

Violence Experienced by Turkish Nurses and their Emotions and Behaviors

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ABSTRACT This study was conducted to determine the nurses' exposure to violence, and their emotions and behaviors in the workplaces. The study population consisted of 219 nurses (66.5%) who worked in a state hospital located in eastern Turkey. The data was collected with a data collection questionnaire prepared by the researchers. In the evaluation of the data, number and percentage distributions, and chi-square test were used. In the paper, it was observed that 74.4 percent of nurses were exposed to verbal violence from the relatives of patients (68.0%). Nurses considered the "inadequate security measures" as the major (55.7%) cause of violence. The majority (67.6%) of nurses exposed to violence have continued to provide care to the patient, and experienced anger (60.7%). There was a relationship between the level of education of the nurses and exposure to verbal violence of the abusers (doctor, nurses), and the nurses working in shifts and in the surgical clinics were exposed to violence mostly by the patients' relatives ($p < 0.05$). Considering the frequent incidence of violence and its physical and psychological harm to health workers, the importance of taking institutional measures for the safety of health workers becomes prominent.

INTRODUCTION

Violence is an action that imposes physical or psychological harm to individuals (Gokce and Dundar 2008). According to the World Health Organization (WHO), violence is defined as physical assault, homicide, verbal violence and emotional, sexual or racial harassment (Çamci and Kutlu 2011). It is reported that all forms of violence have increased worldwide in recent years (Ozcan and Bilgin 2011; Kvas and Seljak 2014; Gillespie et al. 2015; Edwards et al. 2015; Yazici and Balcioglu 2015).

Today incidences of aggression, violence and crime are analyzed by various disciplines such as biology, psychology, psychiatry and sociology (Kızmaz 2006; Annagür 2010). Analyses of violence or aggression by each of these disciplines have separately indicated that violent behavior is multidimensional and has complex characteristics (Büyükbayram and Okçay 2013).

Violence is a problem that affects all occupational groups in the health and social services

industry (Gillespie et al. 2015). The percentage of nurses exposed to violence among health-care workers is higher than that of other occupational groups (Yazici and Balcioglu 2015). According to information from the WHO, the percentage of nurses who have been exposed to violence is sixty-one percent in South Africa, fifty-four percent in Thailand, sixty percent in Portugal, and thirty-seven percent in Bulgaria. A study conducted in Sweden found that, fifty-seven percent of participating nurses had been exposed to violence (Altintas 2006). In two studies conducted in Turkey, the rate of healthcare workers' exposure to violence was found to be 85.9 percent and 58.7 percent, respectively (Gökçe and Dünder 2008). Almost all of the participants in the study by Camli had been exposed to verbal violence at least once (Çamci and Kutlu 2011). In a study with a large sample base in Slovenia, it was found that most of the nurses had not reported the violence they had suffered (Kvas and Seljak 2014). The results of studies conducted on the issue show that the rates of violence against healthcare workers are high both, worldwide and within Turkey.

Studies have reported that some socio-demographic factors such as age, gender and number of working years do not affect the nurses' exposure to violence. However, the rate decreases in nurses with higher levels of education (Hegney et al. 2003; Senuzun et al. 2005). In addition,

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the low level of education in nurses is an important factor that makes it difficult to fight against violence (Altintas 2006).

It has been reported by some studies that violence is more common in primary care and psychiatric clinics, and other studies have reported that the violence is more frequent in medical and surgical clinics (Hesketh and Duncan 2003; Göz and Kizil 2006; Bilgin and Buzlu 2006). Looking at the types of violence in studies conducted in Turkey and abroad, it can be observed that verbal violence is more common than physical violence (Gerberich et al. 2004; Özcan and Bilgin 2011; Çamci and Kutlu 2011; Edwards et al. 2015; Bahar et al. 2015). In a study by Gacki-Smith et al. (2009), more than seventy percent of the participating nurses reported that they had been exposed to verbal violence (shouting, swearing, threats and verbal sexual harassment), and more than fifty percent stated that they had been exposed to physical violence (for example, spitting, pushing, kicking) (Gacki-Smith et al. 2009).

The violence towards healthcare professionals has various sources, including patients' visitors, patients' relatives, colleagues and trespassers. In particular, the desire of patients' relatives for immediate care, their opinion that their patients are more urgent than other, chaotic and overcrowded waiting rooms, the doubts of patients and patients' relatives regarding the disorganization and unfairness of the queue, and lack of security staff (requiring healthcare workers to take care of security affairs) are risk factors for violence (Altintas 2006).

In studies conducted abroad in recent years, it was suggested that violence is caused by communication problems (Reynolds et al. 2014) and busy working hours (El Ghaziri et al. 2014).

Experiences of the victims after attacks have shown that they experience emotional problems such as anger and fear, and physiological problems such as the inability to work efficiently, the desire to leave their jobs, changes in work-related performance, sleep disorders, headaches and fatigue (Mantzouranis 2015; Celebioglu et al. 2010; Ozcan and Bilgin 2011).

The aforementioned studies have shown that violence against nurses has increased alarmingly in Turkey and abroad, leading to serious physical and mental problems (Edwards et al. 2015; Bahar et al. 2015). It should be prevented, particularly in the health sector, and

both institutions and individuals need to take measures in this regard. In order to take such steps, it is necessary to know who, when and where violence is exerted and the nature of its causes and consequences.

Aim

This paper was carried out to determine the types of violence, places where nurses are exposed to violence and the resulting emotional responses of nurses, in order to create awareness against violence.

Research Questions

In order to develop an action plan to deal with the violence and negative psychological effects of violence, the following questions must be addressed:

1. Which types of violence are exerted on nurses and in which type of clinics?
2. Who exerts violence against nurses?
3. What are the factors affecting the violence against nurses?
4. What are emotional responses of nurses exposed to violence?

MATERIAL AND METHOD

Type and Sample of the Study

Of the 327 nurses who worked in a selected state hospital located in eastern Turkey between January and March 2012, 219 agreed to participate in the research, and the paper population consisted of those 219 nurses. No sampling selection was performed, and all of the study population was included in the study. Of the nurses, 101 were excluded either because they had not agreed to participate in the research or because they were off-duty at the time of the study.

Data Collection

The data was gathered using a data collection questionnaire prepared by the researchers.

Questionnaire Form

The questionnaire was developed by the researchers who made use of the literature (Uzun et al. 2001; Uzun 2003; Celik and Bayraktar 2004;

Ferns and Meerabeau 2007). The questionnaire consisted of two sections. The first included open and closed-ended questions regarding the descriptive characteristics, and the second included closed-ended questions that aimed to reveal incidences of the nurses' confrontation with violence, the types of violence by which they were confronted, by whom the violence was inflicted and their opinions as to why they were confronted with violence. The nurses were also asked about their behaviors and emotions after being confronted with violence. The items were evaluated by two experienced nurse educators for content and clarity. The questionnaire was tested in a pilot study with 12 nurses. There were minor revisions in the questionnaire. The data from the pilot study were not included in this study.

Data Analysis

The statistical analyses of the data were made using SPSS statistical package program. For statistical analyses, percentage and frequency were calculated to show the characteristics of violence, its types, sources and the nurses' behaviors and emotions. The chi-square test was used to determine the exposure to violence, type of violence, who exerted the violence and the demographic characteristics of nurses.

Ethical Consideration

Before the research was initiated, legal permission was obtained from the hospital administrations. The ethical consent was obtained from the Ethics Committee of Ataturk University, Faculty of Health Sciences. The nurses were informed about the aim and method of the study, and their written informed consents were received. Participation was voluntary.

Results

It was found that 78.5 percent of the nurses participating in the study were female, 60.3 percent were married, 64.4 percent perceived their income levels as moderate, 62.6 percent had a bachelor's degree, the average age was 29.05 ± 5.65 and majority of them were working in surgical clinics (42.9%) in shifts (62.6%). It was determined that the nurses had served for six years on average in the hospital. It was observed that 74.4 percent of working nurses were exposed to verbal violence, 21.9 percent were exposed to

physical violence, and 3.7 percent were exposed to sexual harassment at least once, and the majority of the abusers was relatives of patients (68.0%) (Table 1).

Table 1: Socio-demographic characteristics of nurses (n=219)

	Number (n)	Percent (%)
<i>Age</i>	29.05 ± 5.65	
<i>Gender</i>		
Female	172	78.50
Male	47	21.50
<i>Marital Status</i>		
Married	132	60.29
Single	87	39.71
<i>Education</i>		
High-school	79	36.00
Bachelor's degree	137	62.49
Master's degree	3	1.51
<i>Perceived Income Level</i>		
Good	71	32.35
Medium	147	64.45
Poor	7	3.2
<i>Working Clinic</i>		
Internal medicine clinic	55	25.08
Surgical clinics	94	42.90
Pediatric	49	22.42
Emergency	21	9.60
<i>Manner of Working</i>		
Daytime	70	61.00
Shift	149	38.00
<i>Violence Types</i>		
Verbal violence	163	74.39
Physical violence	48	21.90
Sexual violence	8	3.71
<i>Mean and Standard Deviation</i>		
<i>Term of Duty</i>	6.04 ± 5.85	
<i>Total</i>	219	100

The study indicated that the verbal, physical and sexual violence against nurses was exerted mostly by the patients' relatives. In the study, the least observed type of violence was sexual violence, and the nurses' colleagues were the least common perpetrators (Table 2).

Nurses considered the top three causes of abuse to be "inadequate security measures" (55.7%), working closer to patients and their relatives (52.1%), and low education levels among the families involved (45.7%) in the paper (Table 3).

The majority of nurses (67.6%) exposed to violence continued to give to their patients, and nonetheless, they experienced feelings of anger (60.7%), reduced productivity (35.6%), and frustration (27.4%) (Table 4).

Table 2: The distribution of the people inflicting violence upon nurses and types of violence

<i>Abusers</i>	<i>Verbal violence</i>		<i>Physical violence</i>		<i>Sexual harassment</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Patient	73	44.8	18	37.5	2	25.00
Patient's relative	143	87.7	45	93.8	8	100.00
Doctor	22	13.5	10	20.8	2	25.00
Nurse	9	5.5	1	2.1	1	12.50
Other staff	19	11.7	8	16.7	2	25.00

* Answers were assessed over yes answers.

Table 3: The reasons for being subjected to violence according to nurses' perceptions (n = 219)

	<i>Number (n)</i>	<i>Percent (%)</i>
Working close to patients and patients' relatives	114	52.10
Emotional burden	52	23.70
Insufficient number of health staff	78	35.60
Lack of security measures	122	55.70
Lack of knowledge and skills in caregiving	26	11.90
The patient and/or his/her family's low level of education	100	45.70
Being negatively affected by the media	45	20.50
The anxiety and fears of patients and/or relatives of patients	87	39.70
The mental health problems of patients and/or their relatives	37	16.90
The fact that the patient is feeling pain	42	19.20
The consumption of alcohol by the patient and/or his/her relatives	29	13.20
Lack of sufficient time allocated to the patient	28	12.80
Violent nature of the society	74	33.80
Lack of tolerance	30	13.70

* Answers were assessed over yes answers.

Table 4: Responses of nurses towards violence

	<i>Number (n)</i>	<i>Percent (%)</i>
I provided care to the patient	148	67.60
I handed it to my colleague	40	18.30
The patient refused the care	14	6.40
I didn't provide care to the patient	5	2.30
I considered leaving the work	19	8.70
I felt anger	133	60.70
I was hesitated	60	27.40
I was anxious	52	23.70
I felt powerless and incapable	34	15.50
I was resentful	45	20.50
I was embarrassed	17	7.80
I felt hostility	18	8.20
I was afraid	33	15.10
My productivity was decreased	78	35.60
It affected the care I provided to patients	46	21.00
My mistakes have increased in number	13	5.90

* Answers were assessed over yes answers.

Looking at the distribution of the exposure to violence in Table 5, it can be observed that there was a significant relationship between the

nurses' education levels and their exposure to violence, particularly verbal violence. It was determined that there is a relationship between the level of education of the nurses and their exposure to verbal violence of the abuse from (doctors and nurses), and the nurses working in shifts and in surgical clinics were exposed to violence mostly by patients' relatives ($p < 0.05$).

DISCUSSION

Workplace violence in healthcare settings is a complex topic with many different environments in which aggression is sometimes expressed by patients toward those entrusted with providing their healthcare (Bresler and Gaskell 2014). In the paper, it was observed that the majority of nurses had been exposed to verbal violence. Physical and sexual violence were less frequent and mostly came from relatives of patients (Tables 1 and 2). In studies on healthcare workers, the rate of their exposure to verbal violence ranged from forty-eight percent to 92.2 percent (Adiba et al. 2002; Alcelik et al. 2005;

Table 5: Distribution of the exposure to violence according to socio-demographic characteristics of nurses

	<i>Gender Female/Male</i>	<i>Marital status Married/Single</i>	<i>Education High school/ Bachelor's / Master's</i>	<i>Manner of working day time/Shift</i>	<i>Working Clinic Internal M./C. Surgical/ C.Pediatric/ Emergency</i>
Exposure to violence	130/33	97/66	53/107/3*	54/109	19/40/69/35
Verbal violence	129/34	98/65	50/110/3*	56/107	19/40/71/33
Physical violence	30/180	28/20	23/24/1	11/37	7/9/18/14
Sexual harassment	6/2	4/4	4/4/0	2/6	2/2/2/2
Perpetrators of violence					
Patient	60/14	41/33	23/50/1	25/49	6/22/36/10
Patient's relative	119/30	93/56	48/99/2	53/96*	19/37/64/29*
Doctor	18/5	15/8	3/20/0*	8/15	1/7/7/8
Nurse	8/1	5/4	2/6/1*	7/2*	1/2/4/2
Other staff	15/4	10/9	15/4/0	9/10	1/7/5/6

*Answers were assessed over number and yes answers.

*p<0.05

Gokce and Dünder 2008; Edwards et al. 2015; Bahar et al. 2015; Yazici and Balcioglu 2015), and the rate of exposure to physical violence ranged from 1.8 percent to eighty-six percent (Findorff et al. 2004; Çamci and Kutlu 2011). Looking at the studies in Turkey, it was found that nurses were most commonly exposed to verbal violence, by the patients' relatives (Gökçe and Dünder 2008; Atan and Dönmez 2011; Gokce and Dunder 2008; Yurdakul et al. 2011). Some studies reported that patients exerted more violence than the patients' relatives (Jakson and Ashley 2005; Hahn et al. 2008; Cantera et al. 2008). This could be due to cultural differences. The presence of patients' relatives, and the culturally accepted use of relatives by the system and by healthcare workers in the treatment and care of patients are believed to have affected these results (Ozcan and Bilgin 2011). There are studies from other cultures reporting that the rate of violence from relatives of patients was higher than that from patients themselves (Hesketh et al. 2003; O'Connell et al. 2000).

In the present paper, nurses who had been victims of violence considered the most significant reasons for violence to be working closely with patients and their relatives, and inadequate security in hospitals (Table 3). In studies conducted both in Turkey and abroad, it has been reported that the risk of exposure to violence was higher in nurses compared to other healthcare personnel, due to nurses' closer contact with patients and their relatives (Dogan et al.

2001; Atan Donmez 2011; Aslan et al. 2005; Kwok et al. 2006; Shoghi et al. 2008). However, another study conducted in Turkey reported that the violence was caused mostly by the lack of safety measures (Altintas 2006).

At the same time, many studies conducted in Turkey have reported that the rate of violence against healthcare workers in the workplace has increased since the implementation of the "Health Transformation Program" (Ilhan et al. 2009; Ozmen 2007). The Health Transformation Program is a program, which has been implemented in the country since 2003 complexion. Healthcare is a service provided by the government for improvement. (<http://www.saglik.gov.tr/TR/belge/1-2906/saglikta-donusum-programi.html>). With this service for health workers has become a negative factor agenda. Other factors that have increased violence include 24-hour services provided by hospitals, patients waiting longer due to intensive work and insufficient number of personnel, insufficient utilization of care services, the lack of sufficient beds, equipment, and drugs in health institutions, working in overcrowded and disturbing environments, working in shifts or alone, poor environmental conditions (including poor lighting of halls, rooms, units and other areas), overcrowded waiting rooms, being alone with violent people due to the inadequate work environments, and insufficient security measures (Günaydin and Kutlu 2012; Sahin et al. 2011; Büyükbayram and Okçay 2013).

Because of these problems, on May 14, 2012, the Ministry of Health in Turkey initiated the “Regulation on Ensuring Patient and Staff Safety”, an effort to reform regulations towards the safety of healthcare workers (White Code Practice, Notification Process Legal Help, Consultation from Employee Rights and Safety Unit, Withdrawal of Employee from the Service, Informing Patients and Their Relatives, Employee Training, Risk Assessment and Increasing Security Measures) (Büyükbayram and Okçay 2013; <http://www.saglik.gov.tr/tr/dosya/1-75678/h/calisanengelgesi.pdf> 2014).

In the current paper, most of the nurses who had been victims of violence stated that they continued to provide care for patients, feeling anger and frustration because of the violence (Table 4). Similarly, other studies also reported that nurses exposed to violence felt resentment, anger and sorrow (Yurdakul et al. 2011; Celebioglu et al. 2010).

A significant inverse relationship was found in the present study between the level of education and their exposure to violence (Table 5). This is supported by related studies (Günaydin and Kutlu 2012; Sahin et al. 2011; Büyükbayram and Okçay 2013). It is likely that the fight against violence is hampered because the majority of nurses in the paper had low levels of education. The fact that those in the medical vocation who are high school graduates are exposed to the most harassment suggests that high school curriculum are limited in their ability to enhance communication skills, it also suggests that the age of graduation is too low for students to develop professional knowledge, skills and maturity in this regard (Büyükbayram and Okçay 2013).

In the present paper, it was determined that nurses working in shifts and in the clinics were more often exposed to violence from patients' relatives ($p < 0.05$, Table 5). Camerino et al. (2008) found that nurses working in shifts (both night and day, shifts and night shift) were exposed to more violence. Crilly et al. (2004) reported that the level of violence experienced was sixty-four percent for workers in a part-time scheme, whereas it was thirty percent for workers in a full-time scheme. Two studies that investigated sexual harassment against nurses have also found that nurses working in an inpatient unit suffered more attacks (Çelik and Senol 2007; Kisa et al. 2002). Studies similar to the present one reported that

violence is often seen in surgical units (Annagür et al. 2010; Winstanley and Whittington 2004; Göz and Kizil 2006).

CONCLUSION

In the paper, it was found that the majority of nurses has been exposed to violence, that verbal violence is more common, and that violence is caused by a lack of security measures and by working close to patients and their relatives. The paper also demonstrated that anger is the most common emotion in nurses exposed to violence, that there is an inverse relationship between the nurses' level of education and their exposure to verbal violence (doctor, nurses), and that nurses working in shifts and surgical clinics were most commonly exposed to violence by patients' relatives ($p < 0.05$).

RECOMMENDATIONS

Considering the frequent incidence of violence and the physical and psychological harm it causes healthcare workers, the importance of taking institutional measures for the safety of healthcare workers has become prominent. “Security” need is one of the most basic requirements such as the right to “live”. Aid must be given to nurses who experience PTSD (post-traumatic stress disorder) or burnout syndrome due to violent incidences, and training in communication and countermeasures against violent behavior should be repeated frequently for the benefit of healthcare workers. Consultation-liaison psychiatry nurses should undertake active roles in this regard. The number of nurses should be increased in clinics and working hours where violence is common. Public awareness of the difficult working conditions of healthcare workers should be increased in order to reach possible abusers through the mass media, and healthcare workers should be informed about their rights and the legal regulations to be applied in the case that they are exposed to violence.

LIMITATIONS OF STUDY

The study was performed at only one state hospital. So the paper results can be generalized to these participants.

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