A Relational Analysis of Violence Inflicted on Healthcare Professionals

Altuğ ÇAĞATAY[1], Selman KIZILKAYA[2]

Corresponding Author
Altuğ ÇAĞATAY

DOI
https://10.48121/jihsam.1299036
Received
18.05.2023
Accepted
16.07.2023
Published Online
23.10.2023

Key Words
Violence, Trust in Doctor, Patient Rights, Patient Responsibilities

ABSTRACT

This study was carried out to determine the relationship between the intention to commit violence against healthcare professionals, the level of knowledge of patients about their rights and responsibilities, and trust in doctors. The survey method, one of the data collection techniques, was used in the study. The questionnaires were applied to people over 18 who received health care from any hospital in the last year in Turkey. According to the correlation analysis, there is a negative relationship between the intention to commit violence against healthcare professionals and the level of knowledge of patients' rights and responsibilities. In addition, there is a significant negative relationship between the intention to commit violence against healthcare professionals and trust in the doctor. It was concluded that as the level of knowledge about the rights and responsibilities of the patients increased the intention to commit violence against healthcare professionals decreased. It has been observed that as the trust in the doctor increases, the tendency of the patients to use violence disappears.

[1] Assistant Professor, Office Management and Executive Assistance, Almus Vocational School, Tokat Gaziosmanpaşa University, altug.cagatay@gop.edu.tr, Orcid: 0000-0001-7067-5570

[2] Assistant Professor, Dicle University, Faculty of Economics and Administrative Sciences, Department of Health Management, selman.kizilkaya@dicle.edu.tr , Orcid: 0000-0002-3136-7257

1. INTRODUCTION

With the questioning of dogmatic information and the beginning of the age of enlightenment, individuals began to build their own rights. Human rights developed in three periods. While the first period covers the transition period from the empire period to the nation-state, the second period refers to the rights that the working class gained from their attempts against the capital owners after the industrial revolution. In the third period after the Second World War, people adopted the idea that the state could not be stronger than the people with various laws and regulations and that the state existed for the people, which laid the groundwork for the emergence of the concept of human rights. The Second World War has done great harm to humanity, and the right to live has emerged to recover the losses. Patient rights arose due to the decreased confidence in the profession due to war, depending on the right to live (Topal and İspir, 2022).

After the declaration of the Universal Declaration of Human Rights, patients' rights, which was discussed under the title of "human rights", which is a rapidly spreading concept, has become a concept that maintains its popularity in our country as well as in many European countries (Sert, 2004; Süzek et al., 2004). Patient rights are based on fundamental rights, which are expressed as the "right to health" in human rights theory (Hatemi, 2006; Bostan, 2007). According to Özlü (2005), patient rights are the rights that those who benefit from health services have in their interaction with the institution providing the service and the health worker. Since patient rights are a right related to the particular situation of being human, they apply human rights and values to health services. These rights include the rights to be respected as human beings, to obtain approval for medical procedures, to receive the highest level of health care, to be informed, to demand respect for their private life, and to ensure the continuity of care and treatment Özcan, 2010; Oğuz, 1997).

Although governments have constantly worked on patients' rights, patients may be unable to control their emotions because healthcare facilities are places where people feel stressed and depressed. This situation leads to violence against healthcare workers. The decrease in the level of knowledge about the rights and responsibilities of patients is another factor that causes violence against healthcare professionals (Atilla et al., 2012). Health services are based on the demand-delivery relationship. Caregivers need to know, respect, and practice patient rights. It should be remembered that when patients know these rights, they will know how to behave in the face of undesirable situations. Knowing how to act in the face of unpleasant situations will reduce the violence against healthcare workers.

As in many sectors, violence is a significant problem that disrupts the peace of the workers, patients, and society, especially in health institutions, and it is increasing (Taşhan and Çelik, 2014). Violence is the force exerted by the individual against himself and others, resulting in death and physical and mental injuries (Kahriman, 2014; Çamcı and Kutlu 2011, Durak et al., 2014). Violence from patients, relatives, or employees in healthcare institutions is a significant risk factor for healthcare professionals and patients. This risk manifests in threatening behaviors, verbal, physical, sexual assault, neglect, and abuse (Çamcı and Kutlu 2011; Akça, 2014). According to research, 25% of workplace violence is in the health field. 50% of health workers are exposed to violence, and 25-88% have been exposed to physical, verbal, or sexual violence in the last year (Öztürk and Babacan, 2014; Büyükbayram and Okçay, 2013). According to a study conducted in our country, healthcare workers' violence exposure rate varies between 49-91% (Ayrancı et al., 2004). Studies have shown that violence against healthcare workers is on the rise. Therefore, necessary measures should be taken to prevent violence in health (Özcan and Bilgin, 2011).

Many regulations can be made, and necessary legal sanctions can be applied to reduce violence against health personnel. Still, the most crucial role in reducing violence is the improved communication skills of doctors. When a trust-based relationship is built between doctors and patients, acts of violence will be prevented (Bilgin and Diğer, 2020).

Sometimes, individuals may resort to violence in seeking their rights due to insufficient, incomplete, or incorrect information regarding their rights and responsibilities (Taşhan and Çelik, 2014). Another study stated that trust in doctors reduces violence against healthcare workers (Kumar and Betadur, 2019). From this point of view, this research examines the relationship between the intention to commit violence against healthcare professionals, the level of knowledge of patients about their rights and responsibilities, and trust in the doctor.

2. MATERIALS AND METHODS

This part of the study gives information about the purpose and hypotheses of the research, the model of the research, the universe and sample, and the data collection tools.

Purpose and Hypotheses of the Research

This research aims to examine the relationship between the intention to commit violence against healthcare professionals, the level of knowledge about the rights and responsibilities of patients, and trust in the doctor.

For this purpose, the analysis tested the following hypotheses:

H_1: There is a significant relationship between the intention to commit violence against healthcare workers and the level of knowledge of patients' rights.

H_2: There is a significant relationship between the intention to commit violence against healthcare professionals and the level of knowledge of patients' responsibilities.

H_3: There is a significant relationship between the intention to commit violence against healthcare professionals and trust in the doctor.

Research Ethical Standards

For this study the approval of ethical committee no E-33490967-044-158700-/07-56 dated 27.04.2022 was taken from the Ethical Committee, Tokat Gaziosmanpaşa University. In addition, voluntary consent to participate in the study was obtained from the participants.

Model of the Research

In this study, the relational screening model was used to examine the relationship between the intention to commit violence against healthcare professionals, the level of knowledge about the rights and responsibilities of patients, and trust in the doctor. This model reveals whether the variables discussed in the research change together and the direction of the change (Karasar, 2011). While the independent variables defined in the study are the level of knowledge about patient rights and responsibilities and trust in the doctor, the dependent variable is the intention to commit violence against healthcare professionals.

Sample of the Research

The population of this study consists of individuals over 18 who have received health services from any hospital in the last year in Turkey. Since the population consists of large masses, the sampling method was adopted. In this context, 794 people were sampled using the convenience sampling method. Six of the 794 people who participated in the study were excluded because they did not receive health services in the last year, and 2 of them were under 18. As a result, the results obtained from 786 people were analyzed. The table below presents the descriptive findings of the sample population.

Data Collection Tools

The questionnaire method was used to collect data in this study. The questionnaire, distributed online, includes questions about the personal characteristics of the participants and scales of "Intention to Commit Violence against Healthcare Professionals," "Knowledge Level of Rights and Responsibilities of Patients Applying to Health Institutions" and "Trust in the Doctor". Among the questions about personal characteristics are the participants' age, gender, marital status, education level, income-generating work status, and whether there is a health worker in the family. The first scale, the "Intention to Commit Violence against Healthcare Professionals Scale" was developed by Şanlıtürk and Boy (2020). The scale consists of 15 statements in total, involving one statement for individuals' intention to commit violence (1), one statement for past experiences (2), and six statements for attitudes towards behavior which are three components of intention (3, 4, 5, 6, 7, 8), five statements for subjective norm (9, 10, 11, 12, 13) and two statements for perceived behavioral control (14, 15). The scale, structured with a 5-point rating, has no reverse-coded statements. According to the results of the reliability analysis conducted in the study, Cronbach's Alpha coefficient was 0.82. The second scale, "Knowledge Level of Rights and Responsibilities of Patients Applying to Health Institutions" was developed by Bilgin and Other (2020). This scale includes consists of 2 sub-dimensions as patient rights (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19) and patient responsibilities (19, 20, 21, 22, 23, 24, 25). The expressions in the dimensions are similarly structured as a 5-point Likert. According to the result of the reliability analysis of the scale, Cronbach's Alpha coefficient is 0.90. The third scale, "Trust in the Doctor" was developed by Şengül and Bulut; 2020) and consisted of 11 expressions. It consists of one dimension and is structured as a 5-point Likert scale. The 1st and 5th statements in the scale are coded in reverse. According to the results of the reliability analysis of the scale, Cronbach's Alpha coefficient is 0.86.

3. RESULTS

The average age of the participants is 36.20. 47.3% of the participants are female, and 52.7% are male. The majority of participants have an associate's or bachelor's degree and work in an income-generating job.

Table 1. Descriptive Findings for Participants

	Mean.	**SS**
Age	36.20	10.299
Gender	**N**	**%**
Female	372	47.3
Male	414	52.7
Education	**N**	**%**
Primary School	39	5.0
High School	175	22.3
Associate Degree - Bachelor's Degree	478	60.8
Post-graduate	94	12.0
TOTAL	786	100.0

In this section, the relevant hypotheses are tested by giving place to the analyzes.

Table 2. The Results of the Relationship Between Intention to Commit Violence Against Healthcare Professionals, Patients' Level of Knowledge of Rights and Responsibilities, and Trust in the Doctor

	Intention to Commit Violence	Past Experiences	Attitude Towards Behavior	Subjective Norm	Perceived Behavior Control
Trust in the Doctor	-.316**	.152**	.038	.212**	.233**
Level of Knowledge on Rights	-.524**	.066	-.044	.318**	.292**
Level of Knowledge on Responsibilities	-.519**	.188**	.018	.299**	.268**
** Significant at the 0.01 level.					

The table above shows the findings of the correlation analysis of the relationship between the intention to commit violence against healthcare professionals, the level of knowledge of patients' rights and responsibilities, and trust in the doctor. Accordingly, there is a negative relationship between the intention to commit violence against healthcare professionals and trust in the doctor (r=-.316, p<.01). In addition, there is a negative correlation between the intention to commit violence against healthcare professionals and the level of knowledge of patients' rights (r=-.524, p<.01) and patients' responsibilities (r=.519, p<.01). While past experiences have a positive relationship with the level of trust in the doctor (r=.152, p<.01) and the level of knowledge about the responsibilities of the patients (r=.188, p<.01), it has no significant relationship with the level of knowledge about the rights of the patients. There is no significant relationship between the attitude toward behavior and the level of trust in the doctor, and the level of knowledge about the rights and responsibilities of the patients. There is a positive correlation between the subjective norm and trust in the doctor (r=.212, p<.01), the patients' level of knowledge about their rights (r=.318, p<.01), and their responsibilities (r=.299, p<.01). Perceived behavioral control has a positive relationship with trust in the doctor (r=.233, p<.01), patients' knowledge of rights (r=.292, p<.01) and responsibilities (r=.268, p<.01).

4. DISCUSSION

This research aimed to reveal the relationship between the intention to commit violence against healthcare professionals, the level of knowledge about patient rights and responsibilities, and trust in the doctor. The research concluded that there is a negative relationship between the intention to commit violence against healthcare professionals and the level of knowledge of patients' rights and responsibilities. In other words, as the level of knowledge about the rights and responsibilities of patients increases, the intention to commit violence toward healthcare professionals will decrease. If patients are knowledgeable about their rights and responsibilities, this plays a vital role in solving the problems that arise in the healthcare process. It is stated that the diagnosis and treatment processes of patients who do not know their rights are not carried out effectively, and patients are deprived of their rights because their rights, beliefs, and values are not respected. However, it is known that patients commit violence against healthcare workers by misusing their rights (Bilgin and Diğer, 2020). Taşhan Çelik (2014) concluded that patients' attitudes to exercising their rights prevent violence against healthcare professionals. Another study found that insufficient or incorrect information about patients' rights and responsibilities played a role in increased violence against healthcare workers (Kahriman, 2014). Yiğitbaş and Deveci (2011) reached a similar conclusion and found that insufficient or incorrect knowledge of patients and their relatives about patient rights is effective in the increase in violence. Aivazi et al. (2017) concluded that respecting patient rights by healthcare professionals reduces violence against healthcare professionals.

Another finding in the study is that there is a negative relationship between the intention to commit violence against healthcare professionals and trust in the doctor. As the trust in the doctor increases, the tendency of the patient or his relative to use violence disappears. Considering the time periods from the first years of human history to the present day within the scope of medical science, there is a shift from the patient profile, which is trying to fulfill the doctor's instructions without questioning, to a patient profile who researches, questions and desires to be guided by obtaining information about their disease (Çobanoğlu, 2009). Trust in the doctor plays an essential role in the effective continuation of the treatment process by enabling the patient to express their characteristics and information about the disease more easily. At the same time, it prevents undesirable problems during the treatment process. It ensures that the patient has positive attitudes and behaviors and that the health outcomes are in the desired direction (Gülcemal and Keklik, 2016). Kumar et al. (2019) determined that factors such as not responding adequately to the patient, prolonged hospital stay due to treatment, and decreased trust in the doctor in terms of patient satisfaction increased the violence against healthcare professionals. Bhattacharya et al. (2018) emphasized that doctor-patient distrust and the changing dynamics of the doctor-patient relationship are effective in increasing violence against healthcare professionals.

5.CONCLUSION

The findings of this study revealed a negative relationship between the intention to commit violence against healthcare professionals and the level of knowledge of patients' rights and responsibilities. From this point of view, patients can be given training on their rights and responsibilities by the "patient rights unit" to prevent violence. Training on patient rights and responsibilities for healthcare professionals can also be help in preventing violence.

Considering that there is a negative relationship between the intention to commit violence against healthcare professionals and trust in the doctor, activities should be carried out to increase the trust of the patients toward the doctor. In this context, it is recommended that doctors improve their relations with patients and convey their procedures clearly and understandably.

Acknowledgments: No
Conflict of Interest: The authors declare that they have no conflicts of interest
Funding: There is no funding support.

REFERENCES

Aivazi, A. A., Menati, W., Tavan, H., Navkhasi, S. & Mehrdadi, A. (2017) Patients' bill of rights and effective factors of workplace violence against female nurses on duty at Ilam teaching hospitals. Journal of injury and violence research 9(1):1-6.

Akça, N., Yılmaz, A. & Işık, O. (2014) Sağlık çalışanlarına uygulanan şiddet: özel bir tıp merkezi örneği. Ankara Sağlık Hizmetleri Dergisi;13(1):1-12.

Atilla, G., Oksay, A., & Erdem, R. (2012). Hekim-Hasta İletişimi Üzerine Nitel Bir Ön Çalişma. İstanbul Üniversitesi İletişim Fakültesi Dergisi| Istanbul University Faculty of Communication Journal, (43), 23-37.

Ayrancı, Ü., Yenilmez, Ç., Günay, Y. & Kaptanoğlu C. (2002) Çeşitli sağlık kurumlarında ve sağlık meslek gruplarında şiddete uğrama sıklığı. Anadolu Psikiyatri Dergisi 3:147-54.

Bhattacharya, S., Kaushal, K. & Singh, A. (2018) Medical violence (Yi Nao Phenomenon): Its past, present, and future. CHRISMED Journal of Health and Research. 5(4):259.

Bilgin, R., & Diğer, H. (2020). Hastanede yatan bireylerin, hasta hakları ve sorumlulukları konusundaki bilgi düzeyleri: Tokat ilindeki bir devlet hastanesi örneği. Fırat Üniversitesi Sosyal Bilimler Dergisi, 30(1), 307-327.

Bilgin, R., Diğer, H. (2019). Sağlık Kurumlarına Müracaat Eden Hasta Bireylerin Hak ve Sorumluluk Bilgi Düzeyi Ölçeği'nin geliştirilmesi. Bitlis Eren Üniversitesi Sosyal Bilimler Dergisi, 8(2), 558-570.

Bostan, S. (2007). Sağlık çalışanlarının hasta haklarına yönelik tutumlarının araştırılması. (Farabi Hastanesi örneği). Hacettepe Sağlık İdaresi Dergisi 10(1):1-18.

Büyükbayram, A., & Okçay H. (2013) sağlık çalışanlarına yönelik şiddeti etkileyen sosyo-kültürel etmenler. Psikiyatri Hemşireliği Dergisi 4(1):46-53.

Çamcı, O. & Kutlu, Y. (2011) Kocaeli'nde sağlık çalışanlarına yönelik işyeri şiddetinin belirlenmesi. Psikiyatri Hemşireliği Dergisi ;2(1):9-16.

Çobanoğlu, N. (2009) Kurumsal ve Uygulamalı Tıp Etiği. Efil Yayınevi, Ankara.

Durak, T. Ç., 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(4):130-7.

Gülcemal, E. & Keklik, B. (2016). Hastaların Hekimlere Duydukları Güveni Etkileyen Faktörlerin İncelenmesine Yönelik Bir Araştırma: Isparta İli Örneği, Mehmet Akif Ersoy Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, Cilt 8, Sayı 14, 64-87.

Hatemi H. (2006). Özel Hasta Gruplarının Hakları. Sağlık Hakkı Dergisi (1):42-44.

Kahriman İ. (2014) Hemşirelerin sözel ve fiziksel şiddete maruz kalma durumlarının belirlenmesi. Psikiyatri Hemşireliği Dergisi;5(2):77-83.

Karasar, N. (2011). Bilimsel Araştırma Yöntemleri. Ankara: Nobel Yayınları.

Kumar, N. P. & Betadur, D. (2019). Study on mitigation of workplace violence in hospitals. Medical Journal Armed Forces India. 76(3), 298-302.

Oğuz, Y.N. (1997). "Hasta Hakları Alanında Gelişmeler ve Değişen Değerler", Türkiye Klinikleri Tıbbi Etik, 5:50-55.

Özcan, A. (1997). "Hasta Hakları ve Hemşirelik", Hacettepe Üniversitesi Hemşirelik Yüksek Okulu Dergisi, 4 (2): 78-87.

Özcan, C. (2010). "Bir Devlet Hastanesi Örneğinde Hasta Hakları Uygulamalarının Değerlendirilmesi", Hacettepe Üniversitesi. Sosyal Bilimler Enstitüsü, Bilim Uzmanlığı Tezi, Ankara.

Özcan, N, & Bilgin, H. (2011). Violence towards healthcare workers in Turkey: A systematic review. Türkiye Klinikleri Tıp Bilimleri Dergisi, 31(6).

Özlü, T. (2005). Hasta Hakları, Timas Yayınları, İstanbul, 14-21.

Öztürk, H. & Babacan, E. (2014) Hastanede çalışan sağlık personeline hasta/yakınları tarafından uygulanan şiddet: nedenleri ve ilgili faktörler. Sağlık ve Hemşirelik Yönetim Dergisi;2(1):70-80.

Şanlıtürk, D. & Boy, Y. (2020) Determination of the Society's Perceptions, Experiences, and Intentions to Use Violence Against Health Professionals. Safety and Health at Work, Volume 12, Issue 2; 141-146.

Şengül, H. & Bulut, A. (2020). Tıbbi Güvensizlik Ölçeği ve Doktora Güven Ölçeğinin Türkçe Geçerlik Güvenirlik Çalışması, International Social Sciences Studies Journal, (e-ISSN:2587-1587) Vol:6, Issue: 62; 1956-1964.

Sert, G. (2004). Uluslararası bildirgeler ve tıp etiği açısından hasta hakları. 1.Baskı, Babil yayınları.:62-67. İstanbul.

Süzek, H., Eksen, M., Özkan, N. (2004). 2002- 2003 Eğitim Öğretim Yılında Muğla Sağlık Yüksek Okulunda Okuyan Öğrencilerin Hasta Hakları Konusunda Bilgi Düzeylerinin Belirlenmesi. Uluslar arası İnsan Bilimleri Dergisi 1(1):1303-5134.

Taşhan, S. T. & Çelik, H. (2014). Bireylerin Hasta Haklarını Kullanma Tutumlarının Sağlık Çalışanlarına Yönelik Şiddet Düşüncesiyle İlişkisinin Belirlenmesi. Sağlık Akademisyenleri Dergisi, 1(2), 89-98.

Topal, G. & İspir, N. (2022). Kadim Tanrılardan Modern Tanrılara: 21. yüzyıla Dair Mitolojik Bir Okuma. Kültür Araştırmaları Dergisi, (12), 232-252.

Yiğitbaş, Ç. & Deveci, E. S. (2011). Sağlık çalışanlarına yönelik mobing. TTB Mesleki Sağlık ve Güvenlik Dergisi, 23-28.