

Research Article

Prevalence of workplace violence against health staff in Malatya

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Abstract

This study was performed to determine the prevalence of physical, psychological and sexual violence against health staff working at health care institutions and the associated factors in Malatya, Turkey. Participants were randomly chosen by stratified sampling method according to profession. Data were collected via the questionnaires adapted by the violence survey form prepared by WHO. 588 health staff gave back the form after they answered the questions. The coverage rate was 90.5%. Overall workplace violence prevalence in the last year was 67.2%. The most prevalent violence type was mobbing (60.4%). It was followed by physical violence (23.1%), and sexual violence (1.2%). Regarding professions, physicians were exposed to physical violence, psychological violence more than the others ($p < 0.05$). The most frequently reported perpetrators in overall violence were patients' relatives (58.7%) and patients themselves (20%). Of the health staff who experienced violence only 24% reported the attacks to the related legal authorities. The research has shown that workplace violence against health staff is a common problem in Malatya. However, reporting of violence or seeking formal help for violence is not common. Further studies should be conducted to more closely to examine the problem.

Keywords: Health staff, prevalence, occupational injury, workplace, violence

1. Introduction

Although workplace violence is an issue seen in every sector and institution, the researchers have showed that the violence issue occurs more often in the service sector. Especially at sectors providing public service, where human interactions are intensive, it is reported that the personnel are exposed to workplace violence more frequently. The various service sector personnel as health staff, guardians, police officers, and marketing staff are under more risk (Kingma 2001). In recent years, the violence in workplace, which cause injury and death, have increased according to the present data. This situation is even more common in the health sector (Jean & Gregory 2002). The risk of health staff being exposed to violence is 16 times more than the other sector staff.

According to WHO, violence includes physical attack, murder, verbal attack, sexual and ethnic attack and psychological stress. The violence in the health institutions is also defined as a situation occurred from threat, verbal threat, physical and sexual attack, causing risk for the health staff coming from patient, patient relatives or any other individual (Saines 1999).

The violence experiences affect the performance and the occupational satisfaction of the health staff negatively. After being exposed to the violence, it has been reported that the physicians, nurses and other health staff have had the problems like reduction in their occupational performance, and satisfaction and desire for going to work (Hesketh et al. 2003). It is reported that the violence issue is important not only for the health staff but also for the patients as there can be tendencies for bilateral aggressiveness. Most of the changes arising as a result of aggression, or the fear of aggression, may

also lead to a deterioration in the quality of the health staff-patient relationship. It is thought that it would be effective to define the risky situation beforehand, and train the health personnel about the violence risks in order to protect themselves from, prevent and deal with these (Hesketh et al. 2003; Aktuoğlu & Hancı 1999).

Violence and aggression in the workplace is a significant problem in Turkey and in other countries, and is attracting increasingly more attention in public health research. However, it is not possible to give a true prevalence of violence against the health staff since there is not a countrywide study. In the recent years, violence against physicians, nurses and other health staff have been reported in newspapers and on TV.

In several health care institutions, the violence is not recorded, researched and managed regularly. Most cases that were reported did not result with a law case. There are some cautions for preventing vocational risks and removing accidents and reducing risk factors in the relevant legislation (Occupational Health and Safety legislation: 09.12.2003/25311) about occupational health and safety in Turkey, however there were no special units to report the violence that the health staff was being exposed until the last few years. The health staff reported any violence that they were exposed to, to the institutional administration, the police, legal authorities and to workplace doctors such as administration of the workplace, police or the court of law. In recent years the staff security units were founded to prevent and interfere with reported violence (Official Gazzatte 2003).

This study was carried out to determine the prevalence of workplace violence against the health staff working in the city of Malatya (Eastern Anatolia) and the associated factors.

2. Material and Methods

2.1. Type of the Research: The research is cross-sectional.

2.2. Population and sample: Stratified probability-proportional-to-size sampling methodology was used in selecting the study population. This study was carried out among the health staff working in the health institutions in Malatya.

There are 2133 health staff in the Malatya provincial center. Every year 1.000.000-1.304.000 patients visit the health institutions where the research was carried out per year. The minimum sample size was calculated using a formula for the population stated sample size. The 325 health staffs were planned with the design effect to participate to the study by being multiplied two times. Participants were grouped into four groups after being classified according to their occupations. number of Every occupational group were was randomly chosen according to the number of person they have. by proportion randomly. Of the sample, 588 health staffs answered the questions. The coverage rate was 90.5%.

2.3. Data collection: In the research "Workplace violence in the health sector country case studies research instruments survey questionnaires" prepared by ILO/ICN/WHO/PSI/WHO was translated from English to Turkish. The first part of the survey included 10 questions including demographic characteristics. In the second part, there were 60 questions about workplace violence. Questions about violence included verbal abuse, physical violence, attack, mobbing and sexual attack.

The questions about the frequency of the violence and by whom it was realized were asked to the health staffs reporting that they were exposed to the violence. The questionnaire was pretested by applying it to 40 health staffs working in the district health institutions which were not in the extent of the research and the required corrections were done. The questionnaires were given to the health staffs in closed envelopes every Tuesday and Thursday by the researchers.

2.4. Data Analysis: Data were analyzed by the program of SPSS 16.0. Chi square test was used in the analysis.

2.5. Research Ethics: The required permission for the research was taken to conduct the field survey from the related units (the Rector of University, the Governor of Malatya province and the Director of Malatya Health Directorate). Additionally, the informed consent of the health staff attending to the research was taken.

3. Results

In total 588 health staffs (228 male, 360 female) attended to the research. The average age was 32.04 ± 6.47 years. Of the participants 41.3% were the physicians, 36.2% of them were nurses, 13.4% were midwife and 9% were health officers. Of the health staff, 35.7% had been working in the health sector for 6-10 years and 45.9% worked at night shifts. Nearly half of the health staff (55.6%) were working at a 2nd stage state health institution and nearly all (92.3%) were working at public

institutions. Violence prevalences by the socio-demographic characteristics in the last year were presented in Table 1.

The socio-demographic features and violence prevalence of the health staff are compared in Table.1

The overall violence prevalence in the last year was 67.2%. Physical and emotional violence prevalences were 23.1%, 60.1%, respectively as shown in Table 1. Sexual violence prevalences were 1.2%. Overall violence was associated with gender, age groups, marital status, occupation, shift and institution and institution of level ($p < 0.05$). Of the health staff being exposed to the violence, 73.7% were male, 77.9% were 31-35 year old groups, 78.6% were doctors, 72.9% were working for 11-15 years in the health sector, 80.0% of them work at the private sector and 75.8% were working at second stage health care institutions ($p < 0.05$).

Physical violence was more prevalent among those who were males (40.4%), were married (26.2%), were working at the private sector (40%). It has been observed that the physical violence increases with age and those who were 25 years old or younger are exposed to the violence less frequently ($p < 0.05$).

Psychological violence was more prevalent among those who were females (56.4%), married (60.9%), physicians (70.8%), working for more than 6 years (66.7%), and working at private sector (80.0%) ($p < 0.05$).

The ones being exposed to sexual violence were all women (7 women), all of them were nurses, all were working at second stage hospitals and at shifts, and all were working at public sector. Most of them were 26-30 years old and single. It has also been observed that those who were exposed to mobbing were women mostly (66.7%). Due to only 7 person have reported sexual violence, it wasn't shown in the table. Additionally, 16% of the health staff reported that they were robbed or threatened by guns. Of the physicians 7.8% had been threatened by guns and 22.1% of the nurses reported that they were robbed ($p < 0.05$) (data not shown).

By whom the health personnel being exposed to violence was shown in Table 2.

For overall (58.7%), physical (73.5%) and psychological (50.1%) violence, the perpetrators were mostly patients' relatives. For sexual violence patients/injured persons were the most frequently reported perpetrator (57.1%).

Of the health staff who were exposed to the physical violence, 7.4% were injured, however only 27.9% of them reported the attacks to the related authorities. Of those who were exposed to psychological violence, 11% informed the authorities about the attacks and sexual violence victims, 28.6% reported the attacks. The participants answers for not reporting the violence were; "it would be useless" (51.2%), "it was not that much important" (20.9%), "I was afraid of the negative consequences (15.4%) and "I was ashamed" (12.5%). For sexual violence, half of the victims reported that it would not help to notify the violence and again half of them reported that they were ashamed.

In Table 3 distribution of perpetrators by sociodemographic characteristics of the health staff was presented.

Half of the man, 31- 35 years group, working shift, and institution of 3. stage being exposed to the violence by

Table 1: Distribution of prevalences of different forms of violence by socio-demographic characteristics

Socio-demographic Features	Violence Prevalence			Total*
	Overall	Physical	Psychological	
Gender				
Male	168 (73.7)	92 (40.4)	152 (66.7)	228 (38.8%)
Female	227 (63.1)	44 (12.2)	203 (56.4)	360 (61.2%)
chi²/P value	7.152/0.005	62.121/ 0.000	6.164/ 0.008	
Age Groups				
<=25	46 (50.5)	9 (9.9)	43 (47.3)	91 (15.5)
26-30	125 (62.8)	27 (13.6)	111 (55.8)	199 (33.8)
31-35	102 (77.9)	41 (31.3)	91 (69.5)	131 (22.3)
36+	122 (73.1)	59 (35.3)	110 (65.9)	167 (28.4)
chi²/P value	22.528/0.000	38.100/0.000	14.939/0.002	
Marital Status				
Married	279 (67.7)	108 (26.2)	251 (60.9)	412 (70.1)
Single	95 (63.8)	24 (16.1)	83 (55.7)	149 (25.3)
Divorced/Widows	21 (95.5)	4 (23.5)	21 (95.5)	27 (4.6)
chi²/P value	7.778/0.041	9.347/0.025	9.951/0.019	
Occupation				
Doctor	191 (78.6)	88 (36.2)	172 (70.8)	243 (41.4)
Midwife	44 (55.7)	6 (7.6)	41 (51.9)	79 (13.4)
Nurse	130 (61.0)	30 (14.1)	113 (53.1)	213 (36.2)
Health Officers	30 (56.6)	12 (22.6)	29 (54.7)	53 (9.0)
chi²/P value	25.439/0.000	43.930/0.000	18.857/0.000	
Shift				
Yes	185 (68.5)	61 (22.6)	169 (62.6)	270 (45.9)
No	210 (66.0)	75 (23.6)	186 (58.5)	318 (54.1)
chi²/P value	9.809/0.024	0.081/0.427	1.027/0.177	
Length of Service				
Under 1 year	19 (51.4)	5 (13.5)	16 (43.2)	37 (6.3)
1-5 years	132 (62.6)	39 (18.5)	120 (56.9)	211 (35.9)
6-10years	153 (72.9)	57 (27.1)	140 (66.7)	210 (35.7)
11-15years	55 (70.5)	21 (26.9)	46 (59.0)	78 (13.3)
16+ years	36 (69.2)	14 (26.9)	33 (63.5)	52 (8.8)
chi²/P value	0.408/0.291	42.189/0.000	27.988/0.000	
Institution				
Public Sector	359 (66.1)	118 (21.7)	319 (58.7)	543 (92.3)
Private Sector	36 (80.0)	18 (40.0)	36 (80.0)	45 (7.7)
chi²/P value	3.634/0.037	7.801/0.006	7.845/0.003	
Institution of Level				
1.stage	49 (45.4)	4 (3.7)	45 (41.7)	108 (18.4)
2.stage	248 (75.8)	105 (32.1)	223 (68.2)	327 (55.6)
3.stage	98 (64.1)	27 (17.6)	87 (56.9)	153 (26.0)
chi²/P value	35.101/0.000	40.342/0.000	24.949/0.000	
Total	395 (67.2)	136 (23.1)	355 (60.1)	588 (100.0)

*Column percent, others are raw percent

patients' relatives. More than half of the ones being exposed to the physical violence by their colleagues work at the state hospitals. More than half of the ones being exposed to physical violence by their managers (60%) worked at the university hospitals (3rd stage) ($p < 0.05$). 41.6% of the health personnel reporting that they have been exposed to the psychological violence by the hospital managers work at the university hospitals and 14% of them work at the private sector. The health personnel being exposed to the psychological violence by the patients' relatives is one-third of the all health personnel at the state hospitals.

Table 2. Perpetrators in different type of violence*

Perpetrator	Overall Violence	Physical Violence	Psychological Violence	Sexual Violence
Patient/injured	79 (20.0)	24 (17.6)	60 (16.9)	4 (57.1)
Patients' relatives	232 (58.7)	100 (73.5)	178 (50.1)	1 (14.3)
Colleague	39 (9.9)	3 (2.2)	35 (9.9)	1 (14.3)
Manager	59 (14.9)	5 (3.7)	77 (21.7)	1 (14.3)
Other	9 (2.3)	4 (2.9)	5 (1.4)	0 (0.0)
Total	395 (67.2)	136 (23.1)	355 (60.1)	7 (1.2)

*Multiple answers were given to this question, frequencies of "yes" were based on the total number of each column

When it is examined in terms of vocational groups, the ones being exposed to the physical violence by managers are all physicians and additionally 47.7% of the physicians have been exposed to the violence by the patients' relatives and 50.6% of the physicians have been exposed to the psychological violence by the managers. The ones being exposed to physical violence by the patients' relatives mostly were the physicians (54.2%) and the nurses (25%). In addition, 37.1% of the nurses reported that they were exposed to the psychological violence by their colleagues (some data not shown).

4. Discussion

The overall violence prevalence was 62.7%, which indicates that exposure to workplace violence is common among health staff in Malatya. It has been observed that the prevalence of violence at the work place was quite high and the level of reporting the violence was rather low. In the researches done in different regions of Turkey, the rate of being exposed to the different types of violence in the recent year is between 50-85% (Ayrancı 2005; Ayrancı et al. 2002; Uzun 1999).

Table 3. Percentage distribution of perpetrators by sociodemographic characteristics of the health staff

Demographic Features	Perpetrators ¹			
	Patient/Injured	Patients' Relatives	Colleagues	Manager
Gender				
Male	40 (17.5)	114 (50.0)	14 (6.1)	30 (13.2)
Female	39 (10.8)	118 (32.8)	25 (6.9)	49 (13.6)
chi²/P value	5.405/0.015	17.332/0.000	0.146/0.421	0.025/0.490
Age Groups				
<=25	3 (3.3)	28 (30.2)	5 (5.5)	11 (12.1)
26-30	30 (15.1)	68 (30.8)	11 (5.5)	16 (8.0)
31-35	21 (16.0)	62 (34.2)	10 (7.6)	19 (14.5)
36+	25 (15.0)	74 (37.0)	13 (7.8)	33 (19.8)
chi²/P value	9.600/0.022	10.248/0.017	1.152/0.764	10.996/0.012
Marital Status				
Married	58 (14.1)	174 (42.2)	29 (7.0)	47 (11.4)
Single	21 (14.1)	48 (32.2)	6 (4.0)	24 (16.1)
Divorced/Widows	0 (0.0)	10 (37.0)	4 (14.8)	8 (29.6)
chi²/P value	4.392/0.111	4.667/0.097	4.662/0.097	8.459/0.015
Occupation				
Physician	43 (17.7)	116 (47.7)	15 (6.2)	41 (16.9)
Midwife	2 (2.5)	27 (34.2)	4 (5.1)	13 (16.5)
Nurse	25 (11.7)	71 (33.3)	14 (6.6)	24 (11.3)
Health Staff	9 (17.0)	18 (34.0)	6 (11.3)	1 (1.9)
chi²/P value	12.969/0.005	11.909/0.008	2.279/0.516	10.026/0.018
Shift				
Yes	37 (13.7)	118 (43.7)	19 (7.0)	35 (13.0)
No	42 (13.2)	114 (35.8)	20 (6.3)	44 (13.8)
chi²/P value	0.031/0.477	3.771/0.032	0.132/0.421	0.096/0.426
Length of Service				
Under 1 year	4 (10.8)	10 (27.0)	0 (0.0)	4 (10.8)
1-5 years	29 (13.7)	80 (37.9)	12 (5.7)	23 (10.9)
6-10years	32 (15.2)	92 (43.8)	17 (8.1)	29 (13.8)
11-15years	4 (5.1)	29 (40.4)	6 (7.7)	13 (16.7)
16+ years	10 (19.2)	21 (9.1)	4 (7.7)	10 (19.2)
chi²/P value	6.953/0.138	4.457/0.348	3.894/0.421	3.612/0.461
Institution				
Public Sector	69 (12.7)	210 (38.7)	39 (7.2)	68 (12.5)
Private Sector	10 (22.2)	22 (48.9)	0 (0.0)	11 (24.4)
chi²/P value	3.235/0.064	1.815/0.118	3.462/0.040	5.078/0.027
Institution of Level				
1.stage	12 (11.1)	22 (20.4)	8 (7.4)	6 (5.6)
2.stage	52 (15.9)	167 (51.1)	21 (6.4)	39 (11.9)
3.stage	15 (9.8)	43 (28.1)	10 (6.5)	34 (22.2)
chi²/P value	3.947/0.139	43.187/0.000	0.130/0.937	16.563/0.000
Total	79	232	39	59

¹Multiple answers were given to this question, frequencies of "yes" by sociodemographic characteristics were based on the total number of each column

The rates of prevalence violence have shown consistency with the results of the researches done in the other countries (Badger & Mullan 2004; Kwok et al. 2006; De Martino et al. 2003). In one research done in the United Kingdom, it was observed that 51% of the health personnel reported that they were exposed to the violence in the recent year (Badger & Mullan 2004). In a study carried out in Hong Kong in 2006, it was observed that 320 of 420 nurses (76%) were exposed to any type of violence in the recent year (Kuwok et al. 2006).

We have found out that the type of violence most encountered is the psychological violence (60.4%), it is followed by physical violence with a rate of 23.1% and sexual violence with a rate of 1.2%. Psychological violence consists of negative behaviors which are easy to expose when compared with physical violence and it develops gradually and slowly and its effects intensify in every stage. The researches show that psychological violence is more common than physical violence at the workplaces in Europe (De Martino et al. 2003). For instance, in a research done among the public staff in

Denmark in 2001, it is stated that the rate of the ones who are exposed to physical violence is 8% and the psychological violence is 18%. In another research done among the health personnel in Portugal, it has been observed that the most common workplace violence is the psychological violence. These findings show consistency with the Second (1995) and Third (2000) Europe Working Conditions Research. In Europe, the rate of the ones being exposed to the psychological violence was 8% and the rate of the physical violence was 4% in 1995. The psychological violence cases increased to a rate of 9% (13 million) and the physical violence rate decreased nearly half to a rate of 2% in 2000 (Özen 2007).

In our study, physical violence has been reported by the married, the psychological violence has been reported by the widows and the ones divorced mostly. It can be interpreted as a result of the stress in the health personnel's individual features and private lives reflecting their vocational lives.

Being robbed or sexual violence has been reported by women and other types of violence have been reported by men more frequently. This situation can be explained by the male-dominant society. A study by Ayrancı et al (2002), in Turkey, it was observed that the rate of the man being exposed to violence was 48.4% and this rate was 52.5% with women.

When it is compared according to the occupations, it has been seen that physicians were exposed to the physical and psychological violence more than other occupations. In a research done in Turkey, it was observed that the ones being exposed to the violence often were practitioners (67.6%) and the nurses (58.4%) (Ayrancı 2005). A study by Hesketh et al. (2003), conducted in all units of a health institute, has shown that 30.3% of the nurses were exposed to the psychological violence, 14.4% of the nurses were exposed to the physical violence. The ones being exposed to sexual violence constituted the rate of 0.6%. In our study, those who were exposed to sexual violence were all nurses.

When we have a look at the range of the age groups, it has been observed that 31-35 aged groups were exposed to the violence more frequently (77.9%) followed by 36 and over aged group (73.1%). It was seen that physical and psychological violence increases with the age and it was less frequent in 25 and younger aged group ($p < 0.05$). No difference was found between sexual violence and the age groups. It can be explained that 30 aged and over health personnel encounter the violence more frequently since they worked in the units having more patients and they met the patients at first. The increase in the violence prevalences with the increase in length of work time and experience might also lead to increase in normalization the violence. It might also lead to increase in the stress level.

The study showed that the health personnel working at the private sector are exposed to physical violence more frequently. This situation can be related to the expectations of the patients and not to realize these expectations and it can also be related to the socio-economic and cultural features of the patients. Psychological and sexual violence has been reported by the personnel working at the 2nd stage public institutes most frequently and by the personnel working at the 1st stage public institutes least frequently. Since the hospitals were crowded, the personnel got round to the patients rarely and there might be communication deficiency. Shortage in experienced personnel and the stressful working conditions might all be the cause of higher violence prevalences in the 2nd stage public health institutes.

In the research, it has been observed that the health personnel were exposed to all types of violence by the patients' relatives mostly and the managers use the psychological violence in the second range. It is challenging that the managers using the violence work at the 3rd stage health institute. It brings the question about career conflicts about the managers that most of them work as academic personnel in the 3rd stage health institutes (university hospitals). It has been observed that the health personnel were exposed to violence by the patients' relatives and by patients themselves most frequently in the several researches done (Gouph et al. 2001; Beth 2002; Lin et al. 2004; Ergün & Karadokovan 2005; Karaoglu 2005;). A study by Hesketh et al, showed that 62.5% of the health personnel had been exposed to

physical violence by the patients' relatives and 52.1% of them had been exposed to verbal violence by the patients.

Less than one third of the health personnel have reported that they had been exposed to violence to the legal authorities. Although the level of violence increases nearly all over the world among the health personnel, the level of reporting the violence is rather low. To tolerate abusive or violent behaviour invites the perpetrator to repeat his or her actions. Therefore, the prevention of violent and threatening behaviour is vital for health staff. Health sector is a unique field that providing service for 365 days and 24 hours and service circulation is very fast. The health personnel work with the patient, the patients' relatives and the other personnel. It is an expected situation that the health personnel get stressed when providing service. If an irritating situation occurs, it will reduce the communication among the individuals and it can also cause the conflicts. It is stated that providing the required conditions for a peaceful and safe workplace and implementing the control programs for the violence can create a violence free workplace.

In conclusion, the study showed that workplace violence against health staff is a common problem in Malatya. However, reporting of violence or seeking formal help for violence are not common. Further studies should be conducted to more closely examine the problem, and to define the medical and situational factors related to the violence. It is necessary to develop a declaration and reporting system for the personnel. Providing security precautions, such as electronic bands, identity cards, camera and security guards might help to intervene with violence at the right time and place and to define the reasons. Additionally, violence and stress management training programs towards health personnel should be designed.

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