

A Study on the Determination of the Reasons for Violence against Healthcare Workers

Serkan Deniz^{id}, Onur Yüksel^{id}

Yalova University Thermal Vocational School, Management of Health Institutions, Yalova, Turkey

Serkan Deniz, Asst. Prof.
Onur Yüksel, Lecturer

ABSTRACT

Objective: The violence against healthcare workers has significantly increased within the last years; which has become an important problem for the health sector. The present study aims to reveal the importance level of the underlying reasons for violence against healthcare workers (HCWs) in terms of community.

Methods: This study was conducted between December 2018 and January 2019 in Yalova, Turkey. The population of the study consisted of participants above 18 years old and residing in Yalova, Turkey. The survey method was used in the collection of data. A total of 545 survey forms were collected in the scope of the study. Descriptive statistics (frequency, percentage distribution, mean, standard deviation, etc.) was calculated in the analysis of the data collected.

Results: In accordance with the results of the study, it has been found out that the three most important reasons for the violence against HCWs are the impatience of the patients and their relatives (3.85 ± 0.92), inadequate information given to the patients and their relatives (3.68 ± 0.97) and long waiting periods of the patients (3.45 ± 1.11).

Conclusion: Considering the results of this study, it is recommended to take precautions at micro and macro levels and to conduct studies to decrease the violence against HCWs.

Keywords: Violence, security, workplace, healthcare worker, health

Correspondence:
Asst. Prof. Serkan Deniz
Yalova University Thermal Vocational School,
Management of Health Institutions, Yalova,
Turkey
Phone: +90 226 815 56 26
E-mail: serkand100@gmail.com

Received : March 21, 2019
Revised : March 21, 2019
Accepted : May 05, 2019

SAĞLIK ÇALIŞANLARINA YÖNELİK ŞİDDETİN NEDENLERİNİN BELİRLENMESİNE İLİŞKİN BİR ARAŞTIRMA

ÖZET

Amaç: Sağlık çalışanlarına yönelik şiddet olayları son yıllarda önemli bir artış göstermiş ve bu durum sağlık sektörü için önemli bir sorun haline gelmiştir. Bu çalışmaya topluma göre sağlık çalışanlarına yönelik şiddetin nedenlerinin önem düzeyinin ortaya konulması amaçlanmıştır.

Yöntem: Araştırma, Aralık 2018 – Ocak 2019 aylarında Yalova ilinde gerçekleştirilmiştir. Araştırma evrenini Yalova'da ikamet eden ve 18 yaşını doldurmuş bireyler oluşturmuştur. Araştırmada veri toplamak için anket yöntemi kullanılmıştır. Araştırma kapsamında 545 anket formu toplanmıştır. Toplanan verilerin analizlerinde tanımlayıcı istatistikler (frekans, yüzde dağılımları, ortalama, standart sapma gibi) hesaplanmıştır.

Bulgular: Araştırmanın sonuçlarına göre sağlık çalışanlarına yönelik şiddetin en önemli üç nedeninin, hasta ve yakınlarının sabırsız olmasının ($3,85 \pm 0,92$), hasta ve yakınlarının yeterince bilgilendirilmemesinin ($3,68 \pm 0,97$) ve hastaların uzun süre bekletilmesinin ($3,45 \pm 1,11$) olduğu belirlenmiştir.

Sonuç: Araştırmanın sonuçları dikkate alınarak sağlık çalışanlarına yönelik şiddet olaylarının azaltılması için mikro ve makro düzeyde bazı tedbirlerin alınması ve çalışmaların yapılması önerilmektedir.

Anahtar sözcükler: Şiddet, güvenlik, işyeri, sağlık çalışanı, sağlık

Violence is any incident that can be experienced at any age or any environment from daily life to workplaces. World Health Organization (1) defines violence as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation". Violence against HCWs is defined as any incident which puts a health care worker at risk and includes verbal abuse, threatening behavior or assault by a patient, patient relatives or any member of the public (2). In literature, the types of violence are classified under different groups. In one classification, for example, violence is classified under four categories as physical, emotional, economic and sexual (3). Another classification defines violence under three categories as verbal, physical and sexual (4).

Working in a secure workplace is the right of all workers (5). Yet, working in a secure workplace is getting harder and harder for HCWs. Although the economic and social development level of various countries may vary, the incidences of violence against HCWs have significantly increased within recent years throughout the world (6). Relevant studies have revealed that the risk of HCWs experiencing violence is 16 times greater than the risk for the workers of other service sectors (7). Besides, in accordance with some studies, the majority of HCWs have faced violence throughout their working life; mostly verbal violence. (8, 9, 10). Violence against HCWs is mostly encountered in emergency services (11, 12, 13).

Violence incidents negatively affect HCWs in many ways. Violence against HCWs may cause to demoralization, discomfort, anger, stress, nightmare, anxiety, sleep disorder, exhaustion, health disorders, disappointment, depression, alcohol use and smoking, suicide, physical injury, physical disorders, lack of self-confidence, sense of guilt and desperation and breakdown in interpersonal relationships (14). Besides, the violent incidents against HCWs affect their working life negatively. The violence against HCWs may result in being reluctant in rendering and improving the health services, showing aggressive behaviors to the patient and patient relatives, communicating less with patients and patient relatives, disregarding patients, spending less time with patients, hesitating in making decisions about patients, avoiding to take medical risks, failing to fulfill professional liabilities, feeling professionally unconfident and inadequate, failing to abide workplace rules, having less work satisfaction, tending to resign and underperforming (13, 15, 16).

There are many underlying reasons for violence against HCWs. When analyzing the relevant studies, health policies implemented, the inadequacy of health services, sickness psychology, disagreements between healthcare worker and patient, misunderstandings, medical dissatisfaction, sense of being ignored, long waiting periods, illegal and inappropriate demands, the influence of alcohol or drugs, hearing bad news, misinformation in media, inadequacy of security measures may be given among the examples of the reasons of violence (17, 18, 19). The present study aims to reveal the importance level of the underlying reasons for violence against HCWs in terms of community.

Methods

This study was conducted between December 2018 and January 2019 in Yalova, Turkey. The population of the study consisted of participants above 18 years old and residing in Yalova, Turkey. The data were collected by interviewing the participants face to face. The survey method was used in the collection of data. A total of 545 survey forms were collected in the scope of the study.

Measurements

The survey form used in the study is composed of two sections. The questions of the first section are directed to determine the demographic features of the participants. The items of the second section, on the other hand, are oriented to reveal the importance level of the reasons for violence against healthcare workers. The items in the second section are composed by quoting from the study of Sarcan (20) and Takak and Artantaş (21) and a scale of 10 items is composed. The items in the second section are measured with 5-Likert type scale as "1=strongly disagree", "2=disagree", "3=partially agree", "4=agree" and "5=strongly agree" options. In the analysis conducted to measure the reliability level of the scale used in the second section (reasons for violence against HCWs), Cronbach's Alpha coefficient is measured as 0.70 and the scale has proved to be reliable. Exploratory factor analysis is used in the measurement of the validity of the scale used in the second section. KMO and Bartlett's test is carried out to measure the suitability of the scale for factor analysis. As a result of these tests, KMO value is found as 0.73 and Bartlett's test is found to be ($p<0.01$) significant. The results have revealed that the data set used is appropriate for the factor analysis, the variables are highly correlated and this scale is suitable for factor analysis. The results of the exploratory factor analysis are demonstrated in Table 1. As a result of the factor analysis, the items of the scale were collected under four factors with a total explained variance of 67.82% and factor loading ranging between 0.50 and 0.87. According to the literature, each factor

Table 1. Exploratory factor analysis of the reasons for violence against HCWs

Items	1	2	3	4
6. Failure of the health care workers in performing their duty	0.84			
7. Impoliteness of the health care workers to the patients	0.78			
4. Ignorance of the patients	0.74			
5. Long waiting periods of the patients	0.58			
3. Inadequate information given to the patient and patient relatives	0.50			
8. Inadequate number of health care workers	0.87			
9. Inadequate number of medical devices and equipment	0.83			
2. Impatience of the patients and patient relatives	0.82			
1. Lack of education of the patients and patient relatives	0.81			
10. News and publications in media against health care workers	0.87			

should be composed of at least three items (22, 23). Since the number of items in the second, third and fourth factors is less than three, the scale is evaluated as one-factor scale (without excluding the item) and the scale is assumed to be one dimensional.

Data analysis

SPSS 18.0 statistics package program was used in the analysis of the data. Descriptive statistics (frequency, percentage distribution, mean, standard deviation, etc.) were calculated in the analysis of the data collected. The findings were evaluated at 95% confidence interval and 5% significance level.

Results

The study included 313 (57.4%) female and 232 (42.6%) male participants. When the age range distribution was analyzed, 265 participants (48.6%) were 25 years old and below, 119 participants (21.8%) were between 26–35 years old, 104 participants (19.1%) were between 36–45 years old and the remaining 57 participants (10.5%) were 46 years old and above. When the educational background was analyzed, 257 participants (47.2%) were high-school graduates or below, 169 participants (31.0%) had associate's degree, 99 participants (18.2%) had bachelor's degree and 20 participants (3.7%) had master's degree. 346 participants (63.5%) were single and 199 participants (36.5%) were married. 273 participants (50.1%) were employed and 272 participants (49.9%) were unemployed.

Table 2 demonstrates the descriptive statistics on the reasons for violence against HCWs. According to the table, the three most important reasons for the violence against HCWs are the impatience of the patients and their relatives (3.85 ± 0.92), inadequate information given to the patients and their relatives (3.68 ± 0.97) and long waiting periods of the patients (3.45 ± 1.11). The three least important reasons for the violence against HCWs are their impoliteness to the patients (3.08 ± 1.18) and failure in performing their duty (2.95 ± 1.16) and the news and publications in media against HCWs (2.75 ± 1.23).

Table 2. Descriptive statistics on the reasons for violence against HCWs

Items	n	Mean	Std. Deviation
2. Impatience of the patients and patient relatives	545	3.85	0.92
3. Inadequate information given to the patient and patient relatives	545	3.68	0.97
5. Long waiting periods of the patients	545	3.45	1.11
1. Lack of education of the patients and patient relatives	545	3.43	1.07
8. Inadequate number of health care workers	545	3.33	1.22
4. Ignorance of the patients	545	3.29	1.11
9. Inadequate number of medical devices and equipment	545	3.22	1.22
7. Impoliteness of the health care workers to the patients	545	3.08	1.18
6. Failure of the health care workers in performing their duty	545	2.95	1.16
10. News and publications in media against health care workers	545	2.75	1.23

Discussion and Conclusion

The present study aims to reveal the importance level of the underlying reasons for violence against HCWs in terms of community. In accordance with the results of the study, it has been found out that the most important reasons for the violence against HCWs are the impatience of the patients and their relatives (3.85 ± 0.92) and inadequate information given to the patients and their relatives (3.68 ± 0.97). The findings of similar studies share similarities with our findings (21, 24). Another important reason for the violence against HCWs is the long waiting periods of the patients (3.45 ± 1.11). Similar studies in literature reveal that one of the most important reasons for the violence against HCWs is the long waiting periods of the patients, as well (12, 16, 25). The findings of the present study that the most important reasons for violence against HCWs are the impatience of the patients and patient relatives and

long waiting periods of the patients provide support for other studies. Keeping the patients waiting due to the crowding in health care institutions and impatience of the patients and their relatives as a result may trigger the violent incidents.

Considering the results of this study, it is recommended to take precautions at micro and macro levels and to conduct studies to decrease the violence against HCWs. In this respect, health care providers are recommended to take micro-level suggestions. Among these suggestions, health care providers are recommended to follow-up the waiting periods of the patients and solve the relevant problems in a short time, add additional units into service when required, provide more comfortable waiting lounges, advise the doctors and HCWs to communicate with the patients and their relatives in a more understandable and simple language instead of using medical jargons, develop a patient information system, signboards and short films against violence in the health care institutions, tightening the security measures in crowded service units, inform/educate HCWs about how to react in case

of a violent incident, support the workers who experience violence in legal ways and to make the security units ready to intervene with the person committing the violence quickly. At the macro level, on the other hand, social and political recommendations are provided. Among these, it is recommended to raise the awareness of the public through public service announcements, add lessons about violence to the curriculum, increase the punishments for the violence against HCWs, provide HCWs (either in public or private institution) who experience violence with both legal and psychological support by the government, legislate taking paid leave for the worker experiencing violence and enable the worker to switch to another health care institution if required.

Although it is a limitation that the study does not include a high number of participants, the study is important in revealing the importance level of the reasons for violence against HCWs in terms of community. It is also considered that conducting similar studies with more variables and participants would be beneficial.

References

1. World Health Organization. World Report on Violence and Health: Summary. Geneva: 2002. https://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf
2. Saines JC. Violence and Aggression in A & E. Recommendations for Action. *Accid Emerg Nurs* 1999;7:8–12. [\[CrossRef\]](#)
3. Şenol D, Mazman İ. Violence Against Child: A Sociological Approach in the Case of Turkey. *KMU J Soc Econ Res* 2014;16:11–7. <https://core.ac.uk/download/pdf/51128649.pdf>
4. Edirne T, Aslan S, Acar N, Emre N, Arat Ş, Kara SC, Kaya AA. Prevalence and Characteristics of Violence Towards Health Care Staff. *Smyrna Med J* 2015;3:35–41. https://smyrnatipdergisi.com/dosyalar_upload/belgeler/Hekim%20d%C4%B1%C5%9F%C4%B1%20%C5%9Fidet1490512470.pdf
5. Pınar T, Pınar G. Healthcare Workers and Workplace Violence. *TAF Prev Med Bull* 2013;12:315–26. [\[CrossRef\]](#)
6. Adas E. Privatization of Health and Publicization of Violence: Violence Toward Doctors in Turkey. *Crit Pub Health* 2011;21:339–51. [\[CrossRef\]](#)
7. Kingma M. Workplace Violence in the Health Sector: A Problem of Epidemic Proportion. *Int Nurs Rev* 2001;48:129–30. [\[CrossRef\]](#)
8. Akbaş M, Boz A, Dursun A, Çetin S, Kılıçaslan A. Determination of Exposure Status to Violence of 112 Employees and Their Behavior Towards Violence. *DEUHFED* 2016;9:93–100. http://static.dergipark.org.tr/article-download/a440/88a5/9406/JA53NY33EM/5c3c3e952a75e_c590b9d1d046643f6b8c9453130380a5.pdf
9. Çamcı O, Kutlu Y. Determination of Workplace Violence Toward Health Workers in Kocaeli. *J Psychiatr Nurs* 2011;2:9–16. http://www.journalagent.com/phd/pdfs/PHD_2_1_9_16.pdf
10. Çiçek Durak T, Yolcu S, Akay S, Demir Y, Kılıçaslan R, Değerli V, Parlak İ. Investigation of Violence Incidents by the Patient or Patients' Relatives Directed Towards the Health Care Professionals in Bozyaka Training and Research Hospital. *Genel Tip Derg* 2014;24:130–7. <http://www.geneltip.org/upload/sayı/86/GTD-00746.pdf>
11. Egici MT, Öztürk GZ. Violence Against Healthcare Workers in the Light of White Code Data. *Ankara Med J* 2018;18:224–31.
12. İlhan MN, Çakır M, Tunca MZ, Avcı E, Çetin E, Aydemir Ö, et al. From Society Point of View Violence Against Healthcare Workers: Causes, Attitudes, Behaviours. *Gazi Med J* 2013;24:5–10.
13. Eker HH, Özder A, Tokaç M, Topcu İ, Tabu A. Aggression and Violence Towards Health Care Providers, and Effects Thereof. *Arch Psychiatr Psychother* 2012;4:19–29. http://www.archivespp.pl/uploads/images/2012_14_4/19Eker_ArchivesPP_4_2012.pdf
14. Akça N, Yılmaz A, İşık O. Violence Applied to Health Employees: An Example of a Private Medical Center. *Ankara J Health Serv* 2014;13:1–12. [\[CrossRef\]](#)
15. Al-Shiyab AA, Ababneh RI. Consequences of Workplace Violence Behaviors in Jordanian Public Hospitals. *Employee Relat* 2018;40:515–28. [\[CrossRef\]](#)
16. Mantzouranis G, Fafliora E, Bampalis VG, Christopoulou I. Assessment and Analysis of Workplace Violence in a Greek Tertiary Hospital. *Arch Environ Occup Health* 2015;70:256–64. [\[CrossRef\]](#)
17. Milet M, Yanık A. Workplace Violence Against Health Workers. *Int J Health Manage Strat Res* 2017;3:25–36. <http://static.dergipark.org.tr/article-download/b08e/6251/c946/59c4f6bdbb18a.pdf>
18. Demiroğlu T, Kılıç E, Atay E. Violence Towards Health Professionals: The Case of Kilis City. *J Health Sci* 2015;24:49–55. https://www.researchgate.net/publication/303815017_VIOLENCE_TOWARDS_HEALTH_PROFESSINALS_THE_CASE_OF_KILIS_CITY

19. Devebakan N. Workplace Violence in Health Care Organizations and Evaluation of "Code White" Application in Dokuz Eylül University Application and Research Hospital. Suleyman Demirel University, Journal of Faculty of Economics and Administrative Sciences 2018;23:383–99. <http://iibfdergi.sdu.edu.tr/assets/uploads/sites/352/files/yil-2018-cilt-23-sayi-2-yazi03-12062018.pdf>
20. Sarcan, E. Public Point of View for the Increasing Violence Towards Health Workers. Recidency Thesis, Department of Emergency Medicine, Gaziantep University Faculty of Medicine, 2013.
21. Takak SÖ, Artantaş AB. Evaluation of Patients' and Their Relatives' Opinions and Attitudes About Violence Against Health Care Workers. Ankara Med J 2018;18:103–16. [\[CrossRef\]](#)
22. Karaman H, Atar B, Aktan DÇ. The Comparison of Factor Extraction Methods Used in Exploratory Factor Analysis. Gazi University Journal of Gazi Educational Faculty - GUJGEF 2017;37:1173–93. [\[CrossRef\]](#)
23. Maskey R, Fei J, Nguyen HO. Use of Exploratory Factor Analysis in Maritime Research. The Asian Journal of Shipping and Logistics 2018;34:91–111. [\[CrossRef\]](#)
24. Öztürk H, Babacan E. Violence Applied to Health Personnel Working at Hospitals by Patients/Their Relatives: The Causes and Factors Regarding Violence. J Health Nurs Manage 2014;1:70–80. [\[CrossRef\]](#)
25. Yaşar ZF, Durukan E, Büken E. A University Hospital Patients and Their Relatives' Opinions on Violence in Health. Rom J Leg Med 2017;25:65–9. [\[CrossRef\]](#)