



Understanding the Roots of Violence Against Health Workers: A Case Study from a Turkish Public Hospital ^a

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Abstract

Violence against healthcare professionals has become a growing global concern, posing serious threats not only to the well-being of individual practitioners but also to the quality and sustainability of healthcare systems. In countries like Turkey, despite the implementation of legal regulations and institutional measures, such incidents continue to rise—especially in public hospitals where overcrowding, staff shortages, and heightened patient expectations intersect. Contributing factors include long waiting times, communication breakdowns, and limited public understanding of medical procedures. This study investigates the root causes of violence in healthcare by examining both victim and perpetrator perspectives. Conducted at Ordu University

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Training and Research Hospital, it involved structured interviews with 60 participants: 30 healthcare professionals (15 physicians, 10 nurses, and 5 allied health workers) who experienced violence, and 30 individuals who had committed such acts. Among healthcare workers, 18 were women and 12 were men; among perpetrators, 11 were women and 19 were men. By incorporating both sides, the study provides a more holistic view of the interpersonal tensions and institutional shortcomings that fuel violence in clinical settings. It also explores how variables such as gender, age, professional role, education, previous exposure to violence, and workplace unit influence these incidents. The findings aim to inform preventive strategies and policy interventions, offering a deeper understanding of a persistent public health issue.

Keywords: Violence in healthcare, workplace aggression, root causes, qualitative research, patient-provider relationship, healthcare safety, Turkey

INTRODUCTION

Workplace violence in healthcare settings has emerged as a critical global issue, threatening not only the physical and psychological well-being of healthcare professionals but also the quality of care delivery. According to the World Health Organization (WHO), violence encompasses the intentional use of physical force or power that results in or has a high likelihood of resulting in injury, psychological harm, or deprivation. Incidents of violence against healthcare workers are increasing worldwide and are particularly alarming in countries undergoing health system transformation, such as Turkey (World Health Organization, 2002).

In Turkey, national data and media reports have highlighted a steady rise in verbal and physical assaults on healthcare personnel. In response, institutional mechanisms such as the White Code ("Beyaz Kod") system have been implemented. The White Code is an emergency protocol designed to provide immediate legal and institutional protection for healthcare workers facing violence. Despite these interventions, the persistence of violent incidents points to deeper systemic and psychosocial factors that require examination (Toker & Kılınc, 2021; Ministry of Health, 2020).

While prior research has primarily focused on the experiences of healthcare workers, this study adopts a dual-perspective approach by also incorporating the voices of perpetrators. Understanding the motivations and contextual triggers from both sides allows for a more nuanced understanding of the phenomenon and supports the development of more effective preventive strategies.

Theoretical Framework

This study employs an integrated theoretical approach to analyze the multifaceted nature of violence in healthcare settings. Two prominent models guide the interpretation of the findings (Glanz, Rimer, & Viswanath, 2015):

Bronfenbrenner's Ecological Systems Theory

This model conceptualizes human behavior within nested environmental systems, offering a structured framework to examine how individual, relational, organizational, and societal factors interact to influence workplace violence. Applied to this study, the framework includes:

- Microsystem: Individual traits and direct interactions (e.g., stress levels, attitudes).
- Mesosystem: Relationships between patients, families, and healthcare workers.
- Exosystem: Institutional structures, hospital policies, and working conditions.
- Macrosystem: Cultural norms, societal attitudes toward health workers, and legal frameworks (Bronfenbrenner, 1979).

Karasek's Job Demand-Control Model

This model emphasizes that high job demands combined with low decision-making autonomy and insufficient social support create an environment conducive to occupational stress. When stress exceeds coping capacity, interpersonal tensions may escalate into violence. Together, these frameworks offer a comprehensive lens to understand how violence arises not merely from isolated incidents, but through interconnected systems and stressors (Karasek, 1979).

1. RESEARCH METHODOLOGY

1.1. Research Design

A qualitative case study approach was adopted to provide an in-depth understanding of workplace violence in a real-life context. This methodology is particularly suitable for capturing complex human experiences and organizational dynamics.

1.2. Sampling Strategy

A convenience sampling method was used due to the ethical and practical limitations of accessing perpetrators. Participants were selected from Ordu University Training and Research Hospital based on their involvement in violence-related incidents reported between 2018 and 2023. The final sample included:

- 30 healthcare workers (doctors, nurses, and administrative staff) who experienced violence.
 - 30 perpetrators (patients or patient relatives) who admitted to aggressive behavior.
- All participants were informed of their rights, and participation was voluntary. Informed consent was obtained. Ethical approval was granted by the Ordu University Ethics Committee (Decision No: 2022-220).

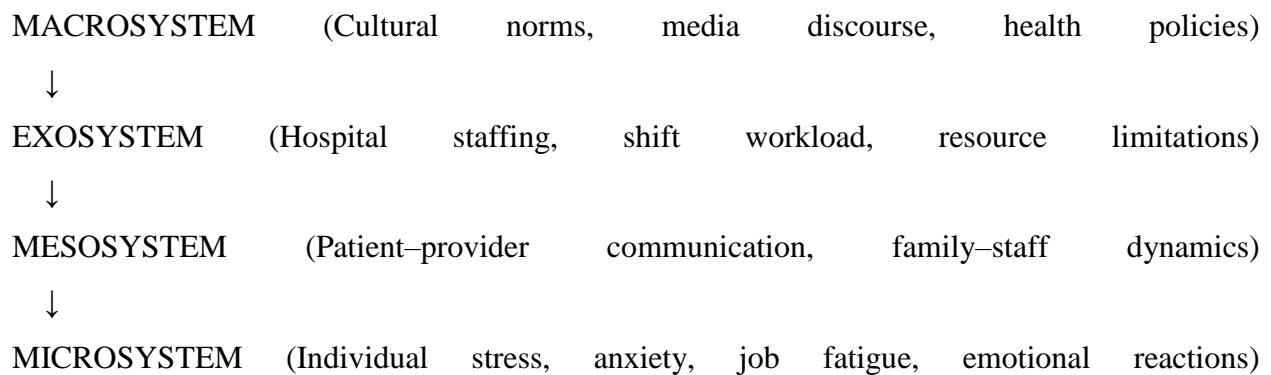
1.3. Data Collection

Semi-structured interviews were conducted by trained researchers via telephone. Each interview lasted approximately 10–15 minutes. The interview guide included open-ended questions related to causes, emotional responses, and systemic observations about the incident.

1.4. Data Analysis

The data were analyzed using thematic content analysis. Codes were developed both inductively (emerging from the data) and deductively (informed by the theoretical frameworks). To ensure inter-coder reliability, a subset of transcripts (20%) was coded independently by two researchers, and discrepancies were discussed until consensus was reached. NVivo software was used for data organization.

Figure 1. Ecological Representation of Violence Against Healthcare Workers



This figure illustrates how violence emerges through systemic interaction—from individual-level stress to broader institutional and societal influences.

1.5. Ethical Approval

Ethical approval for the study was obtained from the Ordu University Social and Human Sciences Research Ethics Committee on 24 November 2022, decision number 2022-220.

2. ANALYSIS

2.1. Perspectives of Healthcare Workers

Four major themes were identified from the interviews with healthcare workers:

Table 1. Themes and Sub-Themes Identified by Healthcare Workers

THEME: RULE VIOLATIONS

- LACK OF PATIENT EDUCATION
- NON-COMPLIANCE WITH HOSPITAL RULES

THEME: DISSATISFACTION

- NEGATIVE PERCEPTION OF TREATMENT
- MEDICATION COMPLAINTS

THEME: TIME PRESSURE

- LONG WAITING TIMES
- IMPATIENCE

THEME: COMMUNICATION ISSUES

- POOR EXPLANATIONS
- LACK OF EMPATHY
- HARSH LANGUAGE

SampleQuotations:

- (P4) “The patient’s relative insisted on being seen without an appointment and began shouting when refused.”
- (P7) “I warned him about smoking in the ward, and he started insulting me.”

2.2. Perspectives of Perpetrators

Four corresponding themes were derived from interviews with perpetrators:

Table 2. Themes and Sub-Themes Identified by Perpetrators

Theme: Anxiety and Stress

- Fear of misdiagnosis
- Panic in emergencies

Theme: Communication Gaps

- Use of technical jargon
- Lack of information

Theme: Lack of Compassion

- Feeling ignored
- Insensitive behavior

Theme: Environmental Pressure

- Overcrowding
- Long waits
- Understaffing

Sample Quotations:

- (P13) “I asked for water and was told rudely to leave. I lost my temper.”
- (P17) “We had been waiting for hours. I felt helpless and reacted harshly.”

3. DISCUSSION

The dual-perspective approach adopted in this study revealed how healthcare violence is deeply rooted in both interpersonal miscommunication and systemic constraints. Themes such as dissatisfaction and communication issues were consistent with previous findings (Özişli, 2022; Deniz & Yüksel, 2020). However, the inclusion of perpetrators added a critical and rarely explored dimension—many perceived their actions as reactions to provocation, neglect, or desperation.

The integration of Bronfenbrenner’s Ecological Systems Theory enabled a holistic understanding of violence by connecting individual experiences to broader organizational and societal dynamics. Karasek’s Job Demand-Control Model further helped interpret how stress from high job demands, limited autonomy, and lack of support can intensify conflicts between patients and providers.

The study’s findings align with international literature emphasizing that insufficient staffing, long wait times, and communication breakdowns are primary precursors to violence (Lanctôt & Guay, 2014; Arnetz et al., 2015). These systemic problems are not unique to Turkey, reflecting a global challenge requiring policy-level intervention.

What distinguishes this study is its ethical inclusion of perpetrators, shedding light on the perceived justifications and emotional triggers behind their actions. Their accounts underscore how feelings of helplessness, environmental stress, and disrespect can escalate into aggression.

These findings point to the need for comprehensive strategies beyond punitive measures. Institutional reforms that enhance communication, improve working conditions, and reduce

waiting times could prove more effective in preventing violence than increasing physical security alone.

4. CONCLUSIONS

Violence against healthcare professionals is a multifaceted problem requiring multidimensional interventions. Based on the findings:

- Implement staff communication and empathy training
- Increase security personnel and surveillance in high-risk areas
- Improve working conditions and reduce waiting times
- Enforce and promote the “White Code” system
- Design public campaigns to reshape perceptions of health workers

Limitations

- The study was limited to a single hospital
- Interviews were relatively short (10–15 min)
- The findings are not generalizable, but they are transferable to similar contexts

Conflicts of Interest: The authors report that there are no competing interests to declare.

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ANNEX 1: Interview Questions

Questions to ask the person exposed to violence:

Can you tell us about the case of violence you have experienced and what, in your opinion, was the main reason for this violence?

What kind of physical or psychological damage did you suffer after being subjected to violence?

After experiencing violence, did you quit your job, continue working, file a complaint with the judicial authorities, or take any other action?

What did your friends and your organization do during or after the violence?

What were the administrative and judicial consequences of the violence?

What do you think should be done legally, institutionally and individually to stop the violence and do you have anything to add?

Demographic questions:

Age, Gender, Education, Occupation, Have you been subjected to violence before?

Unit of Employment

Questions to ask the perpetrator:

Can you tell us how the violence happened and what you think was the main cause of the violence?

How did you feel physically or psychologically after the violence?

How did health workers and the health facility treat you during or after the violence?

What were the administrative and legal consequences of the violence?

What do you think should be done legally, institutionally and individually to stop the violence and do you have anything to add?

How could you solve the problem other than violence, how would you behave if it happened again on the same day?

Demographic questions:

Age, gender, education, occupation, have you been involved in violence before?

Has he/she been punished for violence?

ANNEX-2**Coding of health workers exposed to violence**

	Sex	Profession		Sex	Profession
K1	Female	Physician	K16	Male	Physician
K2	Male	Physician	K17	Female	Physician
K3	Female	Physician	K18	Female	Physician
K4	Female	Physician	K19	Female	Physician
K5	Female	Physician	K20	Female	Nurse
K6	Female	Nurse	K21	Female	Physician
K7	Female	Nurse	K22	Female	Physician
K8	Male	Memur	K23	Male	Nurse
K9	Male	Memur	K24	Female	Security Guard
K10	Male	Nurse	K25	Female	Midwife
K11	Female	Physician	K26	Female	Physician
K12	Male	Nurse	K27	Male	Physician
K13	Male	Physician	K28	Female	Midwife
K14	Female	Nurse	K29	Male	Physician
K15	Female	Nurse	K30	Male	Health Technician

Coding Violent Individuals

	Sex	Profession		Sex	Profession
K1	Male	Not running	K16	Male	
K2	Male	Retired	K17	Female	Retired
K3	Female	Not running	K18	Female	Not running
K4	Male	Private Sector Employee	K19	Female	Not running
K5	Male	Private Sector Employee	K20	Male	Retired
K6	Female	Not running	K21	Female	Not running
K7	Male	Public Employee	K22	Male	Public Employee
K8	Male	Private Sector Employee	K23	Male	Private Sector Employee
K9	Male	Retired	K24	Male	Not running
K10	Male	Retired	K25	Male	Private Sector Employee
K11	Female	Not running	K26	Male	Private Sector Employee
K12	Male	Public Employee	K27	Female	Not running

K13	Male	Private Sector Employee	K28	Female	Not running
K14	Female	Not running	K29	Male	
K15	Female	Retired	K30	Male	

Note: 3 of the participants could not be reached

ANNEX-3

Responses to the interview with the health worker subjected to violence

QUESTION 1: Could you tell us about the case of violence you experienced and what you think was the main cause of the violence?

K1: *'The patient's relative asked me to prescribe medication without bringing the patient, I refused, an argument ensued.'*

K2-K11-K26-K27-K28: *'The patient wanted to be seen without waiting in line.'*

K3-K14: *'The patient said that he did not like the treatment and started insults.'*

K4-K9-K29-K6-K7: *'The patient's relatives said they had waited too long and started shouting.'*

K5-K30: *'He/she asked for an irregular report and when it was denied, he began to insult.'*

K10: *'He got angry because there was no water in the hospital, and when I asked him to come out, he started threatening me.'*

K12: *'He thought the treatment was inadequate and started an argument.'*

K13: *'He/She asked why I had discharged her child and argued that she had been discharged early.'*

K15: *'He/she didn't like the medicine he was given and brought it back, I didn't accept it and we got into an argument.'*

K16: *'I warned the patient's relative about smoking in the ward, he started shouting and insulting me.'*

K17: *'There were too many attendants in the ward (3) and when I asked them to come out, they were disrespectful and started insulting me.'*

K18: *'While I was examining the patient, he came into my room and asked me to adjust the dosage of the medication, and when I refused, he started yelling.*

K8-K19-K21: *'He/she wanted to be examined without an appointment and an argument broke out when he was refused.'*

K20: *'The patient on the floor said he did not like the vascular access and began to insult.'*

K22-K24: *'The patient's relatives were disrespectful'.*

K23: *'The patient was drunk and began to insult and threaten.'*

K25: *'I warned him that the treatment was being interfered with and an argument ensued.'*

QUESTION 2: What kind of physical or psychological damage have you suffered after experiencing violence?

K1-K2-K4-K10-K13: *'Sleep and anxiety disorders, stress'*

K3-K11-K12-K14-K15-K17-K28-K30: *'Low morale and lack of motivation'*

K5-K8-K9-K16-K21-K23-K27: *'I have a feeling I am at the end of my rope'*

K6-K7-K24-K26: *'I'm scared'*

K18-K22-K25: *'My work was interrupted and I became anxious'*

K19-K20-K29: *'I was humiliated'.*

QUESTION3: Did you have any reactions after being subjected to violence, such as quitting or resuming work, reporting to legal authorities, or other reactions?

All the health workers went to the judicial units and filed a public complaint, demanding that the other party be punished.

QUESTION 4: What did your friends and your organization do at the time of the violence or after the violence?

All health workers reported that they received encouragement, protection and moral support from their organizations and friends.

QUESTION 5: What was the administrative and judicial outcome of the violence?

All the health workers said that the public processes are still ongoing.

QUESTION6: What do you think should be done legally, institutionally, and individually to end violence, and do you have anything to add?

K1-K3-K4-K7-K8-K12-K13-K14-K19-K23: *'It needs to be dissuasive and needs to be punished harshly.'*

K2-K9-K10-K11-K17-K19-K24: *'More emphasis should be placed on education, and it should be taught from childhood that violence is not a solution.'*

K5-K16-K18: *'Security measures in hospitals should be strengthened'*

K6-K15-K21-K22: *'Health workers should not be discredited in the media, and their dignity should be protected'*

K25-K28-K29: *'The number of health care workers should be increased, and the number of hospitals should be increased.'*

K26-K27-K30: *'Health workers should not work long hours, working hours should be reduced'*

Responses to the Interview with Perpetrators of Violence**QUESTION 1: Could you tell us about the case of violence you realized and what was the main cause of the violence in your opinion?**

K1: *'I could not bring my patient, I asked the doctor to prescribe the medication and explained my situation, when he refused, we argued, he could have been more tolerant.'*

K2-K11-K26-K27-K28: *'I had taken time off work, I didn't have time, it was our turn, I asked him to come in and examine me, he said he took turns, we argued.'*

K3-K14-K12-K15-K20-K25: *'I warned him/her because I found the treatment inadequate, I realized that he was hurting the patient a lot when he gave him an injection, he reacted harshly and we had an argument.'*

K4-K9-K6-K7: *'I thought the patient's intervention was too late, we were kept waiting too long, I warned, and an argument broke out.'*

K5: *'I asked for a report stating that I could not go to work because I was sick, the doctor refused and I got angry, an incident broke out'.*

K10: *'I asked for water for my patient and was harshly told 'there is no water' I got angry, they asked me to leave and we started arguing'*

K13: *'My child had a fever and they discharged us before the fever went down, I got angry and told them we would not be discharged and an argument ensued. '*

K17: *'He said there were too many people in the patient's room and tried to take us out harshly, we argued.'*

K18: *'I went into the doctor's room and asked him to adjust the medication, he sternly asked me to come out and we argued.'*

K8-K19-K21: *'Physician randevumuz olmadığını söyleyip muayene etmedi ve tartışma çıktı'*

K22-K24: *'They said I didn't follow hospital rules in the ward and kicked me out, we argued'*

QUESTION 2: What physical or psychological damage did you suffer as a result of the violence?

K1-K2-K3-K10-K19: *'I have a feeling that I have taught a lesson, I have a feeling of relief.'*

K4-K11-K12-K13-K14-K17-K27: *'Remorse, guilt'*

K5-K7-K9-K22-K24-K28: *'I have no regrets, I am sure that I will be the winner of the case.'*

K6-K8-K23-K26: *'I had no feeling. I had no feeling.'*

K18-K21-K25: *'I haven't seen any harm'*

K15-K20: *'I'm depressed, I've had a bad day'*

QUESTION3: How did health workers and the health facility treat you during or after the violence?

Some of the participants said that other health workers came to the scene and tried to calm them down by saying that it was a misunderstanding, while others said that they were taken out and removed by security forces.

QUESTION4: What was the administrative and judicial outcome of the violence case?

Participants indicated that they were aware that a lawsuit had been filed and that the lawsuit was ongoing.

QUESTION5: What do you think should be done legally, institutionally and individually to end violence and do you have anything to add?

The majority of the participants think that the number of hospitals and health workers is insufficient and that their number should be increased and that the necessary care and sensitivity should be given to the patients and their relatives. Hospitals should be safer, cleaner, airier and more comfortable places.

QUESTION6: Other than violence, how would you solve the problem if it happened again on the same day?

K1-K2-K3-K10-K19-K25: *'I would do it again, I don't think I did anything wrong.'*

K5-K7-K9-K20-K22-K24-K28: *'I think we could have spoken better, there was a lack of communication or misunderstanding.'*

K4-K11-K12-K13-K14-K17-K27: *'I was very nervous at that moment, we could not find a place to sit because the hospital was very crowded, I was tired and had a headache, I could have been calmer, hospitals should be more airy, light, clean and comfortable.'*

K6-K8-K26: *'I came to the hospital on vacation from work, I had no time, I had to do my work as soon as possible and go, we should not wait too long in the hospital.'*

K15-K18-K21-K23-K26: *'There should not have been a late intervention, I think I am right, I expect health workers to be more discreet'*

Table 1. Main theme, sub-themes and codes of root causes of health-related violence

Main Theme	Sub-theme	Code
Rulelessness		Patients and their relatives requesting unlawful reports and medication
	Lack of Health Literacy	
	Lack of Patient Rights Information	Failure to comply with escort and hospital rules
	Lack of Laws	Requesting to be examined without queuing and without an appointment
	Lack of Audit Sufficient Staff Absence	Trying to prescribe medication without bringing the patient to the hospital Smoking inside the hospital
Dissatisfaction		Not enough medical secretaries to manage the queue system
	From the Medical Procedure Dissatisfaction	Relatives of the patient trying to interfere with the treatment
	Duration of Treatment Dissatisfaction	Dislike of the medication and treatment given,
	Dissatisfaction with the medication given	Thinking that he/she was discharged early even though his/her treatment was not finished
	Health Worker From their statement Dissatisfaction	Disliking medical interventions such as intravenous lines, injections, etc.
The Time		Explanations about the diagnosis and treatment process are either non-existent or unsatisfactory
	Impatience	Feeling kept waiting too long and not intervened in time

	Excessive waiting before treatment	Perception that the problems arising from the system are caused by the health worker
	Long appointment times	
Lack of communication		
	The patient and his/her relatives are tense and stressed	Disrespect to health workers
	Health workers do not have enough time for communication	The patient and his/her relatives preferring the wrong style
	Lack of open communication channels	Speaking in a threatening and provocative language