who victimized themselves, 46.5% were in the 18-24 age group, 62% were male, 57.7% were single, 57.7% had middle economic status, and 57.7% did not have any habits while 64.8% of them did not know the white code. There is a significant relationship between the statement I would discuss with the person victimizing me and age group ($p < 0.001$), sex ($p < 0.001$), marital status ($p < 0.001$), economic status ($p = 0.003$), habit ($p = 0.002$) and knowing the white code ($p = 0.001$) (Table 2). 82.9% of 310 participants who think that "the most important cause of violence is the attitude of healthcare providers" have high school or lower education level and this situation is statistically significant ($p=0.022$) (Table 2).

Of the 208 participants who think that being a doctor is not sacred, 41.8% are from the 25-40 age group, 60.6% are male, 57.7% are single, 50.5% are from middle economic status, 48.1% do not have any habit and lastly 54.8% were people without relatives from health sector. A significant relationship is found between the age group ($p=0.009$), sex ($p<0.001$), marital status ($p=0.001$), economic status ($p<0.001$), habits ($p<0.001$) and not having a relative from health sector ($p<0.001$) among participants who think that being a doctor is not sacred (Table 2).

Of the 276 participants who define violence as seeking justice, 60.1% are male, 86.6% have a high school or below education level, 56.5% are from middle economic status, 53.3% have no habit, 53.6% of them do not know white code and 52.9% do not have relatives from health sector. A significant relationship was found between considering violence as seeking justice and sex ($p<0.001$), educational status ($p=0.003$), economic status ($p<0.001$), habituation ($p<0.001$), knowing white code ($p=0.009$) and having a relative from health sector (Table 2).

As shown in Table 3, 70% of 70 respondents who stated that nothing can stop them when they try to use violence are male, 87.1% have a high school or less education, 57.1% from middle economic status and 50% do not have any habit. A significant relationship was found between those who stated that nothing could stop them when they wanted to use violence and sex ($p<0.001$), educational status ($p = 0.008$), economic status ($p = 0.014$), and habits ($p<0.001$) (Table 3).

Of the 420 participants who think they are against violence but sometimes it is deserved, 37.6% are in the 25-40 age group, 52.1% are male, 80.7% have a high school or below education level, 55% are married, 61.9% of them have a moderate economic situation, 61% of them do not have a habit, 52.4% of them have no knowledge of white code and 55% of them have relatives from health sector. Those who think they are against violence but sometimes it is deserved were found to be related with age group ($p = 0.017$), sex ($p < 0.001$), educational status ($p = 0.032$), marital status ($p =$

Table 3. Characteristics of those stating negative statements -2

		Nothing stops me when I want to do violence (n = 70)		Those who say I am against violence, some deserve it (n = 420)		Those who say that violence can be applied if my child deserves it (n = 135)		Those who say that more than 50% of the violence is caused by healthcare workers (n = 250)		Those who say that violence does not impair their mental health (n = 201)	
	n	n	%	n	%	n	%	n	%	n	%
Age Groups											
18-24	468	30	42.9	144	34.3	44	32.6	79	31.6	61	30.3
25-40	439	22	31.4	158	37.6	55	40.7	83	33.2	81	40.3
> 41	399	18	25.7	118	28.1	36	26.7	88	35.2	59	29.4
		$\chi 2$ * = 15.800 p = 0.326		$\chi 2$ = 15.526 p = 0.017		$\chi 2$ = 13.274 p = 0.039		$\chi 2$ = 3.750 p = 0.153		$\chi 2$ = 5.265 p = 0.072	
Sex											
Male	603	49	70.0	219	52.1	84	62.2	124	49.6	93	46.3
Female	703	21	30.0	201	47.9	51	37.8	126	50.4	108	53.7
		$\chi 2$ = 29.315 p <0.001		$\chi 2$ = 27.820 p <0.001		$\chi 2$ = 17, 132 p = 0.001		$\chi 2$ = 1.462 p = 0.227		$\chi 2$ = 0.001 p = 0.976	
Education status											
High school and below	1047	61	87.1	339	80,7	118	87,4	213	85,2	175	87.1
University and above	259	9	12.9	81	19,3	17	12,6	37	14,8	26	12.9
		$\chi 2$ = 19.001 p = 0.008		$\chi 2$ = 8.833 p = 0.032		$\chi 2$ = 17.274 p = 0.001		$\chi 2$ = 4.923 p = 0.026		$\chi 2$ = 7.106 p = 0.008	
Marital Status											
The married	690	33	47.1	231	55.0	71	52.6	143	57.2	113	56.2
Single	616	37	52.9	189	45.0	64	47.4	107	42.8	88	43.8
		$\chi 2$ = 7.934 p = 0.338		$\chi 2$ = 9, 061 p = 0.028		$\chi 2$ = 1.666 p = 0.645		$\chi 2$ = 2.366 p = 0.124		$\chi 2$ = 1.093 p = 0.296	
Economical situation											
Bad	138	13	18,6	53	12.6	30	22.2	41	16.4	26	12.9
Middle	764	40	57.1	260	61.9	79	58.5	147	58.8	109	54.2
Good	404	17	24.3	107	25.5	26	19.3	62	24.8	66	32.8
		$\chi 2$ = 27.971 p = 0.014		$\chi 2$ = 22.541 p = 0.001		$\chi 2$ = 26.384 p <0.001		$\chi 2$ = 13.723 p = 0.001		$\chi 2$ = 2, 280 p = 0.320	
Habit											
No habit	845	35	50	256	61.0	69	51.1	133	53.2	107	53.2
Smoking + Wild tabacco	403	24	34.3	147	35.0	55	40.7	104	41.6	76	37.8
Alcohol + Other	58	11th	15.7	17	4.0	11th	8.1	13	5.2	18	9.0
		$\chi 2$ = 87.107 p <0.001		$\chi 2$ = 78.728 p <0.001		$\chi 2$ = 23.124 p = 0.001		$\chi 2$ = 18.285 p <0.001		$\chi 2$ = 19.451 p <0.001	
Knowing the white code											
I have no idea	648	43	61.4	220	52.4	77	57.0	138	55.2	99	49.3
I heard but I don't know what it is	313	12	17.1	104	24.8	21	15.6	53	21.2	48	23.9
I know	345	15	21.4	96	22.9	37	27.4	59	23.6	54	26.9
		$\chi 2$ = 19.633 p = 0.142		$\chi 2$ = 24.302 p <0.001		$\chi 2$ = 24.726 p <0.001		$\chi 2$ = 3.858 p = 0.145		$\chi 2$ = .025 p = 0.987	
Relative from health sector											
There is	780	35	50	231	55.0	65	48.1	138	55.2	98	48.8
No	526	35	50	189	45.0	70	51.9	112	44.8	103	51.2
		$\chi 2$ = 14.840 p = 0.380		$\chi 2$ = 23.943 p <0.001		$\chi 2$ = 10.721 p = 0.013		$\chi 2$ = 2,631 p = 0.105		$\chi 2$ = 11.881 p = 0.001	

* Chi-square or Fisher test was used.

0.028), economic status (p = 0.001), habit (p <0.001), knowing the white code (p <0.001) and having a relative from health sector (p <0.001) (Table 3).

Of the 135 people who think that violence can be used when they deserve it, 40.7% are in the 25-40 age group, 62.2% are male, 87.4% have a high school or less education, and 58.5% have a middle economic status, 51.1% have no habit, 57% do not know the white code, and 51.9% do not have a relative from health sector. A significant correlation was found between educational status (p = 0.001), economic status (p <0.001), habituation (p = 0.001), knowing the white code (p <0.001) and having a relative from health sector (p = 0.013) (Table 3).

A significant relationship was found between those who think that more than half of the violence in health is caused by the behaviors of healthcare workers and their educational status (p = 0.026), economic status (p = 0.001), and habituation (p <0.001) (Table 3).

Of the 201 participants who think that the psychology of healthcare workers who are exposed to violence will not be impaired, 87.1% of them have a high school or less education level, 53.2% have no smoking or alcohol habits, and 51.2% have no relatives from health sector. A significant relationship was found between those who think that the psychology of healthcare workers exposed to violence will not deteriorate and their educational status (p = 0.008), habituation (p <0.001) and having a relative from health sector (p = 0.001) (Table 3).

DISCUSSION

Since the violence experienced in health institutions creates a serious social problem, many studies are conducted on this issue. Studies mostly show the perspective of healthcare professionals. This study, unlike most studies, is aimed at determining the public's perspective on violence in health. Health services are a whole consisting of patients and healthcare professionals, it is not possible to perform this service in an environment of violence. Violence must end in order to provide this service.

As approximately one-third of the 415 participants stated that they discussioned with a healthcare worker in a health institution so far. Most of the discussions were with the doctor (11.6%) in a state hospital (18.8%), and in the emergency department (10.2%). It has been reported that most of the discussions in Sarcan's study in the field of health services were experienced with doctors, in the state hospital, and the emergency department of the hospital (16). In the study conducted by İlhan et al., the participants stated that healthcare workers were exposed to violence mostly in emergency services and it occurred mostly in public hospitals (9). In the study of Ayrancı et al., it was determined that 63.1% of the violence occurred in emergency services and 63.1% in state hospitals (6).

In this study, only 9 (0.7%) of the 415 (31.8%) participants who experienced controversy stated that they used physical violence and 13 (1.0%) stated that they used psychological violence. Almost all of those who experienced an argument stated that their discussion was verbal violence. In Gündüz's study in 2019, 93% of the patients stated that they did not have any discussions with healthcare workers before, and 94.3% stated that they had never used violence against healthcare workers before (17). In a study conducted by Kuruöz in 2016 with 394 participants of patients and their relatives in the emergency service, 83 (21%) people stated that they had an argument with healthcare professionals, 6 (1.5%) people used physical violence, and the remaining 79 people stated verbal violence (18). In Sarcan's study on healthcare services, it was observed that 49.1% of the participants used verbal violence and 3.1% used physical violence (16). Winstanley et al. (19) stated that verbal violence rate was 68% in their study regarding healthcare providers, İlhan et al. reported as 80% and this rate was identified to be changing between 53.7% and 60% in other studies (20, 21) conducted with healthcare providers in Turkey. In a study conducted in the United States of America, it was observed that 74.9% of emergency doctors were subjected to verbal violence (22). If we look at other violence against healthcare professionals, in a study conducted in 10 European countries (Belgium, Finland, France, Netherlands, Germany, Norway, Slovakia, England, Italy, and Poland), 77,681 nurses received a questionnaire between 2002 and 2003, 39,894 people answered it, 22.0% of nurses (8,778) were reported to have been exposed to violence (23). It has been stated that 68.0% of the healthcare workers in the UK have been subjected to verbal violence and 27.0% to physical violence in the last year (24). In the study conducted with 1973 healthcare workers from 39 different institutions in Germany, it was found that 56.0% were subjected to physical violence, 78.0% to verbal violence, and 10.5% to sexual harassment (25). In the study conducted in Finland, it was reported that one out of every ten healthcare workers experienced violence in the workplace where they worked in the last year (26). It is seen that mostly oral discussions take place in the studies. The reason why verbal violence is experienced more may be that those who perpetrate this violence think that they will not be punished for verbal violence or that the punishment will not be severe. The fact that the rates of responses to questions of violence are far from each other because of the participants' not being healthcare workers or being healthcare workers originates from the participant population's being completely different in this study.

If we look at the results regarding the questions that reflect the perspective of the society toward healthcare professionals, 38.6% states the main reason of violence against healthcare providers is the people receiving the health service, 37.4% states as the healthcare system, and 23.7% considers it as the people providing the health care service. In the study conducted by Bıçkıcı with healthcare workers, the reason for the violence was determined as the health system (43.6%), the attitudes of the healthcare providers (25.6%), the attitudes of the healthcare providers (2.6%), and all of the above (28.2%) (27). Although we did not ask the healthcare professionals in this study, the fact that most participants (76.3%) indicated the health system and health service as the reason is an important guide for focusing on this area.

If we look at the information about society's perspective on violence; 78.9% of the participants do not consider using violence as a method of seeking justice, 16.2% partially support this idea and 4.9% definitely support it. In Sarcan's study, 79.7% of the participants stated that violence is not a way of seeking justice, 20.3% stated that violence is a way of seeking justice (16). In Gündüz's study with patients, 93.7% of the participants stated that violence is not a method of seeking remedies, 2.7% stated that it is a method of seeking remedies (17). The fact that twenty percent of those who perceive violence as a method of seeking justice is a terrifying issue that needs to be dwelled on.

95.0% of the participants think that violence against healthcare workers will not be a solution. In a study published in 2019, in line with this study, the participants thought that violence against healthcare workers would not be a solution (28).

In this study, the majority of those who had an argument with healthcare workers were between the ages of 25-40, and those who said that they would argue with those victimizing them were mostly in the 18-24 age group, and this situation was found to be statistically significant. Those who thought they were against violence, but some doctors deserved it, were significantly in the 25-40 age group. In Sarcan's study on non-healthcare professionals, the age range of those who resort to violence is between 24 and 30 years old (16). In a study conducted in Türkiye by Çevik et al. In 2020, in which 948 physicians participated, it was stated that physicians among those between the ages of 25-50 (78.7%) were exposed to violence the most. (29). Similarly, in this study, the age range of 25-40 years was the majority, and in some, 18-24 years were the majority.

In this study, those who had discussions with healthcare professionals, who said that they would argue with those victimizing them, who saw violence as seeking justice, and those who thought that they were against violence but some doctors deserved it were significantly included in the male sex group. In the study of Al et al., the characteristics of those prone to violence are male and having a low socioeconomic level (30). In Öztürk and Babacan's study with patients and healthcare professionals, both patients and healthcare professionals stated that most perpetrators of violence were men (31). In Sarcan's study, it is seen that those who resort to violence are mostly men (16). The prominence of the male sex in relation to the female sex may be due to our patriarchal society and cultural lifestyle.

Those who regarded violence as seeking justice and who thought that they were against violence but some doctors who deserved it were mostly and statistically significantly consisted of those with high school or lower education levels. In the study of Annagür et al., it was stated that the education level of those who were violent was low. (32). We believe that increasing the level of education will significantly reduce violence.

CONCLUSION

This study provides clues to the solution of violence in the health sector, which tends to increase gradually, by asking questions about the solution of this problem, as well as determining the perspective of the society on violence in the health sector.

In this study, it was determined that as approximately one-third of the participants had discussions in health institutions, they lived this discussion mostly in state hospitals, mostly with doctors, then with nurses and secretaries, they mostly experienced in emergency services as a department, and the violence they used was generally verbal violence. Healthcare workers generally do not complain about verbal violence. The fact that the legal sanctions and punishments to be taken because of acts of violence against healthcare workers is effective and deterrent and raising awareness about these deterrent penalties in the society can reduce the incidents of violence.

The rate of those who think they are against violence but sometimes it is deserved is as approximately one-third of the participants. This answer is an effective result showing the level of violence. 40.2% of those experiencing a dispute are between the ages of 25-40, 53.0% are male, 78.1% have a high school or less education, 56.4% are married, 26.0% know the white code. Struggling with the problem of education, which is one of the most fundamental problems of the society, training on violence and the health system from the beginning of the education period can change the way of seeking justice.

Employing personnel according to the intensity of the emergency services and the fact that the personnel working

there are qualified to manage crises and communicate well with patients, and the increase in security measures in proportion to this density may reduce the occurrence of violence. Also, the fact that the news and publications that blame and defame healthcare professionals for malfunctions in the health system are not judgmental can be beneficial for both physicians and patients.

As the limitations of our study were that the questionnaires were conducted face-to-face, the participants may have hesitated while answering the questions about violence and may have hidden their true thoughts or negative events.

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Conflict of Interest

The authors declare that they have no conflict of interests regarding content of this article..

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Ethical Declaration

Ethical approval was obtained from the Kahramanmaraş Sütçü İmam University Faculty of Medicine Non-Pharmaceutical Clinical Research Ethics Committee with the date 19.02.2020 and number 12, and Helsinki Declaration rules were followed to conduct this study.

Authorship contribution

Concept: YGU, CK, Design: YGU, CK, MEE, Supervising: CK, RŞG, Financing and equipment: YGU, CK, Data collection and entry: YGU, MEE, Analysis and interpretation: CK, RŞG, Literature search: YGU, RŞG, Writing: YGU, CK, MEE, Critical review: CK, RŞG.

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