VIOLENCE IN HEALTHCARE SETTINGS: EXPLORING HEALTHCARE WORKERS' EXPERIENCES AND STRATEGIES FOR PREVENTION

Emel Genç, & Büşra Işıtan
Department of Psychology, Bartın University (Turkey)

Abstract

Violence in healthcare settings is a serious issue that has been on the rise globally in recent years. Violence and hostility against healthcare workers are common, which can cause physical and mental health problems for those who are impacted. Additionally, such incidents seriously affect patients and may lower the quality of care and treatment, deteriorating the working environment. Examining the experiences of healthcare professionals is crucial to creating effective policies to stop violence and handle it when it occurs. For this purpose, the current study explored the aggression and violence against healthcare workers in healthcare settings and their prevention strategies. Semi-structured interviews with eight healthcare workers aged 26 to 44 years were conducted. The collected data was analyzed using the thematic analysis method via the MAXQDA software program. Three themes were identified: the scars of violence**,** combating violence and seeking security and support in healthcare, along with their subthemes. The findings highlighted that healthcare workers were seriously impacted following incidents of violence. Although they normalize that type of incident, generally, they are psychologically traumatized and tend to resign from their job or migrate to Western countries. Also, they demand legal support and preventative measures while working in the hospital. Thus, to prevent violence and mitigate its effects, it is necessary to enhance security measures, implement psychological support programs, organize awareness training, improve the white code system for reporting violence, and enforce legal regulations more effectively.

Keywords: Healthcare workers, preventive measures, security, violence.

1. Introduction

Violence against healthcare workers emerges as a global problem today and causes various negative consequences at the individual, institutional, and social levels. According to the World Health Organization (WHO) report, the rate of healthcare workers being exposed to physical, verbal, or psychological violence throughout their professional lives is relatively high. For example, a study conducted by Sağlık-Sen (2022) reported that the type of violence experienced by the victims was recorded as 99.3% verbal, 64.5% physical, and 64.2% both verbal and physical violence. Specifically, a total of 249 violent incidents occurred, and 422 healthcare workers were victims in Turkey (Sağlık-Sen, 2022). Another recent study claimed that 457 violence cases in healthcare were detected between January 1 and December 20, 2023, in Turkey (Imdat Association, 2023). 43.3% of these cases were experienced by nurses, 40.9% by physicians, and 15.8% by other healthcare personnel. 75.3% of the violence occurred both verbally and physically. 60.4% of violent incidents were committed by patients' relatives, and 75.3% of the violence occurred both verbally and physically.

Research on the causes of violence against healthcare workers and the measures taken to prevent this problem disclose that this challenge faced by the healthcare sector is multi-dimensional. Violence against healthcare professionals is generally committed by patients or their relatives, and it is seen that social, cultural, economic, and psychological factors are effective in the emergence of this violence (Pagnucci et al., 2022). Further, a significant portion of violent incidents are committed by patients and their relatives' lack of communication, stressful situations, or distrust of the healthcare system (Babiarczyk et al., 2019; Yang et al., 2018). Also, systemic problems such as long waiting times, non-compliance with hospital rules, heavy workloads, and lack of personnel are among the main factors that increase cases of violence. Additionally, the media's negative attitudes toward healthcare professionals can also fuel violence.

Violence in healthcare creates adverse effects not only on individuals but also on the entire healthcare system. Healthcare workers who are victims of violence often experience psychological

disorders, professional burnout, and serious decreases in work motivation (Caruso et al., 2022; Duan et al., 2019). In addition, cases resulting in physical injuries and, in rare cases, death show how serious the violence to which healthcare workers are exposed can be. In the study of Tokgöz (2019), it is emphasized that violent incidents negatively affect the professional performance of healthcare professionals and their general quality of life. Additionally, these events reduce the quality of patient care and decrease patient satisfaction. Treatment processes disrupted due to violence also undermine patients' trust in the healthcare system and its employees.

Although measures are taken to prevent violence (e.g., increasing the number of security personnel, using X-ray devices at the entrances, and subjecting healthcare professionals to regular training programs), all these measures cannot prevent violence against healthcare personnel (Eyler et al., 2022; Ferracuti et al., 2022). Therefore, examining violence against healthcare workers is of great importance in terms of contributing to the understanding and solution of this problem at both individual and systemic levels. The psychological and physical effects of violent incidents on healthcare workers do not remain only at the individual level; They also negatively affect the quality of health services and patient satisfaction. This study aims to understand the victimization of healthcare professionals in Turkey and their strategies for preventing these serious healthcare problems.

2. Method

2.1. Research design
This study employed a qualitative research design utilizing a semi-structured interview protocol for data collection, processing, and analysis, which allows in-depth exploration of the participants' experiences.

2.2. Participants
The inclusion criteria for the participants were (1) being over 18 years old, (2) witnessing violence in the healthcare setting, and (3) currently working as a healthcare worker. Eight healthcare workers (three physicians, four nurses, and one medical secretary) were conducted. Participants were four male and 4four female and ranged in age from 26 to 44 years (M = 33.87, SD = 2.35), residing in Turkey.

2.3. Data collection
The data was collected through socio-demographic information forms and face-to-face semi-structured interviews lasting about 40 minutes.

2.4. Data analysis
The interviews were conducted, transcribed, and analyzed by the authors. The gathered data was examined using thematic analysis, followed by a methodical procedure that included data collection, data preparation, theme identification, data coding, theme analysis, and findings reporting (Braun & Clarke, 2006). The interviews were conducted, transcribed, and analyzed by the authors.

3. Results

The thematic analysis identified three main themes with primary sub-themes (see Table 1).

Table 1. Themes and Subthemes in the Study of Violence in Healthcare Settings.

Main Themes	Sub-Themes
1. The Scars of Violence	1.1. Normalization of Violence
	1.2. From White Coats to Migration Routes
	1.3. Invisible Wounds: Psychological and Physical Traumas
	1.4. Last Resort: Resignation
2. Combating Violence	2.1. Strengthening Penal Sanctions
	2.2. Security Guarantees for Healthcare Workers
	2.3. Reform in Patient Admission Systems
3. Seeking Security and Support in Healthcare	3.1. Psychological Resilience
	3.2. Legal Support
	3.3. Training and Awareness

3.1. The scars of violence

Many participants reported that the violence profoundly impacts them. Despite the fact that participants finally came to accept this circumstance, some of them were mentally disturbed; some thought about quitting their jobs and even immigrating from the country. For example, one participant stated, *"Violence against healthcare workers is often normalized, and people think doctors must have deserved it."* Perpetrators' attitudes like these encourage more acts of violence. Some participants said they were looking for better circumstances. As a result, they favor moving to nations with better social security and higher wages. As one participant noted, *"In recent years, the migration of our healthcare workers to other countries has increased, especially to places like Germany, where there is a shortage of nurses and doctors."* Additionally, violence causes invisible wounds, such as physical injuries and long-lasting psychological stress, that affect employees' lives and productivity at work. Some participants also reported that resigning from their jobs was the only way to prevent enduring violence. For example, a participant working as a family nurse shared, "I'm planning to leave the healthcare sector entirely and find a different career path... *This is not a profession one can do for a long time."*

3.2. Combating violence

All participants in this study reported the urgent need to combat violence in hospital settings through structural changes such as legal reforms, penal sanctions, and enhanced security measures. Also, many participants indicated that it is critical to ensure accountability, promote a feeling of justice, and establish deterrent punishments for violent crimes against healthcare personnel. Participants regularly discussed effective security measures, such as establishing surveillance cameras in key hospital locations and hiring more skilled security guards. For instance, one participant suggested, "*Hospitals should have more security staff, white code protocols should be more effective, and police officers should receive appropriate training."* Furthermore, all participants emphasized the importance of changing patient admission procedures to prevent conflicts and lessen overcrowding; to relieve the strain on emergency rooms, participants proposed a tiered healthcare system in which primary care facilities, including family health clinics, handle non-urgent situations. One healthcare professional stated, *"Patients who could be seen in outpatient clinics often come to emergency rooms. We need to fully activate the primary care system to reduce this pressure".* The ultimate goal of these treatments is to create a safer and more effective environment for patients and healthcare providers.

3.3. Seeking security and support in healthcare

Another important finding of this study was seeking security and support in healthcare. Participants stated the urgent need to take action for the safety and well-being of healthcare workers. Participants reported the importance of psychological support in enabling workers to recover from the emotional aftermath of violent incidents and continue their professional lives. For example, one participant noted, *"We are not only physically but also psychologically affected. Measures should be taken, and psychiatric therapy support should be provided when needed because some colleagues experience post-traumatic stress disorder. Support is crucial to overcoming this."* Participants stressed that legal protections were also key to halting violence; in some cases, they suggested creative approaches. One proposed, *"For instance, a temporary lack of access to non-urgent health services for violent offenders, or that they would have to pay for consultations and treatments…. Even issuing monetary penalties might deter a number of them."* Moreover, participants emphasized the need for training and awareness initiatives to improve the capacity of healthcare staff to identify, prevent, and react to violence appropriately. Such programs would also emphasize better communication and empathy skills, enabling workers to build rapport with patients and their families. These strategies (psychological support, legal protections, and educational initiatives, for instance) work together to provide a comprehensive framework for a more secure and supportive healthcare environment.

4. Discussion

This study aimed to investigate the experience of violence in healthcare settings among healthcare workers. The findings shed light on the frequency, effects, and possible interventions needed to combat violence in the health sector. The three main themes, 1) The Scars of Violence, 2) Combating Violence, and 3) Seeking Security and Support in Healthcare, emphasize crucial aspects of the issue.

This study found that violence had psychological and physical effects on medical personnel. Violence can inflict psychological and physical trauma that may result in long-term problems like burnout, anxiety, or depression. In corroboration of literature on the effect of occupational violence on

mental health (Keser-Özcan & Bilgin, 2011; Pagnucci et al., 2022). Furthermore, many healthcare workers were desensitized as a result of the constant violence, and they considered violent behaviors as a part of their lives. There is a worrying pattern of normalizing violence, which risks paralyzing a proper response. The other impact of violence was that violence in healthcare may even drive workers to leave the profession or seek employment opportunities outside the sector. The findings align with prior studies that have shown a high rate of attrition among healthcare workers due to workplace violence (Hämmig, 2023).

Another important finding indicated strategies that could be implemented to address violence in healthcare settings. Participants in this study stressed the need for stronger penal sanctions and more security guarantees for healthcare workers to deter violent behaviors. This is consistent with previous research, which found that clear legal consequences for violent actions can reduce the frequency of violence (Caruso et al., 2022; Ferracuti et al., 2022). Additionally, participants highlighted that changes in how patients are admitted and monitored might help prevent violent outbreaks. It suggests that a more thorough screening and assessment process during patient intake can help identify potential risks early on, aligning with recommendations from healthcare management literature on risk assessment (Keser-Özcan & Bilgin, 2011).

This study also outlined healthcare workers' expectations regarding improved support mechanisms for dealing with workplace violence. For example, psychological resilience programs for healthcare workers to help them learn to endure emotional hardships and stress related to their jobs were a common theme among participants. This finding adds to the mounting evidence that emotional resilience may help diminish burnout and improve overall healthcare providers' well-being (Duan et al., 2019). Participants also emphasized the need for legal help. For instance, they wanted stricter rules and stronger legal protection for healthcare workers as deterrents against the perpetrators. This corresponds with other studies reporting that healthcare workers do not "feel safe" without clear legal support (Eyler et al., 2022; Keser-Özcan & Bilgin, 2011). Lastly, participants suggested training and awareness programs. They emphasized the need for training of healthcare professionals and citizens about the penalties of violence and how to handle potentially violent situations, which is vital in creating a safer environment at hospitals.

These results suggest that healthcare settings need to implement comprehensive initiatives to combat violence. Stricter security, regulatory regulations, and psychological support networks for medical personnel are part of this. More rigorous training programs are also required in order to empower healthcare workers to handle violent situations better and promote resilience in the face of stress and trauma.

5. Conclusion

In conclusion, the present study explored the experience of healthcare workers regarding the victimization of violence in Turkey and their suggestions for preventing these serious healthcare problems. Primary findings showed that violence in healthcare settings has profound impacts on professionals, which lowers the quality of healthcare service and leads professionals to leave their jobs. Violence is a public health problem and should be prevented by legal reforms and support in the healthcare system.

References

Babiarczyk, B. , Turbiarz, A. , Tomagová, M. , Zeleníková, R. , Önler, E. , & Sancho Cantus, D. (2019). Violence against nurses working in the health sector in five European countries—Pilot study. *International Journal of Nursing Practice, 25*(4), e12744. https://doi.org/10.1111/ijn.12744

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Caruso, R., Toffanin, T., Folesani, F., Biancosino, B., Romagnolo, F., Riba, M. B., McFarland, D., Palagini, L., Belvederi Murri, M., Zerbinati, L., & Grassi, L. (2022). Violence Against Physicians in the Workplace: Trends, Causes, Consequences, and Strategies for Intervention. *Current psychiatry reports*, *24*(12), 911-924. https://doi.org/10.1007/s11920-022-01398-1

Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu, X., Fan, L., & Wang, Y. (2019). The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support. *Health and quality of life outcomes*, *17*(1), 93. https://doi.org/10.1186/s12955-019-1164-3

Eyler, Y., Kılıç, T. Y., & Yalçın Ocak, N. (2022). Invisible Victims of Violence in Healthcare Setting: A Survey-based Cross-sectional Study. *Anatolian Journal of General Medical Research 32*(3), 414-422. https://doi.org/10.4274/terh.galenos.2021.75875

Ferracuti, S., Barchielli, B., Napoli, C., Giannini, A. M., & Parmigiani, G. (2022). Managing and preventing acts of violence against health workers: results of a review evaluating hospital control procedures. *Journal of aggression, conflict and peace research*, *14*(2), 100-111.

Hämmig O. (2023). Quitting one's job or leaving one's profession: unexplored consequences of workplace violence and discrimination against health professionals. *BMC health services research*, *23*(1), 1251. https://doi.org/10.1186/s12913-023-10208-0

Keser-Özcan, N., & Bilgin H. (2011). Türkiyede Sağlık Çalışanlarına Yönelik Şiddet: Sistematik Derleme, *Türkiye Klinikleri Klinikleri Journal of Medical Sciences, 31*(6). 14422-56,sf.14421456

Sağlık-Sen. (2022). *Sağlık-Sen 2022 Yılı Sağlıkta Şiddet Raporu.* https://www.sagliksen.org.tr/haber/12308/saglik-sen-2022-yili-saglikta-siddet-raporu/

Pagnucci, N., Ottonello, G., Capponi, D., Catania, G., Zanini, M., Aleo, G., Timmins, F., Sasso, L., & Bagnasco, A. (2022). Predictors of events of violence or aggression against nurses in the workplace: A scoping review. *Journal of nursing management*, *30*(6), 1724-1749. https://doi.org/10.1111/jonm.13635

Yang, B. X., Stone, T. E., Petrini, M. A., & Morris, D. L. (2018). Incidence, type, related factors, and effect of workplace violence on mental health nurses: A cross-sectional survey. *Archives of Psychiatric Nursing, 32*(1), 31-38. 10.1016/j.apnu.2017.09.013