

**HEALTH SECTOR WORKERS' PERCEPTION OF VIOLENCE:
THE CASE OF ISTANBUL UNIVERSITY FACULTY OF MEDICINE**

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ABSTRACT

This study focused on the violence in health industry which is a topic that doesn't have many academical study, lecture, activity report, Project or graduate thesis on. The main aim of the study is to measure the violence tendency of the health workers and encountered violence types of the health workers, also to estimate the main causes of the violence and trying to measure the demographical and social structures of the people carrying out the violence acts.

This measurement is being done among the employees of the İstanbul University İstanbul Medical Faculty, the oldest medical Faculty in Turkey, by a perception violence survey. The survey results were interpreted by the frequency analysis method. Those, the method used for the interpreting the results and the target group that the survey was done on increase the importance of the study.

As a result of the study, it was seen that violence in the health industry increased as results of the delays in health services and dissatisfaction of people from the health services. the other general results of the study were those; violence was applied generally not by the patients but by the relatives of the patiens generally by low educated males, generally in daytime working hours as verbal insults.

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INTRODUCTION

There has been an increase in the number of people who are prone to violent behaviors in the world. Various psychosocial, cultural, regional, sociopolitical, and economic reasons may cause the emergence of these behaviors. The topic of “workplace violence” is worth handling separately because people spend at least 8 hours in the workplace, and violence is prevalent in society. Acts of violence are more frequent in health services, which are one of the most important basic needs of humans to maintain a normal life, because health services have intrinsic vital functions and therefore cannot be substituted.

Undesirable acts of violence may develop between health workers and patients because health services are unplanned services, substitution may not be possible, services cannot be delayed or only for a limited period, and the scope and extent of the services is organized by physicians rather than patients. Moreover, the consumers may exhibit irrational behaviors, it is difficult to determine the satisfaction and quality of services beforehand. Outcomes cannot be liquidated, there is no guarantee, the outcomes cannot be tested beforehand, medical errors cannot be tolerated, and poor health services may cause social problems and may cause external benefit or harm.

There has been a significant transformation period in health services in the developing country of Turkey, and the change has been a painful process. It is obvious that there are some defects and deficiencies, particularly in terms of practice of service standards in the Turkish health sector, and there has been an increase in the number of acts of violence. However, the transformation is not the only reason for violence in the health sector. Other reasons could be that legal sanctions are not sufficient against acts of violence, and there are gaps in the law; principals in the health sector may not have adequate knowledge, particularly on crisis management, or health services may not be delivered equally among citizens.

In this research; violence cases in health industry in Republic of Turkey, in the case of İstanbul University İstanbul Medical Faculty will be studied, By the aim of to get the answers of questions like, what is the main reasons of the violence acts in the health industry, who acts in the violence evidences in generally, in which departments are being done the violence

acts often, the demographical and social investigation of the people who commits the violence acts.

The main hypothesis of this research is the increasing of the violence incidents in the health industry in Republic of Turkey. The research has three main parts to verify this hypothesis. In the first part, the violence in health industry and the reasons of violence incidents will be evaluated. Second part, is about the results of the national and international researchs prepared on the topic of “violence in medical industry”. And the third and last part is about the analysis of answers given to the survey which were prepared for the employees of İstanbul University, İstanbul Medical Faculty. Study ends with the result part which has the symptoms and proposals.

1. VIOLENCE IN THE HEALTH SECTOR AND ITS CAUSES

Violence, which is considered as an innate or acquired instinc of aggression, has existed as a behavioral type since the beginning of human history (Kocacık, 2001: 3-4). Although violence is an undesirable behavior, it may be experienced in any living habitat. However, workplace violence can be experienced in any sector, it is particularly prevalent in some professional groups. One of the most important indicators is working conditions. Violence in health institutions may be defined as “a verbal or physical assault practised by the patient, patient’s relative or by anybody who causes risk or threat for health workers” (Magnavita and Heponiemi, 2012: 1). Different studies reported that the actors of violence were patients, patients’ relatives, colleagues, and executives.

After considering the services and characteristics of working conditions, the International Labour Organization (ILO) reported that the health sector ranked second among workplace environments for violence (Chappel and Martino, 2006: 10). A study conducted in the United States of America (USA) revealed that the risk of exposure to workplace violence in the health sector was 16-fold more than in most other sectors (Byrns etc., 2005: 38). A study conducted in the USA by the Nurses Association reported that 17% of nurses experienced physical violence in the last year, and more than the half (57%) experienced threats or verbal abuse (Ihlebaek and Eriksen, 2003: 272). Studies conducted in Turkey and in most countries demonstrate that there is a increased tendency in acts of violence towards health workers. Despite the high risk perception of violence in the health sector, the actions are not/could not be reported. The most significant reason

is that acts of violence are only considered important when there is “physical violence or serious acts” (Pinar and Pinar, 2013: 320).

Studies conducted up to present revealed that the offenders were generally patients or patients’ relatives (Hinsenkamp, 2013: 2322). In considering the types of violence, there was a tendency towards physical violence among patients; however, patients’ relatives or visitors had a tendency for verbal violence (Kwok RP etc., 2006: 6-9). There are various factors in the emergence of violence. One of the most significant reasons is that citizens cannot have equal opportunities regarding the basic human need of health services (Turhan etc., 2008: 465). However, various factors may contribute to that. Although the duty of families is to raise children with the discipline of using violence as a last necessity at developmental ages, they raise children inclined to violence. The situation becomes even more complicated when popular television characters are considered. Children and young people consider them as role models and these characters are famous for their violent behaviors. Undoubtedly, the reflection of individual behavioral patterns is huge in society. The moral degeneration has reached the understanding of “might makes right,” and empathizing, listening, criticizing, speaking to and understanding others have been considered as unrecognized behavior trends. As a consequence, an understanding of solving problems using violence has developed in the human mind.

The picture becomes even darker when one considers acts of violence from the perspective of health institutions. Health workers generally deal with patients, patients’ relatives, and their visitors who frequently have rebellious, unhappy, nervous, panicked, and exhausted moods. It is difficult for health workers to establish good relationships to provide optimum benefit for these individuals. Some patients may be alcohol or drug addicts, or may have psychiatric disorders. The risk of exposure to violence is higher for health workers in such cases (Aydın, 2008: 4).

One of the stimulating factors of violence in the health sector is errors in the operational system. Independent of their education level, there is an ongoing dissatisfaction among people who complain about the system and health workers. It is well-known that acts of violence due to systemic errors are more prevalent in developing countries such as Turkey. However, the “Transformation Program in Health,” which was initiated in 2003 in Turkey, provides significant benefits in health services, yet there has been a significant increase in the number of incidents of violence towards health

workers. The Turkish Medical Association defined the reasons as serving 24 hours, inadequate health services due to insufficient numbers of staff in busy departments, and insufficient health equipment (beds, equipment, drugs). It is clear that these problems increase the risk of violence-prone behaviors towards health workers (Büyükbayram and Okça, 2013: 50).

The report of the Turkish Medical Association revealed that factors such as working in crowded environments, inadequate technical requirements (corridors, rooms, and services), crowded waiting rooms, continuous interaction of health workers and patients' relatives, poor safety precautions, and poor working environments increased the risk of violence (Elbek and Adaş, 2012: 14).

Inadequate use of technological developments is another cause of the increase of violence. Health workers and patient/patients' relatives and visitors may have conflicts due to dissatisfaction from the current healthcare system and technologies. These incidents cannot be prevented because there is no disincentive to prevent violence in the health sector and legal sanctions are inadequate. The incidence of violent behavior in the health sector has been increasing in Turkey, which is in a period of social exclusion and with a fairly low population of educated people and many people living close to a subculture of violence (Al etc., 2012: 117).

Regardless of their own education level, health workers may meet with people from any level of education. Health workers must be able to communicate with all people in society and must possess strong communication skills because the primary goal of their work is "to help." Administrative inadequencies may emerge in hospitals in that point. Although the fundamental duty of health staff is to correctly understand and help individuals who present to hospital with a bad psychology, health workers cannot properly understand the needs of patients and relatives or establish healthy communication because the training of effective communication techniques is not prepared for hospital staff (Trevillion, Agnew Davies and Howard, 2013: 34).

The risk of meeting with dissatisfied patients and relatives has been increasing in recent years because health institutions pursue their commercial concerns and may violate the understanding of qualified-proper health services. In addition, interventions may be delayed or cannot be

organized because of the lack of adequate crisis management policies against probable incidents of violence in health institutions.

One of the most important reasons for the lack of prevention of violence is that the problem is not widely covered in visual and written media. Some people may even suggest that the media makes an extra effort “to banalize violent behaviors and even demonstrate violence as a solution mechanism.” It seems unlikely that the media regardless of its huge power could bring about a solution for this problem. Accordingly, the increasing perception in society is that guilt is left unpunished and is legal because judicial procedures and penalties (if any) are not reported properly in the media (Büyükbayram and Okça, 2013: 50). It is apparent that negative statements of well-known influential writers in the media, authorities, and health executives or politicians at different times and in different environments contributed to the decreased respect for health workers and formed a basis for violent behaviors.

Lastly, one other factor that stimulates violence is that people may have irrational expectations from health workers and institutions. The blaming attitudes of patients’ relatives and visitors towards physicians, particularly in incidences of death and injury, increases the incidence of violence (Aydın, 2008: 5).

2. LITERATURE REVIEW

We found some studies in international and local literature that investigated violence in health institutions. One common study of the ILO, the World Health Organization (WHO), and the International Nurses Association and International Public Organization conducted in 2002 in 7 different countries and with 6099 health workers revealed that more than half were exposed to physical or psychological violence in the last year. In other countries, the rates were as follows: 75.8% in Bulgaria, 67.2% in Australia, 61% in South Africa, 54% in Thailand, and 46.7% in Brasil. The rate of exposure to physical violence only was 7.5% in Bulgaria, 6.4% in Brasil, 5.8% in Lebanon, 10.5% in Thailand, and 3% in Portugal (Martino, 2014: 16).

The rate of exposure to violence was found as 22% in a study conducted in 2003 with 40,000 health workers from ten countries including some developed countries, Germany, France, England, and Norway. A study

conducted in England in 2003 demonstrated that the rate of exposure to physical violence was 27%; however, the rate of verbal violence was 68% in the last year. The study revealed that 43% of nurses and 13.8% of physicians were exposed to violence (Winstanley and Whittington, 2004: 5-6).

A study conducted in three different hospitals in Spain with 1826 health workers revealed that the rate of physical violence was 11%, the rate of threats was 64%, and verbal violence was 24.3%. Outcomes of the same study demonstrated that rate of psychological violence in large hospitals was 22%, and the rate was 9.5% in small hospitals and primary health care centers. The rate of exposure to threats was 55% in large hospitals; however, the rate was 43% in small hospitals (Gascón etc., 2009: 31-32).

A study conducted in 2010 with 970 nurses in Egypt reported that 55.8% experienced assaults in the last year. The rate of physical violence was 9.3%, 69.5% was verbal violence, and 21.2% were exposed to both verbal and physical violence (Abbas etc., 2010: 29). A study conducted in Palestine in 2012 revealed that more than 80% of nurses were exposed to physical or psychological violence (Kitaneh and Hamdan, 2012: 6).

A study conducted in Germany in 2012 in an institution that provided health services in 39 different branches demonstrated that 56% of 1973 workers were exposed to physical violence, 78% to verbal abuse, and 10.5% were exposed to sexual assault. A study conducted in 2012 in Australia revealed that 32.3% of physicians were exposed to physical violence, and 70.6% were exposed to verbal violence (Hills, Joyce and Humphreys, 2012: 336).

Although it is limited in scope, similar studies were conducted in Turkey. One example is the study of Eskişehir Bilecik Chamber of Medicine conducted in 2002 with 1071 health workers. The rate of exposure to any type of violence was 50.8%; 67.6% were general practitioners, 58.4% were nurses, and 32.4% were lecturers. The rate of exposure to violence in the Turkish city of Eskişehir was 46.6%, 58.0% in Ankara, and 74.5% in the city of Kütahya. A study investigating the situation in emergency rooms reported the rate of exposure to verbal violence in the last five years as 61.1%. The rate of exposure to physical violence was 15.6%, and the rate of threats was 23.3% (Pinar and Pinar, 2013: 319-320; Annagür, 2010: 164).

A study conducted by Erkol et al. (2007: 424) in 2005 in public and university hospitals revealed that 87.1% of participants were exposed to violence in the last year; the rate of verbal violence was 46.9%; however, the rate of threats was 33.5%, and physical assault was 19.4%. The actors of violence were mainly aged between 21 and 30 years, and they were less educated individuals. One of the striking findings was that the offenders were frequently the patients' relatives.

The results of a study conducted in 2006 with nurses in public, private, and university hospitals in Konya indicated that the rate of exposure to violence was 77.9%; 67.4% of which was verbal, and 12.6% was physical violence (Taş and Çevik, 2006: 64). A study conducted in a university hospital in Ankara in 2009 revealed that victims were frequently medical interns with the rate of 65.5%, and 59.5% was research assistants (İlhan etc., 2009: 6).

A study of workers in emergency rooms of public hospitals in Adana revealed that each participant experienced at least one incidence of verbal violence in each shift. In addition, the rate of assault behaviors was 53.2%, and the rate of physical violence was 38.5% in the last month. Individuals with the tendency of violence were frequently aged between 15 and 30 years, and alcohol and drug addicts were more prone to violent behaviors (Annagür, 2010: 165).

A study was conducted in Ankara to measure visitors' "violence perception in health" in 2013. Of the participants, 19.5% stated that they had witnessed physical violence towards health workers, and 32.7% reported witnessing verbal violence. In addition, 56.3% of the participants indicated that health workers generally experienced violence in emergency rooms, and 55.5% stated that incidents of violence were frequently experienced in public hospitals. Furthermore, 79.4% of participants indicated that health workers were frequently exposed to verbal violence, and one of the causes of violence was the long waiting time for examinations with the rate of 62.7% (İlhan etc., 2009: 7).

The results of the "Health Workers Violence Survey" conducted by the Health and Social Service Workers' Union in 2013 demonstrated that the rate of health workers who had never experienced violence was 13.2%; however, the exposure rate to violence at least once in their professional life was 86.8%. The rate of exposure to physical violence in the last year was

76.3%, and the rate of verbal violence was 98.3%. The offenders were mostly patients' relatives (56.9%), and patients (31.8%), and men were more prone to violence (68.3%). The venues were mostly hospital corridors and emergency rooms (Health and Social Services Union, 2013: 40-45).

The most significant results of the studies in general demonstrated that women were exposed to violence more than men; the prevalence rates of exposure to violence of the professional groups were nurses, general practitioners, and specialists, respectively. There was a negative correlation between seniority in profession and the frequency of exposure to violence. Physicians and all other health workers generally do not feel safe in Turkey. One of the causes for the worsening of the situation is that there are legal gaps in terms of violence in Turkey. The incidents of violence significantly affect health institutions, and cause exhaustion and nonproductivity for health workers. Working in safe environments is the most fundamental right of physicians and health workers, the responsibility of whom is to serve for humanity.

The exposure to violence of health workers must be discussed seriously, risk factors must be identified, and preventive strategies and policies must be put into force promptly. However, the actual magnitude of the problem must be identified to properly apply those interventions. Although there are some studies on this issue, there is no study that totally represents the general situation in Turkey. We believe that results of the present study will help to generalize the scope of violence towards health workers in Turkey and will be a useful resource in the literature.

3. FIELD STUDY

3.1. Information Regarding The Health Institution

The field study institution, Istanbul University, Istanbul Faculty of Medicine, is the oldest and the most deep-rooted medical faculty in Turkey. National Doctor's Day is celebrated on the 14th of March in memory of the establishment of Istanbul Faculty of Medicine (March 14th, 1827). Therefore, the study of violence in such an established medical faculty is significantly important. No study on the subject of violence has been conducted in the body of Istanbul University Istanbul Faculty of Medicine until recently. This is one of the motivations for the interest on this subject.

Istanbul Faculty of Medicine is one of the most important health complexes in Turkey, with a total of around 1000 academics including 450 professors and associate professors, and about 4000 administrative personnel. This could also be interpreted as a significant amount of institutional culture and experience. Many patients in Turkey and from around the world choose Istanbul Faculty of Medicine as a remedy center.

The faculty serves as a huge facility with a landscape of approximately 110 decares and 22 buildings, and is a pioneer in medical development in Turkey with 46 different departments, 65 different disciplines and 2 research and application centers. The faculty has 1250 beds and provides polyclinic services to about 6000 patients, 200 surgical procedures, tens of thousands of examinations and radiologic procedures, and hosts about 20,000 people and 6000 vehicles daily. Conducting a study on health sector violence with all dimensions in such a crowded and interactive hospital has great importance.

3.2. Aim of The Study

The main aim was to measure the perception of health sector workers in Turkey through empiric findings on the violence prone behaviors of patients or relatives. The following questions were used within the scope of this main goal:

1. What is the participants' opinion on social violence in the world?
2. What is the participants' opinion on social violence in Turkey?
3. What is the participants' opinion on health sector violence in Turkey?
4. What is the participants' opinion on violence in their own workplace?
5. What is the participants' opinion on education levels of patients or relatives who perform the violence?
6. What is the rate of exposure to violence of participants by patients or patients' relatives throughout their professional life?

7. What is the rate of exposure to violence of participants by patients or patient's relatives in the last year?

8. What types of violence were the participants exposed to in the last year by patients or patient's relatives?

9. Where did the violence take place in the last year?

10. What time (time period) did the violence take place?

11. Did the patients or patients relatives commit the violence?

12. What was the sex of the actors of violence in the last year?

13. What was the reason for the acts of violence?

3.3. Premises of The Study

We presume that:

1. Responses of participants of the members of Istanbul University Faculty of Medicine reflect their views on violence towards health workers,

2. A reliable and valid survey tool prepared through expert consultation can reveal the basic problem and subproblems in the scope of the study, and

3. The participants reflect their sincere opinions.

3.4. Limitations of The Study

1. Only 594 individuals out of 5000 workers from Istanbul University Istanbul Faculty of Medicine were willing to participate and were included in the study.

2. The study was limited to 23 questions with 6 demographic, 9 Likert scale expressions, and 8 open-ended questions were included in the survey for measuring the current situation of violence towards health workers and to measure the perception of violence.

3.5. The Study Method

Target population: The target population of the study was all the administrative and health personnel in Istanbul Faculty of Medicine.

Sample: Five hundred ninety-four health workers of Istanbul Faculty of Medicine volunteered and were included in the sample.

Descriptive and correlational screening methods were used in the study. The participants' views on the current situation were collected with no alteration on the characteristics of the participants. The survey constituted two sections: personal data and demographic characteristics were questioned in section 1, and violence towards health workers was investigated in section two. To this extent, we tried to measure the frequency of violence, the types of violence, actor/actors of assault or violence, the demographic profiles of the actors, the venue/venues of violence, the time period of violence, the reason for the violence from the perspective of the victim, and the social profiles of the actors and perception of the workers against aggression. The raw data was transferred to an electronic environment and the Statistical Package for the Social Science (SPSS) version 20.0 was used for analyses. We used situation analysis, frequency analysis, sample size test, reliability analysis (Cronbach's alpha), and normality tests (Kolmogorov-Smirnov, Shapiro-Wilk) in the study. Descriptive statistics such as frequency, percentage, mean, standard deviation and median were used in data analysis.

Table 1: The demographic data of the participants

Sex	Number	Percentage
Female	466	78.50%
Male	128	21.50%
Total	594	100%
Age range	Number	Percentage
18-24 years	21	3.50%
25-34 years	258	43.40%
35-50 years	275	46.30%
50-64 years	39	6.60%
65+ years	1	0.20%

Total	594	100%
Profession	Number	Percentage
Nurse	370	62.30%
Resident/Researcher	41	6.90%
Specialist/ Academic Physician	4	0.70%
Health officer/Technician	26	4.40%
Laboratory Technician	17	2.90%
Radiology Technician	8	1.30%
Medical Secretary	80	13.50%
Patient Caregiver	46	7.70%
Total	592	99.70%
Lost Data	2	0.30%
Total	594	100%
Professional Seniority	Number	Percentage
1-4 years	105	17.70%
5-9 years	168	28.30%
10-14 years	77	13%
15-25 years	172	29%
26+ years	71	12%
Total	593	99.80%
Lost data	1	0.20%
Total	594	100%
Experience in the current institution	Number	Percentage
1-4 years	149	25.10%
5-9 years	175	29.50%
10-14 years	59	9.90%
15-25 years	151	25.40%
26+ years	60	10.10%
Total	594	100%

A total of 594 individuals, 466 women and 128 men, were included in the study. The majority of participants were women (78.5%), and adult individuals (25-49 years) participated in the study; 43.4% were aged in 25-

34 years, and 46.3% were aged 35-49 years. Considering the occupations of the participants, 62.3% were nurses, 13.5% medical secretaries, 7.7% were patients caregivers, 6.9% were residents, 4.4% were health workers/technicians, 2.9% were laboratory technicians, 1.3% were radiology technicians, and 0.7% were specialist/academic physicians. With regards to seniority, the participants were experienced workers in general. The distribution was as follows: 29% of the participants had 15 to 25 years' experience, 28.3% had 5 to 9 years' experience, 17.7% had 1 to 4 years' experience, 13% had 10 to 14 years' experience, and 12% had experience of more than 26 years.

Table 2: General perception of violence

I believe that there has been a significant increase in incidents of social violence in recent years in the world.	Number	Percentage
I certainly do not agree	18	3%
I do not agree	11	1.90%
I am not sure	13	2.20%
I agree	182	30.60%
I certainly do agree	369	62.10%
Total	593	99.80%
Lost data	1	0.20%
Total	594	100%
I believe that there has been a significant increase in incidents of social violence in recent years in Turkey.	Number	Percentage
I certainly do not agree	15	2.5%
I do not agree	9	1.5%
I am not sure	11	1.90%

I agree	160	26.90%
I certainly do agree	398	67%
Total	593	99.80%
Lost data	1	0.20%
Total	594	100
I believe that there has been a significant increase in incidents of violence in recent years in the health sector	Number	Percentage
I certainly do not agree	11	1.90%
I do not agree	7	1.20%
I am not sure	14	2.40%
I agree	166	27.90%
I certainly do agree	395	66.50%
Total	593	99.80%
Lost data	1	0.20%
Total	594	100
I believe that there has been a significant increase in incidents of violence in recent years in my workplace.	Number	Percentage
I certainly do not agree	12	2%
I do not agree	41	6.90%
I am not sure	97	16.30%
I agree	236	39.70%
I certainly do agree	207	34.80%
Total	593	99.80%

Lost data	1	0.2
Total	594	100

Four different categories “world, Turkey, health sector, and occupational workplace” were questioned for measuring the general perception of violence. The responses were similar in regards to the increase of violence in the world, in Turkey, and in the health sector. In that sense, 93% of the participants remarked on the increase of incidence of violence in the world, 94% confirmed the increase in Turkey, and 95% of participants reported an increase in the health sector. These results show that health workers think that the incidence of violence in all levels of society has increased in recent years. Health workers’ opinions differed slightly in regards to the increase of incidents of violence in their work place compared with other variables. Seventy-four percent of participants believed that the incidence of violence had increased in their workplace; 16% of the participants were indecisive. It is critical that health workers think that the violence in the workplace has increased, and there is a group of people who are indecisive in that respect. The results show that health workers think that incidents of violence continue in increasing numbers in components of the social structure.

Table 3: Perception of the participants on the education level of the patients or patients’ relatives

Less educated patients or patients’ relatives are more prone to acts of violence.	Number	Percentage
I certainly do not agree	28	4.70%
I do not agree	75	12.60%
I am not sure	109	18.40%
I do agree	227	38.20%
I certainly do agree	154	25.90%

Total	593	99.80%
Lost data	1	0.20%
Total	594	100%
More educated patients or patients relatives are more prone to acts of violence.	Number	Percentage
I certainly do not agree	39	6.60%
I do not agree	192	32.30%
I am not sure	195	32.80%
I do agree	123	20.70%
I certainly do agree	43	7.20%
Total	592	99.70%
Lost data	2	0.30%
Total	594	100%

In the evaluation of the perception of the education levels of patients and patients' relatives, it was clear that mainly lesser educated people were more prone to violence. Accordingly, 64% of the participants responded that lesser educated patients and patients' relatives committed violence; however, 28% thought that patients and patients relatives with more education committed violence. Although there are some examples of violence by educated people in different structures of society in recent years, it is evident that there is a significant relation between low education and violence and committing crime. Regarding the responses of the participants, the tendency to violence among the lesser educated was high compared with more educated patients and patients' relatives. This result enables evaluation from a different perspective of a significant problem in Turkey.

Table 4: Evaluation of the exposure rate of violence of the participants through their professional life

Have you ever experienced violence in your workplace by patients or patients's relatives in your professional life	Frequency	Percentage	Total Percentage
I have never experienced	264	40.4%	40.4%
I experienced 1-3 times	181	34.5%	74.9%
I experienced 4-6 times	73	12.3%	87.2%
I experienced 7-9 times	17	2.9%	90.1%
I experienced 10 and 10+ times	59	9.9%	100%
Total	594	100%	

The responses of participants indicated that 40.4% had never experienced any incidents of violence in their professional lives. Although this result seems positive at first glance, 354 people (59.6%) had experienced at least one violent incident in their professional lives. The results of the questionnaire revealed that 34.5% of participants experienced violence 1 to 3 times, 12.3% experienced violence 4 to 6 times, 2.9% experienced violence 7 to 9 times, and the rate of exposure to violence was more than 10 times was 9.9%.

Table 5: Evaluation of the exposure rate of violence of the participants in the last year

Have you experienced any act of violence in your workplace by patients or patients' relatives in the last year?	Frequency	Percentage	Total Percentage
I did not experience	100	16.8%	29%
I experienced 1-3 times	173	50.1%	79.1%
I experienced 4-6 times	37	10.7%	89.9%
I experienced 7-9 times	7	2%	91.9%

I experienced 10 and 10+ times	28	8.1%	100%
Total	345	100%	
Lost data	249		
Total	594		

The results indicate that 100 (29%) participants did not experience violence; however, 173 (50.1%) participants experienced violence 1 to 3 times, 37 (10.7%) experienced violence 4 to 6 times, 7 (2%) participants experienced violence 7 to 9 times, and 28 participants (8.1%) experienced violence at least 10 times in the last year. The number of 28 participants who experienced violence more than 10 times within a year reveals that the number of violent behaviors among patients and patients' relatives is strikingly significant in the health sector.

Table 6: The type of violence that the participants were exposed within the last year

How would you describe the type of violence you were exposed to?	Frequency	Percentage	Total Percentage
Slapping-punching	25	7.5%	7.5%
Assault with an instrument	10	3%	10.5%
Cursing-insulting	244	73.5%	84%
Threats	53	16%	100%
Total	332	100%	
Lost Data	262		
Total	594		

Identification of the type of violence will help to clarify policies to resolve the problem. The results of the questionnaire indicated that the type of violence was mainly cursing and insulting. Some 73.5% of 332 health workers were exposed to cursing and insulting, 16% were exposed to threats, 7.5% were exposed to slapping and punching, and 3% were exposed to violence with an instrument. Verbal violence (cursing-insulting, threats) was more prevalent compared with physical violence (slapping, punching, assault with an instrument). Therefore, it is obvious that this may cause many problems such as loss of motivation and ambition, long-lasting loss of productivity, and an increase in discontinuation of work on health workers.

Table 7: The venue of acts of violence

Where did the act of violence take place?	Frequency	Percentage	Total Percentage
In my room	88	26.8%	26.8%
In patient's room	59	18%	44.8%
Waiting room	35	10.7%	55.5%
Hospital corridor	59	18%	73.5%
In the clinic/ward	55	16.8%	90.2%
Emergency room	32	9.8%	100%
Total	328	100%	
Lost data	266		
Total	594		

The identification of the venue of violence will also help to take precautionary measures. The results indicate that a significant part of participants (26.8%) were exposed to violence in their room. Eighteen percent were exposed to violence in the patient's room and another 18% were exposed to violence in hospital corridors, 16.8% in the clinic and ward, 10.7% of the participants experienced violence in waiting rooms, and 9.8% experience violence in the emergency room. The results show that violence occurred in every part of the hospital. These outcomes emphasize that precautionary measures against violence must be taken considering the integrated physical structure of the hospital.

Table 8: The time period when the violence take place

When did the violence take place?	Frequency	Percentage	Total Percentage
In day shift	246	73.9%	73.9%
During the evening shift	49	14.7%	88.6%

In night shift	35	10.5%	99.1%
Out of working hours	3	0.9%	100%
Total	333	100%	
Lost data	261		
Total	594		

Identification of the time period will help to identify the time when more precautionary measures are required. The majority of participants (73.9%) indicated that violent incidents occurred during the day shift; however, the rates of violence were lower in evening and night shifts (14.7% and 10.5%, respectively). The rate of violence was relatively low during out-of- hours working. Actually this result may be considered normal because the majority of people present to a hospital for polyclinic services in the day shift. Many problems in health services such as not being able to provide services at the time of appointment, physician's not sparing more time for the patient, polyclinic services provided by residents, giving priority to hospital administrators and physicians relatives' in hospital services may result in violent behaviors. This problem has significant importance in two aspects: one is that hospital services are poor, and the second is that people may violate humanitarian behaviors.

Table 9: Perpetrator of the act of violence towards health worker

Who was/were the perpetrator/perpetrators of the acts of violence	Frequency	Percentage	Total Percentage
The patient	138	41.7%	41.7%
Patients relatives	193	58.3%	100%
Total	331	100%	
Lost data	263		
Total	594		

The results indicated that patients' relatives were the offenders most of the time. Some 58.3% of participants were exposed to violence by patients' relatives; 41.7% were exposed to violence by the patients. The reason may be that patients' relatives have to deal with the patient and the paper work in hospitals and the problems encountered in receiving the

services make them aggressive. The fact that some of the patients, especially those coming to the public and university hospitals, have a low educational level cause to the fact that all referrals and paperwork are carried out by his companion. For this reason, relatives of patients who perform all dialogues with the physician or health officer may become rude and exhibit violent behavior when they do not receive the service they desire, as stated above.

Table 10: Sex of the perpetrators of the acts of violence

Which sex mostly displayed violent behaviors towards you?	Frequency	Valid Percentage	Total Percentage
All were men	63	19%	19%
All were women	14	4.2%	23.2%
Mostly men	220	66.3%	89.5%
Mostly women	35	10.5%	100%
Total	332	100%	
Lost data	262		
Total	594		

It is well-known truth that violent behaviors have been practised mainly by men throughout human history. Men are more prone to violent behaviors because they have both muscle strength and physical power and they have tendency towards fighting and aggression. The responses support the general approach; 66.3% of the victims attributed the violent behavior to men mainly, and 19% indicated that all offenders were men. However, only 4.2% of the offenders were women; 10.5% were generally women. This should be keep in mind while taking precautionary measures against violence, it should be noted that men are more prone to violent behaviors.

Table 11: The opinion of the health workers on the reason for the act of violence

In your opinion, what was the reason for the violence?	Frequency	Valid Percentage	Total Percentage
Dissatisfaction of the treatment	99	30.1%	30.1%
Due to delays or waiting	141	42.9%	72.9%

Hearing bad news	7	2.1%	75.1%
Perception of neglect	29	8.8%	83.9%
Due to the effect of alcohol or medicine	12	3.6%	87.5%
Due to incapacibilities of the institution	26	7.9%	95.4%
Due to incapacibilities in general health policies	15	4.6%	100%
Total	329	100%	
Lost data	265		
Total	594		

Identification of the causes of the acts of violence in health services will provide the basis for the resolution policies. The questionnaires revealed that 42.9% of participants thought that the reason for violence was the delay and waiting time for services, and 30.1% believed the reason was dissatisfaction with treatment. In addition, 8.8% presumed neglect, 7.9% institutional incapacities, 4.6% suggested failures in general health services, and 2.1% were due to receiving bad news such as hearing of the death of a patient. It is clear that the main reason for violence in the health sector is poor quality health services. Therefore, the top priority policy in the resolution of the problem must be to improve the quality of services.

CONCLUSION

Work place violence has been increasing in Turkey as well as in most countries of the world. Violent behaviors are more frequent in the health sector. It is known that violent behaviors are generally practised by patients, their relatives or visitors. Many factors affect the frequent practise of violence in the health sector in Turkey. The reasons could be that not having adequate and equal opportunities, systemic errors in the health sector, not

having adequate and qualified number of employees, inadequate number of health devices, not having deterrent legal enforcements, not having adequate technical equipment in hospitals, crowded waiting rooms close interaction of health workers and patients and their relatives, blaming physicians especially in incidents of death and disabilities, and inadequate security measures.

The topic of “violence in the health sector” was included in many reports, projects, and academic studies conducted in developing and developed countries. Despite some differences between the countries, they had similar characteristics. The most frequent types of violence were verbal violence, threats, physical violence, and sexual violence respectively; offenders were generally the patients and patients relatives, the incidents were more frequent in public hospitals compared with private hospitals, the victims were health workers of any type such as general practitioners, nurses, researchers, specialist physicians, and academics; the offenders were generally young and less educated individuals; the venues of violence were generally hospital corridors and emergency rooms.

This study, enriched with a questionnaire to measure the perception of violence among workers in Istanbul University, Istanbul Faculty of Medicine, was designed to fill the gap in this subject. Five hundred ninety-four people out of 5000 workers responded to the questionnaire. Generally, more women and adult-age people participated in the study compared with men, younger, and older people. The majority of participants were nurses and had at least 5 years experience.

One of the significant outcomes of the study was that health workers thought that incidence of violence had increased in Turkey and in the world in general. In addition, they believed that the incidence had increased in the health sector. Even though the incidents were not as frequent as those in general society, it is clear that health workers believed that violent behaviors had increased in their workplace.

One other significant outcome was the perception of the education level of the offenders. The participants thought that people with lower education were more prone to violent behaviors. One other outcome was that more than half of the participants were exposed to violence at least once in their professional life. The question that addressed the rate of exposure of participants to violent behavior in the work place revealed that more than

80% were exposed to violence in the last year. These results indicate that the rate of the incidence of violence is very high in the Turkish health sector.

The study revealed that health workers were exposed to violence mostly by patients' relatives in the last year, violent behaviors such as cursing and verbal insults mainly occurred during day shifts and in any place such as in workers' office, patients room, waiting rooms, hospital corridors, clinics/wards, and emergency rooms. The offenders were mainly men and this outcome is compatible with the sex of violent offenders in general society.

In conclusion two significant results of violence come fore. One is the potential of delays in health services and the other is low quality services due to unmotivated health workers.

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