

## Original Article

# Evaluation of Violence Exposure of Healthcare Professionals Working in Kars Province

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### Abstract

**Objective:** This study was conducted to evaluate the violence exposure of healthcare professionals working in Kars province.

**Method:** This was a descriptive study. While the population of the study consisted of 643 healthcare professionals, the sample consisted of 200 healthcare professionals who agreed to participate in the study. The data were collected by using a questionnaire prepared by the researchers. Number and percentage distribution were used to assess the data.

**Results:** Among the healthcare professionals, 48.5% stated that they witnessed violence, 61.5% were exposed to violence, 49.9% were exposed to violence in the form of insult, 91.1% of the violence perpetrators were male, 86.1% of the violence perpetrators were patient relatives, 70.7% of the professionals stated that no procedure was administered after the violence, 81.3% were exposed to the verbal violence most recently, 52.0% were exposed to violence in the service, and 99.0% expressed that the institution remained unresponsive to violence.

**Conclusion:** It was observed that healthcare professionals are in the group of high risk for violence exposure.

**Key Words:** Exposure, Healthcare Professional, Violence

### Introduction

Violence is as old as history of humankind, which can be encountered in every area of life, both at the individual level and at the social level (Aytac & Dursun, 2013). According to the World Health Organization (WHO), violence is physical force or oppression deliberately directed to an individual, another person, a group or society, resulting in or increasing the risk of injury, death, psychological harm, developmental disorders or withdrawal condition (Organization WHO, 2002).

Violence is one of the most uncontrollable social facts of today's society that affects all social professions, groups in all the nations. Violence can occur in different forms such as physical, psychological (emotional), sexual, verbal and economical violence. Physical violence is defined as hard and painful actions directed from the outside to harm the physical integrity of

individuals. Psychological violence refers to all kinds of attitudes and behaviors that disrupt psychological well-being, make the individuals feel pressured and threatened. Sexual abuse is sexual harassment and assault against children, young people, women and other individuals. Verbal violence is a type of violence in the form of shouting, bad speech, swearing, insults, blaming and humiliation (Buyukbayram & Okcay, 2013). Economic violence is a form of violence where economic resources and money are used as a means of sanction, threat and control over the individual, which makes them dependent and economically weak (Gurkan & Coşar, 2009).

Almost all of these types of violence are experienced in working life mostly. Violence or aggression in the workplace is considered one of the most important problems of our time. According to the definition of the European

Commission, violence at workplace is any act that threatens health and safety of employee, such as abuse, threats, or assault in an open or confidential manner (Aytac & Dursun, 2013). According to another definition, it is all kinds of events aimed at the employee to cause physical or psychological damage (Wiskow, 2003). Accordingly, violence in the workplace involves both physical violence and psychological violence (Aytac & Dursun, 2013).

Violence in a health care organization is a verbal or behavioral threat, physical attack or sexual assault from the patient, patient's relatives or other individuals that pose a risk to the healthcare professional (Kahriman, 2014). Violence in the field of health aimed at physicians and healthcare workers is increasing day-by-day, and presents an important health problem for every sector (Al et al., 2012). Health workers are the major target of workplace violence. In recent studies, it has been found that healthcare professionals are 16 times more likely to be at risk of violence than workers in other areas (Kingma, 2001).

There are some factors increasing the risk of violence in health care institutions. These factors include the provision of 24-hour uninterrupted services, the presence of family members who feel stressed, anxious and unconcerned, prolonged wait times experienced by patients and the inadequate utilization of care services. In addition, it can be said that other factors that increase the risk of violence include intensive work, inadequate number of staff, working in overcrowded setting, working alone, lacking training in coping with violence, insufficient number of security personnel, inadequate sanctions against violence in the law (Serin et al., 2015). As noted by Farrel et al., another factor is treating patients as customers, consumers in the health system, and the confrontation of health workers and patients with this understanding (Farrell, Bobrowski & Bobrowski, 2006).

This study was carried out with the aim of assessing health workers' exposure to violence in the province of Kars due to the increasing incidences of violence.

## Methods

**Research Design:** The study is a descriptive type research.

**The Location and Time of the Study:** The study was conducted in Kars Harakani State Hospital and Faculty of Medicine Research

Hospital in the province of Kars, Turkey, between May 8, 2013 and September 10, 2013.

**Study Population and Sampling:** The study population consisted of all health personnel (N=643) working in Kars Harakani State Hospital and Faculty of Medicine Research Hospital, and sample of the study consisted of 200 health workers who agreed to participate in the research.

**Data Collection Instrument:** It consists of 17 items developed by the researchers in line with the literature review.

**Data Collection:** The study data were collected by face-to-face interview technique through visits to the places where the health workers worked in the hospital by paying attention to privacy. The data collection period was set at 15 minutes per person.

**Evaluation of Data:** The data were transferred to the computer environment using the SPSS 20.00 program and the numbers and percentages were used in the analysis of the data.

## Ethical Principles of the Study

A formal permission was obtained from the Kafkas University Rectorate and the Kars Public Hospitals Association for conducting the research. The health workers included in the research were informed about the purpose of the research, and told that they are free to participate and don't have to answer the questions if they do not want to, the information to be collected is not used anywhere other than research, and verbal approvals have been taken.

## Results

Of the healthcare workers, 62.5% was in the 19-29 age group, 62.5% was female, 51.5% was single, 71.0% was university graduate, 67.0% was working in a state hospital and 44.0% was working in clinic, 54.5% was nurse, and 79.5% was working for 1 to 10 years (Table 1).

It was found that 48.5% of the health workers witnessed violence, 61.5% was exposed to violence, 49.9% was subjected to violence in the form of insults, 91.1% of the abusers was male, 86.1% was abused by patient relatives, 70.7% stated that there was no action taken after the violent incident, 81.3% was exposed to verbal violence recently, 52.0% was exposed to violence in the service, and 99.0% stated that the institution had remained unresponsive against violence (Table 2).

**Table 1. Evaluation of Sociodemographic Characteristics of Healthcare Professionals**

<b>Characteristics</b>	<b>n</b>	<b>%</b>
<b>Age</b>		
19-29	125	62.5
30 and over	75	37.5
<b>Gender</b>		
Female	125	62.5
Male	75	37.5
<b>Marital status</b>		
Married	97	48.5
Single	103	51.5
<b>Educational Status</b>		
Vocational School of Health	43	21.5
College and higher	142	71.0
Other	15	7.5
<b>Working Institution</b>		
State Hospital	134	67.0
University Hospital	66	33.0
<b>Working Unit</b>		
Emergency Service	50	25.0
Service	88	44.0
Operating room	9	4.5
Polyclinic	18	9.0
Laboratory	11	5.5
Physical therapy	8	4.0
Other	16	8.0
<b>Occupation</b>		
Doctor	28	14.0
Nurse	109	54.5
Midwife	10	5.0
Medical officer	18	8.5
Other	35	18.0
<b>Years at Work</b>		
1-10 years	159	79.5
11 years and over	41	20.5

**Table 2. Evaluation of Health Workers' Experiences of Violence**

Characteristics	n	%
<b>Witnessing a Violence</b>		
Yes	97	48.5
No	103	51.5
<b>Exposure to Violence</b>		
Yes	123	61.5
No	77	38.5
<b>* The type of violence encountered</b>		
Insult	98	49.9
Swearing	97	48.5
Threat	84	42.0
Humiliation	65	32.5
Verbal sexual harassment	32	16.0
Pushing	32	16.0
Tokat	25	12.5
Punch	22	11.0
<b>Gender of the violent person</b>		
Female	11	8.9
Male	112	91.1
<b>Violent person</b>		
Patient's Relative	106	86.1
Patient	10	8.1
Public Employee	7	5.8
<b>The fate of the violent person</b>		
Nothing has been imposed	87	70.7
Court/reported	36	29.3
<b>Last Type of Violence Exposed</b>		
Physical	8	6.5
Verbal	100	81.3
Both	15	12.2
<b>Service exposed to violence</b>		
Emergency service	32	26.1
Service	64	52.0
Polyclinic	27	21.9
<b>The institution's response to violence</b>		
Yes	2	1.0
No	198	99.0
* More than one choice was marked.		

## Discussion

According to the results of the study, 62.5% of the healthcare professionals was in the 19-29 age group. It is seen in the study conducted by Ayrancı et al. (2002) that mostly the 30-39 age group is exposed to violence (54.4%) (Ayrancı et al., 2002). The vast majority of the nurses who participated in the study by Kahriman et al. has been in the 30-39 age group (Kahriman, 2014). Coşkun et al. have found in their study that there was no statistically significant difference between age and exposure to physical violence (Coşkun & Ozturk, 2010). The difference in age groups may be due to the changing rates of exposure to violence in different groups.

In our study, 62.5% of health professionals was female. In their study, Coskun et al. have found that there was no statistically significant difference between gender and exposure to physical violence (Coşkun & Ozturk, 2010). In this case, it can be said that women and men expose to violence without any difference.

In our study, 71.0% of health professionals had at least Bachelor's degree. According to Kahriman, a study by Altintas (2006) reports that nurses who had been exposed to verbal and physical violence by patients, patient relatives and colleagues have been found to be associate degree graduates (60.3%) (Kahriman, 2014). In a study by Oztunc (2001), it has been found that nurses with bachelor's degree had not been exposed to verbal sexual abuse and physical abuse at all, and that mostly the associate degree graduates had been exposed to verbal sexual abuse (13.7%) and verbal threats (50%), whereas the graduates of health vocational high schools have been found to be exposed to physical violence mostly (20.5%). (Öztunc, 2001). This may be due to graduation of health workers at a young age, inexperience, and lacking communication.

In our study, 79.5% of healthcare professionals was found to be in the profession for 1 to 10 years. It has been found in Kahriman's research that nurses who have 6-10 years of working experience have been exposed to verbal violence by the patients mostly (Kahriman, 2014). In the study by Ayrancı et al. (2002), the incidence of exposure to violence in healthcare workers with 10 years and less years of working experience was found to be higher (Ayrancı et al., 2002). In another study, it was found that verbal violence in nurses working for 1 to 10 years and physical

violence in workers working for 11 to 21 years were more frequent (Shoghi, 2008). These results can be interpreted as the fact that the health workers adjusts to their environments as their age increases and can prevent the events with their experience.

It was determined in our study that 61.5% of the health workers was exposed to violence. In the study by Coskun et al., it has been determined that nurses' rate of exposure to verbal violence was 86%, rate of exposure to physical violence was 50.4%, and rate of reporting violence incidents was 21% (Coşkun & Ozturk, 2010). In a multi-center study conducted in 565 health centers in Europe, rate of exposure to physical abuse has been found to be 55%, 89% of those exposed to violence has been found to be female, and it has been emphasized that factors affecting violence can vary widely (Camerino, 2008). In a study conducted in Bursa, it has been found that 47.9% of the nurses had been exposed to violence, and 12.9% had been physically injured as a result of violence (Avcı & Pala, 2004). İlhan et al. found in their study that 42.6% of participants was exposed to violence throughout their lives and 56.1% of those exposed to violence has been exposed to physical violence (İlhan et al., 2009).

In our study, 86.1% of the healthcare professionals was found to be exposed to violence mostly by patient relatives. In the study by Kahriman et al., it has been found that the main source of verbal violence was patients, followed by patients' relatives (Kahriman, 2014). In a study by Alexander et al. (2004), health professionals have been found to be exposed to violence mostly by patient relatives (55%) (Tomev et al., 2003; Alexander, Fraser & Hoeth, 2004). In other studies conducted in Turkey, it has been found that 65.5%-89.9% of the nurses had been exposed to verbal violence by the relatives of the patients (Coşkun & Ozturk, 2010; Uzun, Bag & Özer 2001; Ayrancı, 2005). In the light of these results, it can be said that patients and their relatives are violence-prone in health institutions.

In our study, it was found that 81.3% of the health workers was mostly exposed to verbal violence. The type of violence encountered was insulting (49.9%), swearing (48.5%), threat (42.0%) and so on. In the study by Coskun et al., it has been found that participants had been exposed these types of physical violence: pushing by 28.9%, slapping by 22.3%, throwing objects

by 21.5%, punching by 19.8%, kicking by 15.7%, biting by 9% and sexual harassment by 6.6%, similar to types and rates in the literature (Coşkun & Ozturk, 2010; Flannery & Walker, 2008). In the study by Balci et al., the most common types of violence were psychological and verbal violence (60.4%), physical violence (23.1%), robbery and theft (16.0%), threatening with weapons or injury (5.3%) and sexual harassment (1.2%). In addition, 50.3% has been exposed to various degrees of violence, verbal and/or physical (Balci et al., 2011). In the study by Coskun and Ozturk (2010), it has been determined that nurses are mostly exposed to "insult" as a verbal violence, followed by "swearing", "threatening", "humiliating" and "verbal sexual harassment" (Coşkun & Ozturk, 2010). In a study by Winstanley et al. conducted in state hospitals in the UK, participants have been found to be exposed to verbal violence by 68.0%, whereas this incidence was between 53.7% and 60.0% in Turkey in general (Ness, House & Ness, 2000; Arnetz & Arnetz, 2000). In a study conducted on healthcare professionals' exposure to violence in a psychiatric hospital in Taiwan using a questionnaire developed by the ILO/ICN/WHO/PSI, it has been reported that verbal violence (50.9%) (Chen et al., 2008). As in the world, the rate of exposure to violence for health care workers in Turkey is reported to be substantial in every region. The high incidence of verbal violence in all studies may be due to the lower sanctions compared to the physical violence, and the fact that people swear because of the tense environment and do not accept any sanctions since they don't say those words under normal conditions or may be due to the lacking witnesses in such conditions.

In our study, 52.0% of health professionals was found to be exposed to violence in services. In a study by İlhan et al., 56.3% of the participants has been found to believe that the health workers are mostly exposed to violence in the emergency services, and 55.5% believes that violence incidents occur mostly in state hospitals (Ilhan et al., 2009). In a study by Ayrancı et al., 63.1% of incidents of violence has been found to take place in the emergency services and 63.1% of them has been found to take place in state hospitals (Ayrancı, 2005). Our study differs from other studies in terms of health professionals' exposure to violence more in the clinics.

## Conclusion

It appears that healthcare professionals are a high risk group in terms of exposure to violence. Before the graduation, violence and communication issues should be given in detail in the course curricula, and in-service training should be organized to improve communication skills for the working group.

In the institutional context, measures should be taken to reduce exposure to violence in the workplace. The security of the health units serving at the night shift must be ensured. The problems encountered should be examined in detail, the workloads of the individuals should be revised and the importance of employee motivation should be emphasized. Workplace health and related policies should be developed and their applicability should be enhanced. In case of a violence, necessary legal and institutional procedures should be started without any negligence.

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