



# Developing a Culturally-Responsive Training Program: Workplace Violence Against Physicians in Türkiye

## Kültüre Duyarlı Bir Eğitim Programı Geliştirme Süreci: Türkiye'de Hekimlere Yönelik İşyerinde Şiddet

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### Abstract

**Aim:** This paper outlines the development of a culturally responsive training program designed to equip Turkish physicians with the skills and knowledge necessary to effectively address workplace violence. In line with this objective, the paper provides a detailed report on how the training program was developed, based on the findings from four studies, and how it was implemented as a pilot program in a medical school in Türkiye.

**Material and Method:** This study employs a mixed-methods approach, drawing from four quantitative and qualitative studies: (1) semi-structured interviews with four Turkish physician-managers, (2) an online national survey of 136 healthcare workers, (3) a historical analysis of workplace violence incidents against physicians using Turkish online newspaper archives, and (4) insights gathered from a workshop with practitioners and professionals from the medical field.

**Results:** The findings from the four studies show that the training program, consisting of 17 interactive units, was specifically designed to integrate cultural sensitivity with empirical evidence to address the needs of Turkish physicians. Additionally, the program incorporates real-life scenarios, practical suggestions, and legislative guidelines, providing Turkish physicians with hands-on experience in managing and mitigating workplace violence. It addresses the specific challenges, and cultural dynamics present in Turkish hospital settings, ensuring that the content is both relevant and practical.

**Conclusion:** By considering the unique cultural context of Turkish healthcare environments, the training program enhances the ability of Turkish physicians to perform their duties safely and effectively. This culturally tailored approach is essential for ensuring the safety and well-being of healthcare professionals in Türkiye, making the training program both impactful and vital for mitigating workplace violence in this context.

**Keywords:** Workplace violence, physicians, Türkiye, training program, culturally responsive, healthcare.

### Öz

**Amaç:** Bu makale, Türk hekimlerinin işyeri şiddeti ile etkili bir şekilde başa çıkmaları için gerekli beceri ve bilgiyle donatmayı amaçlayan kültüre duyarlı bir eğitim programının geliştirilme sürecini sunmaktadır. Bu amaca uygun olarak, makale, araştırmanın temelinde yer alan dört çalışmanın bulgularına dayanarak bu eğitim programının nasıl geliştirildiğini ve Türkiye'deki bir tıp fakültesinde pilot program olarak nasıl uygulandığını ayrıntılı bir şekilde ortaya koymaktadır.

**Gereç ve Yöntem:** Bu çalışma, dört farklı nicel ve nitel çalışmaya dayalı karma yöntemli bir araştırmadır: (1) dört Türk hekim/yönetici ile yarı yapılandırılmış görüşmeler, (2) 136 sağlık çalışanının katıldığı çevrimiçi ulusal anket, (3) Türk çevrimiçi gazete arşivlerinden hekimlere karşı işlenen işyeri şiddeti olaylarının tarihsel çözümlemesi ve (4) tıp alanında çalışanlarla yapılan çalıştaydan elde edilen görüşlerin çözümlenmesi.

**Bulgular:** Bu dört çalışmadan elde edilen bulgular, 17 etkileşimli üniteden oluşan eğitim programının, Türk hekimlerinin ihtiyaçlarını karşılamak üzere kültüre duyarlı ve ampirik kanıtlara dayandırılmış şekilde özel olarak tasarlandığını göstermektedir. Ayrıca, eğitim programı gerçek hayat senaryoları, pratik öneriler ve yasal yönergeler içermekte olup Türk hekimlerine işyeri şiddeti ile baş etme ve şiddetin etkisini azaltma konusunda uygulamalı deneyim sunmaktadır. Eğitim programı, Türkiye'deki sağlık kuruluşlarındaki zorlukları ve kültürel dinamikleri ele alarak program içeriğinin hem hekimler için uygulamalı hem de alanda örnek olmasını sağlamaktadır.

**Sonuç:** Türkiye'deki sağlık kuruluşlarının kültürel özellikleri dikkat ederek hazırlanan bu eğitim programı, Türk hekimlerinin görevlerini güvenli ve etkili bir şekilde yerine getirmeleri için bir platform yaratmaktadır. Kültürel açıdan uyarlanmış bu yaklaşım, Türkiye'deki sağlık çalışanlarının güvenliğini ve refahını sağlamada hayati önem taşıyarak, eğitim programını işyeri şiddetini azaltma bağlamında hem etkili hem de vazgeçilmez kılmaktadır.

**Anahtar Kelimeler:** İşyerinde şiddet, doktorlar, hekimler, eğitim programı, kültüre duyarlı, sağlık hizmeti.



## INTRODUCTION

On July 21, 2017, around 1 am, a mother brought her 3-year-old son to the emergency department at the state hospital in Sapanca, Sakarya. The physician on duty was examining the child's throat using a wooden depressor when the child began to cry out in distress. Reacting to her child's cries, the mother violently attacked the physician. She grabbed the physician by the hair and dragged her across the examination room, causing significant disruption and distress within the emergency department. Due to the traumatic incident, the physician resigned from her position the following day, citing the violence she experienced as the reason for her departure.<sup>[1]</sup>

On May 2, 2023, two brothers assaulted a surgeon working at a teaching hospital in Nilüfer, Bursa. The brothers blamed the surgeon for their mother's death, which had occurred in the intensive care unit of the same hospital. The brothers, who had previously issued death threats against the surgeon, followed him as he was on his way home. They attacked him with a firearm, aiming to hold him accountable for their mother's demise. The surgeon sustained injuries and was treated in the same hospital where he worked. The two brothers were subsequently arrested and charged with planned assault.<sup>[2]</sup>

On January 5, 2023, a patient arrived approximately an hour late for his scheduled appointment at the internal medicine department in a state hospital in Elazığ. While the attending physician was examining another patient, the patient entered the examination room with his wife and initiated a heated argument about his appointment time. He demanded that the physician display his appointment time on the computer screen. When his demands were not immediately met, he became physically aggressive, striking the physician in the face and assaulting him multiple times.<sup>[3]</sup>

The news reports above are just common examples of widespread problem in Turkish healthcare system. Numerous sources have indicated that healthcare workers in Türkiye face a concerning extent of workplace violence. Important evidence of this is the official reports from the Turkish Ministry of Health, indicating a significant rise in reported cases of Beyaz Kod (a hospital emergency code used to alert security about violent incidents). According to the findings in the report, there were 101,984 instances of Beyaz Kod documented in 2021, a substantial increase from 46,274 cases in 2019.<sup>[4]</sup> The other formal evidence is the annual report by the Turkish Ministry of Health. The report in 2021 highlights the severity of the issue, recording 27,560 cases of workplace violence, including threats and assaults.<sup>[4]</sup>

Comprehensive surveys further illuminate the pervasive nature of workplace violence in the Turkish healthcare system. For example, a study conducted by Pinar et al., which included 12,944 healthcare workers in Türkiye, revealed that 44.7% of respondents experienced violence

at work in 2012.<sup>[5]</sup> The study also found that 52.3% of these healthcare workers encountered at least one form of violence throughout their careers. Similarly, Ayrancı et al. reported that nearly half of healthcare workers in western Türkiye experienced verbal or physical violence at least once in their careers.<sup>[6]</sup> Biçkici found that 55% of healthcare providers working in a state hospital in Ankara were subjected to verbal or physical violence at work in 2002.<sup>[7]</sup> In another study, Er et al. revealed that 61.1% of healthcare workers in Zonguldak experienced workplace violence at least once during their professional lives.<sup>[8]</sup> Demiroğlu et al. further suggested that at least three-quarters of healthcare workers in Turkey would encounter some form of violence at least once in their careers.<sup>[9]</sup>

Serious cases of workplace violence against physicians in Türkiye have led to both formal and informal initiatives aimed at thorough examination and urgent intervention. A significant event that triggered these efforts was the murder of a cardiac surgeon in Gaziantep.<sup>[10]</sup> On April 17, 2012, a patient's relative visited the cardiac surgeon, aged 30, in his examination room in a state hospital in Gaziantep. The patient's relative, aged 17, holding the surgeon accountable for his grandfather's death (aged 85 and diagnosed with cancer), who had been lost in the operation ten days earlier, stabbed the surgeon in his chest while he was having his lunch break. Later in the investigation, the murder was claimed to be a revenge for his grandfather's death, and he was sentenced to 24 years imprisonment.<sup>[11]</sup> On May 29, 2015, another alarming incident occurred when a surgeon was shot three times by a patient in a hospital corridor in Samsun.<sup>[12]</sup> On March 29, 2017, a retired policeman, upset over his wife's discharge, shot a physician in the abdomen in his office at a state clinic in Aksaray.<sup>[13]</sup> On July 6, 2022, a cardiologist was fatally shot by a patient's relative in a state hospital in Konya.<sup>[14]</sup> In 1988, a surgeon was killed by a patient's relative in Istanbul. In 2005, another surgeon was shot ten times at work in Istanbul. In 2008, a pulmonologist was murdered by his patient in Giresun. In 2015, an OB-GYN specialist was stabbed by a patient in Samsun. The violence continued in 2017 with the shooting of the chief manager of a medical school in Elazığ, and in 2018, a psychiatrist was shot by a patient in Istanbul.<sup>[15]</sup>

These serious cases of violence and studies collectively highlight the critical issue of workplace violence in the Turkish healthcare sector, emphasizing the urgent need for comprehensive measures to protect healthcare workers and ensure their safety and wellbeing. This ongoing threat not only affects the mental and physical health of medical professionals but also undermines the overall efficiency and quality of healthcare services in the country.<sup>[16]</sup> Addressing this alarming issue requires a multi-faceted approach, including stricter enforcement of laws, increased security measures in healthcare facilities, and enhanced support systems for victims of workplace violence. Finding its main interest in addressing this alarming threat, the project,

which this paper reports here in detail, aimed to develop a training program to provide healthcare workers in Türkiye with the tools and skills to recognize, prevent, and respond to workplace violence, thereby improving the overall healthcare environment. Also, because the training program was designed particularly for Turkish healthcare workers, the curriculum design was structured to emphasize the cultural responsiveness and practical applications specifically tailored to Turkish healthcare settings.

This paper reports the development of this training program, with a focus on demonstrating how cultural elements of workplace violence were embedded into the training program. First, the foundation of the training program will be outlined. The foundation here particularly refers to the needs assessment stage. It focused on exploring in-detail how workplace violence took place in the hospitals, understanding how the culture played a role in Turkish healthcare settings, and determining what skills and tools Turkish healthcare workers need to recognize, prevent, and respond to workplace violence. Three key needs assessment studies were carried out to build this foundation: (1) Semi-structured interviews with Turkish physicians, (2) the online national survey with 136 healthcare workers in Türkiye, and (3) the historical analysis of workplace violence against the physicians in Turkish online newspaper archives.

The paper then explains how these findings were translated into a set of learning objectives. This stage is essentially based on the detailed discussions from the workshop, centering on the significant role the culture played in shaping workplace violence against Turkish healthcare workers. It also covers how healthcare workers can effectively respond to violence by considering the cultural characteristics unique to the Turkish healthcare system. The final sections of the paper describe the implementation of the training program and provide notes on the evaluation process. The implementation phase details the methods and strategies used to deliver the training, while the evaluation process focuses on the plan to assess the program's effectiveness and impact on reducing workplace violence and improving the safety and wellbeing of healthcare workers in Türkiye.

### **Ethical considerations**

It is also important to note that the researcher obtained ethical approval from the local research ethics committee, ensuring adherence to established ethical guidelines throughout the study. Research ethics approval for this study was granted by the Research Ethics Committee at Çanakkale Onsekiz Mart University on 25.08.2022 (No 15/25). Prior to the commencement of interviews, survey and workshop, the participants provided informed consent, affirming their voluntary participation, and understanding of the study's objectives and procedures. Additionally, they were explicitly informed about the audio recording of interviews, fostering transparency and ensuring their awareness of the data collection process.

## **MATERIAL AND METHOD**

Developing a culturally-responsive training program to address workplace violence against physicians in Türkiye requires a comprehensive theoretical framework. This framework integrates key elements of curriculum design, the basic characteristics of workplace violence in healthcare settings, and the distinctive cultural and professional dynamics of Turkish healthcare settings. The initial step in developing the training program thus involves identifying the specific types and causes of workplace violence faced by physicians in Türkiye. To achieve this, the project gathered comprehensive data through three methods. The project first engaged four healthcare professionals, working also managers, in semi-structured interviews to gain in-depth and thorough insights into their personal experiences and perceptions of workplace violence. These interviews provided a deeper understanding of the contexts and triggers of violent incidents. It was followed by an online national survey. The project conducted an online nationwide survey of physicians to collect quantitative and qualitative data on the prevalence and types of workplace violence they experience. It helped to understand the scope and common characteristics of the issue. Finally, the project collected historical documents and records on the development of workplace violence within the Turkish healthcare system. This analysis offered a contextual background, highlighting trends and systemic issues that contribute to the current state of workplace violence. As a result, this study employed a mixed-methods approach, drawing from four quantitative and qualitative studies.

### **Semi-structured interviews**

The first study involved in-depth interviews with four manager/physicians working in Turkish healthcare settings. The semi-structured interviews were conducted to explore participants' experiences, perceptions, and insights regarding workplace violence against physicians. The researcher used criterion (purposive) sampling and personal connections to recruit four participants who met the following criteria: (1) working as a hospital physician, (2) having managerial experience in a healthcare institution, and (3) possessing at least 25 years of work experience. The study took place in a town with three hospitals—a state, teaching, and private hospital—limiting the pool of eligible participants. Of the six physicians contacted, two declined to participate due to their demanding administrative responsibilities.<sup>[17]</sup>

All four physician-managers, residing in a small town in northwest Türkiye, were senior, married male medical experts with over 30 years of experience. Their careers included work across Türkiye and internationally. Participant A, an ENT specialist, practiced at a private hospital after serving in the navy. Participant B, a surgical oncologist, was the dean of a medical school. Participant C, an OB-GYN specialist, led the OB-GYN department in a teaching hospital. Participant D, the chief physician of a teaching hospital, specialized in anesthesiology and had managed the hospital for four years.<sup>[17]</sup>

The research involved two rounds of in-person interviews conducted between November and December 2022, with follow-ups in November 2023. All interviews, except Participant D's, were audio-recorded. After the initial interviews, participants reviewed findings and provided feedback for follow-up discussions. Interviews occurred in various locations and durations, sometimes interrupted by emergencies. Participant A's first interview lasted 92 minutes at a restaurant, followed by a 30-minute clinic session. Participant B's 40-minute interview was in his office, followed by two days of follow-ups. Participant C's 20-minute interview was conducted in his office, but he declined further sessions. Participant D, who allowed note-taking instead of recording, had an initial 2-hour interview and a 4-hour follow-up, interrupted by calls in his office. Interviews were transcribed verbatim, and thematic analysis was applied to identify recurring patterns and themes related to workplace violence.<sup>[17]</sup>

The interview protocol focused on participants' career backgrounds, experiences with workplace violence, perspectives on its causes, and prevention suggestions. Follow-up interviews began with a summary of findings and incorporated participant feedback. Additional questions explored why physicians are targeted, the skills needed to manage violence, and the concept of "spoiled patients." The interviews were audio-recorded and transcribed verbatim to ensure accuracy during data analysis. The thematic analysis was employed to identify recurring patterns, themes, and categories within the interview transcripts. This involved a systematic process of coding and categorizing data to extract meaningful insights related to workplace violence, using Colaizzi's framework.<sup>[18]</sup> Key statements related to workplace violence were extracted from the interviews, forming the basis for creating meaningful interpretations of the participants' experiences. These were organized into thematic clusters, allowing for a structured analysis of the issue. The findings were synthesized into a detailed account of workplace violence, highlighting its complexities. To ensure accuracy, participants were given the opportunity to review and validate the preliminary findings. Their additional insights were incorporated, enriching the final narrative on the lived experiences of workplace violence.<sup>[19]</sup>

The participants identified two major forms of workplace violence against physicians: physical and verbal. Physical violence ranged from unexpected punches to threats involving objects like chairs, while verbal violence encompassed insults, threats, and humiliation.<sup>[20-22]</sup> The physicians often found themselves vulnerable during interactions with patients and their relatives, contributing to the risk of violence. Additionally, according to their reports, the misuse of communication channels like WhatsApp and instrumental aggression further exacerbated the issue. The findings also suggested that overcrowded hospitals emerged as a primary contributor to workplace violence, leading to heightened tensions among patients and their relatives.

<sup>[23,24]</sup> Lack of communication training for physicians was also identified as a significant factor, as ineffective communication could escalate tensions. Furthermore, the phenomenon of "spoiled patients," accustomed to readily available healthcare services, contributed to patient entitlement and abuse.<sup>[25]</sup> The participants emphasized legal punishment as a deterrent against workplace violence, advocating for consistent application and minimal allowance for extenuating circumstances.<sup>[26]</sup> They also recommended the establishment of effective physician unions to address organizational gaps and advocate for physicians' rights. Additionally, they proposed the development of comprehensive training programs for physicians, focusing on communication and flexibility skills to navigate complex patient interactions effectively.

### The national survey

Through an online survey distributed between October and December 2023, 136 healthcare workers from diverse roles and settings across Türkiye shared their experiences with workplace violence. The sample included professionals from various healthcare sectors, such as medical students, residents, attending physicians, nurses, and support staff, representing a broad spectrum of experiences within the Turkish healthcare system. The participants in this survey were recruited through a multi-faceted approach that leveraged both social media platforms and the support of organizations within the Turkish healthcare community. The recruitment process was designed to reach a diverse group of workers across various geographic regions and academic backgrounds. Social media played a crucial role in the recruitment strategy. Platforms such as Twitter/X, Facebook, and Instagram were used to share the survey advertisement widely. These platforms were chosen for their ability to quickly disseminate information to a large audience. The use of hashtags and mentions of relevant academic groups and influencers within the community helped increase the visibility of the survey, encouraging participation from both established researchers and early-career scholars.<sup>[27]</sup>

Also, the recruitment process prioritized reaching a diverse pool of participants by actively seeking representation across various demographics, including age, gender, and levels of professional experience within the healthcare sector. To achieve this, the researcher targeted different healthcare institutions, such as hospitals, clinics, and private practices, ensuring that professionals from various specializations and career stages were included. Additionally, efforts were made to balance gender representation by specifically encouraging participation from both male and female healthcare workers, while also accounting for varying years of experience, from early-career professionals to those with decades in the field. This approach helped create a comprehensive and well-rounded dataset, reflective of the broader healthcare workforce.<sup>[27]</sup>

The survey was designed to capture demographic information, experiences of workplace violence, management strategies employed, and recommendations for prevention. The structured questions allowed for quantitative analysis of prevalence and demographics, while the open-ended questions facilitated in-depth exploration of participants' experiences and perspectives. The thematic analysis techniques were employed to analyze qualitative responses obtained from open-ended survey questions. This approach involved systematically identifying, organizing, and interpreting patterns and themes within the data. Through iterative coding and categorization, themes related to the prevalence, forms, impacts, and management strategies of workplace violence emerged, providing rich insights into the participants' experiences. The descriptive statistics were used to analyze structured survey responses, providing an overview of sample characteristics, including demographics, prevalence rates, and distribution across different healthcare settings. The quantitative data analysis facilitated the identification of patterns and trends within the dataset, complementing the qualitative findings.<sup>[18,19]</sup>

The demographic analysis revealed a diverse composition of healthcare workers, ranging from medical students to attending physicians, representing various healthcare settings, including teaching hospitals, state hospitals, private hospitals, and general practitioner practices. Next, verbal abuse emerged as a predominant form of violence, encompassing insults, threats, and humiliation. The participants recounted instances of verbal aggression from patients, their relatives, and even coworkers.<sup>[28]</sup> Physical violence posed significant risks to healthcare workers' safety, with reports of assaults, including incidents resulting in injuries. The data underscored the pervasive nature of workplace violence across different healthcare settings and interactions, highlighting the need for systemic interventions.

Healthcare workers employed various strategies to manage workplace violence, including seeking peer support, engaging in communication and conflict resolution techniques, and resorting to institutional assistance such as hospital security or legal intervention. However, challenges in accessing support and addressing perpetrators were evident, emphasizing the importance of comprehensive training programs and enhanced institutional protocols.<sup>[29]</sup> The respondents offered recommendations for preventing workplace violence, ranging from enhancing security measures and utilizing surveillance technology to implementing support systems and advocacy efforts.<sup>[17]</sup> Suggestions also targeted governmental actions, including alleviating patient overcrowding and strengthening legal measures to hold perpetrators accountable. Training programs focusing on emotional management, crisis intervention, and professionalism were deemed essential for equipping healthcare workers with necessary skills and resources.

### Document analysis on the history of workplace violence

The third study investigates workplace violence against physicians in Türkiye from 1998 to 2023, using online newspaper archives. Keywords such as "physicians," "violence," and "healthcare" were used to systematically analyze 16,440 pages, identifying 286 relevant cases. The research combines quantitative analysis with interpretive phenomenological analysis (IPA) to uncover the underlying reasons for workplace violence.<sup>[30]</sup> Several previous studies have examined workplace violence through Turkish newspapers and social media. For example, Beyazadam et al. investigated physical violence against physicians in Turkish print media from 2008 to 2018.<sup>[31]</sup> Şantaş and Erdoğan analyzed health violence news on an online portal in 2019, while Hoşgör and Türkmen explored incidents from 2005 to 2021 on the same platform.<sup>[32,33]</sup> Similarly, Küçükavcı reviewed 120 incidents of workplace violence across 12 popular online news portals.<sup>[34]</sup> These studies primarily focus on quantifying news articles based on specific variables, with limited attention to qualitative insights from the reports.

The study reveals a pervasive occurrence of workplace violence against physicians across various regions in Türkiye, with a higher frequency in densely populated areas. For instance, Istanbul reported 53 incidents, while Izmir and Ankara reported 23 and 14 cases, respectively. Other notable locations include Adana (13 cases), Şanlıurfa (12 cases), and Gaziantep (12 cases).<sup>[31,32]</sup> Violence incidents primarily occurred in emergency departments (98 cases) and primary care units (39 cases). Other departments frequently affected include obstetrics and gynecology, surgery, internal medicine, neurology, psychiatry, pulmonology, and orthopedics. Violence also extended beyond clinical settings to areas like hospital gardens, car parks, and lifts.<sup>[6,35]</sup>

The study found that most violence incidents occurred during regular working hours (152 cases), with a significant number also taking place during on-call duty periods (69 cases). Physicians were the primary targets (230 cases), followed by nurses (34 cases), paramedics, emergency medical technicians, hospital managers, medical technicians, clinic secretaries, and hospital security personnel. Male healthcare workers experienced more violence (207 cases) compared to female workers (100 cases). The majority of offenders were male (245 cases), with patients' accompanying relatives being the primary perpetrators (170 cases), followed by patients themselves (105 cases). Isolated cases involved violence perpetrated by police officers, prosecutors, and clinic secretaries. Most violence incidents were physical (268 cases), involving knives (30 cases) and guns (16 cases). Verbal violence included death threats, mobbing, and sexual assault. Some violence incidents were planned rather than spontaneous, typically arising from actions taken by patients' relatives after the patient had been treated or had passed away.<sup>[6,33,34]</sup>

The study categorizes the underlying reasons for workplace violence into two main groups: violence caused by patients, or their accompanying relatives and violence instigated by colleagues. These incidents were often triggered by illegal requests, spontaneous reactions, extended waiting times, drug-related factors, mental disorders, and political abuse. Common illegal requests included soliciting false medical certificates, seeking prescriptions for individuals not under the physician's care, and requesting examinations without proper registration. Instances of violence by colleagues often involved mobbing or sexual abuse within the workplace.

### **The basic characteristics of workplace violence in Türkiye**

The comprehensive examination of workplace violence against healthcare professionals in Türkiye, through the semi-structured interviews, online national survey, and document analysis, reveals a complex and pervasive issue that demands urgent attention. The semi-structured interviews with senior physicians highlighted that both physical and verbal violence are endemic in healthcare settings, driven by factors such as overcrowded hospitals, ineffective communication strategies, and the entitlement exhibited by some patients. These findings align with broader research that underscores the importance of communication training and legal deterrents in mitigating violence in healthcare settings.<sup>[36,37]</sup> The physicians interviewed advocated for the consistent application of legal punishments and the establishment of robust physician unions to safeguard their rights, echoing calls for systemic reforms in other contexts.<sup>[38]</sup>

The national survey further illuminated the widespread nature of workplace violence across various healthcare settings, with verbal abuse emerging as the most common form, followed by physical assaults. The participants reported significant challenges in accessing institutional support and effectively addressing perpetrators, a concern that is consistent with findings from other studies on healthcare violence.<sup>[39,40]</sup> The survey emphasized the need for comprehensive training programs focused on emotional management, crisis intervention, and professionalism, to equip healthcare workers with the necessary tools to manage and prevent violence. These recommendations are critical in addressing the systemic inadequacies that leave healthcare workers vulnerable to violence and highlight the importance of organizational and governmental interventions in creating safer work environments.<sup>[41]</sup>

The document analysis provided a broader historical context, revealing that workplace violence has been a persistent issue across Türkiye, particularly in densely populated urban areas. The analysis showed that

violence is not limited to specific departments but spans across emergency rooms, primary care units, and specialized departments like psychiatry and obstetrics and gynecology. This widespread nature of violence is indicative of broader systemic issues that require a national-level approach, including tailored preventive measures for different clinical settings and enhanced security during peak working hours. Similar to international findings, this study underscores the necessity for comprehensive, culturally responsive strategies to address workplace violence, ensuring the safety and well-being of healthcare professionals in Türkiye.<sup>[42,43]</sup>

### **Setting the program goals**

Setting the goals for the training programs involves two consecutive stages. In the first stage, the findings from the needs assessment are organized into an interim report and shared with the advisory group between December 2023 and January 2024. This group comprises a diverse array of professionals from medical and educational backgrounds, including practicing physicians, medical professors from teaching hospitals, nurses, professors from education schools, experts in communication and liberal arts, and patients. Their informal feedback mainly includes suggestions on what topics to discuss in the subsequent stage, how to present the findings to a general audience, and specific requests to be addressed.

The second stage is the workshop held in February 2024. This workshop, attended by the advisory team and project members, spanned one day and had several objectives. The primary goal was to first define the philosophical framework, then set the training program's objectives, and select suitable delivery methods and assessment tools to measure learning outcomes. The workshop began with a presentation of the needs assessment findings. This was followed by a discussion on how to translate these findings into program goals.

The discussion emphasized the cultural factors that influence perceptions of violence, sensitivity to diverse patient populations and cultural norms, and strategies for promoting cultural competence among healthcare professionals. Depending on these cultural elements, the participants then listed the most frequently encountered forms of workplace violence in healthcare settings, culminating in the identification of 15 specific cases (see **Figure 1** for the screenshot of discussions and **Table 1** for the unit list). During this process, the delivery method for the training program was also determined. The consensus was to adopt an online format, given the time constraints faced by physicians, including those still in training, which made face-to-face instruction impractical. According to the consensus in the meeting, an online training program would allow these professionals to engage in learning at their own pace and convenience.

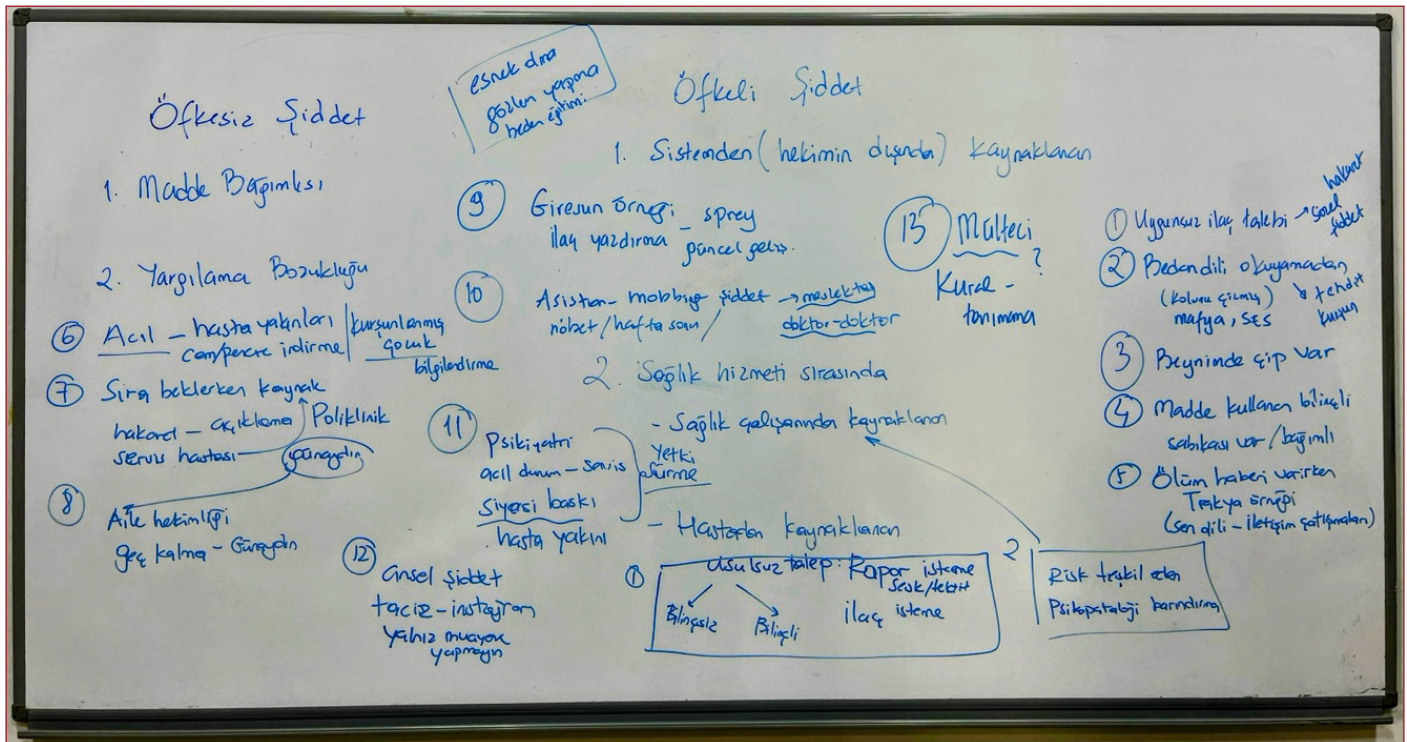


Figure 1. Identifying the 15 specific cases of workplace violence (in Turkish).

Table 1. The unit list in the training program.

Unit#	Title	Real-life scenario
Unit 1	Introduction	Introducing the concepts of violence and workplace violence. Includes statistics on workplace violence within the Turkish healthcare system.
Unit 2	Illegal request for medication	A family doctor manages an illegal request for a prescription from an angry patient in her office.
Unit 3	Patient's body language	An ENT consultant observes the behavior of a mafia member during a consultation in his office.
Unit 4	Inappropriate complaint	A brain surgeon manages a male patient with schizophrenia who believes he has an imaginary problem in his brain.
Unit 5	Impaired by drug	A cardiology consultant deals with a physical assault by a patient who is impaired by drugs in his office.
Unit 6	Delivering bad news	An emergency resident delivers the news of a patient's death to her son, who then attacks the doctor.
Unit 7	Breaking windows in the emergency	The family of a patient, who has been shot and brought to the emergency room for surgery, attacks the staff and breaks the windows.
Unit 8	Waiting in the line	An internal medicine consultant manages angry patients who have been waiting for their appointments for a long time.
Unit 9	Being late for work	A family doctor, who is late for work, manages angry patients who have been waiting for her for two hours.
Unit 10	Illegal prescription	An angry patient physically assaults a doctor who refuses to prescribe medication for the patient's wife (who is not present in the office).
Unit 11	Mobbing from coworkers	An OB-GYN resident experiences psychological harm from coworkers' bullying in the hospital and begins using anti-depressants.
Unit 12	Political violence	A psychiatry consultant on duty is threatened by a political party member to see a patient illegally.
Unit 13	Sexual violence	An internal medicine consultant's inappropriate photographs are taken by a patient's son during an examination, leading to blackmail.
Unit 14	Miscommunication - Immigrants	A neurology consultant is attacked by a Syrian refugee due to a communication barrier.
Unit 15	Illegal request by patients	A family doctor manages an illegal request for a sick note from a patient.
Unit 16	Communication matters	A senior veteran patient becomes furious when an internal medicine consultant uses impolite language.
Unit 17	Assessment	The assessment includes 20 multiple-choice questions to evaluate understanding.

### Defining the philosophic framework

The training program developed to address workplace violence against physicians in Türkiye is grounded in a pragmatic philosophical framework. The key characteristic of the pragmatism in this training program emphasizes the importance of practical outcomes and the application of knowledge to solve real-world problems, particularly in dynamic and complex environments like healthcare.<sup>[44]</sup> This approach prioritizes strategies that are effective, adaptable, and responsive to the specific needs and challenges of healthcare environments in Türkiye.

At the core of this framework is the belief that healthcare practices and interventions should be designed to achieve the best possible outcomes in the specific context in which they are applied. This aligns with Dewey's notion that the value of any theory lies in its ability to inform and improve practice.<sup>[45]</sup> The training program is consequently focused on equipping healthcare professionals with practical tools and strategies that can be immediately implemented to mitigate and manage workplace violence. By providing clear, actionable guidance that is directly relevant to the day-to-day realities of healthcare providers, the program ensures that the knowledge gained can be applied effectively in practice.<sup>[46]</sup>

The pragmatic approach also recognizes the importance of cultural context in shaping both the challenges faced, and the solutions needed in healthcare settings. This is consistent with the view that effective action must be sensitive to the cultural and social environment in which it is applied.<sup>[47]</sup> The training program is therefore designed to be culturally responsive, acknowledging that effective communication and conflict resolution require an understanding of the cultural backgrounds of patients and their families.<sup>[48]</sup> By incorporating culturally specific scenarios and strategies, the program ensures that healthcare professionals are prepared to navigate the unique dynamics of Turkish healthcare environments, leading to more effective and contextually appropriate interventions.<sup>[49]</sup>

### Setting the objectives

By grounding the training program in pragmatism, the emphasis is placed on practical, evidence-based solutions that are adaptable to the specific needs of healthcare providers in Türkiye. The program aims to foster a healthcare environment where the tools and strategies taught are not only theoretically sound but also practically effective in reducing workplace violence and improving the overall safety and wellbeing of both healthcare workers and patients.<sup>[50]</sup> By engaging the advisory group's diverse expertise and thoroughly discussing cultural and practical aspects, the workshop effectively set comprehensive and culturally sensitive goals for the training program. At the end of the workshop, the participants agreed on the following two primary objectives:

**Raising the awareness of workplace violence:** This goal is accomplished by presenting sample cases that represent the most frequently encountered forms of violence in healthcare settings. Through these real-life examples, the participants can gain a deeper understanding of the various types of violence

that healthcare professionals may face, their prevalence, and the contexts in which they occur. These examples also demonstrate how Turkish patients (and their accompanying relatives) perceive violence, how violence in Turkish hospitals is culturally shaped, and how healthcare workers can pay attention to those cultural aspects in workplace violence.

**Developing the strategies to manage and mitigate violence:** By examining these sample cases, the program will outline practical strategies and interventions that can be implemented to manage and mitigate workplace violence. This includes identifying early warning signs, implementing de-escalation techniques, establishing protocols for reporting and responding to incidents, and fostering a supportive environment that prioritizes the safety and well-being of healthcare workers.

By focusing on these objectives, the training program not only aims to enhance awareness but also equips healthcare professionals with the knowledge and tools necessary to effectively address and prevent workplace violence.

### Implementing the program

The implementation stage of the program development is accomplished in two steps. In the first step, the content for the 15 cases was developed and organized. In the second step, these cases were transferred to the online learning platform in the university (see **Figure 2** for the screenshot of the online training program).

One of the key outcomes from the workshop was the decision to enhance the training program by using real-life cases of workplace violence to raise awareness. In alignment with this decision, the workshop participants provided 15 cases, which were then sorted according to their frequency of occurrence in healthcare settings. Following this goal, the project members developed the content for these cases through a structured process. First, the specific objectives for each case were determined. The relevant findings from the needs assessment were incorporated to outline these objectives, ensuring that each case addressed pertinent issues identified during the assessment. Also, they included the cultural characteristics of violence. Next, an introduction to the form of violence was created to provide context and background information.

Subsequently, a scenario for each case was written in the form of a dialogue to make the situations relatable and engaging for the learners. These scenarios were designed to reflect realistic interactions and challenges that healthcare professionals might encounter. Each unit concluded with appropriate strategies to manage and mitigate the violence presented in the case, offering practical solutions and best practices for dealing with such incidents. This comprehensive approach ensures that the training program not only raises awareness about workplace violence but also equips healthcare professionals with the necessary tools and strategies to effectively address and prevent these situations (see **Figure 3** for the screenshot of a sample unit).



SEM-24-E018

## Sağlık Çalışanlarına Yönelik Şiddeti Önleme Eğitimi

**Açıklaması**

Sevgili Hekim Arkadaşlar,

Bu eğitim programı sizleri görevinizi yaparken karşılaşılabileceğiniz şiddet ile ilgili farkındalığınızı artırmak için geliştirilmiştir. TÜBİTAK 1002-122S749 "Sağlık Çalışanlarına Yönelik Şiddeti Önleme Eğitimi: Bir Program Geliştirme Çalışması" isimli proje tarafından desteklenen bu uzaktan eğitimde 16 ünite bulunmaktadır. İlk ünite şiddet ile ilgili genel bilgileri içerirken diğer 15 ünite proje danışma kurulu tarafından seçilen hekimlerin en fazla maruz kaldıkları şiddet örneklerini size sunmaktadır. Ünitelerin başında konuyu özetleyen iki dakikalık videolar bulunmaktadır.

**Bu eğitim programını sosyal medyada paylaşabilirsiniz...**

f t w e d

**Eğitim Programı**

SAĞLIK ÇALIŞANLARINA YÖNELİK ŞİDDETİ ÖNLEME EĞİTİMİ

DOÇ. DR. MEHMET ALI İÇBAY  
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**Ücretsiz**

**Başvur**

Figure 2. The screenshot from the online training program (in Turkish).

SEM-24-E018 - Sağlık Çalışanlarına Yönelik Şiddeti Önleme Eğitimi

## Ünite 1

Ana Sayfa / Sağlık Çalışanlarına Yönelik Şiddeti Önleme Eğitimi / Ünite 1

İndirmek için tıklayınız

SEM-24-E018  
Sağlık Çalışanlarına Yönelik Şiddeti Önleme Eğitimi

**Dersi Tamamladım**

★★★★★  
1 oy

60 ziyaret

Tahmini ders süresi 10 dk'dır.

Daha önce bu derste bulundunuz.

**Ders Listesi**

Ünite 1 - Şiddet nedir?

Ünite 1 - Şiddet nedir?

Figure 3. The screenshot of a sample unit (in Turkish).

As of the end of August 2024, 53 participants, the majority of whom were medical students from Çanakkale Onsekiz Mart University, have benefited from this program. Some participants were enrolled from institutions such as Istanbul University, Atatürk University, Anadolu University, Karamanoğlu Mehmetbey University, Malatya Turgut Özal University, Afyon Kocatepe University, European University

of Lefke, Nuh Naci Yazgan University, Mehmet Akif Ersoy University, Hasan Kalyoncu University, Trabzon University, Istanbul Medipol University, İnönü University, Munzur University, Ankara Yıldırım Beyazıt University, Balıkesir University, Ağrı İbrahim Çeçen University, Istanbul Rumeli University, Gaziantep University, the Ministry of Health, Alaaddin Keykubat University, and Kafkas University.

## RESULTS

The training program for dealing with workplace violence against physicians in Türkiye is designed to be culturally responsive, recognizing and addressing the unique cultural dynamics and sensitivities within Turkish healthcare settings. Following the previous sections outlining how this training program was developed based on the four studies and how it was implemented as an online pilot program in a medical university, this section explains the specific ways in which the program has been tailored to meet these cultural needs, ensuring its relevance and effectiveness for Turkish physicians.

The cultural sensitivity as the key foundation of curriculum development for this training program evolves acknowledging and respecting the diverse cultural backgrounds and practices of individuals. In the context of Turkish healthcare, this means recognizing the unique social, historical, and cultural factors that influence both patient and physician behaviors. Based on this framework, the training program incorporates this understanding by integrating cultural characteristics into its content and delivery methods. It begins by acknowledging the distinct characteristics of Turkish society, including the hierarchical nature of social interactions, the significance of family ties, and the high value placed on respect and honor. For instance, the expectation of deference to authority figures can lead to conflicts if patients or their families feel disrespected or ignored by medical staff. This issue was highlighted by Participant B during an interview when he recounted an incident involving a physical assault by the patient's future husband:

"The patient's relative punched me while I was examining the patient. As a physician, I initially suspected an ectopic pregnancy. However, I was unaware that she was unmarried. The groom, her future husband, believed I was making false accusations and unexpectedly punched me from across the room. I never anticipated the physical assault and found myself on the floor."

### Participant B from the interview

Participant B was physically attacked after suggesting the possibility of an ectopic pregnancy because sexual intercourse before marriage was a taboo for the patient and her community. The groom perceived the physician's initial diagnosis as a defamatory accusation, which led to the violent outburst. This incident underscores the importance of cultural sensitivity in medical practice, particularly in regions where certain topics, such as premarital sexual activity, are highly stigmatized. To address this issue, Units 3 and 16 in the training program focus on teaching healthcare workers how to accurately interpret patients' behavior and body language and communicate effectively using a set of principles. To exemplify this critical issue, Unit 3 presents a case study involving an ENT physician and a mafia member as his patient. It emphasizes the importance of approaching delicate patient interactions with sensitivity to culturally specific issues. It provides detailed strategies for navigating these complex

situations, ensuring that the healthcare provider respects and understands the patient's cultural background while the healthcare worker secures himself. Similarly, Unit 16 covers the scenario of an internal medicine consultant who fails to appropriately address her patients, neglecting the implicit cultural characteristics that influence patient care. Similar to Unit 3, it highlights the consequences of cultural insensitivity and offers guidance on how to recognize and integrate cultural nuances into patient interactions to improve communication and treatment outcomes.

The other dimension to illustrate the role of culture in shaping workplace violence is the political violence heavily experienced by the healthcare workers in Türkiye. The document analysis provided two illustrative cases. The first one took place in a state hospital in Yıldızeli, Sivas.<sup>[51]</sup>

On August 3, 2017, at 9 pm, the district governor called the on-call physician to visit and examine him at his home. The attending physician declined the governor's request, emphasizing his duty in the hospital. Subsequently, the governor rushed to the hospital and threatened the physician, stating, "I am the owner of this hospital. Do you want me to fire you?"

The second case occurred in Kandira, Kocaeli, in 2015.<sup>[52]</sup>

The on-call physician faced threats from the district leader of a political party in 2015. According to court records, the district leader berated the physician, saying, "Do your job properly!" In response, the physician warned him, stating, "Then leave the examination room, and we will do our job properly!" The district leader then threatened the on-call physician, saying, "I will kick you, woman! I am the district leader of AKP [the ruling political party]!" Due to the political harassment, the physician resigned from her position in the state hospital.

The cases presented above underline the critical role culture plays in shaping workplace violence against healthcare workers in Türkiye. In the first case, the respect for authority figures in Turkish culture is deeply ingrained, often leading to an imbalance of power in professional relationships. This cultural norm can enable individuals in positions of power to misuse their authority, as seen in this incident. The governor's expectation of unquestioning compliance from the physician reflects a cultural dynamic where authority is often wielded without accountability, contributing to a climate where workplace violence can thrive.

In the second case, political violence is a manifestation of broader societal issues where political affiliation and power dynamics impact professional interactions. The district leader's actions reflect a culture where political connections are leveraged to bypass professional protocols and exert undue influence, leading to a hostile work environment for healthcare workers. Unit 12 in the training program, for example, addresses these specific aspects by demonstrating the healthcare workers effective communication strategies that align with these cultural expectations. Based on these real-life cases, the unit describes how a psychiatry consultant deals with an illegal request from a member of a political party.

Language and communication are pivotal in preventing and managing workplace violence.<sup>[25,29]</sup> The training program emphasizes the importance of clear, compassionate communication in Turkish, incorporating common phrases and culturally appropriate ways to express empathy and understanding. It also provides training on recognizing and responding to non-verbal cues, which can be critical in de-escalating potentially violent situations. Unit 14, for example, focuses on equipping healthcare workers with basic language skills and effective communication strategies to bridge the language gap. It includes a real-life case where a Syrian immigrant, unable to communicate effectively with a physician, becomes frustrated and attacks the doctor. The physician's inability to understand and respond to the patient's needs due to the language barrier exacerbates the patient's distress, leading to a physical altercation.

Understanding the legal and administrative context is crucial for managing workplace violence.<sup>[26,53]</sup> The training program includes comprehensive information on Turkish laws and hospital policies related to workplace violence, providing detailed instructions on navigating these regulations. This ensures that physicians are well-informed about their rights and responsibilities. This legal awareness is particularly important in the Turkish context, where there can be significant variations in the enforcement of laws and policies across different regions and institutions. A good illustration of these variations is highlighted by Participants C and D in their interviews. Participant C emphasized the importance of physicians not being burdened with following legal cases in court, suggesting that physicians spend a great amount of time in lengthy legal processes related to violence.

"Then comes the protracted process of filing a complaint [against the patient]. It involves a lot of bureaucratic hurdles. In the end, there is no resolution. None at all. Knowing that there would be no [legal] outcome, I prefer to remain silent and focus on my work [when faced with verbal violence in the room].[...] It's just an extensive workload. I feel perturbed when I have a subpoena in my hand, and the memories of the case resurface each time I encounter it."

#### **Participant C from the interview**

Similarly, Participant D noted that local prosecutors dismissed charges for the 20 Beyaz Kod incidents that occurred in 2023 at his teaching hospital. According to his further statement, when he shared the news of the dismissal of charges related to Beyaz Kod incidents with the physicians working in the same hospital, he observed a gradual decline in the use of those codes by the medical staff.

By including these real-world insights and experiences, the units in the training program aims to demonstrate how culture plays a significant role in shaping legal and administrative tasks and motivate healthcare workers to take proactive measures in the first instance. Through

practical examples and case studies, the program highlights the cultural nuances that can impact legal processes and administrative decisions, encouraging healthcare professionals to develop a more culturally aware approach to managing workplace violence. This proactive stance not only enhances their legal and administrative judgment but also fosters a more resilient and responsive healthcare environment.

## **CONCLUSION**

The development of a culturally-responsive training program to address workplace violence against physicians in Türkiye represents a crucial step toward improving the safety and wellbeing of healthcare professionals. This program, grounded in empirical evidence and enriched by cultural sensitivity, equips Turkish physicians with the knowledge, skills, and tools necessary to recognize, manage, and mitigate violence in their workplaces.

One of the most significant aspects of the training program is its integration of main cultural characteristics to the Turkish healthcare environment. By acknowledging the hierarchical nature of Turkish society, the importance of family ties, and the high value placed on respect and honor, the program ensures that its content is relevant and relatable to the participants. Real-life scenarios based on actual incidents reported in Turkish hospitals provide a practical framework for understanding and addressing workplace violence, enabling healthcare professionals to apply learned strategies in real-world situations.

The program's structure, comprising 17 modules, covers various facets of workplace violence, from recognizing early warning signs to implementing de-escalation techniques and navigating legal and administrative procedures. Each module is designed to be interactive and engaging, incorporating practical suggestions, legislative guidelines, and hands-on experiences that are crucial for effective learning and application.

One of the program's strengths is the use of real-life scenarios specific to Turkish healthcare settings. These scenarios are drawn from actual incidents reported in Turkish hospitals, reflecting the types of violence physicians are likely to encounter. By presenting these scenarios, the program helps participants to understand the cultural context of workplace violence, including common triggers and effective responses. For example, a scenario might involve a patient's family member becoming aggressive due to long waiting times, a common issue in Turkish hospitals. The training would then guide physicians on how to manage such situations effectively, using culturally sensitive communication techniques and de-escalation strategies.

Despite the program's comprehensive approach, it is important to acknowledge the limitation regarding the absence of a full-scale evaluation stage. Although the evaluation process began

after the program's implementation, the limited number of participants (53 people completed the online program as of August 2024) made it difficult to gather extensive feedback. Despite this, the effectiveness of the training program is continuously assessed through participant feedback and evaluations of their performance in real-life situations as this paper is being written. Originally, the ongoing feedback loop is planned for ensuring that the program remains relevant and responsive to the evolving needs and challenges faced by Turkish physicians. By actively incorporating feedback from participants and monitoring their practical application of the training, the program aims to adapt and enhance its content and methodologies, ensuring it effectively addresses the complexities of healthcare practice in Türkiye.

Through this initiative, the researcher hopes to foster a safer, more compassionate healthcare system where physicians can perform their duties without the fear of violence, and where the cultural values and dynamics of Turkish society are respected and understood. This training program serves as a model for other countries facing similar challenges, demonstrating the importance of cultural responsiveness in developing effective strategies for managing workplace violence in healthcare settings.

In conclusion, the culturally responsive training program for dealing with workplace violence against physicians in Türkiye is a comprehensive and well-structured initiative. By integrating cultural sensitivity into its design and delivery, the program addresses the unique challenges and needs of Turkish healthcare professionals. It equips them with the knowledge, skills, and tools necessary to effectively manage and prevent workplace violence, ultimately improving the safety and well-being of both physicians and patients. Through continuous evaluation and refinement, the program remains dynamic and adaptable, ensuring its long-term success and impact.

## ETHICAL DECLARATIONS

**Ethics Committee Approval:** The study was obtained from Çanakkale Onsekiz Mart University Research Ethics Committee (Date: 25.08.2022, Decision No: 15/25).

**Informed Consent:** All patients signed the free and informed consent form.

**Referee Evaluation Process:** Externally peer-reviewed.

**Conflict of Interest Statement:** The authors have no conflicts of interest to declare.

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**Author Contributions:** All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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