

THE EVALUATION OF WORKPLACE VIOLENCE AGAINST DOCTORS IN TERMS OF VIOLENCE TYPE: A STUDY IN KOCAELİ PROVINCE

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<i>Atıf</i>	Bayraktar, T. (2021). THE EVALUATION OF WORKPLACE VIOLENCE AGAINST DOCTORS IN TERMS OF VIOLENCE TYPE: A STUDY IN KOCAELİ PROVINCE. <i>İstanbul Aydın Üniversitesi Sosyal Bilimler Dergisi</i> , 13(2), 569-590
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ABSTRACT

Aim: Health workplace violence confronts us today as a rapidly spreading social problem. For this reason, health professionals especially doctors are at great risk. Violence in health can be seen in various ways. Severity is grouped under 4 headings as physical violence, psychological violence, verbal violence and sexual violence. With this study, it was aimed to evaluate the workplace violence applied to doctors in terms of the type of violence applied.

Method: 2011 doctors form the target population whereas 200 doctors form the sampling of the study. In the research, the scale of violence used by the World Health Organization was developed and applied to doctors. The results were evaluated with factor analysis by using SPSS 21 programme.

Findings: The findings of the study were analyzed under two main titles as demographic and workplace violence findings. In demographic findings the participants were asked questions such as age, gender, marital status, working time in the workplace, the place they worked, the time they worked as a doctor, the department they worked in and their duty in the survey applied in the research. In addition, questions were asked such as working hours, average number of daily patient examinations in the institution, interactions with patients face to face, the gender of the patients they serve, and experiencing anxiety of violence in their institutions.

In the findings section on workplace violence, the questions such as the situation of doctors that have been exposed to violence throughout their working life in the

(Geliş tarihi: 14.01.2021 – Kabul tarihi: 19.03.2021), DOI: 10.17932/IAU.IAUSBD.2021.021/iausbd_y13i2011

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health sector, the type of violence they have experienced, their exposure to any violence in the past 12 months, what the last violence incident they have been in, the gender of the violent practitioner, the time of the violent incident and which day of the week the violence happened were asked.

Result: According to the results of the study, it was determined that doctors were exposed to verbal violence intensely, followed by physical and psychological violence. It is seen as one of the striking results of the study that violence is taken for granted and sometimes not considered as violence in case of continuous exposure.

Keywords: *Physicians, Violence Against Doctors, Workplace Violence, Health Workplace Violence, Health Violence*

DOKTORLARA UYGULANAN İŞYERİ ŞİDDETİNİN ŞİDDET TÜRÜ AÇISINDAN DEĞERLENDİRİLMESİ: KOCAELİ İLİNDE BİR ÇALIŞMA

ÖZ

Amaç: Sağlık işyeri şiddeti günümüzde hızla yayılan toplumsal bir sorun olarak karşımıza çıkmaktadır. Sağlık çalışanları özellikle de doktorlar bu sebeple büyük bir risk altındadır. Sağlıkta şiddet çeşitli şekillerde görülebilmektedir. Şiddet; fiziksel şiddet, psikolojik şiddet, sözel şiddet ve cinsel şiddet olmak üzere 4 başlıkta toplanmaktadır. Bu çalışma ile doktorlara uygulanan işyeri şiddetinin uygulanan şiddetin türü açısından değerlendirilmesi amaçlanmıştır.

Yöntem: Araştırmanın evrenini 2011 doktor, örneklemini ise 200 doktor oluşturmaktadır. Araştırmada Dünya Sağlık Örgütü'nün kullandığı şiddet ölçeği geliştirilerek doktorlara uygulanmıştır. Sonuçlar SPSS 21 programı kullanılarak faktör analizi ile değerlendirilmiştir.

Bulgular: Araştırmanın bulguları demografik ve işyeri şiddetine dair bulgular olmak üzere 2 ana başlık altında incelenmiştir. Demografik bulgularda; araştırmada uygulanan ankette katılımcılara yaş, cinsiyet, medeni durum, işyerinde çalışma süresi, çalıştığı yer, doktor olarak çalıştığı süre, çalıştığı bölüm, göreviniz gibi sorular yöneltilmiştir. Katılımcıların ayrıca çalışma saatleri, kurumdaki günlük ortalama hasta tetkik sayısı, hastalarla yüz yüze etkileşimde olma durumları, genellikle hizmet verdikleri hasta cinsiyeti, kurumlarında şiddete maruz kalma endişesi yaşama gibi sorular da yöneltilmiştir.

İşyeri şiddetine dair bulgular bölümünde, doktorlara sağlık sektöründe çalışma yaşamları boyunca şiddete maruz kalma durumları, uğradıkları şiddet olayının

türü, son 12 ayda herhangi bir şiddete maruz kalma durumları, en son yaşadıkları şiddet olayının ne olduğunu, şiddet uygulayıcısının cinsiyeti, şiddet olayının gerçekleştiği saat, mekân, haftanın hangi günü gibi sorular yöneltilmiştir.

Sonuç: Çalışmanın sonuçlarına göre, doktorların yoğun olarak sözel şiddete maruz kaldığı, bunu fiziksel ve psikolojik şiddetin izlediği belirlenmiştir. Şiddetin sürekli maruz kalınması durumunda kanıksandığı ve bazen şiddet olarak değerlendirilmediği de çalışmanın tespit edilmiş çarpıcı sonuçlarından birisi olarak karşımıza çıkmaktadır.

Anahtar Kelimeler: *Doktor, Doktorlara Yönelik Şiddet, İşyeri Şiddeti, Sağlık İşyeri Şiddeti, Sağlıkta Şiddet.*

INTRODUCING

Workplace violence is one of the most dangerous acts that occur frequently in healthcare. Doctors are the most vulnerable group of healthcare professionals to violence, as they come face to face and are in close contact with patients and their relatives while providing outpatient services. There are several factors that lead to violence against doctors. Most of the time, these factors are related to patients and to their families' demands that their patients get what they need and receive proper medical treatment (Al-Omari, 2015:112). Some of these factors include the patient's previous history of violent behaviour, stress, frustration, substance abuse, increased waiting time, medical illness and mental illness (Chapman and Styles 2006, Hodge and Marshall 2007, Kamchuchat et al. 2008).

Violence at workplace towards doctors causes lots of psychological and physical consequence. The most common of psychological are anger, depression, fear, unaided and the most commons of physical are headache, stomachache, fatigue and insomnia (Demirci and Ugurluoglu, 2020: 38).

VIOLENCE

Although violence is as old as human history, it is new to be seen as a social problem. Until the 19th century, the phenomenon of violence was not a subject of study on its own. While primarily focusing on violence against children, the existence of violence against women and the elderly has also come to the forefront since the 1970s. In the first studies on violence, the problem was addressed as aggression. Aggression is met with the words violence. While aggression includes mood as a word, violence evokes behavior. In this treatment, aggression has been accepted as a feature of the natural / biological structure of human beings. The views of S. Freud and K. Lorenz are the most common in this regard. According to S. Freud, aggression is instinctive; it can be provoked or come out for any reason. So, since aggression is a biological condition, it will naturally reflect on human relationships. We see a similar approach in K. Lorenz. Taking animals as the focus of his work, K. Lorenz says that aggression in them is also present in humans and opposes the view that aggression is of social origin. According to K. Lorenz, instinctive aggression in humans can occur due to any stimulation; However, the cause is not arousal, but a need for expression of human instinctive aggression.

According to another view, aggression is not instinctive, but a social phenomenon that occurs after life experiences and disappointments. Accordingly, besides survival-oriented aggression, there is destructive-destructive aggression, which is not of biological origin. This distinction has reached the point where aggression aims to exist more and violence aims to destroy.

“Generally aggression can be defined as a set of brash, coercive and violent behaviors. In terms of this definition, aggression includes hidden or open attacks, dominant behaviors as well as sarcastic words, assertive behaviors to accomplish or overcome a task. Violence is a form of aggression. In other words, it is destructive aggression. It includes physical harm to persons or various objects. Violence can be powerful, uncontrolled, extreme, suddenly and sometimes aimless.” (“Genel olarak saldırganlık; atılgan, zorlayıcı ve tecavüzkar davranışların bir bütünü olarak tanımlanabilir. Bu tanımlama açısından saldırganlık, gizli ya da açık saldırıları, egemenlik sağlamaya yönelik davranışları olduğu kadar, iğneleyici sözleri, bir işi başarmak veya bir görevin üstesinden gelmek için güçlülük taslayıcı, iddiacı davranışları da içermektedir. Şiddet ise saldırganlığın bir biçimidir. Başka bir deyişle, yıkıcı yok edici saldırganlıktır. Kişilere ya da çeşitli nesnelere fiziksel zarar vermeyi içermektedir. Şiddet; güçlü, kontrolsüz, aşırı, birdenbire ve bazen de amaçsız olabilir.”) (Arıkan, 1987: 73). Y. Michaud further expanding the definition of violence and sees it as acts that will harm the ethical-moral bodily integrity or property of individuals or groups as well as their figurative, symbolical, cultural values (Michaud, 1991).

Defining a behavior as violence differs according to whom and from what angle the violence is viewed. Violence may be seen as harmful and unjust by the one subjected to it, but justified and legitimate for the perpetrator. However, we cannot say that the difference in this point of view between the perpetrator and the victim is valid for every case.

VIOLENCE AS A CONCEPT

The concept of “violence” has been defined in various ways by many authors, scientists, critics and researchers. When Kamus-i Turki is examined, it is seen that violence is considered as harsh behavior and a use of brute force (Ünsal, 1996: 31).

The Dictionary of Turkish Language Institution defines violence as using brute force instead of convincing or reconciling those with opposing views (TDK, 1988: 1385). This definition is very similar to the definition made by Püsküllüoğlu because while defining that violence as using force and harshness to those with opposing attitudes and opinions, he defines “Violence Incidents” as events or attempts created to intimidate and frighten people (Püsküllüoğlu, 1995: 1429).

The word violence in foreign languages such as French defines as doing or getting someone to do something against their will by applying force or pressure as well as coercion, assault, brute force, physical or psychological suffering or torture, hitting and wounding. The word Violence entered French through the Latin word “Violentia”.

Apart from these general definitions of violence, there are also legal definitions. According to Yves Michaud, in the criminal law, not all hits (blows) against people are considered as violence; planned murders and rape are treated as separate cases (Michaud, 1991: 9).

In order to define violence better, it would be appropriate to explain its relation with the concept of aggression. As aggression is the name given to any kind of behavior aimed at harming, causing pain or injuring another person, “using force, applying pressure, acts aimed at harming and injuring other people” used as a concept in a similar sense to violence (Campbell & Muncher, 1994: 332).

Moonman argues that aggression is instinctively present in every human being and that it stems from the fighting instinct found in all other organisms (Moonman, 1987: 106).

As Donmezer says that aggression is an ability that is necessary for the formation of personality and enables the creature to take its place in the social and geographical environment, he also states that violence is a human-specific act that contradicts with the rule (Dönmezer, 1996: 215).

The terms violence and aggression are often used interchangeably and little consideration is given to the supposed relationship between them. While “violence” is used more daily to describe the behavior itself, it is also sometimes used to understand an emotional state.

As violent behavior in everyday life carries negative moral implications in the sense of unpleasant, unacceptable, illegal and disturbing, it is vital to recognize and acknowledge the danger of using the term “right” centered on one’s own culture. The difficulty- or even the impossibility- of making a single definition of violence applicable to all cultures has to be accepted.

TYPES OF VIOLENCE

Violence in the healthcare workplace emerges as a global problem all over the world. For this reason, it has increasingly become the center of attention in recent years, and many studies have been conducted in this area and various policies have been developed. The common point of these studies is that health workplaces are one of the environments where violence is frequently experienced due to its nature and structure, in terms of being an organizational environment where people intensely coexist (Yıldırım, 2012).

Wiskow divides violence into three different types according to the attacker and the attacked one, the affected workplace environment and their relationships with the employee (2003: *ibid*):

1. *Internal violence*; an aggressor is a person who personally works in the workplace (such as hospital manager, doctor, nurse).
2. *Violence caused by the client*; the aggressor is the recipient of the service provided by the workplace (such as patients / patient relatives).
3. *External violence*; the attacker has no connection with the workplace. His main goal is to commit theft or other crimes.

It can be stated that violence in health workplaces basically occurs in seven different forms depending on who the parties are. In other words, a classification of at least seven can be made about who are the parties to the violence that occurs in the healthcare workplace. These are (Yıldırım, 2012: *ibid*):

1. Healthcare professionals- healthcare professionals,
2. Healthcare professionals-patients / patient relatives,
3. Healthcare professionals-third parties,
4. Healthcare professionals- patients / patient relatives- third parties
5. Patient / patient relatives-patient / patient relatives,
6. Third parties- third parties
7. Patient / patient relatives- third parties

When these seven different classifications are evaluated, the violence that occurs between the health worker in the first article and another health worker is considered as mobbing (mobbing / harassment in the workplace) if it is applied purposefully, systematically and for a certain period of time.

Violence incidents in the second, third and fourth articles are generally evaluated in the context of violence against healthcare workers (Yıldırım, 2012: *ibid*). Violence incidents within the scope of the fifth, sixth and seventh articles can be considered as the third group violence in the healthcare workplace.

Another effort to define types of violence is to classify it under the headings of physical violence, psychological violence, sexual violence, verbal violence and economic violence:

Physical Violence

Physical violence by definition, are harsh and painful actions directed from the outside against the bodily integrity of people. Generally, it is geared towards the weak to the strong. Abusive behaviors such as beating or slapping, punching, kicking, pushing and squeezing are forms of physical violence (Violence Prevention Platform, 2020).

Psychological Violence

Any attitude that disrupts, upset, hurts, shocks the psychological health of an individual and causes him to feel under pressure or under threat is considered psychological violence. Another application method is mobbing. Mobbing is the total of applications that form negativities in psychological, economic or social status of victim done by a person or a group to a target employee in a workplace in a continuous / systematic manner for a certain period of time through unlawful and unethical means (Association Against Mobbing, 2012).

Economical Violence

It is possible to consider high inflation rates, unemployment levels and insufficient social security opportunities as a form of economic violence. Very low wages and chronic inflation threaten human life. Since this situation makes people more problematic and tense, it also catalyzes ordinary violence and increases aggressive behavior (Işıker, 2011: 15).

People who are victims of economic violence are poor, deprived or disabled individuals and are tend to physical violence. If the individual is unable to meet even basic physical needs such as nutrition and shelter economically, violence and aggressive behavior increase and violence becomes the most likely solution.

Sexual Violence

Sexual violence is sexual harassment and assault on children, young people, women and other individuals in a wide range of words starting with gesturing and rape. Examples of sexual violence include uttering sexually explicit words, molting, harassing, squeezing, pressure for sexual intercourse and rape. An important part of sexual violence acts also involve physical violence (Işıker, 2011: 16).

Verbal Violence

Verbal violence is a type of violence applied in the form of yelling, bad speech, swearing, insult, scolding, and humiliation. In verbal violence, the element of fear is an important phenomenon. In this case, words and actions are used to frighten, intimidate and get whatever he wants. Insulting, humiliating, uttering harsh words and practices that cause psychological abuse by shaking trust are perceived as verbal violence. Verbal violence which is used as a method for nurture and discipline in social life causes mental harm in individuals and increases the tendency to violent behavior (Işıker, 2011: 16).

Psychological violence and verbal violence are closely related. A significant part of verbal violent behaviors also lead to psychological violence. Verbal violence seems to mostly induce physical violence.

VIOLENCE AGAINST DOCTORS

Violence in the healthcare workplace has become a global problem that the whole world is trying to tackle. For this reason, it has become a subject that has been frequently examined and increasingly important in recent years, and it has been felt the need to frequently address this issue in the literature. The subject studied jointly in these studies, the health workplace is an organizational order in which people are together densely and is the workplace where violence is frequently experienced and expected to be experienced, due to the nature of the work, and the tendency to develop stress and anxiety triggering situations.

TYPES OF VIOLENCE AGAINST DOCTORS

Violence in health, known as congenital and acquired aggression instinct, can be classified into two main categories as physical and non-physical (verbal, psychological, etc.) violence (Cooper, 2002). Although physical violence is the first thing that comes to mind when it comes to workplace violence because it is easily identifiable and observable, when we look at the types of violence applied to doctors, the extent of non-physical violence is too much to underestimate.

1. Physical Violence against Doctors: It is the use of any kind of physical force that results in physical, sexual or psychological harm against the doctor during the service delivery by the patient / patient relative. In other words, physical violence includes attacks and acts directed at a person's body such as hurt, beating, pushing, fatal assault and assault with a tool. (Cooper, 2002).
2. Non-Physical Violence against the Doctors: All kinds of emotional and sexual harassment in the workplace, intimidation, shouting, swearing, spitting, insults, bullying, threats, intimidation, bullying, ridicule, humiliating or insulting words in front of others, many behaviors including various types of psychological attacks, physical at work are the main acts within the scope of non-physical (psychological and verbal) violence. (Aslan ve diğerleri, 2005).

When the types of violence against doctors are examined, it can be stated that it occurs in 4 different ways. These:

1. Doctors-doctors
2. Doctors-other healthcare professionals
3. Doctors-third parties
4. Doctors-patients/patients' relatives

In this context, when health workplace violence is evaluated, violence against doctors could be evaluated as a part of mobbing within the scope of the first and second items.

VIOLENCE AGAINST DOCTORS IN TURKEY

In recent years, it has been mentioned many times that the violence against doctors is widespread in Turkey and this spreading violence has seriously affected the health sector. Although there is still no comprehensive data about the dimensions, causes, effects and solutions to manage violence against doctors in Turkey (considering that every incident of violence is not reported to the relevant authorities), it is seen that there are not many studies aimed solely at detecting violence against doctors.

Hamzaoglu and Turk determined in their research with 447 healthcare professionals that 36.7 % of the participants have been exposed to the physical violence at least one time and 88.8 % of them were exposed to the verbal violence during their working life. Most of the participants did not inform the event of violence to the relevant authorities as they thought that it would not benefit to anything (2019: 844).

In the research which was made by Yakut et.al, the data of satisfaction survey in Ankara Research Hospital for Children Health and Diseases was gathered. According to the results of this survey that 253 healthcare professionals attended to it, it was determined that 12,5% of the physician associates and 15,4% of specialists were exposed to the physical violence (2012:146).

In a research which was made at a university hospital, it was determined that the rate to be exposed to violence of the doctors and nurses is 70%. When it was review in terms of the violence type, it was determined that the frequency of being exposed to the verbal violence is 81%, the frequency of being exposed to the physical violence is 17% and the frequency of witnessing to the physical violence is 55% (Uzumcu and Oksay, 2019:584).

In the study conducted in a public hospital with 104 doctors, it was found that 96.2% of the doctors were subjected to verbal violence, 9.6% to physical violence and 16.3% to sexual violence (Demirci and Uğurluoğlu, 2020: 89).

RESEARCH

In this study, firstly, the data were collected by scanning the literature, the scales related to the subject to be researched were determined in the light of the collected data, and the survey study which is a quantitative data collection method, was used to obtain the data.

The Universe and Sample of the Research

The universe of the study consists of 2011 doctors working in Kocaeli. Although the sample size of the study is 323, 219 physicians were included in the study because the study was voluntary. In this research, these are some restrictions

in order to obtain the correct results. The research is limited with Kocaeli. The dentists were not included into the research as they were in a different faculty and received different education. The doctors who have duty in private practice were excluded from the research. All of the rest health units (Public Hospitals, Private Hospitals and other institutions) and all the branches were included into the research without being subjected to any discrimination.

Data Collection Tools

The survey method was used as a data collection technique in the study. In the study, “Violence Questionnaire Form” and “Professional Commitment Scale” developed by Meyer et al. (1993) were used. The violence questionnaire form consists of 2 parts with a total of 37 questions, 15 questions of demographic information and 22 questions of workplace violence information. The professional commitment scale also consists of 18 questions based on the Likert scale.

Evaluation of Datas

SPSS 21 statistics program was used in the analysis of the data. The data obtained were transferred to the program in computer environment with data entry charts. Factor analysis was used in the study.

Ethical Aspect

Ethical Committee Report was received for the practicability of survey from Sakarya University, Ethical Committee in order that the research can be made. The participation to research was based on the voluntariness and the participants were informed about that issue.

Research Methodology

In this research, the literature review was firstly made in order that the main lines of research can be revealed; the studies related to the violence in health (the thesis and notice related to the field etc.) were gathered. It is understood that the studies which have been generally made in the literature are in a form to include the whole of healthcare professionals or related to the determination of violence which is made to the nurses and delivery nurses. A study which searches the type of violence committed only to the doctors has not been found. From this viewpoint, the study was reviewed especially in order to emphasize the distribution of violence types.

FINDINGS AND COMMENTS

The analyzes made in this section are compiled in two parts. In the first part, the demographic characteristics of the doctors participating in the study and predictive analysis and comments on the violence experienced were included. In the second part, evaluations were made according to the type of violence experienced and the group analysis was conveyed.

Findings and Comments on Demographic Characteristics of Participants

The tables arranged according to the answers given by the participants to the questions asked to determine their personal characteristics and determine the general situation about violence were compiled as a result of the statistical analysis and given below:

Table 1. Personal Characteristics of Doctors Under the Scope of Research

Age	Number	Percentage (%)
Age 30 and below	21	10,5
Age 31-35	28	14,0
Age 36-40	66	33,0
Age 41-45	44	22,0
Age 46 and over	41	20,5
Total	200	100,0
Gender	Number	Percentage (%)
Woman	91	45,5
Man	109	54,5
Total	200	100,0
Marital status	Number	Percentage (%)
Married	122	61,0
Single	78	39,0
Total	200	100,0
Working time as a doctor	Number	Percentage (%)
Less than a year	17	8,5
1-5 years	36	18,0
6-10 years	43	21,5
11-15 years	45	22,5
16-20 years	24	12,0
20 years and over	35	17,5
Total	200	100,0

According to the findings in Table 1, when the distribution of the doctors within the scope of the study by age groups is examined, 10.5% of them are 30 years and younger, 14% are 31-35 years old, 33% are 36-40 years old, 22% are 41-45 years old, 20.5% of them were 46 years old and above. 45.5% of the participants stated their status as female, 54.5% as male, 61% as married and 39% as single.

Table 2. Information on the Incident of Violence in the Institution

Concern about exposure to violence at the institution	Number	Percentage (%)
1 (No worries)	4	2,0
2	40	20,0
3	40	20,0
4	49	24,5
5 (Very worried)	67	33,5
Total	200	100,0
The Reporting System of Violence in this Institution	Number	Percentage (%)
Yes	116	58,0
No	84	42,0
Total	200	100,0
Person (s) Supporting to Report the Incident of Violence to Required Places	Number	Percentage (%)
Yes	132	66,0
No	68	34,0
Total	200	100,0
In-House Supporting Person / Persons	Number	Percentage (%)
Public Health Center	56	42,4
Colleague	46	34,8
Manager	30	22,7
Total	132	100,0
Outside Support Person / Persons	Number	Percentage (%)
Non-governmental organizations	56	42,4
Family	43	32,6
Friend	33	25,0
Total	132	100,0

In Table 2, while 2% of the doctors within the scope of the study did not worry about being exposed to violence, 33.5% stated that they were very worried. While 58% of the participants stated that there is a system in which violence incidents will be reported in this institution, 42% of them stated that there was no such system, 66% of them stated that there were people who supported reporting the violence to the necessary places but 34% did not support it. When the in-house supporters were examined, 42.4% stated that public health centers, 34.8%

colleagues, 22.7% the administrators supported, while the external supporters were examined 42.4% were non-governmental organizations, 32.6% of them mentioned the support of the family and 25% of the support from friends.

Group Analysis According to the Type of Violence Experienced

As a result of statistical analysis the tables arranged according to the answers given by the participants to the questions asked about the type of violence were compiled and given below:

Table 3. Distribution of Violence Cases Experienced by Doctors According to the Type of Violence

	Type of Violence									
	Physical		Psychological		Verbal		Sexual		Total	
	n=4	n=23	n=129	n=2	n=158		n=158			
	n	%	n	%	n	%	n	%	n	%
Exposure to Violence Throughout Working Life (n = 158)										
Yes	2	50,0	23	100,0	128	99,2	2	100,0	155	98,1
No	2	50,0	0	0,0	1	0,8	0	0,0	3	1,9
Violent Person (n = 158)										
Patient	2	50,0	11	47,8	85	65,9	2	100,0	100	63,3
Patient Relative	2	50,0	8	34,8	44	34,1	0	0,0	54	34,2
Other	0	0,0	4	17,4	0	0,0	0	0,0	4	2,5
Gender of Aggressor (n=158)										
Woman	2	50,0	7	30,4	20	15,5	0	0,0	29	18,4
Man	2	50,0	16	69,6	109	84,5	2	100,0	129	81,6
Place of Violence (n = 158)										
Polyclinic	2	50,0	19	82,6	103	79,8	2	100,0	126	79,7
Emergency polyclinic	0	0,0	0	0,0	16	12,4	0	0,0	16	10,1
Patient's bedroom	2	50,0	4	17,4	10	7,8	0	0,0	16	10,1
Day of Violence (n=158)										
Monday	2	50,0	0	0,0	10	7,8	0	0,0	12	7,6
Tuesday	0	0,0	0	0,0	10	7,8	0	0,0	10	6,3
Wednesday	0	0,0	0	0,0	12	9,3	0	0,0	12	7,8
Friday	0	0,0	0	0,0	8	6,2	0	0,0	8	5,1
I don't remember	2	50,0	23	100,0	89	69,0	2	100,0	116	73,4
Time Zone of Violence (n = 158)										
07:00-13:00	2	50,0	4	17,4	20	15,5	0	0,0	26	16,5
13:00-18:00	2	50,0	0	0,0	4	3,2	0	0,0	50	31,6
24:00-07:00	0	0,0	4	17,4	6	4,7	0	0,0	10	6,3
I don't remember	0	0,0	15	65,2	55	42,6	2	100,0	72	45,6

In Table 3, the violent incidents experienced by the doctors included in the study and the distribution according to the type of violence are given. When examining the distribution of doctors' exposure to violence during their working life according to the type of violence, it was determined that 98.1% were exposed to violence. Among the types of psychological and sexual violence (100%), the rate of those exposed to violence was found to be higher.

When examining the distribution of people who use violence according to the type of violence of the doctors, it was determined that 63.3% of them were patients. Among the sexual violence type (100%), it was determined that the rate of being a violent person was higher in the patient.

When examining the aggressive gender distribution of the doctors within the scope of the study according to the type of violence, it was determined that 81.6% of them were male. Among the sexual violence (100%) type, it has been determined that the rate of being a man is higher.

When the distribution of the place where the violence occurs according to the type of violence of the doctors within the scope of the study, it was determined that 79.7% of them were polyclinics. Among the types of sexual violence (100%), the rate of occurrence in the polyclinic was higher.

According to the type of violence, 73.4% of the doctors within the scope of the research stated that they did not remember the day the violence occurred.

According to the type of violence, 45.6% of the doctors within the scope of the research stated that they did not remember the time the violence occurred.

Table 4. Distribution of Situations Experienced by Doctors during Violence According to the Type of Violence

	Type of Violence									
	Physical		Psychological		Verbal		Sexual		Total	
	n=4	n=23	n=129	n=2	n=158					
	n	%	n	%	n	%	n	%	n	%
I did nothing	2	50,0	23	100,0	75	58,1	0	0,0	100	63,3
I tried to defend myself physically	2	50,0	0	0,0	4	3,1	2	100,0	8	5,1
I told the person / persons who use physical violence to stop	0	0,0	0	0,0	18	14,0	0	0,0	18	11,4
I physically responded to the person / persons who used physical violence	0	0,0	0	0,0	8	6,2	0	0,0	8	5,1
Other	0	0,0	0	0,0	24	18,6	0	0,0	24	15,2

Table 4 includes the distribution of the doctors included in the study by the situations experienced during the violence and the type of violence. Examining the distribution of the doctors' experiences during the violence according to the type of violence, it was determined that 63.3% did nothing. Among the psychological violence (100%) type, the rate of those who do nothing during the violence is higher.

Table 5. Distribution of Situations Experienced by Doctors After Violence According to the Type of Violence

	Type of Violence									
	Physical		Psychological		Verbal		Sexual		Total	
	n=4		n=23		n=129		n=2		n=158	
	n	%	n	%	n	%	n	%	n	%
I acted like nothing happened	0	0,0	4	17,4	33	25,6	0	0,0	37	23,4
I told my family / friends	2	50,0	15	65,2	47	36,4	0	0,0	64	40,5
I told my friends from the workplace	2	50,0	0	0,0	32	24,8	0	0,0	34	21,5
I told my manager	0	0,0	0	0,0	9	7,0	0	0,0	9	5,7
I took legal action	0	0,0	0	0,0	8	6,2	0	0,0	8	5,1
I got psychological support	0	0,0	4	17,4	0	0,0	2	100,0	6	3,8

Table 5 includes the distribution of the doctors included in the study by the situations experienced after violence and the type of violence. When examining the distribution of what doctors experienced after violence according to the type of violence, it was determined that 40.5% were told to family / friends. Among the types of psychological violence (65.2%), it was determined that the rate of being told to family / friends after violence was higher.

Table 6. Situations Experienced According to the Types of Violence After Violence

	Types of Violence									
	Physical		Psychological		Verbal		Sexual		Total	
	n=4		n=23		n=129		n=2		n=158	
	n	%	n	%	n	%	n	%	n	%
Reason for not mentioning the Violence Incident to Others (n = 37)										
It wouldn't work	-	-	0	0,0	18	54,5	-	-	18	48,6
I was afraid of its negative consequences	-	-	4	100,0	15	45,5	-	-	19	51,4
Total	-	-	4*	100,0	33*	100,0	-	-	37	100,0
Prevention of the Event (n = 158)										
Yes	4	100,0	4	17,4	67	51,9	0	0,0	75	47,5
No	0	0,0	19	82,6	62	48,1	2	100,0	83	52,5
Total	4	100,0	23	100,0	129	100,0	2	100,0	158	100,0
Investigation of the Causes of Events (n = 152)										
Yes	2	50,0	0	0,0	21	16,7	0	0,0	23	15,1
No	2	50,0	12	60,0	65	51,6	2	100,0	81	53,3
I don't know	0	0,0	8	40,0	40	31,7	0	0,0	48	31,6
Total	4	100,0	20*	100,0	126*	100,0	2	100,0	152	100,0
Aggressor Person (n = 17)										
Reported to the police	-	-	-	-	-	-	7	41,2	7	41,2
Sued	-	-	-	-	-	-	1	5,9	1	5,9
Dismissed	-	-	-	-	-	-	1	5,9	1	5,9
Discontinued	-	-	-	-	-	-	4	23,5	4	23,5
Nothing happened	-	-	-	-	-	-	4	23,5	4	23,5
Total	-	-	-	-	-	-	17**	100,0	17	100,0

* Doctors answering the relevant question

** Doctors folded "n" because they were exposed to more than one type of violence

In Table 6, the distribution of the violent incidents experienced by doctors included in the study according to the type of violence is given. When the distribution of the reasons for not mentioning to others about the violence incident experienced by the doctors according to the type of violence was examined, it was determined that 51.4% were afraid of the negative consequences. Among the types of psychological violence (100%), the rate of those who fear negative consequences is higher.

According to the type of violence, 52.5% of the doctors stated that the incidents were unavoidable. Among the sexual violence (100%) type, the rate of non-preventable incidents was higher.

It was determined that 53.3% of the doctors within the scope of the research stated that the causes of the events according to the type of violence were not examined. Among the sexual violence (100%) type, the rate of not examining the causes of the events was higher.

When the distribution of the doctors within the scope of the research was examined according to the type of violence, it was determined that 41.2% were reported to the police. Among the types of sexual violence (41.2%), the rate of reporting to the police was higher.

Table 7. Doctors' Witnessing of Violence According to the Type of Violence

		Type of Violence									
		Physical		Psychological		Verbal		Sexual		Total	
		n=4		n=23		n=129		n=2		n=	
		n	%	n	%	n	%	n	%	Sayı	%
The Level of Satisfaction Perceived by the Way Your Workplace Takes the Event (n = 147)											
1	0	0,0	23	100,0	40	32,9	2	100,0	65	44,2	
2	2	50,0	0	0,0	30	25,4	0	0,0	32	21,8	
3	2	50,0	0	0,0	36	30,5	0	0,0	38	25,9	
4	0	0,0	0	0,0	12	10,2	0	0,0	12	8,2	
Total	4	100,0	23	100,0	118*	100,0	2	100,0	147	100,0	
Witnessing Physical Violence at Workplace in the Last 12 Months (n = 158)											
Yes	4	100,0	19	82,6	46	35,7	2	100,0	71	44,9	
No	0	0,0	4	17,4	83	64,3	0	0,0	87	55,1	
Total	4	100,0	23	100,0	129	100,0	2	100,0	158	100,0	
Reporting of Witnessed Violence in the Last 12 Months (n = 71)											
Yes	2	50,0	15	78,9	32	69,6	0	0,0	49	69,0	
No	2	50,0	4	21,1	14	30,4	2	100,0	22	31,0	
Total	4	100,0	19*	100,0	46*	100,0	2	100,0	71	100,0	

* Doctors answering the relevant question

Table 7 shows the distribution of doctors included in the study by witnessing violence and type of violence. When the distribution of the satisfaction level felt by the way your workplace handles the incident according to the type of violence, it was determined that 44.2% of them were not satisfied at all. It has been determined that among the types of psychological and sexual violence (100%), the rate of those who are not satisfied at all is higher.

According to the type of violence, it was determined that 55.1% of the doctors have not witnessed physical violence in the workplace in the last 12 months.

It was determined that 69% of the doctors within the scope of the research reported the violence incidents witnessed in the last 12 months, depending on the type of violence. Among the types of psychological violence (78.9%), it was determined that the rate of those who reported violent incidents in the last 12 months was higher.

RESULT

This study focuses on examining workplace violence against doctors according to the types of violence. When the results of the study are examined it has been determined that 58% of the doctors who participated in the survey are intensely worried about being exposed to violence. In the study of Al-Omari (2015), the rate of experiencing anxiety of being exposed to violence at 95% confidence interval was determined as 1.650-9.382.

The violence (31.6%) occurred intensely between 13:00 and 18:00. In the study of Pinar et al. (2017), violence was experienced intensely between 18:00 and 07:00. Verbal violence is higher in percentage (51.5%) in this ratio. In the study of Raeda and Abdullah (2013), this rate is 40.8%.

In the research, the existence of a system where violence can be reported was 58%, while Raeda and Abdullah (2013) determined this rate as 65%. While 66% of people support reporting the violence to the necessary places, this ratio is 54% in the study of Raeda and Abdullah (2013).

42.4% of those who support the reporting of violence are managers and 57.6% are family / friends. These rates are 47% managers, 41% colleagues, 6% relevant professional institutions and 6% family / friends in the study of Raeda and Abdullah.

While 63.3% of the perpetrators of violence are patients, 34.2% of them are patient relatives. In the study of Imran et. al., (2013) 71% of the perpetrators were relatives of the patients while 30.52% were the patients themselves.

When examining the distribution of violent incidents experienced by doctors according to the type of violence, it was found that those who were exposed to violence during their working life experienced verbal violence the most (99.2%).

81.6% of the perpetrators of violence are men. The most violence (79.7%) occurred in the polyclinic. 63.3% of the doctors did not give any reaction to the violence. This can be attributed to the fact that verbal violence is higher than other types of violence.

One of the most striking results of the study is the lack of reaction given during and after the violence. 63.3% of the doctors stated that they did nothing during the violence. While 50% of the response was given to physical violence, 100% of them showed no reaction to psychological violence. In verbal violence, this rate is 58.1%. After the violence, doctors mostly (40.5%) preferred to explain the incident to their family and friends.

Doctor is an expert of an occupation who provides service in this field for people by receiving both theoretical and practical educations in the field of health for long years which is described as the most existence of a man. The need for doctors will be available all the time as long as human being exists. The profession of a doctor is the main of sacred professions as well as each profession directly related to the life of man.

Even if the doctors perform this sacred duty without considering race, religion, language differences at both ends, they are also a human eventually. The doctors who take care of patients especially those who are taken to the emergency services have to concern with the patient relatives. The patient relatives want to learn impatiently about what the results are until the results of patient that the analysis goes on them are provided. As a result that some questions remain unanswered, the patient relatives who think and worry that the doctors don't closely take of their patients become more aggressive. Consequently, it becomes inevitable to commit violence to the doctors.

The profession of doctor is a reputable occupation which is based on the mutual respect and reliance. The formation of this respect and reliance is not sudden but it has occurred as a saving of long years. It causes a social sore and an elusive damage in long term that the relationship, which is based on respect and reliance, between the patients and healthcare professionals are tried to be harmed by third persons.

Thus, both of two groups can take the step of better health system in future mutually by solving the communicational problems. It should not be forgotten that the base of each violence is non-communication, lack of education and empathy.

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