








ORIGINAL ARTICLE

## Medical Students' Views on Violence in Healthcare and its Effect on Their Specialty Preference

### Sağlıkta Şiddete Tıp Fakültesi Öğrencilerinin Bakışı ve Uzmanlık Tercihlerine Etkisi

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#### How to cite ?

Durduran Y. Yücel M. Okka B. Uyar M. Demir LS. Cüce Mermer BN. Medical Students' Views on Violence in Healthcare and its Effect on Their Specialty Preference. Genel Tıp Derg. 36(2026), 1-6

#### ABSTRACT

**Aim:** This study aimed to determine the views and perspectives of medical students regarding violence in healthcare and to examine how their perceptions of violence influence their specialty preferences.

**Materials and Methods:** This cross-sectional study was conducted between June and July 2022 with 514 medical students (269 first-year and 245 sixth-year) who participated voluntarily.

Data were collected through face-to-face interviews using a 32-item questionnaire developed based on a literature review. The data were analyzed using IBM SPSS Statistics version 27.0, and a Type I error level of 5% was considered statistically significant.

**Results:** Overall, 45.9% of the students reported having been exposed to or having witnessed violence in healthcare settings. Logistic regression analysis showed that students who felt hopeless about the realization of their professional expectations were 7.296 times more likely to be unwilling to pursue residency training. In contrast, students who identified inadequate criminal sanctions (OR = 3.165) and decreased respect for physicians and healthcare professionals (OR = 2.819) as the main causes of violence in healthcare were less likely to express unwillingness to pursue residency training.

**Conclusions:** Nearly half of the participants had been exposed to or had witnessed violence in healthcare. Students' perceptions of the causes of violence were significantly associated with their intention to pursue residency training. These findings highlight the impact of professional dissatisfaction and perceptions of workplace violence on medical career planning.

**Keywords:** Medical students, specialty preferences, views, violence

#### ÖZ

**Amaç:** Bu çalışma, tıp fakültesi öğrencilerinin sağlıkta şiddete ilişkin görüş ve bakış açılarını belirlemek ve sağlıkta şiddete yönelik algılarının uzmanlık alanı tercihlerine etkisini incelemek amacıyla yapılmıştır.

**Gereç ve Yöntemler:** Kesitsel tipteki bu araştırma, Haziran-Temmuz 2022 tarihleri arasında 269 birinci sınıf ve 245 altıncı sınıf olmak üzere toplam 514 gönüllü tıp fakültesi öğrencisiyle yürütülmüştür. Veriler, literatür taraması sonucunda geliştirilen 32 soruluk bir veri toplama formu kullanılarak yüz yüze görüşme yöntemiyle toplanmıştır. Verilerin analizi IBM SPSS Statistics 27.0 paket programı ile yapılmış, istatistiksel anlamlılık düzeyi %5 (p<0,05) olarak kabul edilmiştir.

**Bulgular:** Öğrencilerin %45,9'u sağlık alanında şiddete maruz kaldığını veya şiddete tanık olduğunu bildirmiştir. Lojistik regresyon analizine göre, mesleki beklentilerinin gerçekleşeceğine dair umudu olmayan öğrencilerin uzmanlık eğitimi almak istememe olasılığı 7,296 kat daha yüksek bulunmuştur. Buna karşılık, sağlıkta şiddetin en önemli nedeninin yetersiz cezai yaptırımlar (OR = 3,165) ve hekimlere ve sağlık çalışanlarına duyulan saygının azalması (OR = 2,819) olduğunu belirten öğrencilerde, uzmanlık eğitimi almak istememe olasılığı daha düşük saptanmıştır.

**Sonuçlar:** Katılımcıların yaklaşık yarısı, sağlık alanında şiddete maruz kaldığını veya şiddete tanık olduğunu belirtmiştir. Öğrencilerin sağlıkta şiddetin nedenlerine ilişkin algıları, uzmanlık eğitimi alma niyetleri üzerinde anlamlı bir etkiye sahiptir. Bu bulgular, mesleki memnuniyetsizlik ve sağlıkta şiddet algısının tıp öğrencilerinin kariyer planlaması üzerindeki etkisini ortaya koymaktadır.

**Anahtar Kelimeler:** Tıp öğrencileri, uzmanlık tercihleri, görüşler, şiddet

## Introduction

According to the World Health Organization (WHO), violence is the threatened or actual intentional use of physical force against oneself, another person, a group, or a community that results in or is likely to result in injury, death, psychological harm, or deprivation [1]. In the healthcare context, violence includes threatening behavior, verbal abuse, economic exploitation, and physical or sexual assault by patients or their relatives that endanger health workers [2].

Globally, health workers are among the occupational groups most exposed to violence. According to WHO, between 8% and 38% of healthcare workers experience physical violence at least once during their careers, and most incidents are caused by patients or their relatives [3]. The 2002 workplace violence report published by the International Labor Organization also indicated that one in every four workplace violence incidents occurs in the health sector [4].

In recent years, violence against healthcare workers has shown a marked increase [5, 6]. Studies investigating the causes of violence and identifying risk groups provide essential guidance for developing effective prevention programs [5]. Exposure to violence can lead to anger, resentment, depression, distraction, and post-traumatic stress disorder, which in turn impair the quality of care provided by health workers [7-9]. It also negatively affects the overall efficiency and effectiveness of the health system [3].

Medical students, who represent the future workforce of the health system, may also be affected by this issue. Violent incidents that they witness or experience can increase their anxiety about their future careers and influence their specialty preferences [6, 10].

The aim of this study was to determine the views and perspectives of medical students on violence in healthcare and to examine how these views influence their specialty preferences.

## Materials and Methods

The study was designed as a cross-sectional study. It was conducted in accordance with the principles of the Declaration of Helsinki, and the study protocol was approved by the Necmettin Erbakan University Faculty of Medicine Drug and Non-Medical Device Ethics Committee (Date: June 3, 2022; Decision number: 2022/3809) and by the Faculty Dean's Office.

The study population consisted of 554 medical students, including 282 first-year and 272 sixth-year students. A simple random sampling method was used to select participants from both classes. The minimum target sample size was determined as at least 80% of the total population to ensure representativeness. As a result, 514 students (92.7%) participated in the study, including 269 first-year and 245 sixth-year students.

The study was carried out between June 10 and July 10, 2022. Before data collection, all students were informed about the purpose, content, and voluntary nature of the study. Participation was entirely optional, and students were assured that there would be no academic or administrative consequences for declining participation. Verbal informed consent was obtained from each participant prior to questionnaire

administration, and anonymity was maintained by not collecting any identifying information.

Following a literature review, a structured data collection form was developed by the researchers. The form included 32 questions (3 open-ended and 29 closed-ended) organized into three parts. The first part (7 questions) assessed socio-demographic characteristics of the participants. The second part (15 questions) evaluated medical education characteristics and specialty preferences. The third part (10 questions) explored opinions and perceptions regarding violence in healthcare.

Data were collected in classroom settings under the supervision of the researchers. Participants completed the questionnaire individually, and each form took approximately 15 minutes to complete.

## Statistical Analysis

The data were analyzed using IBM SPSS Statistics version 27.0 (IBM Corp., Armonk, NY, USA). For numerical data, arithmetic mean, standard deviation, and minimum-maximum values were calculated. For categorical data, frequency distributions and percentages were used. Relationships between categorical variables were evaluated using the Chi-square test. Variables found to be significant in bivariate analyses were then included in a binary logistic regression analysis to determine independent predictors of students' intention to pursue residency training after graduation. The Backward: LR method was used for model selection, and model fit was assessed with the Hosmer-Lemeshow test. A p-value <0.05 was considered statistically significant.

## Results

A total of 514 students with a mean age of 21.71±2.87 years (min: 18.00-max: 33.00), 52.3% (n=269) in year 1 and 47.7% (n=245) in year 6, were included in the study. Of the participants, 58.9% were female and 49.8% had an income equal to their expenses. Socio-demographic characteristics of the participants are shown in Table 1.

**Table 1.** Socio-demographic characteristics of the participants

Variable	All Participants (n=514)		
	n	%	
School Year	1st year	269	52.3
	6th year	245	47.7
Sex	Female	303	58.9
	Male	211	41.1
Income Level	Income less than expense	153	29.8
	Income equal to expense	256	49.8
	Income more than expense	105	20.4
Mother's Education Level	High school and below	323	62.8
	University and higher	191	37.2
Father's Education Level	High school and below	180	35.0
	University and higher	334	65.0
Place of Residence	Family	184	35.8
	Relatives	16	3.1
	Friends	99	19.3
	Alone	78	15.2
	Dormitory	137	26.7

Among the 514 students included in the study, 55.6% (n=286) stated that they chose medical school to be useful to people, 53.1% (n=273) because it offered job security, 44.9% (n=231) to gain the prestige associated with being a physician, 35.4% (n=182) because they believed it provided a high income, and 25.7% (n=132) because it was their family's preference.

A total of 84.0% (n=432) of the students reported that they intended to pursue residency training after graduation. Among those who wanted to specialize, first-year students showed a significantly higher preference for surgical sciences compared with sixth-year students (p=0.006). Factors such as working hours, number of shifts, ability to spare time for oneself and family, the risk level of the department, and the possibility of being exposed to violence were found to be statistically less influential among first-year students than among sixth-year students (Table 2).

**Table 2.** Factors affecting specialty preferences by school year (students willing to pursue residency)

Parameters (n=432)		1st year	6th year	P
		n (%*)	n (%*)	
<b>Preferred field</b> (n=383)	Basic	3 (1.5)	14 (7.7)	<b>0.006</b>
	Internal	94 (47.0)	92 (50.3)	
	Surgery	103 (51.5)	77 (42.1)	
<b>Interest in chosen field</b>	Yes	165 (71.1)	132 (66.0)	0.252
	No	67 (28.9)	68 (34.0)	
<b>Alignment with personal skills/interests</b>	Yes	138 (59.5)	120 (60.0)	0.913
	No	94 (40.5)	80 (40.0)	
<b>Occupational satisfaction opportunities</b>	Yes	112 (48.3)	104 (52.0)	0.440
	No	120 (51.7)	96 (48.0)	
<b>Working hours and shifts</b>	Yes	81 (34.9)	108 (54.0)	<b>&lt;0.001</b>
	No	151 (65.1)	92 (46.0)	
<b>Time for self/family</b>	Yes	72 (31.0)	110 (55.0)	<b>&lt;0.001</b>
	No	160 (69.0)	90 (45.0)	
<b>Risk/responsibility level</b>	Yes	68 (29.3)	85 (42.5)	<b>0.004</b>
	No	164 (70.7)	115 (57.5)	
<b>Academic career opportunity</b>	Yes	55 (23.7)	43 (21.5)	0.585
	No	177 (76.3)	157 (78.5)	
<b>Exam score (MSE) importance</b>	Yes	56 (24.1)	61 (30.5)	0.138
	No	176 (75.9)	139 (69.5)	
<b>Exposure to violence possibility</b>	Yes	50 (21.6)	80 (40.0)	<b>&lt;0.001</b>
	No	182 (78.4)	120 (60.0)	
<b>Expected salary level</b>	Yes	94 (40.5)	71 (35.5)	0.285
	No	138 (59.5)	129 (64.5)	

\*Column percentage is used

Among the participants, 84.0% (n=432) stated that they intended to pursue residency training after graduation, while 16.0% (n=82) did not. When the characteristics of medical education were compared according to this intention, several significant differences were found. Students who had lost a semester or internship were less likely to plan for residency training compared with those who had not

(30.5% vs. 14.8%; p=0.001). The proportion of students who had chosen medical school of their own will was significantly higher among those intending to pursue residency training (88.2% vs. 68.3%; p<0.001). Similarly, satisfaction with studying medicine (73.1% vs. 35.4%; p<0.001) and feeling successful in courses and internships (62.0% vs. 40.2%; p<0.001) were both significantly more common among students planning to continue with residency education. In addition, students who expressed that they would choose medical school again if given the choice were more likely to plan for residency training (47.9% vs. 20.7%; p<0.001). Conversely, negative changes in perception of the medical profession since the beginning of medical school were more frequent among students who did not intend to pursue residency (52.4% vs. 43.8%; p<0.001) (Table 3).

**Table 3.** Comparison of Medical Education-Related Characteristics by Intention to Pursue Residency Training

Characteristics		Intention to Pursue Residency Training		P
		Yes	No	
		n (%*)	n (%*)	
<b>Loss of semester/internship</b>	Yes	64 (14,8)	25 (30,5)	<b>0,001</b>
	No	368 (85,2)	57 (69,5)	
<b>Own decision to choose medicine</b>	Yes	381 (88,2)	56 (68,3)	<b>&lt;0,001</b>
	No	51 (11,8)	26 (31,7)	
<b>Satisfied with studying medicine</b>	Yes	316 (73,1)	29 (35,4)	<b>&lt;0,001</b>
	No	116 (26,9)	53 (64,6)	
<b>Feels successful in courses/internships</b>	Yes	268 (62,0)	33 (40,2)	<b>&lt;0,001</b>
	No	164 (38,0)	49 (59,8)	
<b>Would choose medicine again</b>	Yes	207 (47,9)	17 (20,7)	<b>&lt;0,001</b>
	Undecided	152 (35,2)	29 (35,4)	
<b>Change in perception of medical profession since starting school</b>	No	73 (16,9)	36 (43,9)	<b>&lt;0,001</b>
	Positive	118 (27,3)	6 (7,3)	
	No change	125 (28,9)	33 (40,2)	
	Negative	189 (43,8)	43 (52,4)	

\*Column percentages were used.

Among all participants, 45.9% (n=236) reported that they had been exposed to or witnessed violence in healthcare settings. Among these students, verbal violence (93.2%) was the most common type, followed by psychological (51.7%) and physical violence (21.2%). There was also a significant difference between the knowledge of appropriate actions to take after witnessing or experiencing violence and the students' school year; first-year students were less informed about the necessary steps compared to sixth-year students (p=0.007).

Students' perceptions of the main causes of violence in healthcare were compared based on whether they planned to pursue residency training after graduation. Those who identified insufficient time allocated to patients and their relatives as a major cause of violence were less likely to intend to pursue residency training (40.2% vs. 53.2%; p=0.031). Students who viewed impatience of patients and relatives as the main reason for violence were more likely to plan

for residency education (71.1% vs. 57.3%;  $p=0.014$ ). A strong and statistically significant association was found for inadequate criminal sanctions: 76.2% of students intending to pursue residency training cited this as an important cause of violence, compared to 53.7% among those not planning to continue ( $p<0.001$ ) (Table 4).

**Table 4.** Association Between Perceived Causes of Violence in Healthcare and Intention to Pursue Residency Training

Perceived main cause of violence in healthcare		Intention to Pursue Residency Training		p
		Yes	No	
		n (%*)	n (%*)	
Poor communication between patient and physician	Yes	221 (51,2)	34 (41,5)	0,107
	No	211 (48,8)	48 (58,5)	
Insufficient time allocated to patients and relatives	Yes	230 (53,2)	33 (40,2)	0,031
	No	202 (46,8)	49 (59,8)	
Impatience of patients and relatives	Yes	307 (71,1)	47 (57,3)	0,014
	No	125 (28,9)	35 (42,7)	
Excessive workload of physicians and healthcare workers	Yes	273 (63,2)	46 (56,1)	0,225
	No	159 (36,8)	36 (43,9)	
Inadequate health policies	Yes	247 (57,2)	43 (52,4)	0,428
	No	185 (42,8)	39 (47,6)	
Inadequate criminal sanctions	Yes	329 (76,2)	44 (53,7)	<0,001
	No	103 (23,8)	38 (46,3)	
Insufficient security measures in healthcare centers	Yes	228 (52,8)	41 (50,0)	0,644
	No	204 (47,2)	41 (50,0)	

\*Column percentages were used.

In the study, 85.2% (n=438) of the participants stated that incidents of violence in healthcare negatively affected their view of the profession of medicine. Among those who stated that it had a negative impact, 79.0% (n=346) stated that their anxiety about their professional career increased, 44.1% (n=193) regretted choosing the profession, and 65.5% (n=287) stated that their motivation to help people decreased.

A model was created with the independent variables determined to predict the reasons that may be effective on students' unwillingness to pursue residency training after graduation. It was determined that the logistic regression model explained 32.6% of the students' preference for specialization (Nagelkerke R Square=0.326). The variables that had an effect on students' unwillingness to pursue residency training were found to be lower in the following groups compared to the others: those who had lost a semester or internship (OR: 1.950); those who were dissatisfied with studying at medical school (OR: 2.456); those who preferred medical school for reasons other than being useful to people (OR: 2.213); and those who were hopeless about the realization of their expectations about their career (OR: 7.296). In addition, the rate of not considering pursuing residency training was higher in the following groups compared to the others: those who thought that the most important reason for violence in health was the decrease in respect for physicians and health

workers (OR: 2.819); those who thought that criminal sanctions were inadequate (OR: 3.165); and those who thought that security measures in health centers were inadequate (OR: 1.993) (Table 5).

**Table 5.** Logistic regression model for students' unwillingness to pursue residency training

Variables	B	SE	p	Exp (β)	% 95 CI
<b>Have you lost a semester or internship in medical school?</b>					
No (REF)					
Yes	0.668	0.328	0.041	1.950	1.026-3.706
<b>Do you enjoy studying at medical school?</b>					
Yes (REF)					
No	0.898	0.311	0.004	2.456	1.336-4.515
<b>Choosing medical school to be useful to people</b>					
Yes (REF)					
No	0.794	0.295	0.007	2.213	1.240-3.948
<b>Choosing medical school because the family wants it</b>					
No (REF)					
Yes	0.637	0.299	0.033	1.892	1.052-3.400
<b>What is your hope for the realization of your expectations for your professional life?</b>					
Hopeful(REF)					
Undecided	1.888	0.513	0.000	6.608	2.415-18.077
Hopeless	1.987	0.537	0.000	7.296	2.546-20.906
<b>Decreasing respect for physicians and health workers is one of the most important causes of violence in health</b>					
No (REF)					
Yes	1.036	0.308	0.001	2.819	1.542-5.153
<b>Inadequate criminal sanctions are among the most important causes of violence in health</b>					
No (REF)					
Yes	1.152	0.328	0.000	3.165	1.664-6.019
<b>Inadequate security measures in health centers are among the most important causes of violence in health</b>					
No (REF)					
Yes	0.690	0.327	0.035	1.993	1.050-3.785

## Discussion

This study aimed to determine the opinions of medical students regarding medical education and violence in healthcare, and to examine how these views affect their intention to pursue residency training. The results revealed significant differences between students' academic satisfaction, perceptions of medicine, and attitudes toward specialization.

First-year students were more satisfied with studying medicine than sixth-year students, and they were more likely to state that they would choose medicine again if given the chance. Conversely, sixth-year students showed a greater negative change in their perception of the medical profession since the beginning of medical school. This difference may be associated with the fact that as students advance in their education, they begin to take active roles in clinical settings, assume greater responsibilities, and

face more direct interaction with patients and their relatives, potentially leading to increased exposure to stress and burnout.

Consistent with previous studies [11, 12], the main reason for choosing medical school was the desire to be useful to people, while high income and family pressure ranked last. Similar findings were reported by Genç et al. and Yalınbaş et al., who emphasized altruism and social utility as dominant motivational factors in choosing a medical career.

In this study, 84.0% of the participants stated that they intended to pursue residency training after graduation, a rate comparable to those reported by Açıık et al. [13] and Köksal et al. [14]. Students who had lost a semester or internship, who were dissatisfied with their education, or who had chosen medicine for reasons other than being useful to others were significantly less likely to plan for residency. This finding highlights that academic success and intrinsic motivation are key determinants of continuing postgraduate medical training.

Among those intending to specialize, first-year students preferred surgical branches more than sixth-year students. This difference may reflect a gradual change in perceptions as students gain clinical experience and become more aware of the workload, risks, and lifestyle implications of surgical specialties. Similar to the results of Açııkgöz et al. [15], students' preferences appear to shift toward internal sciences as they progress through medical school.

Working hours, number of shifts, the opportunity to have personal time, department-related risks, and potential exposure to violence were found to be significantly less influential in first-year students compared to sixth-year students. This suggests that students' professional awareness and prioritization of work-life balance increase over the course of their education. Studies from other countries, such as Taiwan [16], have also shown that lifestyle and work conditions become more important determinants of specialty choice in later academic years.

Nearly half of the participants reported being exposed to or witnessing violence in healthcare settings. Most of these incidents were verbal, followed by psychological and physical violence. These findings are consistent with previous studies [10, 18, 19], indicating that exposure to violence remains a widespread issue during medical training. As students spend more time in clinical environments, their likelihood of encountering such incidents naturally increases.

Students who believed that inadequate health policies, insufficient criminal sanctions, and poor security measures were major causes of violence were more likely to consider working abroad after graduation. This finding is consistent with international literature indicating that systemic dissatisfaction and perceived insecurity in the workplace are associated with migration intentions among young physicians [17, 19].

The logistic regression analysis demonstrated that

dissatisfaction with studying medicine, loss of a semester or internship, lack of altruistic motivation, and hopelessness regarding professional expectations significantly increased the likelihood of not pursuing residency training. Furthermore, perceiving decreased respect for physicians, inadequate criminal sanctions, and insufficient security measures as major causes of violence were also strong predictors of unwillingness to continue medical specialization. These results underline the intertwined relationship between violence in healthcare, perceived injustice, and the erosion of professional motivation among medical students.

## Conclusion

This study showed that most students chose medical school willingly, primarily motivated by the desire to help people. However, sixth-year students exhibited more negative views toward the medical profession than first-year students, suggesting that prolonged exposure to the realities of clinical work and violence may diminish enthusiasm for the profession.

Hopelessness about professional expectations, decreased respect for physicians, inadequate criminal sanctions, and poor security measures were all found to negatively affect students' willingness to pursue residency training.

To mitigate these effects, medical education should integrate structured modules on workplace safety, communication, and coping with violence into the curriculum. Preventive strategies, including adequate security personnel, effective enforcement of legal sanctions, and the strengthening of patient rights offices, are essential to protect healthcare workers. Improving the professional climate and ensuring safety in healthcare environments may help sustain students' motivation to continue their careers within the country and pursue postgraduate training.

## Highlights

1. Satisfaction with medical education and willingness to choose medicine again were significantly higher among first-year students compared to sixth-year students. As students progressed through medical school, their perception of the medical profession became increasingly negative.
2. Nearly half of the participants (45.9%) reported being exposed to or witnessing violence in healthcare settings. Verbal violence (93.2%) was the most common form. Violence in healthcare negatively affected 85.2% of students' professional perception, increased career-related anxiety in 79%, and reduced motivation to help others in 65.5%.
3. Students who were unwilling to pursue residency training tended to be dissatisfied with their medical education, had lost a semester or internship, and felt hopeless about their professional future. They also perceived violence in healthcare particularly lack of respect for physicians, inadequate legal sanctions, and poor security measures—as a major problem.
4. More than half of the students (57.1%) stated that they were considering working abroad after

graduation. This intention was associated with dissatisfaction with national health policies, exposure to violence, and the perception of insufficient criminal sanctions.

5. First-year students showed a significantly higher preference for surgical specialties than sixth-year students. However, as clinical experience increased, the preference for surgical fields declined, indicating a shift in specialty interest during medical education.

### Conflict of interest

The authors declare that there is no conflict of interest.

### Financial support

The authors declare that they have no financial support.

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