

An Analysis of Family Medicine Medical Specialty Theses on Violence In Health: A Content Analysis

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ABSTRACT

Objective: The study aimed to analyze the family medicine theses on violence in health in the last 7 years in Turkey.

Methods: This study is a retrospective study in which the theses on violence in health were identified and examined from the Family Medicine Medical Specialization Theses in the National Thesis Database. Within the scope of the study, medical specialty theses in the field of Family Medicine, which covered the subject of violence between 2018 and 2024 in the national thesis center of the Council of Higher Education Thesis Center, were scanned.

Results: In our study, 12 medical specialty theses on violence in health in the field of family medicine in the last 7 years (2018-2024) that met the inclusion criteria were reached. When the theses were analyzed in general, the most common type of violence was verbal violence. According to the common conclusions of the analyzed theses, health workers mostly do not file a complaint after exposure to violence. After exposure to violence, most of them continue their work without responding. The reason for not filing a complaint was the lack of belief that results would be obtained. The most common impact of violence on health workers was anger and resentment. The most repeated solution suggestion was to take legal measures.

Conclusions: Although the number of specialty theses in the field of family medicine on violence in health has increased in recent years, the number is insufficient. The number of medical specialty theses and academic studies on the subject should be increased to raise awareness of the problem of violence in health and to examine the solutions.

Keywords: Violence in health; family medicine; medical specialty

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INTRODUCTION

Violence is one of today's most important social problems. The World Health Organization (WHO) defines violence as the intentional use of physical coercion, force or threat against oneself, another person, a group or a community, resulting in injury, death, mental damage, developmental retardation or neglect. Violence that causes physical and psychological effects in individuals is mainly grouped as verbal violence, physical violence and sexual violence.¹

Violence in healthcare is defined as all situations that pose a risk to healthcare workers, including threatening behavior by patients and their relatives, verbal threats, economic abuse, physical assault and sexual assault. Healthcare institutions, which include professional groups such as physicians, nurses, emergency medical technicians, midwives and health officers, are among the most common institutions where violence, which is increasing in all areas of society, is seen most frequently.^{1,2}

It is a fact that health personnel are the most targeted group of employees in workplace violence. According to studies, more than 50% of healthcare workers are exposed to violence during their work.^{3,4,5}

Although incidents of violence against healthcare workers have existed in our country, as in the whole world, since long ago, a significant increase has been observed in recent years. Since the incidents of violence in health have increased in recent years, research and scientific publications on violence in health have also increased in parallel.^{3,6,9} One of the most important research for medical school specialty students in our country is the specialty thesis studies that they work on during their residency period and complete before they become specialists. Especially in recent years, research assistants at various universities and hospitals have prepared theses on violence in health in some of the studies considered as specialty theses. One of the main disciplines where thesis studies on violence in health are conducted is family medicine departments in universities and training and research hospitals. Our study aims to retrospectively analyze the family medicine theses on violence in health in the last 7 years in Turkey.

METHODS

Our study is a retrospective study in which the theses on violence in health were identified and examined from the Family Medicine Medical Specialization Theses in the National Thesis Database. Within the scope of the research, thesis medical specialty theses in the field of Family Medicine, which covered the subject of violence in the content between 2018 and 2024 in the national thesis center of the Higher Education Thesis Board, were scanned. Before starting the study, Local Ethics Committee approval was obtained from the Ataturk University Faculty of Medicine Clinical Research Ethics Committee (Ethics Committee Number: B.30.2.ATA.0.01.00/782).

Theses and their contents were obtained from the YÖK National Thesis Center Database (<https://tez.yok.gov.tr/UlusalTezMerkezi>.) through advanced search. The keywords for the advanced search were 'violence' and 'violence in health'. Only theses conducted in the specialty of family medicine were included in the study. Theses addressing the issue of violence in health were reached by examining the data and contents obtained by applying the criteria of department name, thesis type, group and year.

Among the 456 family medicine medical specialty theses conducted between 2018 and 2024, 24 of them were directly on violence. Of these 24 theses, 11 were on domestic violence and violence against women, while one was on childhood violence exposure. Since our study targeted theses on violence in health, 12 studies were initially examined when the titles and abstracts of the theses were examined. Afterward, in detailed examinations, it was understood that the subject of violence examined by one study was not related to the violence suffered by healthcare workers at the beginning of their profession, but to the perception of violence against women in general by female healthcare workers and was excluded from the study.

RESULTS

In our study, 12 medical specialty theses on violence in health in the field of family medicine in the last 7 years (2018-2024) that met the inclusion criteria were reached. The authors, years, universities where the specialty theses were conducted and the types of studies are given in Table 1. Considering the years of study, a proportional distribution was observed. All of the theses were planned as cross-sectional descriptive studies. Of the 12 theses

included in our study, 7 were prepared by research assistants from the Faculty of Medicine and 5 by research assistants from the Training and Research Hospital. The study area of 6 of the theses was Education and Research

Hospitals, 4 were Medical Faculty Hospitals, and 1 was a family health center. One thesis was implemented in the field. Seven of the thesis authors were women and five were men.

Table 1. General Characteristics of Theses on Violence in Health

Thesis Name	Year	Author	Location Information	Type of study
Frequency of exposure to violence and related factors in physician assistants working at Pamukkale University Hospital	2018	Altinok R	Pamukkale Univ. / Faculty of Medicine	Cross-sectional
Evaluation of violence against healthcare workers from the perspective of patients and their relatives	2018	Guler AA	Health Sciences Univ. Istanbul Haydarpasa Numune Training and Research Center Hospital	Cross-sectional
Empathy in physicians from the patient's perspective and physicians' exposure to violence	2019	Arslan D	Health Sciences Univ. Bursa High Specialization Training and Research Center Hospital	Cross-sectional
Knowledge, attitudes and behaviors of healthcare workers in giving code white in case of violence and suggestions of healthcare workers on preventing violence in health	2019	Arikan K	Health Sciences Univ. / Istanbul Okmeydanı Eđt. ve Arş. Hospital	Cross-sectional
Evaluation of doctors working in clinical branches in Ankara City Hospital, their exposure to violence and their suggestions for solutions against violence	2020	Baris NP	Ankara Yıldırım Beyazıt Univ. / Faculty of Medicine	Cross-sectional
Evaluation of violence exposure of physicians and nurses working in Düzce University Research and Practice Hospital and the effects of this situation on employees	2020	Karakas TS	Duzce University / Faculty of Medicine	Cross-sectional
Public attitudes towards violence against health workers	2020	Ucar YG	Kahramanmaraş Sütçü İmam Univ. / Faculty of Medicine	Cross-sectional
Comparison of attitudes and behaviors of patients and their relatives towards violence in health care who applied to Family Medicine outpatient clinic and emergency department green area	2021	Alan A	Health Sciences Univ. Ankara Dışkapı Yıldırım Beyazıt Training and Research Center Hospital	Cross-sectional
Investigation of the relationship between empathy and exposure to violence in family health center workers	2021	Cinar C	University of Health Sciences / Faculty of Medicine	Cross-sectional
The effect of violence against healthcare professionals on the career plans of intern doctors	2022	Girginer HM	Sivas Cumhuriyet Univ. / Faculty of Medicine	Cross-sectional
The effect of resident physicians' attitudes towards violence in health on their decisions in patient and disease management process	2023	Bozkurt KE	Health Sciences University Ankara City Hospital	Cross-sectional
The frequency and determinants of workplace violence against health care workers in a medical faculty hospital	2023	Say N	Ondokuz Mayıs University Faculty of Medicine	Cross-sectional

Among the 12 theses on violence in health, 4 theses examined violence against health care workers from the perspective of all health care workers; 3 of them examined violence against physicians and one of them examined violence against both physicians and patients. Four of the theses investigated the attitudes and behaviors of patients, relatives and society on violence.

When the theses were analyzed in general, the most

common type of violence was verbal violence. According to the common conclusions of the analyzed theses, health workers mostly do not file a complaint after exposure to violence. After exposure to violence, most of them continue their work without responding. The reason for not filing a complaint was the lack of belief that results would be obtained. The most common impact of violence on health workers was anger and resentment. The most repeated solution suggestion was to take legal measures.

Data on the attitudes of healthcare workers towards violence in the analyzed theses are presented in Table 2.

Table 2. Attitudes of healthcare workers towards violence in health

	Attitude of health workers in the face of violence	The most common cause of attitude	The impact of violence on the employee
Altinok R.	No response (57.4%) Response to verbal violence (17.4%) Code White (12.3%)		
Arikan K.	Reporting to security (68.1%) No response (48.2%) Code White (45.4%)		
Baris NP	No complaint (46.6%) (most common)	Not believing that results will be achieved (30.8%)	Anger (78.9%) Burnout (65.5%)
Karakas TS	No complaint (58.9%) (most common)	Not believing that results will be achieved (68.4%)	Anger (54.3%) Sadness (51.7%)
Bozkurt KE	Code White (26.1%)		

One of the theses examined intern doctors' perspectives on violence in health and questioned its impact on their career plans. In the study, it was observed that 2/3 of the intern doctors witnessed violence in health and one third of them were exposed to violence. Among these interns, 99.2% witnessed verbal violence and 98.3% were exposed to verbal violence. The most frequent witnessing and exposure to violence occurred in emergency services. The study suggests that 6th grade students were influenced by the incidents of violence in health care and directed their medical specialty preferences towards branches where violence is less

common. The study predicted that there may be a shortage of specialists in the future in branches where violence in health is common.

Among the Family Medicine specialty theses on violence in health in the last 7 years, 3 of them dealt with violence in health from the perspective of patients, relatives and society. Five of the theses were related to the effects of violent behavior on healthcare professionals working in different health institutional levels and the solution suggestions of healthcare professionals. Data were collected using the questionnaire method (Table 3).

Table 3. Participant's profiles and data collection methods of the theses

Thesis holder	Number of participants	Participants	Method
Altinok R.	227	Physician assistant	Supervised survey method
Guler AA	301	Patient and patient relatives	Face-to-face survey interview
Arslan	200	Physicians and their patients	Face-to-face survey interview
Arikan K	152	Health personnel	Face-to-face survey interview
Baris NP	308	Physician	Self-survey method
Karakas TS	356	Physicians and nurses	Supervised survey method
Ucar YG	1306	Individual over 18 years of age	Face-to-face survey interview
Alan A	300	Patient and patient relatives	Face-to-face survey interview
Cinar C	201	Family physician and family health worker	Face-to-face survey interview
Dagashan T	387	Female health worker	Supervised survey method
Girginer HM	183	Intern doctor	Supervised survey method
Bozkurt KE	383	Assistant Physician	Electronic survey application
Say N	950	Health workers	Face-to-face survey interview

More than half of the healthcare workers who participated in the studies reported that they had been exposed to at least one form of violence while on duty at some point in their professional life. In the studies, it was observed that

the perpetrators of violence were mostly patients' relatives. The most common reasons for violent behavior and its increase were identified as intolerance of waiting and health policies. It was found that violence in health was

most frequently encountered in emergency services, wards and outpatient clinics. In these theses, the most common causes of violence were attributed to low education level, impatience and lack of understanding, angry and

aggressive family members. It was stated that doctors were the most frequently subjected to violence. As a solution suggestion, the participants thought that increasing penalties and security measures would be useful (Table 4).

Table 4. According to the theses, the type of violence experienced, the place of violence and the reasons for the increase in violence

	The most common type of violence	Seen as the cause of violence/increase in violence	The most common place of violence
Altinok R	Verbal violence (83,1)	Health policies (17%) Perceiving violence as deserved (16.6%)	Polyclinics (39%) Emergency room (26.7%)
Arikan K	Verbal violence (%90,8)	Perceiving violence as deserved (67.4%) Health policies (65.2%)	Emergency service (46.1%)
Baris NP	Verbal violence (81,3)	Intolerance of waiting	Outpatient clinic (75.2%) Emergency department (62.6%)
Karakas TS	Verbal violence (71.1%)	Waiting / delay	Inpatient ward (41.5%) Emergency service (38.5%)
Chinar C	Verbal violence (90%)		Examination room (66.2%)
Girginer HM	Verbal violence witnessed by 99.2%, verbal violence experienced by 98.3%		Emergency room witnessed (84.8) Exposed (68.3%) emergency department
Bozkurt KE	87.6% only verbal, 1% only physical, 10.4% both verbal and physical violence		
Say N	96.3% verbal violence, 20.3% physical violence, 77.8% psychological violence, 4% sexual violence.	Negative response to inappropriate requests of patients and relatives	Services

Among the theses included in our study, there are two theses in which the empathy scale was applied. In one of them, the perception of physician empathy in the eyes of the patient, and in the other, the empathy characteristics of the health worker were questioned and their relationship with violence was tried to be investigated. In both studies, the Jefferson Physician Empathy Scale was applied. According to the studies conducted from the patient's perspective, it was reported that empathy scores increased as patient age increased and socioeconomic level decreased. Studies have interpreted this situation as physicians may be more empathetic towards their elderly patients or that elderly patients may have more reasonable expectations and tolerate errors better, if any, because they know the difficulties of the previous health system and the difficulties of access to doctors. For physicians, patients' perceived empathy was not associated with violence against physicians, malpractice and patient complaints. In the other study, a significant relationship was found between the empathy scores of healthcare professionals and age and professional experience. However, it was reported that there was no significant relationship between the number of violent incidents and empathy scores.

DISCUSSION

Considering the theses, we examined in our study, it was found that only two of these theses were conducted in primary healthcare services, while the other 10 theses were conducted in tertiary healthcare organizations. When the theses were analyzed in terms of content, it was seen that the participants were generally healthcare professionals. It was observed that the attitudes of health workers towards violence, the reasons for these attitudes and the effects of violence on the health workers were investigated.

Although incidents of violence against healthcare workers have existed in our country, as in the whole world, since long ago, a significant increase has been observed in recent years. Since the incidents of violence in health have increased in recent years, research and scientific publications on violence in health have also increased in parallel. In a study by Ramacciati et al. it was mentioned that violence in health is a serious and widespread problem worldwide and has started to attract more attention of academicians.⁴

More than half of the healthcare workers in the studies reported that they were exposed to at least one type of violence while on duty at some point in their professional lives. Kaya et al. showed that 74.4% of physicians and nurses were exposed to any type of violence during their working life in a study on violence against healthcare workers.⁶ According to a study by Fernandes et al. violence in health care is becoming alarming in all countries of the world. It has been reported that nurses are the most frequently exposed to violence after police officers in the USA and Canada.³ The increase in the level of anxiety due to violence and the fact that the health worker does not feel safe negatively affect the level of academic success, work performance, desire and view of the profession in health workers.⁸

When the theses were examined in general, verbal violence was found to be the most common type of violence. In most of the studies examining violence in health, the result was similarly found to be verbal violence.^{2,3,7,10} In the studies, it was observed that the perpetrators of violence were mostly patient relatives. The most common reasons for violent behavior and its increase were found to be intolerance to waiting and health policies. In the literature, the most common reasons for violence by patients and their relatives are delays, dissatisfaction with the provision of health services, and impulsive behaviors resulting from deficiencies.^{3,7,12} In the study, it was emphasized that violent behaviors of healthcare service users should not be naturalized. It was stated that violent behaviors should be examined and repelled without being ignored. It was emphasized that all citizens should intervene in the cycle to reduce.³

In most of the thesis studies we analyzed, it was found that violence in health was most frequently encountered in emergency services and outpatient clinics. According to the common conclusions of the studies, healthcare workers mostly did not file a complaint after exposure to violence and most of them continued their work without responding after exposure to violence. The reason for not filing a complaint was the lack of belief that results would be obtained. Similarly, in a study in the literature, most of the employees working in emergency services were exposed to violence, most of the victims of violence did not apply to legal remedies, and the reason for not applying was the belief that no results would be obtained.¹¹ The most common common effect of violence on healthcare workers was anger and resentment. The most repeated solution suggestion was to take legal measures. In his comprehensive guide on workplace violence in healthcare

services, Warren describes in detail an effective, multi-layered training program that addresses all aspects of behaviors related to workplace violence. He stated that through such preparation, assessment and training, the incidence and severity of workplace violence problems of healthcare workers could be reduced.⁵

In the theses, data were generally collected through face-to-face questionnaires. Two of the theses collected data by applying the empathy scale. In one of these theses, the perception of physician empathy in the eyes of the patient, and in the other, the empathy characteristics of the healthcare worker were questioned and their relationship with violence was tried to be investigated. It was also noteworthy that qualitative research methods were not used in the theses we examined in our study.

One of the theses in our research examined intern doctors' perspectives on violence in health and questioned its impact on their career plans. The study states that intern doctors, who are affected by the incidents of violence in health, direct their medical specialty preferences towards branches where violent incidents are less common. Similarly, in a study conducted in a similar manner, it was mentioned that 55.2% of medical school students were exposed to or witnessed violence during their medical education.⁷ According to another study, nearly 50% of the participating students' opinions about the profession of medicine were negatively affected during their medical school education.⁹

CONCLUSION

As a result of our research, it is thought that the number of specialty theses in the field of family medicine on violence in health has increased in recent years and there is interest in this subject by researchers. However, it is thought that the number of theses in this field is insufficient; it is thought that the awareness of the problem of violence in health and the solutions should be investigated within the scope of medical specialty thesis studies and it is important to increase the number of academic studies on the subject. In addition, when the content analysis of the theses was performed, it was observed that a large proportion of healthcare professionals were exposed to at least one type of violence at least once during their professional lives. These acts of violence they encounter in their professional lives prevent healthcare professionals from performing their profession properly, and the anxiety and pessimism they experience seriously reduce their professional motivation and performance. To make a useful and robust

contribution to the fight against violence in health services, more research on this issue is needed.

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