Determination of Family Health Center Employees' Exposure to Health Violence and Communication Skills*

Aile Sağlığı Merkezi Çalışanlarının Sağlıkta Şiddete Maruz Kalma Durumları ve İletişim Becerilerinin Belirlenmesi*

Araştırma
Research

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Abstract

Objectives: Violence is an essential public health problem for family health center staff and society. This study aims to evaluate the exposure to violence of healthcare professionals working in family health centers, whether there is a relationship between communication skills and exposure to violence, and if there is a relationship, to develop strategies and suggestions by the direction of the relationship.

Methods: 214 people who worked in central family health centers in Erzurum and agreed to participate were included in the study. Introductory information forms, violence questions, and Health Workers' Communication Skills Scale forms were used to collect data. Healthcare professionals filled out the forms during a face-to-face meeting.

Results: In the study, 89.7% of family health center employees stated that they were exposed to violence, and the types of violence were verbal violence 52.8%, psychological violence 29.6%, physical violence 10.1%, economic violence 5.9% and sexual violence 1.7%, respectively. The total average communication skills of healthcare professionals were determined as 92.69±12.67 points. When we look at the communication skills of healthcare professionals, the score is 26.52±4.08 in the empathy sub-dimension, 31.69±4.43 in the informative communication sub-dimension, 16.22±2.47 in the respect sub-dimension, and 18.26±3.57 in the social skills sub-dimension. It is seen that the score is average.

Conclusion: Although there are many studies on violence against healthcare workers, family health centers have been neglected in this regard. Most of the healthcare professionals working in family health centers are subjected to violence. The average communication skills of healthcare professionals were found to be high. The relationship between violence and communication skills was not found to be statiscally significant.

Keywords: family health center; communication skills; violence in health

Özet

Amaç: Şiddet toplumun genelinde olduğu gibi aile sağlığı merkezi çalışanları için de önemli bir halk sağlığı problemidir. Bu çalışma aile sağlığı merkezlerinde çalışan sağlık çalışanlarının şiddete maruz kalma durumlarını, iletişim becerileri ile şiddete maruz kalma arasında ilişki olup olmadığı, bir ilişki var ise ilişkinin yönüne uygun olarak strateji ve öneriler geliştirmek amaçlanmıştır.

Yöntem: Erzurum ili merkez aile sağlığı merkezlerinde görev yapan ve çalışmaya katılmayı kabul eden 214 kişi çalışmaya dahil edilmiştir. Verilerin toplanmasında tanıtıcı bilgi formu, şiddet soruları ve Sağlık Çalışanlarının İletişim Becerileri Ölçeği formu kullanılmıştır. Formlar sağlık çalışanları tarafından yüz yüze görüşme sırasında doldurulmuştur.

Bulgular: Çalışmada aile sağlığı merkezi çalışanlarının %89,7'si şiddete maruz kaldığını, şiddet türünün ise sırasıyla sözel şiddet %52,8, psikolojik şiddet %29,6, fiziksel şiddet %10,1, ekonomik şiddet %5,9 ve cinsel şiddet %1.7 olduğu belirlenmiştir. Sağlık çalışanlarının iletişim becerileri toplam ortalaması 92,69±12,67 puan olarak belirlenmiştir. Sağlık çalışanlarının iletişim becerilerine baktığımızda empati alt boyutundan 26,52±4,08, bilgilendirici iletişim alt boyutundan 31,69±4,43, saygı alt boyutundan 16,22±2,47, sosyal beceri alt boyutundan 18,26±3,57 puan ortalaması aldığı görülmektedir.

Sonuç: Sağlık çalışanlarına şiddet çalışmaları fazlaca yapılsa da aile sağlığı merkezleri bu konuda ihmal edilmiştir. Aile sağlığı merkezinde çalışan sağlık çalışanlarının büyük kısmı şiddet görmektedir. Sağlık çalışanlarının iletişim becerileri ortalaması yüksek bulunmuştur. Şiddet ile iletişim becerileri ilişkisi istatistiksel olarak anlamlı bulunmamıştır.

Anahtar Sözcükler: aile sağlığı merkezi; iletişim becerileri; sağlıkta şiddet

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Introduction

The World Health Organization (WHO) explains the phenomenon of violence that has been going on since the early days of humanity. It is defined as an act of physical or psychological force or power that a person deliberately uses to create a risk of harm or death to another (1). It is known that the phenomenon of violence is increasing all over the world, and health institutions are one of the workplaces where violence occurs the most (2,3). Violence in health is defined as all kinds of physical, verbal, psychological, sexual, and economic violence against healthcare professionals by patients, their relatives, or other individuals (4). According to WHO, the rate of physical violence in the professional lives of healthcare workers is between 8-38% (5). In an article published by the Occupational Safety and Health Administration (OSHA), it is stated that 70% of the violence seen in workplaces occurs in healthcare institutions (6). Violence against healthcare professionals is a public health problem that profoundly hurts society, especially healthcare professionals, patients, and their relatives (7). Patients and their relatives who come to health institutions for treatment are affected by the violence occurring around them (8).

Lack of personnel in health institutions, long waiting times for patients, excessive tests and examinations, working in an overcrowded and noisy environment, working alone, patients and their relatives not complying with the rules, requesting inappropriate medicines or reports, and false information in the media such as TV series, movies, and advertisements. Unresearched service images and news are among the causes of violence in health institutions (8-10). One of the reasons that cause violence is communication problems between people (11). Communication problems can arise from healthcare professionals, patients, and their relatives (12). Education levels, health literacy, belief level, personality structures, psychological state, empathy skills, anger management, body language, and communication skills of patients and their relatives are adequate in experiencing violence (12-14). The reasons for violence include healthcare professionals not adequately informing patients and their relatives, not being friendly, acting indifferent, not answering questions adequately, and having low communication skills (12,14,15).

Contrary to popular belief, violence is not a situation that occurs only in emergencies but can also occur in non-emergency situations, so it is frequently encountered in primary care (16). Family health centers are hazardous units in terms of violence because they are always in touch with society, are easily accessible, have a high number of patient applications, and have high emotions and tension among patients' relatives due to their patients (17). When we look at the data on violence in health in the world, In Germany, 23% of physicians have been exposed to aggression (18). In a primary care study conducted in Brazil, 44.9% of healthcare workers stated that they were exposed to insults (19). In a study conducted in primary care in Bosnia and Herzegovina, the rate of verbal violence against healthcare workers was stated as 89.2% (20). When we look at the studies conducted in Turkey, the rate of exposure to violence was found to be 64.3% in a study conducted with healthcare professionals working in a family health center in Istanbul (21). In another study conducted in family health centers in Samsun, the rate of exposure to violence was determined as 80.9% (22).

When looking at the literature, it can be seen that researchers generally investigate cases of violence in the hospital environment (23). In terms of the relationship with violence, communication skills are thought to be influential in the formation of violence. No other studies have been found in which communication skills are associated with violence in Family Health Centers.

Research Questions:

1. What is the exposure of family health center employees to violence in healthcare?
2. Which type of violence are family health center employees most exposed to?
3. What are the causes of violence from the perspective of family health center employees?
4. Do family health center employees' exposure to violence differ according to their identification characteristics?
5. What is the level of communication skills of family health center employees?
6. Is there a relationship between family health center employees' exposure to violence and their communication skills?

Methods

Type of Research:

The research was conducted in a descriptive and relationship-seeking nature.

Place and Time of Research:

The research was conducted with healthcare professionals working in family health centers in Yakutiye, Palandoken, and Aziziye districts, which are the central districts of Erzurum province. On 11.11.2022, data collection started by obtaining the necessary ethical permissions from Erzurum Provincial Health Directorate.

Universe Sample of the Research:

The research population consists of 285 healthcare professionals working in Family Health Centers in the central districts of Erzurum province, where the study will be conducted. The research was conducted voluntarily with healthcare professionals who agreed to participate in the study without selecting a sample. The study was completed with 214 healthcare professionals who agreed to participate, and 75% of the participants were reached.

Data Collection Method and Tools:

Introductory Information Form: This form, created by the researchers, consists of questions such as age, gender, marital status, having children, educational status, working style, duration of professional experience, length of time working in the clinic, and position in the unit where he/she works.

Questionnaire on Violence in Health: This form, prepared by the researchers by making use of the literature in line with their aims, asks whether the participants of the survey have been exposed to violence before, if so, how many times they have been exposed to violence, the type of violent incident encountered, when was the last time they were exposed to violence, the form of violence, physical violence. Testimony, anxiety about being subjected to violence while working at the family health center, who committed aggression or violence, the gender and age range of the attacker, the status of the attacker, methods of coping with violence, whether he received support from his colleague, feelings, and thoughts about violence, the same situation after the violence. Questions include whether they worked overtime, whether they made mistakes after the violence, whether they filed a complaint, and what happened. As a result, the reasons for the violence are whether they received training on communication and whether the violence is preventable (24,25).

Communication Skills Scale for Healthcare Professionals (Leal-Costa and et al.): It was developed in 2016 (26). Onur Mendi and et al. It was adapted into Turkish in 2020 (27). The scale consists of 18 questions and is prepared on a 6-point scale. The answers to each question in the scale vary between "Rarely (1)" and "Almost always (6)". The lowest score on the scale can be 18, and the highest score can be 108. The scale comprises four sub-dimensions: empathy, social skills, respect, and informative communication. The empathy subscale consists of five items (2^{nd}, 4^{th}, 6^{th}, 11^{th}, 12^{th}), the informative communication subscale consists of six items (5^{th}, 8^{th}, 9^{th}, 14^{th}, 17^{th}, 18^{th}), and the respect subscale consists of three items (1^{th},3^{th},15^{th}). The social skills sub-dimension consists of four items (7^{th},10^{th},13^{th},16^{th}). Higher scores on the scale reveal that health professionals have better communication skills. Cronbach's alpha coefficients of the scale were reported as 0.79, 0.74, 0.73, and 0.72 for the Empathy, Informative Communication, Respect, and Social Skills dimensions, respectively (27). In this study, Cronbach's alpha value was determined as 0.87 for the Empathy sub-dimension, 0.80 for the Informative Communication sub-dimension, 0.82 for the Respect sub-dimension, and 0.54 for the Social Skills sub-dimension.

Research Variables:

The independent variables of this research are the profession, gender, marital status, age, education level, employment status of the health workers working in the family health center, total working time in the profession, and years of working in the current institution. Questions about violence in health and the health professionals' communication skills scale are the dependent variables of this research.

Ethical Aspect of Research:

Before starting the research, ethical permission numbered B.30.2.ATA.0.01.00/635 was obtained from the Atatürk University Faculty of Medicine Clinical Research Ethics Committee, and institutional permission from Erzurum Provincial

Health Directorate, where the study will be conducted. In order to use the scale, permission was obtained via e-mail from the researchers who conducted the Turkish validity and reliability of the scale. Before filling out the forms and scales, participants were informed about the research in line with the principles of the Declaration of Helsinki, and the forms and scales were administered to healthcare professionals who volunteered to participate in the research.

Evaluation of Data:
The data obtained in the study were analyzed in a computer environment using the Statistical Package for the Social Sciences (SPSS 22) program. In the analysis of the data, numbers, percentages, minimum and maximum values, averages, and standard deviations, as well as the compliance of the data with the normality assumption, were calculated with the "Kurtosis" and "Skewness" coefficients (±2).

Results
Of the 214 healthcare professionals working in the family health center who agreed to participate in the survey, 42.5% are nurses, 32.7% are doctors, 19.6% are midwives, and 5.1% are Emergency Medical Technicians (ED). 40.7% of the participants are in the 31-40 age group, 68.7% are women and 69.2% are married. 34.6% of the participants had postgraduate education, 30.4% had worked for 6-10 years, and 54.2% had worked at their current institution for five years or less. The average age of the participants is 34.3±8.4.

The distribution of the scores obtained from the Health Care Professionals Communication Skills Scale and its sub-dimensions is presented in Table 1.

The participants received 26.52±4.08 points from the Empathy sub-dimension, 31.69±4.43 from the Informative communication sub-dimension, 16.22±2.47 from the Respect sub-dimension, 18.26±3.57 points from the Social skills sub-dimension, and 92.69±12.67 points from the total Health Workers' Communication Skills Scale (Table 1).

Table 2, 89.7% of the participants have been subjected to violence before, 41.9% have been subjected to 5 or more acts of violence, 52.8% have been subjected to verbal violence, and 47.8% have been subjected to violence in the last six months. 36.3% of the participants have experienced violence in the form of "shouting," 38.3% have witnessed physical violence 1-2 times in their working life, and 40.2% are "very much" worried about being exposed to violence while working at the family health center. 43.9% of the participants were subjected to violence by the patient's relative, the gender of the perpetrator is 63.2% male, the age of the perpetrator of violence is 33.1% between 30-39 years old, according to 54.5% of the participants, the attacker is defined as "nobody, but an ordinary person" 32.2% responded verbally to cope with the violence they were exposed to, 82.8% received support from the institution they worked at after the violence they were exposed to, and 32.6% felt angry after being exposed to violence. 98.5% of the participants continued to work after being exposed to violence, 55.8% did not make any mistakes while working after the violence, 71.1% did not complain after the violence, and 41.7% of the reasons for not complaining were "I thought it would not be beneficial even if I complained." Among those who complained, 40.6% said, "I could not get a satisfactory result." 83.2% of the participants think that violence against healthcare workers

Table 1. Distribution of Points Obtained from the Communication Skills Scale of Healthcare Professionals and Its Sub-Dimensions

Scale and Subscales	n	Min.	Max.	Mean	SD
Empathy	214	10.00	30.00	26.52	4.08
Informative Communication	214	14.00	36.00	31.69	4.43
Respect	214	6.00	18.00	16.22	2.47
Social Skill	214	8.00	24.00	18.26	3.57
Communication Skills Scale of Healthcare Professionals	214	40.00	108.00	92.69	12.67

Table 2. Distribution of Responses to the Questionnaire on Violence in Health			
		n	%
Previous exposure to violence	Yes	192	89.7
	No	22	10.3
Type of violence experienced before*	Physical violence	36	10.1
	Verbal violence	189	52.8
	Psychological violence	106	29.6
	Sexual violence	6	1.7
	Economic violence	21	5.9
Time of last exposure to violence	In the last 6 months	95	48.0
	In the last 1-2 years	71	35.9
	In the last 5 years	18	9.1
	In the last 10 years	11	5. 6
	More than 10 years ago	3	1.5
Type of violence experienced*	Attack on the environment	34	6.9
	Scream	178	36.3
	Insult - swearing	144	29.4
	Physical attack (Manhandling, slapping, punching...)	20	4.1
	Physical assault (Use of tools)	7	1.4
	Verbal sexual harassment	9	1.8
	Threatening to cause physical harm	42	8.6
	Threatened with exile	35	7.1
	Economic threat	21	4.3
Concern about exposure to violence while working in a family health center	I am not worried	21	9.8
	I am less worried	17	7.9
	I am worried	43	20.1
	I am too worried	47	22.0
	I am very much worried	86	40.2
By whom the violence was exposed (If exposed to violence)	Patient	146	40.6
	The relatives of the patient	158	43.9
	Chief-Manager	30	8.3
	My colleague	25	6.9
	Other	1	0.3
Gender of the person perpetrating violence*	Woman	102	36.8
	Male	175	63.2
Age range of the person perpetrating violence*	10-18	4	1.3
	19-29	47	15.1
	30-39	103	33.1
	40-49	102	32.8
	50 years and above	55	17.7
Continuing to work after exposure to violence	Yes	194	98.5
	No	3	1.5

Making mistakes at work or being afraid of making mistakes after exposure to violence	No, I did not make a mistake	110	55.8
	Yes, I made a mistake	15	7.6
	I was afraid of making mistakes	72	36.5
Complaining after exposure to violence	Yes	57	28.9
	No	140	71.1
Reason for not complaining*Reason for Not Complaining*	I was embarrassed	2	0.7
	I was afraid of negative results	16	5.9
	I thought the complaint was unnecessary because it was not that important.	27	10.0
	I thought it would not help if I complained.	113	41.7
	I thought the legal procedures were long and tiring	73	26.9
	I did not feel safe	30	11.1
	We reached a compromise	6	2.2
	Other	4	1.5
Result of the complaint*	The case continues	8	11.6
	I got a satisfactory result	18	26.1
	I did not get a satisfactory result	28	40.6
	I regret complaining	11	15.9
	Other	4	5.8
In your opinion, what are the reasons for the violence that healthcare workers are exposed to?*	Long waiting time for examination	81	6.3
	Staff shortage	89	7.0
	Rejection of unfair requests (prescription, report, etc.)	170	13.3
	Lack of communication with the patient/ relative	64	5.0
	Adverse effects of news of violence on health in the media	107	8.4
	Patient/patient's relative being angry	107	8.4
	Patient/patient's relative showing power	119	9.3
	Health policies	101	7.9
	Lack of adequate security	137	10.7
	There is no reason	38	3.0
	Unsympathetic behavior of the patient/ patient's relative toward the healthcare personnel	135	10.6
	Insufficient information is given to the patient/patient's relative	48	3.8
	Drug-related aggression	13	1.0
	Do not act sullen	18	1.4
	Other	4	0.3
Do you think that those who commit violence against healthcare workers are given the punishment they deserve?	Yes	8	3.7
	No	206	96.3

Receiving training on communication with patients/patient relatives	Yes	154	72.0
	No	60	28.0
In your opinion, are patients and their relatives aware of the penalties they will receive if they commit violence against healthcare professionals?	Yes	27	12.6
	No	187	87.4
Can violence in health be prevented?	Yes	159	74.3
	No	55	25.7
*Multiple markings were made.			

Table 3. Comparison of Demographic Characteristics According to Previous Violence

Previous Violence Status		**Yes**		**No**		**Significance**
		n	**%**	**n**	**%**	
Age	18-30	72	37.5	4	18.2	x^2=3.560 p=.313
	31-40	75	39.1	12	54.5	
	41-50	34	17.7	5	22.7	
	50 years and above	11	5.7	1	4.5	
Gender	Female	130	67.7	17	77.3	x^2=.840 p=.360
	Male	62	32.3	5	22.7	
Job	Doctor	63	32.8	7	31.8	x^2=8.267 **p=.041**
	Nurse	85	44.3	6	27.3	
	Midwife	33	17.2	9	40.9	
	Emergency medical technician	11	5.7	-	-	
Marital status	Married	131	68.2	17	77.3	x^2=.757 p=.384
	Single	61	31.8	5	22.7	
Educational status	High school	32	16.7	1	4.5	x^2=2.966 p=.397
	Associate degree	44	22.9	6	27.3	
	Undergraduate	49	25.5	8	36.4	
	Graduate	67	34.9	7	31.8	
Working status	Regular	122	63.5	18	81.8	x^2=2.915 p=.088
	Contractual	70	36.5	4	18.2	
Working year	5 years and below	50	26.0	3	13.6	x^2=1.786 p=.618
	6-10 years	58	30.2	7	31.8	
	11-20 years	51	26.6	7	31.8	
	20 years and above	33	17.2	5	22.7	
Years working at current institution	5 years and below	101	52.6	15	68.2	x^2=2.166 p=.539
	6-10 years	58	30.2	5	22.7	
	11-20 years	30	15.6	2	9.1	
	20 years and above	3	1.6	-	-	

Table 4. Comparison of Health Workers' Communication Skills Scale and Sub-dimensions according to Previous Exposure to Violence

		n Mean	Previous Experience of Violence			
			SD	Test	p	
Empathy	Yes	192	26.48	4.21	U=1989.500	.648
	No	22	26.82	2.74		
Informative Communication	Yes	192	31.61	4.55	t=-.750	.454
	No	22	32.36	3.16		
Respect	Yes	192	16.17	2.53	U=1940.500	.540
	No	22	16.64	1.79		
Social Skill	Yes	192	18.18	3.66	t=-.903	.367
	No	22	18.91	2.65		
Communication Skills Scale for Healthcare Professionals	Yes	192	92.45	13.07	U=2052.000	.827
	No	22	94.73	8.38		

has increased a lot in recent years, and 13.3% say that the reason why healthcare workers are exposed to violence is the rejection of their unfair requests (prescriptions, reports, etc.). 96.3% of the participants think that violence against healthcare workers is not given the deserved punishment, 72% have received communication training with patients/relatives, 66.8% think that the Covid-19 pandemic has increased violence, 87.4% believe that patients/relatives have committed violence against healthcare workers. They think that they do not know the punishment they will receive after committing violence, and 74.3% think that violence in healthcare can be prevented.

As seen in Table 3, the difference in the rates of previous violence according to age, gender, marital status, educational status, employment status, working year, and working year in the current institution is not statistically significant ($p>.05$).

As seen in Table 3, the difference in rates of previous exposure to violence by profession is statistically significant ($p<.05$). In the further analysis conducted to determine which profession caused the difference (x2), it was determined that the rate of those who had been subjected to violence before was higher among nurses, and the rate of those who had not been subjected to violence before was higher among midwives.

A comparison of the Health Workers' Communication Skills Scale and its sub-dimensions according to previous exposure to violence is presented in Table 3.

As seen in Table 4. The difference in Health Workers' Communication Skills Scale and Sub-Dimension mean scores according to previous exposure to violence is not statistically significant ($p>.05$).

Discussion

In the study, family health center employees' exposure to violence in healthcare was questioned, and it was found that they were exposed to violence at a rate as high as 89.7% (Table 2). When the literature data is examined, it is seen that the results are parallel (28). Vorderwülbecke et al. (2015) found that 91% of healthcare workers in primary care settings in Germany had been subjected to violence (18). In a study conducted in primary care in Pakistan, it was determined that doctors were exposed to violence at least once in the last year (27). Looking at the studies conducted in Turkey, Hıdıroğlu et al. (2019) found that the rate of being subjected to violence was 64.3% in their research with healthcare professionals working in a family health center in Istanbul (21). In another study conducted in family health centers in Samsun, the rate of exposure to violence was determined as 80.9% (22). Studies prove that healthcare professionals working in family health

centers are at high risk of being subjected to violence.

The rate of verbal, psychological, and physical violence experienced by family health center employees varies across studies. In a survey conducted by Da Silva et al. (2015) in Brazil, which included a wide range of primary healthcare professionals, the rates of verbal violence and physical violence were found to be 44.9% and 2.3%, respectively (19). Vorderwülbecke et al. (2015), in a study in Germany, found the rate of verbal violence to be 79%, while the rate of physical violence was found to be 23% (18). In Bosnia-Herzegovina, Jatic et al. (2019) found a rate of 89.2% of verbal violence and 11% of attacks with objects and physical injury (20). In When we look at the studies in Turkey, Ardıç and Öztürk (2018) determined that the rate of verbal violence that doctors working in family health centers were exposed to was 90.77%, and physical violence was 20.65% (16). Hıdıroğlu et al. (2019) found in their study that verbal and psychological violence was 81.6% and physical violence was 19.6% in the last year (21). Verbal violence came first in all studies, albeit at different rates, which is compatible with our research. It is thought that such different rates of violence are due to people's experiences, thinking of violence only as physical violence, forgetting or ignoring the events experienced, cultural differences between countries and regions, and education levels changing the perspective on violence.

When asked about the type of violence experienced, 36.3% of healthcare workers said it was yelling, and 29.4% said it was insults and swearing. When we look at the relevant studies, although the rates are different, the form of violence is the same and is parallel to the literature (28). Hıdıroğlu et al. (2019) found 55.2% shouting and 33.6% swearing (21). It is thought that violence against healthcare workers is mostly verbal violence and psychological violence, and therefore, the rates of shouting, insults, and swearing are high.

In the study, the people who used violence against healthcare workers were 43.9% of the patient's relatives and 40.6% of the patients, the violence was generally shown by men with 63.2%, and the age range of the person committing violence was 30-39 years old with 33.1% and 40-49 years with 32.8% has been determined. Vorderwülbecke et al. (2015) found that the characteristics of the perpetrators of violence were 18% of the patient's relatives and 73% of the patients, 80% of the perpetrators were men, and the average age of the people who committed the attack was 45 (18). Ardıç and Öztürk (2018) stated that the characteristics of the person who perpetrated the violence were 37.18% patient relatives and 31.41% patients (16). When the studies are examined, it is seen that the data are not compatible with the literature data in the world but are compatible with the literature data in our country. Cultural and sociological differences are effective at this rate. It is thought that in our country, the respect for the patient and the frequent visits of the patient's relatives increase this rate.

In the study, when asked, "Are you worried about being subjected to violence while working in a family health center?" 40.2% of healthcare professionals answered, "I am apprehensive." When we look at the literature, in a systematic study conducted with primary healthcare professionals, they found the option of "extremely worried" at 20.8% and the option of "very worried" at 48.7% (30). In a study conducted in primary care in Tekirdağ, the "I am apprehensive" option of healthcare professionals was found to be 34.9% (31). It is thought that healthcare workers, especially in primary care, have concerns about violence due to the lack of security guards and their direct communication with patients and their relatives.

In our study, 98.5% of the healthcare workers continued their work after the violence they were exposed to, 55.8% stated that they did not make a mistake, 36.5% indicated that they were afraid of making a mistake, and 7.6% said that they made a mistake. When we look at the literature, the error rate of healthcare professionals increases after violence (32,33). It is thought that healthcare workers not continuing to work after violence will reduce the risk of errors. In addition, in the circular published by the Ministry of Health in 2012, healthcare workers have the right to withdraw from duty after violence (34). Healthcare workers need information about these rights; even if they do, they do not use them.

In our study, 71.1% of them did not complain after the violence they were exposed to, and they explained the reason for not complaining as 41.7% because they thought it would not be beneficial to complain, and 26.9% because they thought the legal procedures were long and tiring. Vorderwülbecke et al. (2015) found the non-complaint rate to be 80% (18). Ardıç and Öztürk (2018) found that the rate of not complaining was 72.25%, and the reason for not complaining was 59.47%, which was bureaucracy and lengthy cases (16). Remarkably, in our study, 15.9% of the healthcare professionals who complained stated they regretted complaining. When asked, "Do you think that people who commit violence against healthcare workers are given the punishment they deserve?" 96.3% of healthcare professionals answered no. This causes healthcare professionals to avoid reporting violent incidents. Other data in the literature show that although healthcare workers experience violence, their reporting rate is low (16,35).

In our study, the rate of complainants was 28.9%; 40.6% of them stated that they could not get satisfactory results, and 26.1% indicated that they got satisfactory results. Vorderwülbecke et al. (2015) found the complaint rate to be 20% (18). Ardıç and Öztürk (2018) determined the complaint rate as 27.25% (16). Even though healthcare professionals want to file a complaint, the long and tiring litigation process affects their ability to file a complaint. If these procedures need to be shortened by various legal regulations, legal policies should be regulated to protect healthcare professionals. It should not be ignored that healthcare workers may report more violent incidents with faster reporting and penalties.

When we asked the participants about the reasons for the violence that healthcare workers are exposed to, the option of rejecting people's unfair requests (prescriptions, reports, etc.) was found to be the highest, with 13.3%. The possibilities of inadequate security follow this with 10.7%, the patient or the patient's relative being unsympathetic to the healthcare personnel with 10.6%, and the patient and the patient's relative showing power with 9.3%. In addition, family health center employees stated that the adverse effects of news about violence in health in the media were 8.4%, the irritability of patients and their relatives was 8.4%, and health policies had an effect of 7.9% on violence. In a study conducted with the participation of doctors in Spain, the causes of violence were drug prescription at 11.9%, issuance of temporary driver's licenses at 5.8%, and creation of reports at 5.5%. It was determined that these data constituted almost a quarter of the causes of violence (36). In a study conducted in primary care, Almutairi and Jahan (2022) determined that the most common answers regarding the cause of violence were misunderstanding 41.1%, unmet service demand 29.5%, overcrowding 26.8%, and long waiting time 25% (25). Terkeş et al. (2022), in a study conducted in a public hospital, the most frequently cited reasons for violence were; news and publications against healthcare professionals in the media, lack of sufficient healthcare professionals, inadequate or inadequate information for patients/relatives, failure to answer questions, and hasty behavior by patients and their relatives (41). Both hospital healthcare professionals and family health center employees think that news of violence in the media causes violence in healthcare. While the long examination times are noticeable in studies in hospitals, the short examination times in family health centers change the causes of violence. The different results in different studies in the literature are thought to be due to the functioning of health policies in the countries where they are conducted and the differences in the use of family health centers in our country. Although violence is used in different locations for different reasons, it seems that violence in healthcare is a constantly encountered problem from primary to tertiary care.

Additionally, healthcare professionals think that violence is preventable at a rate of 74.3%. The studies show parallelism when the information in the literature is examined (15). In a study conducted in Turkey, healthcare professionals stated that the necessary legal regulations should be made and the required security measures should be taken to prevent violence (29).

In our study, 72.0% of healthcare professionals stated that they received training in communication. A study conducted in our country on hospital nurses found that 67.1%

received communication training (37). Studies have shown that training can increase communication skills (37-40).

In our study, 87.4% of the participants stated that they did not know the punishments that patients and their relatives would receive if they committed violence. Terkeş and et al. although this rate was lower at 54.9% in the study conducted by (2022), the answer was still no (41). Penalties for violence can be announced to the public through public information made by the Ministry of Health using press and media organs, which can be used as a deterrent to prevent violence (41).

The total average communication skills of healthcare professionals were determined as 92.69±12.67 points. This score, which is above average, is an indication that healthcare professionals have high communication skills. The total score of the Zhong et al. (2023) was 91.94±9.56 (42). The study by Dalokay and Aydın (2023) with nurses determined it as 82.03±14.1 (43). When we look at the communication skills of healthcare professionals, it is seen that they received an average score of 26.52±4.08 from the empathy sub-dimension, 31.69±4.43 from the informative communication sub-dimension, 16.22±2.47 from the respect sub-dimension, and 18.26±3.57 from the social skills sub-dimension. When the sub-dimensions of communication skills of healthcare professionals are examined with the literature, Zhong et al. (2023) found an average of 26.43±3.17 in the empathy sub-dimension, 30.60±3.44 in the informative communication sub-dimension, 16.36±1.79 in the respect sub-dimension, and 18.56±2.57 in the social skills sub-dimension (42). Dalokay and Aydın (2023) reported an average of 23.32±4.53 in the empathy sub-dimension, 27.58 ±5.13 in the informative communication sub-dimension, 14.27± 2.89 in the respect sub-dimension, and 16.85±3.26 in the social skills sub-dimension (43). The results show that healthcare professionals' empathy, respect, informative communication, and social skills are higher than the literature data. It is an indication that healthcare professionals generally use their communication skills constantly.

In our study, when looked at according to profession, the rate of nurses being subjected to violence was found to be higher at 44.3%. When we look at the literature data, the results are parallel. Yusoff et al. (2023) determined in a systematic review that nurses were subjected to more violence (30). In their study, Türkmenoğlu and Sümer (2017) determined that the rate of nurses being subjected to violence was 66.7% (44). Terkeş et al. (2022) determined that when the professional group was evaluated, nurses came first with 65.6% (41). It is thought that nurses' one-on-one interaction with patients, their caregiving, and treatment practices increase violence against nurses.

In our study, the communication skills scale and sub-dimension mean scores of health workers were found to be higher in those who had not been subjected to violence than in those who had been subjected to violence. However, the difference in mean scores was not statistically significant. When the literature was examined, Ardıç and Öztürk (2018) found in their study with a different communication scale that interpersonal communication and stress management scores were low in participants exposed to violence (16). We obtained different results from the studies in the literature because different scales are used. Even if the communication skills of healthcare professionals are high, communication is two-way. Although one party has good communication skills, the communication skills of the other party are inadequate. It is thought that the communication process becomes ineffective.

Conclusion

As a result, violence in healthcare is a phenomenon in our lives that is increasing day by day and is starting to be perceived as usual due to this increase. This increase in verbal violence leads people to not see verbal violence as violence and to think that even if they complain, they will not get results. Regardless of the type of violence, healthcare professionals do not even think about complaining about violence, which causes people who commit violence not to receive the necessary punishments and to see it as their right to show violence in their next application for healthcare services. To reduce violence in family health centers, health workers should be given communication skills training, and at least violence caused by health

workers should be prevented. Publications that will reduce violence should be created through the media, public spots should be broadcast for this purpose, and educational programs open to the participation of the whole public should be organized. Aiming for zero tolerance for violence in health, penalties should be increased through laws and deterrent judicial and financial sanctions should be applied. Seminars should be given to healthcare professionals to educate them about their legal rights. The penalties for violence should be shared with everyone, and the sanctity and difficulty of the profession of healthcare professionals should be shown to the public. Healthcare workers should be informed about employee safety laws and regulations, and it should be stated that they have the right to withdraw from duty after violence. Motivation-increasing psychological support should be provided to healthcare workers. Security measures should be taken in family health centers, security guards should be employed, and their powers should be increased. Practices similar to the white code practice applied in hospitals should be initiated. In-depth qualitative studies should be conducted in family health centers on healthcare professionals who have been exposed to violence and individuals who commit violence.

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Resources

1. World Health Organization . Global Status Report on Violence Prevention 2014. Geneva.
2. Büyükbayram, A, Okçay, H. Sağlık çalışanlarına yönelik şiddeti etkileyen sosyo-kültürel etmenler. Journal of Psychiatric Nursing/Psikiyatri Hemsireleri Dernegi. 2013;4(1):46-53.
3. Sancar F. Din ve Şiddet: Tarihi, Dini, Siyasi, Kültürel, Sosyo-Psikolojik Boyutlarıyla. Recep Tayyip Erdoğan Üniversitesi Yayınları. 2013.
4. Al B, Zengin S, Deryal Y, Gökçen C, Yılmaz DA, Yıldırım C. Increased violence towards health care staff. Journal Of Academic Emergency Medicine/Akademik Acil Tıp Olgu Sunumları Dergisi. 2012;11(2):115-24
5. World Health Organization. Preventing Violence Against Health Workers. 2024, Geneva.
6. Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2016. OSHA. Publications/osha. 2015;3148.
7. Yeşilbaş H. Sağlıkta şiddete genel bakış. Sağlık ve Hemşirelik Yönetimi Dergisi. 2015;1(3):44-54.
8. Özişli Ö. Sağlıkta şiddetin nedenleri üzerine bir araştırma. Uluslararası Sağlık Yönetimi ve Stratejileri. Araştırma Dergisi. 2022;8(1):62-68.
9. Stathopoulou H. Violence and aggression towards health care professionals. Health Science Journal. 2007;1(2):1-7.
10. Özcan F, & Yavuz E. Türkiye'de sağlık çalışanları şiddet tehdidi altında. The Journal of Turkish Family Physician, 2017;8(3):66-74.
11. Özcan N, Bilgin H. Violence towards healthcare workers in Turkey: A systematic review. Türkiye Klinikleri Journal of Medical Sciences. 2011;31:1442-56.
12. Gür, D, Baykal Ü. Sağlık çalışanına uygulanan hasta ve hasta yakını şiddeti ve iletişim. Arel Üniversitesi Sağlık Bilimleri Dergisi. 2023;7(1):1-9.
13. Solmaz B, Duğan Ö. Sağlık çalışanı ile hasta ve yakınları arasında yaşanan şiddetin nedenlerinden "İletişim" üzerine bir inceleme. Bolu Abant İzzet Baysal Üniversitesi Sosyal Bilimler Enstitüsü Dergisi. 2018;18(2):185-206.
14. Yalçın H. Sağlık çalışanlarına şiddet ve şiddet oranları. Aydın Sağlık Dergisi. 2023;9(3):117-30.
15. Terkeş N, Değirmenci K, Bedir G. Hasta/hasta yakınları bakış açısıyla sağlık çalışanlarına yönelik şiddetin nedenleri. Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi. 2021;14(4):328-36.
16. Ardıç C, Öztürk G. The role of stress management and ınterpersonal communication in preventing violence against family physicians. International Journal of Research in Medical Sciences. 2018;6(4):1094-100.
17. Annagür B. Sağlık çalışanlarına yönelik şiddet: Risk Faktörleri, etkileri, değerlendirilmesi ve önlenmesi. Psikiyatride Güncel Yaklaşımlar. 2010;2(2):161-73.
18. Vorderwülbecke F, Feistle M, Mehring M, Schneider A, Linde K. Aggression and

violence against primary care physicians—A nationwide questionnaire survey. Deutsches Ärzteblatt International. 2015;112(10):159.
19. Da Silva ATC, Peres MFT, Lopes C, Schraiber LB, Susser E, Menezes PR. Violence at work and depressive symptoms in primary health care teams: A cross-sectional study in Brazil. Social psychiatry and psychiatric epidemiology. 2015;50:1347-55.
20. Jatic Z, Erkocevic H, Trifunovic N, Tatarevic E, Keco A, Sporisevic L, Hasanovic E. Frequency and forms of workplace violence in primary health care. Medical Archives. 2019;73(1):6.
21. Hıdıroğlu S, Tanrıöver Ö, Tosun M, Turan CA, Günaydın BS, Eser B, Htoo KM, Karavuş M. Birinci Basamak Sağlık Çalışanlarının şiddete maruziyet düzeyleri ile iş doyumu arasındaki ilişkinin değerlendirilmesi. The Journal of Turkish Family Physician. 2019;10(4):173-84.
22. Altan S, Şahin MK. Samsun'da Aile Sağlığı Merkezlerinde çalışan hekimlerde ve aile hekimliği asistanlarında tükenmişlik ve ilişkili faktörler: Kesitsel bir çalışma. Turkish Journal of Family Medicine and Primary Care. 2023;17(1):68-78.
23. Andy C. Violence against NHS staff: A special report by HSJ and UNISON. 2020.
24. Batmaz K, Uskun E, Aydin G. Sağlık çalışanlarına yönelik şiddet ve ilişkili faktörler: Araştırma Uygulama Hastanesi Örneği. SDÜ Tıp Fakültesi Dergisi. 2022;29(1):23-35.
25. Almutairi MR, Jahan S. Prevalence of physical and verbal violence against physicians and nurses in primary health care centres, Buraidah, Qassim Province. Middle East Journal of Family Medicine. 2022;7(10):100.
26. Leal C, Tirado S, & Rodríguez-Marín J. Creation of the Communication Skills Scale in health professionals, Css-Hp. Anales de Psicologia, 2016;32(1):49.
27. Mendi O, Yildirim N, Mendi B. Cross-cultural adaptation, reliability and validity of the turkish version of the Health Professionals Communication Skills Scale. Asian Nursing Research. 2020;14(5):312-9.
28. Ahmed F, Memon MK, Memon S. Violence against doctors is a serious concern for healthcare organizations to ponder about. Annals Of Medicine and Surgery. 2018;25:3-5.
29. Uğurlu H, & Şantaş F. Sağlıkta şiddete ilişkin bir çalışma. Hacettepe Sağlık İdaresi Dergisi, 2023;26(2):305-34.
30. Yusoff HM, Ahmad H, Ismail H, Reffin N, Chan D, Kusnin, F, et al. Contemporary evidence of workplace violence against the primary healthcare workforce worldwide: A systematic review. Human Resources for Health. 2023;21(1):82.
31. Kıymazaslan E. 1. basamak sağlık kuruluşlarında sağlık çalışanlarına yönelik şiddet: Tekirdağ örneği. Yüksek Lisans Tezi Tekirdağ Namık Kemal Üniversitesi. 2022.
32. Eryılmaz M. Ülkemizde acil sağlık hizmetleri: İhtiyaca yönelik güncel çözüm önerileri. Turkish Journal of Trauma & Emergency Surgery. 2007;13(1):1-12.
33. Hutton SA. Workplace incivility: State of the science. The Journal of Nursing Administration (JONA). 2006;36(1):22-7.
34. T.C. Sağlık Bakanlığı. Çalışan Güvenliğinin Sağlanması Genelgesi2012/23
35. Nikathil S, Olaussen A, Gocentas RA, Symons E, Mitra B. Workplace violence in the emergency department: A systematic review and meta analysis. Emergency Medicine Australasia. 2017;29(3):265-75.
36. National Observatory of Aggressions to Physicians (ONAM) Workgroup JM Garrote-Díaz A, Becerra-Becerra J, Bendaña-Jácome L, Casero-Cuevas G, Garrote-Cuevas M, Muñoz-García R, Marín-Montero L, Perez-Gallego D, Gutierrez-Bejarano JR Repullo, & General Council of Official Medical Associations of Spain (CGCOM) National report on aggressions to physicians in Spain 2010–2015: Violence in the workplace - Ecological study. BMC Research Notes. 2018;11:1.
37. Durmuş SÇ, Gülnar E, Özveren H. Hemşirelerin İletişim becerileri ve danışmanlık becerilerinin durumu. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi. 2023;12(4):1836-45.
38. Balcı S, Ersanlı K. İletişim Becerileri Envanterinin geliştirilmesi: Geçerlik ve güvenirlik çalışması. Türk Psikolog Danışma ve Rehberlik Dergisi. 2006;2(10):7-12.
39. White V, Chiswell M, Webber E, Martin P, Piper A. What impact does participation in a communication skills training program have on health professionals' communication behaviors: Findings from a qualitative study. Journal of Cancer Education. 2023;38(5):1600-7.
40. Mata ÁNDS, De Azevedo KPM, Braga LP, De

Medeiros GCBS, De Oliveira Segundo VH et al. Training in communication skills for self-efficacy of health professionals: A systematic review. Human Resources for Health. 2021;19:1-9.
41. Terkeş N, İlter S, Zorlu E. Sağlık çalışanlarının şiddetle karşılaşma durumları ve sağlık çalışanlari bakış açısıyla şiddetin nedenleri. Izmir Democracy University Health Sciences Journal. 2022;5(2):620-34.
42. Zhong X, Tang F, Lai D, Hu R, Leal-Costa C. The Chinese version of the Health Professional Communication Skills Scale: Psychometric evaluation. Frontiers In Psychology. 2023;14:1125404.
43. Dalokay EB, Aydın A. The relationship between alexithymia, communication skills and mental well-being of nurses' in Turkey: A cross-sectional study. Archives of Psychiatric Nursing. 2023;43:81-6.
44. Türkmenoğlu, B., & Sümer, H. E. Frequency of Healthcare Workers' Exposure to Violence in the City Center of Sivas. Ankara Medical Journal. 2017;17(4), 216-25.