

VIOLENCE AGAINST EMERGENCY MEDICAL SERVICE WORKERS: A GENDER EQUALITY PERSPECTIVE

 Ali EKŞİ¹  Süreyya GÜMÜŞSOY²  Sinem UTANIR ALTAY³  Gülce KİRAZLI⁴

ABSTRACT

Objective: The aim of this study is to investigate the relationship between gender equality and violence against emergency medical services workers. In patriarchal societies, gender inequality may increase women's vulnerability to violence. Recent studies have reported an increase in violence against healthcare workers, with gender inequality identified as an important contributing factor.

Materials and Methods: The study was conducted using data from semi-structured in-depth interviews with 25 emergency medical services workers in Izmir. The interviews were recorded, transcribed, and categorized by subject. The data were analyzed using descriptive analysis.

Results: Three main themes emerged from the analysis: Sexist Approach and Empathy toward Difficulties in Emergency Medical Services, Gender-Based Discrimination in Emergency Medical Services, and Positive Perception of Female Personnel in Emergency Medical Services Working Under Difficult and Risky Conditions. In patriarchal societies with high gender inequality, women are often perceived as weak and fragile, which increases their vulnerability to violence.

Conclusion: Female emergency medical services workers who successfully perform in physically demanding and challenging environments challenge prevailing gender stereotypes and contribute to gender equality. In addition, strong empathy skills may enable female emergency medical services workers to play a key role in de-escalating violent situations in the field, thereby further promoting gender equality.

Keywords: Violence, Gender Equality, Violence in Health Services, Emergency Medical Services, Communication Skills

¹ PhD; Ege University Atatürk Health Care Vocational School, 35100 Bornova, Izmir, Turkey, a_eksi@yahoo.com

² PhD; Ege University Atatürk Health Care Vocational School, 35100 Bornova, Izmir, Turkey, sureyya.s@hotmail.com

³ Corresponding Author. PhD; Ege University Atatürk Health Care Vocational School, 35100 Bornova, Izmir, Turkey, sinemutanr@gmail.com

⁴ PhD; Ege University Atatürk Health Care Vocational School, 35100 Bornova, Izmir, Turkey, gulcekirazli@gmail.com

Submission Date; 30.12.2024

Accepted Date; 12.05.2026

Approval was obtained from the Scientific Research Ethics Committee of Ege University (21- 5T/65).

ACİL SAĞLIK HİZMETLERİ ÇALIŞANLARINA YÖNELİK ŞİDDET: TOPLUMSAL CİNSİYET EŞİTLİĞİ PERSPEKTİFİ

ÖZ

Amaç: Bu çalışmanın amacı, cinsiyet eşitliği ile acil sağlık hizmetleri çalışanlarına yönelik şiddet arasındaki ilişkiyi incelemektir. Ataerkil toplumlarda kadınların erkeklere bağımlılığı, şiddete maruz kalma risklerini artırmaktadır. Son dönemde yapılan çalışmalar, sağlık çalışanlarına yönelik şiddetin arttığını ve toplumsal cinsiyet eşitsizliğinin bu artışta önemli bir faktör olduğunu ortaya koymaktadır.

Gereç ve Yöntemler: Çalışma, İzmir'deki 25 acil sağlık hizmetleri çalışanıyla yapılan yarı yapılandırılmış derinlemesine görüşmelerden elde edilen verilerle gerçekleştirilmiştir. Görüşmeler kaydedilmiş, transkripte edilmiş ve konuya göre kategorilere ayrılmıştır. Veriler, tematik analiz yöntemiyle incelenmiştir.

Bulgular: Analizden üç ana tema çıkmıştır: Acil Sağlık Hizmetlerinde Cinsiyetçi Yaklaşım ve Zorluklara Karşı Empati, Acil Sağlık Hizmetlerinde Cinsiyet Temelli Ayrımcılık ve Zorlu ve Riskli Koşullarda Çalışan Kadın Acil Sağlık Hizmetleri Personeline Yönelik Olumlu Algı. Toplumsal cinsiyet eşitsizliğinin yüksek olduğu ataerkil toplumlarda, kadınlar yoğunlukla zayıf ve kırılğan olarak algılanmakta, bu da onların şiddete maruz kalma riskini artırmaktadır.

Sonuç: Fiziksel olarak zorlayıcı ve meydan okuyucu ortamlarda başarılı bir şekilde görev yapan kadın acil sağlık hizmetleri çalışanları, toplumsal cinsiyetle ilgili klişelere karşı durarak cinsiyet eşitliğine katkı sağlamaktadır. Ayrıca, güçlü empati becerileri, kadın acil sağlık hizmetleri çalışanlarının sahada şiddeti önlemede önemli bir rol oynamalarını sağlar ve bu durum, toplumsal cinsiyet eşitliğini daha da teşvik eder.

Anahtar Kelimeler: Şiddet, Toplumsal Cinsiyet Eşitliği, Sağlık Hizmetlerinde Şiddet, Acil Sağlık Hizmetleri, İletişim Becerileri

INTRODUCTION

Although violence is a major problem worldwide, many countries have experienced a significant increase in violence against women and healthcare workers. In societies where gender inequality is high, women and men do not share equal rights and opportunities, such as economic participation and decision making. Especially in communities that attach importance to patriarchal values, women suffer from inequalities in their careers and daily lives, which increases their dependence on men due to restricted economic freedom. This situation creates various disadvantages for women and increases their vulnerability to violence (Utanır-Altay, 2018).

Türkiye has undergone a significant modernization process since 1876. Along this progress, the economic and social status of women in society underwent continuous improvement.

Despite these changes, the status of women in social life remains below the remains insufficient. In Türkiye, the employment rate of women is relatively low with respect to men. However, the perception toward health sector, especially nursing as an occupation dominated by women in the community, leads to their high rates of participation in health services (Yuceer, 2008).

The World Health Organization (WHO) defines violence as behaviors that can cause injury, death, psychological harm, developmental disorder or deprivation by consciously engaging in physical force or actions against another person, group, or society (WHO, 2021). Violence has long been recognized as both an individual and a societal problem. It is the most prevalent form of human rights violation. Many reasons motivate violence, a few of which can be described as being instinctive, whereas others are social. Gender-based violence negatively affects communities because it constitutes and is widely viewed as a serious issue that exacerbates inequality and discrimination between women and men (Sivaslıoğlu and Erdal, 2020).

Gender is a concept used to distinguish between biological sex and the social and cultural construction of gender roles. Moreover, it refers to the socialization process and gender characteristics acquired within a culture. It defines the roles and responsibilities of women and men, that are socially determined, and their status and behaviors within society (Tolman et al., 2019). In other words, gender roles are socially constructed and widely recognized within a given culture. They are produced and maintained by family, religious institutions, media, and other communal institutions (Sheehan and Dooley, 2013). Alternatively, gender equality asserts that women and men should share the same rights and opportunities in all sectors in the community, including economic participation and decision making. Although inequality between women and men constitutes a human rights problem, it is considered a precondition and an indicator of human-centered development (Utanır - Altay, 2018; Ringrose, 2007).

Although improvements have been observed in the economic and social status of women, inequalities still persist. However, their social life remains at a lower situation relative to men at the international level. In fact, Türkiye ranks 71st out of 159 countries in terms of the Gender Inequality Index announced by United Nations in 2016. Furthermore, it ranks 128th among 144 countries in the Global Communal Gender Gap Report announced by the Global Economic Forum in 2017 (TEPAV, 2021).

With the risks encountered by emergency medical services (EMS) workers, the probability of being subjected to violence is relatively high. According to Maguire et al., violence against EMS workers is 22 times higher compared to an average health worker (Maguire et al., 2018). In Sweden, Suserud et al. (2002) and Petzäll et al. (2011) found that health workers

assigned in EMS are more than 60% more likely to encounter violence. Furthermore, Torun stated that an average of 652 EMS workers per year reported incidents of violence to official institutions after exposure to physical or verbal violence (Torun, 2020).

In Türkiye, women's employment in EMS is higher than that of men. Employment in EMS is closely associated with the physical and technical abilities of personnel, such as their physical capacity to conduct rescue operations and to transport patients under uncommon conditions and risky environments. This situation highlights the importance of questioning the cases of violence, which are especially increasing against female workers in EMS, relative to gender equality. Thus, the impact of gender equality on violence against EMS workers is evaluated in this study.

The study was guided by the following central research questions:

- How do EMS workers describe their experiences of violence in relation to gender equality?
- What forms of gender-based discrimination are encountered by EMS workers in their professional practice?
- How are female EMS workers perceived in the context of working under difficult and risky conditions?

1. MATERIAL AND METHODS

In this study, a qualitative research design was employed in order to gain an in-depth understanding of the experiences of EMS personnel regarding exposure to violence within the framework of gender equality. Data were collected through semi-structured in-depth interviews, a method well suited to exploring participants' perceptions and experiences in detail.

The study group consisted of 25 EMS personnel (Table 1) working in İzmir, Türkiye. Two complementary sampling techniques were employed: purposive sampling and snowball sampling. Purposive sampling, as described by Creswell and Creswell (2018), involves selecting participants based on certain characteristics who can provide valuable insights into the phenomenon or area of inquiry. This approach was used to ensure that the participants met specific inclusion criteria and could offer rich and relevant information about the phenomenon under investigation.

The purposive sampling criteria included: (I) being actively employed in pre-hospital emergency medical services, (II) having at least one year of professional experience, (III) providing voluntary participation with informed consent, (IV) representing diversity in terms of gender, years of experience, and workplace setting (urban or rural), and (V) having direct or potential exposure to violence during EMS duty.

Snowball sampling was also used to recruit additional participants through referrals from those who had already been interviewed. This strategy helped to increase the diversity of the sample and to access individuals with valuable insights who might not have been reached otherwise.

Table 1. Demographic Characteristics of the Participants

Characteristic	N	%	Mean (years)
Gender			
Female	14	56.0	–
Male	11	44.0	–
Age	25	–	33.5
Work Experience	25	–	13.4
Educational Level			
Associate degree	8	32.0	–
Bachelor's degree	13	52.0	–
Master's degree	4	16.0	–
Total	25	100	–

A total of 25 participants took part in the study. Of these, 56.0% were female and 44.0% were male. The participants' mean age was 33.5 years, and their mean professional experience was 13.4 years, indicating a relatively experienced sample. Regarding educational level, 32.0% held an associate degree, 52.0% a bachelor's degree, and 16.0% a master's degree. These characteristics suggest that the sample mainly consisted of early- to mid-career professionals, most of whom held at least a bachelor's degree.

The main data collection tool was a semi-structured interview form developed by the researchers. The form was prepared on the basis of an extensive review of the relevant literature and expert opinions. Prior to the main study, pilot interviews were conducted with three EMS personnel who were not included in the final sample. The pilot interviews were used to test the clarity, comprehensibility, and relevance of the questions, and minor revisions were made accordingly.

The interviews were conducted in 2020 and, due to the restrictions of the COVID-19 pandemic, were held online after the necessary institutional and organizational permissions were obtained. Each interview lasted approximately 45 minutes to one hour, providing sufficient time for participants to elaborate on their experiences. With the explicit permission of the participants, all interviews were audio-recorded to ensure accurate data capture. Data collection continued until thematic saturation was reached, meaning that no new codes or themes emerged and the information provided by participants was repetitive.

All interview recordings were transcribed verbatim. The resulting texts were carefully read, categorized according to subject headings, and subsequently analyzed using the descriptive analysis method. This analytical approach allowed the researchers to systematically organize and interpret the data, while at the same time maintaining a close connection with participants' original expressions.

As a qualitative study, the findings are not intended to be statistically generalizable but rather to provide an in-depth understanding of participants' experiences for all EMS personnel. Instead, the purpose is to provide an in-depth exploration of EMS workers' potential exposure to violence — including psychological, physical, sexual, and economic dimensions — and to examine how these experiences intersect with gender equality in their professional context.

Before conducting the research, ethical approval and necessary permissions were obtained from the relevant institutions. Participation was entirely voluntary, and all participants were informed about the purpose, scope, and confidentiality of the study. Informed consent was obtained from each participant, and the anonymity of participants was strictly preserved throughout the research process.

2. RESULTS

In this study, semi-structured interviews were conducted with 25 EMS personnel working in İzmir to explore gender-based experiences and perceptions within pre-hospital emergency

medical services. The data obtained from the interviews were analyzed using descriptive analysis, through which recurring patterns and meaningful themes were identified. As a result of this analysis, three main themes emerged: Sexist Approach and Empathy toward Difficulties in EMS, Gender-Based Discrimination in EMS, and Positive Perception of Female Personnel in EMS Working under Difficult and Risky Conditions. The findings are presented below under these thematic categories, supported by direct quotes from participants to ensure the authenticity and richness of the data.

Sexist Approach and Empathy to Difficulties in EMS

The difficulties experienced by EMS workers are often interpreted through a gendered perspective. Participants emphasized that female personnel tend to establish stronger empathy during professional processes, yet this trait is sometimes associated with being “too emotional” or perceived as “weak.” The literature also underlines that women generally have higher empathic skills, which can provide an advantage in communication. However, this very characteristic may lead to questioning women’s professional competence. This category therefore reflects both the empowering role of empathy and the challenges posed by gendered biases in the EMS field.

We are experiencing more problematic situations with regard to women. In occupational areas, verbal and physical violence against women is more frequent. We are in a period when more value must be attributed to women. Unfortunately, the conditions are more difficult (Interviewee 12, male).

Although the interviewees are generally open to empathy (Interviewee 8, male), many interviewees stated that women were described as demonstrating higher levels of empathy. (Interviewee 10, female). Furthermore, the study observed that EMS workers established good empathy with patients; however, they fail to establish sufficient empathy with third parties present in emergency scenarios (Interviewee 1, male).

In occupational area, violence occurs due to the lack of understanding between two parties. It is also required for health workers to be tolerant to patients and their relatives (Interviewee 8, male).

There may be situations in which we feel responsible conscientiously during service delivery. Women are more influential in this situation. Meaning that they exert emotional influence on incidents, situations people face, and difficulties they experience and can be more considerate toward the patients (Interviewee 10, female).

It is very difficult to serve people in an emergency that concerns human life at a time when people are in trouble. Especially, it is difficult to deal with relatives of the patient rather than the patient. Because those who manipulate the work more are relatives and other people present at the event scene. These people can make irrelevant interventions by saying “Why do you do this?” or “Why don’t you do this?” (Interviewee 1, male).

Gender-Based Discrimination in EMS

One of the most significant problems faced by female EMS workers is discrimination rooted in perceptions of physical inadequacy. Participants reported encountering prejudices such as “a woman cannot do this job” when they arrived at emergency scenes. The literature highlights that gender roles often lead to labeling professions as either male or female, which restricts women’s visibility in the workforce. In fields like EMS, which involve risk and physical strength, such prejudices become even more pronounced. The notion that women are physically incapable of driving an ambulance, transporting patients, and working in risky crime scenes is common, as reflected in the statements of Interviewees 1, 5, 6, and 24. This category therefore demonstrates how female personnel are frequently compelled to defend their professional identity and reveals how gender inequality manifests itself in daily practice.

When we go to case incident with female friends, patient relatives say: “Did a woman come? How will she carry him? How will she do it?” (Interviewee 1, male)

I don’t consider it to be very right for women to work in ambulance services. It seems to be like a man’s job. They are luckier both in physical sense and also in emotional meaning. I consider men to be more advantageous in this service area (Interviewee 5, female).

Participants reported that bystanders sometimes reacted in an agitated and aggressive manner, saying: “Did they send a woman? How will you carry?” No one is concerned about how I will make emergency intervention to the patient (Interviewee 6, female).

Male anatomy and female anatomy differ at birth. It is not a profession that a woman can do due to anatomic inadequacies apart from gender particle (Interviewee 24, female).

In patriarchal communities, the perception of women as weak is common. In the current study, Interviewees 6, 8, 13, and 22 define this situation as follows:

There is no such thing as gender equality. Unfortunately, there is male hegemony as this is Türkiye. Meaning, it is in this way (Interviewee 6, female).

Our society has different emotions toward female workers. For example, when three women go to intervene with an event, the reaction is more different. We are frequently confronted with reactions, such as “Did they send you here?” and “How will you carry this patient?” Teams in which men are assigned are less confronted with these reactions (Interviewee 8, male)

When the team is completely composed of women, when we go to an event scene, men may have a different perspective toward us. For example, when we go to an accident on the mountain road or to a deserted place as three women, we always experience the anxiety that hopefully nothing will happen. When we go to a remote place, we are wishing that a male friend of us was with us (Interviewee 13, female)

One participant stated that women are often perceived as more vulnerable:

If someone is going to apply violence, if he will shout, he can shout at a woman, come at her, and establish pressure. If the person who will attack is going to shout at a male worker or come at him, he acts leerier. Unfortunately, they are trying to apply all kinds of violence to women (Interviewee 22, male).

Positive Perception of Female Personnel in EMS Working under Difficult and Risky Conditions

This category focuses on the ways in which female personnel are positively perceived when they successfully perform under challenging and risky conditions. Participants emphasized that women’s ability to drive ambulances, carry patients, and work effectively in demanding environments often elicits appreciation from society. The literature similarly notes that when women succeed in domains traditionally attributed to men, social perceptions can shift, and role model effects emerge. In the EMS context, these achievements not only inspire respect and pride but also contribute to the promotion of gender equality.

Generally when people consider carrying their patients, their eyes naturally search for men. However, I believe that women are also successful in this regard. Maybe we are physically behind men but the community considers the emergency aid services we provide in a positive way. The society also sees that women can do this work as successfully as men (Interviewee 10, female).

Reaction of people in relation to women being assigned in ambulance services can be different. Some people argue that it is something to be very proud of that women do this job. For example, some people who see women driving an ambulance, using a motorcycle ambulance, and carrying patients are proud of them and they appreciate these women (Interviewee 18, male).

3. DISCUSSION

This study shows that, in addition to the inherent professional challenges of EMS work, being a woman can further complicate job performance due to gender-based discrimination. On the other hand, although prejudice exists in the society, it has been revealed that good examples of women in the field of service where they successfully perform their duties contribute to the formation of social appreciation. The themes in this work were Sexist Approach and Empathy to Difficulties in EMS, Gender-Based Discrimination in EMS, and Positive Perception of Female Personnel in EMS Working under Difficult and Risky Conditions. Violence is considered one of the most important social problems in Türkiye. Moreover, increasing cases of violence against women and health workers attracted scholarly attention in recent years. According to data from Platform For Stopping Female Murders, a total of 200 women in Türkiye were killed by close male relatives (i.e., spouse, brother, father, boyfriend, and son) in 2020. This statistic is notable, as 85% of the women killed were unemployed. In the same year, numerous acts of violence against women were recorded, which finally led to the application of the law. Moreover, violence against health workers is considered one of the most prevalent occupational risks throughout the world (Hahn et al., 2010; Arnetz et al., 2015). Violence in the health sector occurs 35 times more frequently compared with other sectors, which increases the frequency of dramatic events (Phillips, 2016; Vrablik et al., 2020). Previous studies observed that although the rate of physical violence against healthcare workers can reach up to 35%, that for non-physical violence is approximately 90% (Hahn, 2010; Magnavita and Heponiemi, 2012; Zampieron, 2010; Lin and Liu., 2005). Pinar et al. recruited 612,639 health workers in Türkiye and found that 44.7% of them were subjected to workplace violence (Pinar et al., 2017). According to the Health and Social Service Workers Union, a total of 374 health workers in Türkiye were exposed to physical violence in 2020 (Sağlık-Sen, 2021). Lastly, Polat and Çırak cited that 64.96% of health workers that report incidents of violence to official institutions are women (Polat and Çırak, 2019). Egici and Öztürk reported that female health workers were exposed to violence two times more than men (Egici and Öztürk, 2018). In this study, the statements of the 12th interviewee are in line with the literature. Interviewee 12 (male) stated that female personnel working in EMS are exposed to verbal and physical violence more than male counterparts. In general, EMS are offered under extraordinary conditions. EMS personnel, who are unprotected in difficult and risky environments, state that they experience more crises with the relatives of patients or third parties at the scene more than they do with the patients. According to data from the Health and Social Service Workers Union for 2020, a total of 117 incidents of violence against health workers occurred from July to December. Data indicated that, in 41 of these incidents, the attackers were

patients, whereas 51 cases involved the relatives of patients, and 25 cases perpetrated by third parties who were present at the emergency scene. Mutual empathy is crucial for formulating solutions to crisis situations that involve EMS personnel, the patients, and relatives of the patients (Ekşi, 2016). For example, one interviewee stated, “It is very difficult to serve people in an emergency that concerns human life at a time when people are in trouble. Especially, it is difficult to deal with patient relatives rather than the patient. Because those who manipulate the work more are patient relatives and other people present at the event scene. These people can make irrelevant interventions by saying “Why do you do this?” or “Why don’t you do this?”

In the literature, studies have reported that women's communication skills and emotional intelligence are better than men, that their feelings of compassion and pity are more pronounced, and that social roles they play increase their empathic tendencies. (Petrucci et al., 2016; Üstündağ et al., 2018; Ergün et al., 2019). Consistent with the literature, Interviewee 10 stated that female EMS workers tend to demonstrate greater empathy than their male counterparts.

One of the difficulties mentioned by EMS workers is gender inequality. Reducing the concept of gender to biological sex reinforces existing inequalities and contributes to the gendering of professions. In patriarchal social structures, women are adversely affected by the negative discrimination that accompanies their birth. Especially in societies that maintain traditional family structures and that limit the participation of women in the social and economic aspects, societal gender roles become more pronounced. The roles of women are generally to be those of motherhood and as spouse, whereas men are associated with their professional titles. Simply put, society restricts women but recognizes men in public. In these societies, the social life and careers of women are also restricted, which renders them dependent on men and leads to various disadvantages. As such, women fall prey to cases of violence (Sultana and Altay, 2019). Among the participants included in this study, the idea that women cannot physically drive an ambulance, transport patients, and work at risky crime scenes related to EMS is widespread. In this context, it was clearly expressed in the statement of one of the interviewees that gender was reduced to the concept of sex even in the emergency zone, As we come to the event scene, just like mad people, they are saying: “Did they send a woman? How will you carry?” No one is concerned about how I will make emergency intervention to the patient.

According to the 2020 data of the Turkish Statistical Institute, the employment rate for men is 58.9%. However, it is only 26.3% for women in Türkiye. According to the March 2021 data, a total of 705,436 health workers are associated with the Ministry of Health, 44.7% of which are women. Out of 37,231 personnel assigned at EMS, 57.2% are women. In general, the employment rate of women in health services in Türkiye is relatively high with respect to average employment rates. In particular, their employment rate in EMS is higher compared with that of

men. This factor is an advantage for women because health services and nursing are mainly perceived female-related professions (Ünver et al., 2010). EMS aim to save lives despite difficult and risky conditions. This objective may lead to the view of EMS workers as heroes in the community (Ekşi, 2016). In societies that practice patriarchy and where the tendency for sexism is high, the fact that women serve in this challenging field of service can be met with suspicion. Nevertheless, the increase of role models and public recognition that women can work successfully in this field can lead to social appreciation, which will contribute to the empowerment of women in society (IHA, 2021). In this study, some of the interviewees state that people who see that women drive ambulances, use motorcycle ambulances, carry patients, and provide successful emergency services, talk about this with pride.

CONCLUSION

In societies where patriarchal traditions come to the forefront, and sexism is high, the perception of fragility and weakness imposed on women can further increase sexism in the work place. This situation is largely evident in occupational areas, such as EMS in difficult and risky areas, where the physical strength of female workers is occasionally questioned. The perception of fragility and weakness that society culturally imposes on women may increase their vulnerability to violence in EMS settings. Nevertheless, the fact that female workers can successfully undertake several tasks in EMS, which may occur under difficult and risky conditions related to human life, can change the negative perception about women. This shift in perception may contribute to greater gender equality and help reduce violence against women. To prevent violence in EMS, the literature has long discussed the importance of mutual communication and empathy between healthcare workers and patients and their relatives. Specifically, the current study observed that the empathy of female EMS workers for patient is strong and that they are more tolerant toward patients. As the relatives of patients and other people may consider certain levels of empathy and tolerance from EMS workers insufficient, a significant proportion of violence experienced by EMS workers is resorted by these groups of people, especially when they are present during emergency scenarios. In summary, using their empathy skills, women may contribute to the prevention of violence against healthcare workers in EMS, in which they play key roles.

This study offers an original contribution by revealing how gender equality and violence intersect within the unique working environment of pre-hospital emergency medical services in Türkiye. Unlike many previous studies focusing solely on the prevalence of violence, this research highlights the gendered dimensions of such incidents and demonstrates that strengthening gender

equality in the EMS context can serve as a structural strategy to reduce violence. Moreover, the findings underline that women's success and professional visibility in this high-risk field challenge traditional gender stereotypes and foster a culture of respect and collaboration.

In light of these results, several recommendations can be made to reduce violence against EMS workers: (1) regular training programs focusing on communication, empathy, and anger management for both EMS staff and patient relatives; (2) institutional policies that explicitly address gender-based discrimination and protect workers from verbal and physical aggression; (3) the inclusion of gender equality awareness modules in EMS education and in-service training; and (4) developing public awareness campaigns emphasizing that emergency healthcare is a collective, human-centered service that transcends gender. Implementing these measures would not only protect EMS personnel but also strengthen the culture of equality and safety within emergency healthcare services.

Study Limitations and Directions for Future Research

This study has several limitations. First, the sample is limited to 25 emergency medical services (EMS) personnel working in İzmir, which restricts the generalizability of the findings to all EMS workers in Türkiye or other contexts. Second, the study employed a descriptive analysis method. While this approach provides an in-depth understanding of participants' experiences, it does not allow for establishing causal relationships.

Future research could involve larger samples from different cities to enhance the diversity and validity of findings. Additionally, employing mixed-method research designs that combine quantitative and qualitative approaches may offer more comprehensive insights into the relationship between gender equality and violence. Longitudinal studies would further contribute to understanding how EMS workers' experiences evolve over time.

Ethical Approval

Approval was obtained from the Scientific Research Ethics Committee of Ege University (21-5T/65).

Informed Consent

All participants were clearly informed that participation was based on the principles of confidentiality and volunteerism. Prior to data collection, informed consent was obtained from all participants.

Conflict of Interest

The authors have no conflicts of interest to declare that are relevant to the content of this article.

Source of Support

This study was supported by Ege University Scientific Research Projects Coordination Unit (Project ID: 21653)

Author Contributions

Concept/ Idea: AE, SG, SUA, GK; Study Design: AE, SG, SUA, GK; Supervision/ Consultancy: AE, SG, SUA, GK; Resources: AE, SG, SUA, GK; Data Collection/ Processing: AE, SG, SUA, GK; Analysis/ Interpretation: SUA; Literature Review: AE, SG, SUA, GK; Manuscript Writing: AE, SG, SUA, GK; Critical Review: AE, SG, SUA, GK.

REFERENCES

- Arnetz, J. E., Hamblin, L., Essenmacher, L., Upfal, M. J., Ager, J., ve Luborsky, M. (2015). Understanding patient to worker violence in hospitals: A qualitative analysis of documented incident reports. *Journal of Advanced Nursing*, 71(2), 338-348.
- Egici, M. T., ve Öztürk, G. Z. (2018). Beyaz kod verileri ışığında sağlık çalışanlarına yönelik şiddet. *Ankara Medical Journal*, 22(4), 224-231.
- Ekşi, A. (2016). *Kitlesel olaylarda hastane öncesi acil sağlık hizmetleri yönetimi*. İzmir: Kitapana.

Ergün, S., Duran, S., Işık, R., Kızıl Sürücüler, H., ve Çalışkan, T. (2019). Empathic tendencies and empathic skill levels of nursing students: A descriptive and cross sectional study. *Kocaeli Üniversitesi Sağlık Bilimleri Dergisi*, 5(3), 150-155. <https://doi.org/10.30934/kusbed.584537>

Hahn, S., Müller, M., Needham, I., Dassen, T., Kok, G., ve Halfens, R. J. G. (2010). Factors associated with patient and visitor violence experienced by nurses in general hospitals in Switzerland: A cross sectional survey. *Journal of Clinical Nursing*, 19(23-24), 3535-3546.

İHA (İhlas Haber Ajansı). (2021). The female motorcycle ambulance driver spoke up: "Some jobs are about courage, not gender.". <https://www.sondakika.com/haber/haber-turkiye-nin-en-hizli-hayat-kurtaran-kadinlari-is-13979335/>, 05.05.2021.

Lin, Y. H., ve Liu, H. E. (2005). The impact of workplace violence on nurses in South Taiwan. *International Journal of Nursing Studies*, 42(7), 773-778.

Maguire, B. J., Browne, M., O'Neill, B. J., Dealy, M. T., Clare, D., ve O'Meara, P. (2018). International survey of violence against EMS personnel: Physical violence report. *Prehospital Disaster Medicine*, 33(5), 526-531.

Magnavita, N., ve Heponiemi, T. (2012). Violence towards health care workers in a public health care facility in Italy: A repeated cross sectional study. *BMC Health Services Research*, 12, 108.

Petrucci, C., La Cerra, C., Aloisio, F., Montanari, P., ve Lancia, L. (2016). Empathy in health professional students: A comparative cross sectional study. *Nurse Education Today*, 41(6), 1-5.

Petzäll, K., Tällberg, J., Lundin, T., ve Suserud, B. O. (2011). Threats and violence in the Swedish pre-hospital emergency care. *International Emergency Nursing*, 19(1), 5-11.

Phillips, J. P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*, 374(17), 1661-1669.

Pinar, T., Acikel, C., Pinar, G., Karabulut, E., Saygun, M., Bariskin, E., vd. (2017). Workplace violence in the health sector in Türkiye: A national study. *Journal of Interpersonal Violence*, 32(15), 2345-2365.

Polat, Ö., ve Çırak, M. (2019). Sağlıkta şiddetin beyaz kod verileri ile değerlendirilmesi. *Bakırköy Tıp Dergisi*, 15, 388-393.

Ringrose, J. (2007). Successful girls? Complicating post feminist, neoliberal discourses of educational achievement and gender equality. *Gender and Education*, 19(4), 471-489.

Sağlık Sen. (2020). July-December health violence report. <http://www.sagliksen.org.tr/haber/9655/saglik-sen-2020-yili-temmuz-aralik-saglikta-siddet-raporu>, 05.05.2021.

Sheehan, S., ve Dooley, A. (2013). *Constructing Gender in Medieval Ireland* (1st ed.). New York, NY: Palgrave Macmillan.

Sivaslıoğlu, F., ve Erdal, N. (2020). The job performance of working women who have experienced violence in the family. *ASEAD*, 7(5), 350-367.

Sultana, A., ve Altay, S. (2019). Ataerkillik ve kadının ikincilliği; kuramsal bir analiz. *Journal of Oriental Scientific Research*, 11(1), 417-427.

Suserud, B. O., Blomquist, M., ve Johansson, I. (2002). Experiences of threats and violence in the Swedish ambulance service. *Accident and Emergency Nursing*, 10(3), 127-135.

Tolman, R. M., Casey, E. A., Carlson, J., Allen, C., ve Leek, C. (2019). Global efforts to engage men and boys in gender based violence prevention. *Global Social Welfare*, 6(4), 215-218.

Torun, N. (2020). Şiddete yönelik beyaz kod verilerin değerlendirilmesi. *Cukurova Medical Journal*, 45(3), 977-984.

Utandır-Altay, S. (2018). Feminist perspective portal relations works: a qualified research on academic articles. *Bildiri, V. Uluslararası İletişim Öğrencileri Sempozyumu*, 29-30 Kasım, İzmir, Türkiye.

Ünver, S., Diri, E., ve Ercan, İ. (2010). The viewpoint of community about male nurses. *Turkiye Klinikleri Journal of Medical Ethics*, 18(2), 96-102.

Üstündağ, H., Bayar, N., Yılmaz, E., ve Türel, G. (2018). Hemşirelik öğrencilerinin empati düzeyleri ve problem çözme becerileri. *Sağlık Bilimleri ve Meslekleri Dergisi*, 5(2), 227-235. <https://doi.org/10.17681/hsp.380847>

Vrablik, M. C., Lawrence, M., Ray, J. M., Moore, M., ve Wong, A. H. (2020). Addressing workplace safety in the emergency department: A multi-institutional qualitative investigation of health worker assault experiences. *Journal of Occupational and Environmental Medicine*, 62(12), 1019-1028.

World Health Organization. (2002). *World report on violence and health: summary*. https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf, 2021.

Yıldırım, A., ve Şimşek, H. (2016). Nitel araştırma yöntemleri sosyal bilimlerde (10. baskı). Ankara: Seçkin Yayıncılık.

Yüceer, S. (2008). An important milestone towards democracy: acknowledging Turkish women's political rights. *Uludağ University Journal of Social Sciences*, 9(14), 131-151.

Zampieron, A., Galeazzo, M., Turra, S., ve Buja, A. (2010). Perceived aggression towards nurses: Study in two Italian health institutions. *Journal of Clinical Nursing*, 19(15-16), 2329-2341.