

Analysis of Violence Incidents towards Health Care Workers in Turkey between 2012 and 2016: Reflected in the Press

Türkiye’de 2012-2016 Yılları Arasında Basına Yansıyan Sağlık Çalışanlarına Yönelik Şiddet Olaylarının İncelenmesi

Oya Nuran EMİROĞLU¹, Ebru ÖZTÜRK ÇOPUR², Nilgün KURU ALICI³

ABSTRACT

This study was carried out as a descriptive study aiming to analyze the violence incidents towards health care workers. For this purpose in the period of 2012-2016 news about violence events published on the health care workers website (<http://www.saglikcalisanisagligi.org/siddet>) were analyzed. 597 articles were included in the study. Descriptive statistics were used in the analysis of the data and permission was taken from the website’s management to carry out the work.

According to the results of this study violence incidents took place most frequently in the Marmara region (26%), at state hospitals (53.5%) and in emergency services (34.5%). It was determined in the study that doctors experienced violence more (62%), most frequent form of violence was verbal (48%), people using violence were mostly relatives of the patients, and the most frequent reasons shown for violence were loss of patient, lack of information, waiting in line for a long time, being unable to receive service, unruly behavior and arguments. Considering the information regarding the results of cases of violence in the news, no results were seen to be reflected in the press by 59.7%

The aim of this study is to know the situations about causing violence and to reveal the importance of creating preventive strategies to eliminate these causes in medical institutions. In the light of these results, it has been revealed that the news of violence against health care workers were written carelessly, lacking details and they were structured in a hostile style.

Keywords: Health care workers, Occupational health, Turkey, Violence.

ÖZ

Bu çalışma, sağlık çalışanlarına yönelik yapılan şiddet olaylarını analiz etmek amacıyla tanımlayıcı bir araştırma olarak yapılmıştır. Bu amaçla 2012-2016 döneminde sağlık çalışanları web sitesinde (<http://www.saglikcalisanisagligi.org/siddet>) yayınlanan şiddet olaylarıyla ilgili haberler analiz edilmiştir. Çalışma kapsamında 597 makale alınmıştır. Verilerin analizinde tanımlayıcı istatistikler kullanılmış ve çalışmayı yürütmek için web sitesinin yönetiminden izin alınmıştır. Bu çalışmanın sonuçlarına göre, en sık Marmara Bölgesi’nde (%26), devlet hastanelerinde (%53,5) ve acil servislerde (%34,5) şiddet olayları yaşanmıştır. Araştırmada hekimlerin şiddeti daha fazla yaşadığı (%62), en sık şiddetin sözel şiddet olduğu (%48), şiddet kullananların çoğunlukla hasta yakınları olduğu ve şiddet için en sık görülen nedenlerin hasta kaybı, bilgi eksikliği, uzun süre beklemek, hizmet alamamak, haksız davranış ve tartışmalar olduğu sonucuna varılmıştır. Haberlerde yer alan şiddet olaylarının sonuçlarına ilişkin bilgiler göz önüne alındığında, %59,7 oranında basına yansıyan bir sonuç olmadığı görülmektedir.

Bu çalışmanın amacı şiddete neden olan durumları bilmek ve tıbbi kurumlarda bu nedenleri ortadan kaldırmak için önleyici stratejiler oluşturmanın önemini ortaya koymaktır. Araştırmanın sonuçları doğrultusunda sağlık çalışanlarına yönelik şiddet haberlerinin dikkatsizce yazıldığı, ayrıntılardan yoksun olduğu ve düşmanca bir tarzda yapılandırıldığı ortaya konulmuştur.

Anahtar Kelimeler: Sağlık çalışanları, İş sağlığı, Türkiye, Şiddet.

Bu çalışma 6-7 Mayıs 2016, Kocaeli’de gerçekleştirilen 1.Uluslararası İş Güvenliği ve Çalışan Sağlığı Kongresinde Sözel Bildiri olarak sunulmuştur.

¹Prof. Dr., Oya Nuran EMİROĞLU, Halk Sağlığı Hemşireliği, Hacettepe Üniversitesi, oyanuran@hacettepe.edu.tr, ORCID:0000-0002-5722-5660

²Asst. Prof, Ebru ÖZTÜRK ÇOPUR, Halk Sağlığı Hemşireliği, Kilis 7 Aralık Üniversitesi, nrsebru@hotmail.com, ORCID:0000-0003-1843-3499

³Asst. Prof., Nilgün KURU ALICI, Halk Sağlığı Hemşireliği, Hacettepe Üniversitesi, nilgun.kuru@hacettepe.edu.tr, ORCID:0000-0002-5200-6821

İletişim / Corresponding Author: Ebru ÖZTÜRK ÇOPUR
e-posta/e-mail: nrsebru@hotmail.com

Geliş Tarihi / Received: 30.10.2019
Kabul Tarihi/Accepted: 30.04.2020

INTRODUCTION

Violence is the deliberate application of death, injury, mental harm, physical force that may create developmental disorders, use of force or threat by an individual onto himself/herself or another person.¹ Violence in medical establishment was defined as “situations of threatening behavior, verbal threat, physical assault and sexual assault by patients, relatives of patients or other persons that pose a risk for health care workers”.² In the collaborative report of the World Health Organization (WHO), the International Labor Organization (ILO) and the International Council of Nurses (ICN) titled “Workplace Violence in the Health Sector”, it was reported that 25% of all workplace violence incidents take place in the health sector and more than 50% of health care workers experienced violence at some stage of their careers.³ According to the U.S. Bureau of Labor Statistics (BLS) data between 1993 and 2009, it was reported that health care workers are exposed to violence 20% more than all other workers.⁴ In a study on a group of nurses in India, it was found that 87.2% of nurses experienced violence.⁵ There is no national database regarding violent incidents experienced by health care workers in Turkey. However, studies on the issue provide information on the dimensions of the violence against health care workers. In a multicenter study conducted by Ayrancı et al. in 2006, the rate of having experienced violence in the last year at least once was reported as 49.5%.⁶ According to the results of another study, most health care workers (74.4%) stated that they have experienced at least one type of violence.⁷ While a study on the analysis of the phenomenon of violence against health care workers in state hospitals in Turkey reported that 82.7% of participants said they experienced violence in the last 5 years, another study on emergency services found that 72.3% of health care workers experienced any kind of violence.^{8,9} Moreover, the study reported that complaints of violence are rare in the world in general, and these ratios are actually much higher.⁴ Considering the types of violence faced by health care workers

investigated in studies in Turkey and abroad, it may be seen that verbal violence is more frequent than physical violence.^{3,6,10} In a study on perception of violence in the Portuguese health sector, based on 5 medical care center and 5 hospital reports, it was reported that health care workers experienced verbal violence most frequently.¹¹ Another type of violence that is very frequently experienced by health care workers is physical violence. In a study investigating the prevalence, nature and results of violence on 1534 health care workers working in psychiatry clinics in the Netherlands, 2648 incidents of physical violence were encountered.¹² While there is no certain type of users of violence that can be described, it was found by epidemiological studies that violence is used mostly by patients and their relatives, in long-term inpatient services, acute psychiatry services, long-term geriatrics services, emergency services and social services more frequently.¹³ According to the result of the study which investigated violence against medical personnel in Italian public health institutions, emergency services and psychiatry clinics were determined as more risky clinics in terms of violence.¹⁴ In a systematic collection on violence against health care workers in Turkey, it was found that violence was used most frequently by relatives of patients, followed by patients themselves.¹⁰ In a study conducted in Iran in order to define physical violence against health care workers users of violence mostly consisted of relatives of the patients.¹⁵ Doctors and nurses are health care workers who experience violence most frequently. According to a study, 60.9% of doctors experienced violence during their career (65.5% for intern doctors and 59.5% for researchers) while according to another study, 77% of nurses experienced verbal violence in the last year.^{16,17} According to the results of a study carried out in Italy, nurses and doctors were exposed to violence more, while distribution of violence was found equal for nurses and other personnel in a report investigating the perception of violence in the

health sector in Portugal.^{14,11} Nowadays, violence against health care workers have become a part of our daily lives and almost normalized by increasing daily. While the magnitudes of violence against health care workers are great, it was found that complaints about such incidents are considerably less.¹⁸ In the study by İlhan et al. on individuals visiting medical institutions, 67.3% of the participants agreed with the statement “incidents of violence against health care workers should have a place in the media”.¹⁹ Violence against health care workers infringes on the rights to a healthy life of especially the health care workers and indirectly affects everyone’s rights to a

healthy life due to its negative influences.²⁰ Violence and bullying in the health sector is unacceptable and unethical. Violence and bullying, which obstruct the safety and care of the patients and professionalism, are more dangerous in a silent culture. Bullying and violence are nourished by silence.²¹ The way violence is presented and accepted in the society is also important.²²

This study was conducted with the purpose of analyzing the portion of violence incidents towards health care workers in Turkey in the period of 2012-2016 that was reflected in the press.

MATERIAL AND METHOD

The study is a descriptive study analyzing news stories on the website “health of health care workers” on violence. This website is the only comprehensive website which includes news articles reflected in the press regarding specifically health care workers. All news stories reflected in the press since the year 2012 are posted on the website (<http://www.saglikcalisanisagligi.org/siddet>) under the title of violence.

The universe of the study consisted of all news articles on violence that were posted on the health of health care workers website between the dates 19.03.2012 and 03.03.2016. The data of the study were collected between January and March 2016. Condemnation, protest, explanation, report and terrorism cases were not included in the scope of the study, and repetitive stories were ignored. The

597 remaining stories of violence were analyzed in the study. A question form was established in line with the literature by the researchers in order to analyze news stories on violence. Based on this form, violence stories were investigated under titles of geographical region, time, institution, place, by whom and towards whom violence was used, type of violence, reasons given for violence and how it resulted.

Aspect of Research Ethics

Written approval was taken from the website management in order to carry out the work (<http://www.saglikcalisanisagligi.org/siddet>). No support was received from any person, institution or organization to carry out the study.

RESULTS AND DISCUSSION

Table 1 provides a breakdown of information on the geographical regions, years, institutions and places the violence took place. Violence was seen most frequently in the Marmara region by 26%, and least

frequently in the Eastern Anatolia regions by 10.5%. Violence incidents were seen most frequently in the year 2012, in state hospitals by 53.5% and in emergency services by 34.5%.

Table 1. Breakdown Of Incidents Of Violence

	Number	Percentage
Incidents of Violence by Geographical Regions		
Marmara	153	26
Southeastern Anatolia	89	15
Central Anatolia	81	13.5
Aegean	77	13
Mediterranean	66	11
Black Sea	66	11
Eastern Anatolia	65	10
Violence Distribution by Years		
2012	196	33
2013	175	29
2014	100	17
2015	116	19.5
2016	10	1.5
Institution Where The Violence Took Place		
State hospital	319	53
Research and Training hospital	203	34
Private hospital	75	12
Location Where Violence Took Place		
Emergency service	206	34
Polyclinic	180	30
Clinic/Service	125	21
112 Ambulance	74	12
Outside hospital	12	2

Table 2 shows the characteristics of violence against health care workers; under titles of by whom and towards whom violence was used, type of violence, reasons given for violence and how it resulted as reflected in the press. As it may be seen in the table, in the collected 597 cases, 62% of the 734 health care workers exposed to violence were doctors, health care workers were exposed most frequently to verbal violence by 48%, 52% of the people using violence were relatives of patients, and reasons for using violence were given by 58.1% unruly behavior. Based on the outcomes of incidents of violence reflected in the news, it was seen

that no outcome 59.7%, but 39% battery was the reflected results in the news. Additionally, while it looks like a small ratio in terms of percentage, 9 health care workers lost their lives because of incidents of violence.

Table 2. Characteristics of Violence

	Number	Percentage
*Medical Professional Exposed To Violence		
Doctor	451	62
Other medical personnel	149	20
Nurse	134	18
Types of Violence Experienced		
Verbal	287	48
Physical+Verbal	244	41
Psychological	59	10
Sexual	7	1
Person(s) using violence		
Relatives of patients	310	52
Patients	239	40
Doctor	24	4
*Other individuals (secretary, driver...etc)	24	4
Reasons Given For Using Violence		
Unruly behavior	347	58.1
*Other reasons	88	14.8
Being unable to receive service	79	13.2
Waiting in line for a long time	33	5.5
Lack of information	28	4.7
Loss of patient	22	3.7
Outcomes of Incidents of Violence		
Battery	232	39
Death	9	1.3
No information	356	59.7

The phenomenon of violence experienced by health care workers is an increasing problem not only in our country, but also world-wide. In the study, incidents of violence were analyzed based on seven geographical regions in Turkey, and it was found that violence was the most frequent in the

Marmara region and least frequent in the Eastern Anatolia region. The most frequent incidence of violence in the Marmara region may be explained by the fact that this region has the highest population; it receives constant migration, and has a very high number of medical institutions. And the low number of incidents in the Eastern Anatolia region may be explained by the low population, and relatively lower numbers of health institutions and news agencies.

Incidents of violence were analyzed in the study to cover the period between the dates of 19.03.2012 and 03.03.2016. The incidents between these dates were seen most frequently in 2012 (33%) and least frequently in 2016. This may have been caused by the fact that the year 2016 was not included in the study completely. In the study by Avcı et al., the data were collected to include 2012 and June of 2015, and incidents of violence were seen most frequently in 2013, while they were seen least frequently in 2012.²³ This situation shows that the results of the studies may change based on their population, sample or time interval.

It was found that violence took place most frequently in state hospitals. In Kaya et al.'s study, no difference has been found between state hospitals (73.1%) and research and training hospitals (75.8%).⁷ According to the results of the study by Gascon et al. conducted in Spain, all rates of violence were seen higher in big and medium sized hospitals.²⁴ Big hospitals may be risk factors for violence against health care workers. Because they are very crowded and don't have enough number of health care workers.

In Wu et al.'s study in China designed in a similar manner to our study, where news stories of violence against health care workers taking place in newspapers accessible via the web between 1 January 2013 and 31 March 2015, it was reported that violence took place most frequently in emergency services.²⁵ In a study that violence towards health care workers was analyzed in Spain, it was found that violence took place more frequently in emergency and psychiatry services.²⁵ Similarly, many studies report that

violence is seen most frequently in emergency services.^{14,23,25,26.}

It was found in the study, that doctors were most frequently experiencing violence. In a study on exposure to violence by health care workers in emergency services in Turkey, it was reported that doctors experienced violence the most by 96.77%, followed by nurses by 81.82% and other health care workers by 66.67%.¹⁰ According to the result of a study determining the prevalence of violence experienced by health care workers in Saudi Arabia, nurses experienced more violence than doctors.¹³ While it was found that doctors experience violence most frequently among all health care workers in some studies^{7,10,22,26-31} the number of studies reporting that nurses are most frequently exposed to violence is quite high.^{9,13,14,24} In addition to these studies, in a study on perception of violence in the Portuguese health sector, based on 5 medical care center and 5 hospital reports, it was reported that distribution of exposure to violence was equal for doctors, nurses and other personnel.¹¹

It was found in this study that the most frequent form experienced was verbal violence, while the least frequent was sexual violence. In a study where perception of violence in the Portuguese health sector was investigated, it was also found that verbal violence was the most frequent form.¹¹ In the study by Schablon et al. (2012) conducted with 1973 health care workers in Germany, it was reported that the most frequent form of violence experienced by health care workers was verbal violence by 77.8%.³² In parallel to this study, numerous studies in Turkey and abroad showed that verbal violence was the most frequently experienced type of violence.^{14,23,33-36.}

It was found in this study that violence was used most frequently by relatives of the patients. Similarly in Akça et al.'s study, it was found that the most frequent users of violence was relatives of patients, followed by patients and relatives together, and less frequently by the patients themselves.³⁷ Other studies also report that incidents of violence

were mostly created by relatives of patients and patients themselves.^{9,10,14,15,30,33.}

It was found in the study that unruly behavior (printing reports, not taking a number for examination, examination without identity card, taking prescription without examination). In parallel to this study, Avcı et al.'s study also reported that the most frequent reason for violence (35%) was that the demands were illegal.²³Karaca et al.'s study on doctors revealed that doctors thought they experienced violence most frequently because of denying unjustified demands (43.9%) and health policies (31.6%).³⁸In a study by Gascon et al, the most prominent reasons for violence were found to be dissatisfaction with the time of waiting and disagreement with the doctor on prescription by 58%.²⁴

It was found here that most of the outcomes of the incidents of violence were not reflected in the news, but most of the reflected parts resulted in battery. It was reported in Chen et al.'s study that 46.2% of the people exposed to violence had physical injuries and 30.8% required medical treatment. Additionally, it

was also reported that a third of people exposed to violence showed more than three days of loss of labor and were not able to continue their work in this period.³³Franz et al.'s study also found that 10.9% of people who experienced violence required medical attention.³⁴According to the results of the systematic study by Lanctôt and Guay, workplace violence was found related to physical outcomes (e.g. posttraumatic stress disorder, depression and sadness) and negative emotional outcomes (e.g. fear, anger and sadness).³⁹In a study investigating the prevalence, nature and results of violence on 1534 health care workers working in psychiatry clinics in the Netherlands, most of the employees experienced physical violence inflicted by weapons, objects and liquids. A third of the employees had injuries as a result of physical assault, and had back and neck injuries, biting injuries, brain trauma and fractures or muscle tearing.¹² It was reported in Schablon et al.'s study that incidents of violence resulted in visible injuries by 11.7% and medical treatments by 4.1%.³²

CONCLUSION AND RECOMMENDATIONS

In parallel to the international situation, rates of violence against health care workers are also very high in our country as reflected in the media. Based on the results of this study, conducted with the aim of revealing the distributions, reasons and outcomes of the violence towards health care workers, it was found that such incidents took place most frequently in the Marmara region, towards doctors, by relatives of patients and were seen more frequently in emergency services. It was seen that reasons given for using violence were; loss of patient, lack of information, waiting in line for a long time, being unable to receive service, unruly behavior and arguments. Furthermore, most incidents of violence resulted with battery. In order to expect dedication and selflessness from health care workers in their work, firstly making workplaces safe spaces is an emergent need.⁴⁰

Studies covering all health care workers that are representative on the national level are needed. Moreover, these studies should be repeated in order to define the increasing tendency towards violence. Precautions to be taken may be implemented only by using the results of these kinds of studies.^{15,23,38}Knowing about situations leading to violence, increasing the quality of medical services and making the necessary adjustments in training the health care workers will help taking the preventive precautions to prevent violence. Knowing the situations leading to violence will help establish preventive measures. While health care workers taking individual precautions in prevention of violence is important, legislation and regulation towards preventing violence are also necessary.

ACKNOWLEDGEMENTS

This study received no financial support.
The authors declare no conflict of interest.

REFERENCES

1. World Health Organization. (1998). "Violence and Health: Task Force on Violence and Health." Cenevre.
2. Saines JC. (1999). "Violence and aggression in A&E: Recommendations for action." *Accident and Emergency Nursing*, 7(1), 8-12.
3. ILO, WHO, ICN, PSI. (2002). "Framework Guidelines for Addressing Workplace Violence in the Health Sector." Geneva: ILO.
4. Harrell E. (2011). "Workplace violence, 1993-2009: National Crime Victimization Survey and the Census of Fatal Occupational Injuries." [Electronic version]. Washington, DC: U.S. Department of Justice.
5. Balamurugan G. (2012). "Violence towards Nurses." *International Journal of Nursing*, 1(1), 1-7.
6. Ayrancı U, Yenilmez C, Balci Y, Kaptanoğlu C. (2006). "Identification of violence in Turkish healthcare settings." *J Interpers Violence*, 21 (2), 276-296.
7. Kaya S, Demir IB, Karsavuran S, Ürek D, İlgün G. (2016). "Violence against doctors and nurses in hospitals in Turkey." *Journal of Forensic Nursing*, 12 (1), 26-34.
8. Atik D. (2013). "Sağlık Çalışanlarına Yönelik Şiddet Olgusunun Bir Devlet Hastanesi Örneğinde İncelenmesi." *E-Journal of New World Sciences Academy*, 8 (1), 1-15.
9. Ayrancı U. (2005). "Violence toward health care workers in emergency departments in west Turkey." *The Journal of Emergency Medicine*, 28 (3), 361-365.
10. Özcan NK, Bilgin H. (2011). "Türkiye'de Sağlık Çalışanlarına Yönelik Şiddet: Sistematiik Derleme." *Türkiye Klinikleri Journal of Medical Sciences*, 31 (6), 1442-1456.
11. Ferrinho P, Biscaia A, Fronteira I, Craveiro I, Antunes AR, Conceição C, et al. (2003). "Patterns of perceptions of workplace violence in the Portuguese health care sector." *Human Resources for Health*, 1 (1), 1-11.
12. vanLeeuwen, ME, Harte JM. (2015). "Violence against mental health care professionals: prevalence, nature and consequences." *The Journal of Forensic Psychiatry & Psychology*, 1-18.
13. Occupational Safety and Health Administration. Guidelines for preventing workplace violence for health care social service workers. In Guidelines for preventing workplace violence for health care social service workers. OSHA. 2004.
14. Magnavita N and Heponiemi T. (2012). "Violence towards health care workers in a Public Health Care Facility in Italy: a repeated cross-sectional study." *BMC Health Services Research*, 12(1), 1.
15. Fallahi-Khoshknab M, Oskouie F, Najafi F, Ghazanfari N, Tamizi Z, Afshani S. (2016). "Physical violence against health care workers: A nation wide study from Iran." *Iranian Journal of Nursing and Midwifery Research*, 21 (3), 232-238.
16. İlhan MN, Özkan S, Kurtcebe ZÖ, Aksakal FN. (2009). "Gazi üniversitesi tıp fakültesi hastanesinde çalışan araştırma görevlileri ve intörn doktorlarda şiddete maruziyet ve şiddetle ilişkili etmenler." *Toplum Hekimliği Bülteni*, 28 (3), 15-23.
17. Kahriman İ. (2014). "Hemşirelerin sözel ve fiziksel şiddete maruz kalma durumlarının belirlenmesi." *Journal of Psychiatric Nursing*, 5 (2), 77-83.
18. Annagür B. (2010). "Sağlık çalışanlarına yönelik şiddet: risk faktörleri, etkileri, değerlendirilmesi ve önlenmesi." *Psikiyatride Güncel Yaklaşımlar*, (2), 161-173.
19. İlhan MN, Çakır M, Tunca MZ, Avcı E, Çetin E, Aydemir Ö, et al. (2013). "Toplum gözüyle sağlık çalışanlarına şiddet: nedenler, tutumlar, davranışlar." *Gazi Medical Journal*, 24 (1), 5-10.
20. Dikmen EA. (2015). "Sağlık hakkı'nda devletin koruma yükümlülüğü: sağlık çalışanlarına uygulanan şiddet açısından bir inceleme." *Turkish Journal of Security Studies*, 17 (3), 79-95.
21. Fink-Samnck E. (2015). "The wage of bullying and violence in healthcare: the inter Professional impact." *Professional Case Management*, 20 (4), 165-174.
22. Ergil D. (2001). "Şiddetin Kültürel Kökenleri." *Bilim ve Teknik*, 399, 40- 41.
23. Avcı N, Arslan MK, Timlioğlu SI, Tay S, Meriç K, Ertenü M, Yekeler I. (2015). "2012-2015 Yılları arasında haydarpaşa numune eğitim ve araştırma hastanesi'ndeki beyaz kod bildirimleri." *HealthCare*, 2 (4), 211-214.
24. Gascón S, Martínez-Jarreta B, González-Andrade JF, Santed MÁ, Casalod Y, Rueda MÁ. (2009). "Aggression towards health care workers in Spain: a multi-facility study to evaluate the distribution of growing violence among professionals, health facilities and departments." *International Journal of Occupational and Environmental Health*, 15 (1):29-35.
25. Wu D, Hesketh T, Zhou XD. (2015). "Media contribution to violence against health workers in China: a content analysis study of 124 online media reports." *The Lancet*, 386, 81.
26. Durak TÇ, Yolcu S, Akay S, Demir Y, Kılıçaslan R, Değerli V, Parlak İ. (2014). "Bozyaka Eğitim ve Araştırma Hastanesi sağlık çalışanlarına hasta ve hasta yakınları tarafından uygulanan şiddetin değerlendirilmesi." *Genel Tıp Dergisi*, 24, 130-137.
27. Algwaiz WM, Alghanim SA. (2012). "Violence exposure among health care professionals in Saudi public hospitals. A preliminary investigation." *Saudi Medical Journal*, 33 (1), 76-82.
28. McPhaul KM, Lipscomb JA. (2004). "Workplace violence in healthcare: recognized but not regulated." *Online J Issues Nurs*, 9 (3), 1-19.
29. Lanza ML, Zeiss RA, Rierdan J. (2006). "Non Physical Violence: A risk factor for physical violence in healthcare settings." *AAOHN J.*, 5 (4), 397-402.
30. Gerberich SG, Church TR, McGovern PM, et al. (2004). "An epidemiological study of the Magnitude and Consequences of Work Related Violence: the Minnesota Nurses' Study." *Occup Environ Med.*, 61, 495-503.
31. Duncan S, Estabrooks CA, Reimer M. (2000). "Violence Against Nurses." *Alta RN*, 5 (6), 13-4.
32. Schablon A, Zeh A, Wendeler D, Wohlert C, Harling M, Peters C, Nienhaus A. (2012). "Prevalence and consequences of violence and aggression against German health care workers – cross sectional study." *BMJ Open*, 2, 1-10.
33. Chen WC, Hwu HG, Kung SM, Chiu HJ, Wang JD. (2008). "Prevalence and determinants of workplace violence of health care workers in a psychiatric hospital in Taiwan." *Journal of Occupational Health*, 50 (3), 288-293.

34. Franz S, Zeh A, Schablon A, Kuhnert S, Nienhaus A. (2010). "Aggression and violence against health care workers in Germany-a cross sectional retrospective survey." *BMC Health Services Research*, 10 (1), 1-8.
35. Aytac S, Dursun S, Akalp G. (2016). "Workplace Violence and Effects On Turnover Intention And Job Commitment: A Pilot Study Among Healthcare Workers In Turkey." *European Scientific Journal*, 12 (10), 458-465.
36. Muzembo BA, Mbutshu LH, Ngatu NR, Malonga KF, Eitoku M, Hirota R, Suganuma N. (2014). "Workplace violence towards Congolese healthcare workers: A survey of 436 healthcare facilities in Katanga province," *Democratic Republic of Congo. Journal of Occupational Health*, 1-43.
37. Akca N, Yılmaz A, Işık O. (2014). "Sağlık Çalışanlarına Uygulanan Şiddet: Özel Bir Tıp Merkezi Örneği." *Ankara Sağlık Hizmetleri Dergisi*, 13 (1), 1-11.
38. Karaca BK, Aydın B, Turla A, Dündar C. (2015). "Characteristics of Occupational Violence Experienced by Physicians in Samsun and Their Opinions on Prevention Strategies." *The Bulletin of Legal Medicine*, 20 (2), 76-82.
39. Lanctôt N, Guay S. (2014). "The after math of workplace violence among health care workers: A systematic literature review of the consequences." *Aggression and Violent Behavior*, 19 (5), 492-501.
40. Jawaid SA. (2014). "Patient satisfaction, patient safety and increasing violence against healthcare professionals." *Pakistan Journal of Medical Sciences*, 31 (1), 1-3.