

Original Article

## The Views of Patient's Relatives about the Violence towards to the Health Care Staff

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### Abstract

**Aim:** The purpose of the study is to determine the views of patient's relatives about the violence towards the health care staff.

**Methodology:** This cross-sectional study was conducted in Soke State Hospital. The sample is composed of 189 individuals. In data collection, questionnaire form which was improved by researchers has been used. Data were analyzed by using frequency, percentage and chi-square tests.

**Results:** It was found that 15.3% of participants use one sort of violence towards health care worker and 57% of them use violence towards the nurses. The most important reasons of violence were ignorance of people who use violence (62.4%), health care worker's negligence of their duty (13.2), prolonged waiting period in hospitals (%34.9%). 45.5% of the participants stated that the most irritating situation was being neglected in health institution. **Conclusion:** It was concluded that nurses were mostly exposed to violence among the health care worker, violence was mostly used in internal medicine clinic as an domain and the most important factor which triggers the violence was being neglected as a patient's relative by the health care worker and security worker in the hospital had an impact on preventing violence.

**Key Words:** Patient's relatives, health care worker, violence

### Introduction

Violence is a condition that one uses physical force or strain against himself, someone else, a group or community in a threat or actual, deliberate or inadvertently manner and it might end up with physical injury, death, physical damage or deprivation (www.icrc.org). Violence in workplace is defined as an incident that employee is exploited or assaulted by someone or people (Warsham and Messite, 1996). Violence which tends to become prevalent in community effects health care sector, too (Adas, Elbek and Bakır, 2008). And violence in healthcare organization is oral, behavioural threat or physical assault, sexual harassment which comes from patient, patient's relatives or someone else and it poses a risk for health care worker (Saines, 1999).

Because they take care of stressful people and they are under the risk of potential and unforeseeable violence, health care worker are face to face with certain risks (www.audit.vic.gov). It has been stated that violence towards the health care worker has been risen recently (Annagur, 2010) and the risk of being subjected to violence is sixteen times more than other sectors (Kingma, 2001). Besides, it has been reported that violence incidents in healthcare sector haven't been reported as much as in areas of other professions and only serious incidents such as injury is perceived as violence and others aren't taken seriously (www.tbmm.gov.tr). In addition to increasing violence incidents towards health care worker, it has been stated that dosage, manner and results of the violence has also changed (Adas, Elbek

and Bakır, 2008). According to studies, it has been pointed out violence incidents in hospitals are mostly seen in emergency department, psychiatric care institutions and alcohol, medicine clinics ([www.audit.vic.gov](http://www.audit.vic.gov)). According to the mutual report titled Workplace Violence in Health Sector in 2002 of World Health Organization (WHO), International Labour Organization (ILO) and International Council of Nurses (ICN), more than 50% of the health care worker report that they have been exposed to violence in any time they do their job ([www.sagliksen.org.tr](http://www.sagliksen.org.tr)).

In Health Care Worker Violence Research which has been confirmed in different countries in mutual report of WHO, ILO and ICN, sequences of violence towards the health care worker are reported as 3-17% of it is physical, 26-27% of it is oral, 10-23% of it is psychological, 0.7-8% of it is sexual, 0.8-2.75% of it is ethnic violence (Fernandes et al., 1999). And in multicentered study which is made in Turkey, it has been confirmed that approximately 50% of the health care worker (48% in men and 52.5% in women) are subjected to violence and practitioners (67.6%) and nurses (58.4%) are mostly exposed to violence (Ayrancı, 2002). In the study of Camcı and Kutlu (2001), it has been found that 72.6% of the health care worker are exposed to any sort of violence during the time that they have worked in health sector and 72.4% of them are subjected to violence in the last 12 months. And in the study which was conducted by Akca et al. (2014), it has been found that 24.2% of the health care worker are exposed to violence.

Being exposed to vocational violence doesn't only effect the people who participate in the incident but also has serious outcomes such as social, health and economical outcomes in health sector ([www.audit.vic.gov](http://www.audit.vic.gov)). Violence towards the health care worker might be physical, psychological (emotional), tyranny / mobbing, harassment and threat (Yesildal, 2005). Oral, psychological violence includes actions such as insult which is made against personal values and personal integrity, spitting, swearing, yelling and threat. And physical violence includes actions and attacks which intend to harm the body of the person like beating, punch, attack with a tool (Adas, Elbek and Bakır, 2008). In the study which is conducted by Camcı and Kutlu (2011), it has been confirmed that 15.8% of the health care worker who are exposed to violence are

subjected to physical violence, 98.5% of them are subjected to oral violence, 24% of them are subjected to tyranny/psychological harassment and 6.1% of them are subjected to sexual harassment. And in the study which is conducted by Atik (2013), while 90% of the women have stated that they have been exposed to oral violence, 1.4% of them have stated they have been exposed to physical violence, 8.5% of them have also stated they have been exposed to oral and physical violence, 55% of men have stated that they have been exposed to oral violence, 1.4% of them have stated they have been exposed to physical violence and 43.5% of them have also stated they have been exposed to oral and physical violence.

It has been stated that violence towards the health care worker are mostly realized by patient's relatives and then patients ([www.sagliksen.org.tr](http://www.sagliksen.org.tr)). A violence incident against health may include prevention of one or more action or medical services or includes violence threats which effects negatively healthcare access ([www.icrc.org](http://www.icrc.org)). It is significant to protect health care worker against the risk of vocational violence and violence incidents in order to protect both their health and security and continuity of medical services which are presented to the community ([www.audit.vic.gov](http://www.audit.vic.gov)). The fact that violence towards the health care worker have risen in recent years has caused to increase in death rate with violence. Many researches have been done in order to determine sort and sequence of the violence that health care worker are exposed and these researches have had widespread media coverage to raise the awareness of public. However, the number of the studies which specify properties of the violence users and reasons of the using violence is limited.

This research has been done for the purpose of identifying the views of the potential group who use violence about the violence towards the health care worker.

### Research Questions

- 1) What is the opinion of the relatives of the patients about the violence applied towards to health staff?
- 2) Is there a relationship between the socio-demographic characteristics of the relatives of the patients and the thoughts of violence applied towards to health staff?

3) What are the reasons of violence towards to health staff by relatives of the patients?

4) Which health staff are applied to the most violence by relatives of patients?

## Materials and Methods

### Study Design

This research is a cross-sectional study.

### Target population of the study and Participants

Research was done between the dates of December 2014–April 2015 in Soke Fehime Faik Kocagoz State Hospital. The target population of this descriptive study are individuals who have inpatient relatives between the dates of specifies in that hospital. Individuals who have inpatient relatives in internal, surgical units and intensive care units in this hospital are the participants of the study. By using power analysis in determining the number of participants, providing that chi-square test is used to examine the difference between the expected and observed values, it has been stated that by conducting the study at least 125 participants, at 0.05 significance level, 95% confidence interval, it can be reached 80% of power. Accordingly, 189 individuals who are over 18 years old and literate, have agreed to participate the study and have filled the data collection instruments completely have constituted the participants of the study. In Post-Hoc analysis which is done to test power of the participant after the study ,it has been confirmed participant provides 91% of the power at 95% confidence interval with 3% effect size.

### Data Collection Instrument

Questionnaire form titled ‘‘Identifying patient’s relatives’ views about the violence towards the health care worker’’ that is improved according to literature by research team has been used as a source of data in the study (Annagur, 2010; Camcı and Kutlu, 2011; [www.saglikksen.org.tr](http://www.saglikksen.org.tr); Beech and Leather, 2006; İlhan et al., 2013). This form includes questions which examine factors such as sociodemographic attributes of people, whether there is a health care worker among the close relatives, the views about the health care worker, the most irritating and depressing reasons in health institutions, whether he has had a judicial punishment before and informations about the punishments, the way of claiming his rights in unjust treatment, using

violence towards any health care worker, sort of the violence, method which is mostly used when personal control can’t be maintained, the most significant factor that suppress the desire to use violence in health institutions, reasons of using violence in health institutions and relieving factors as a patient relative in health institution.

### Data Collection

Data has been collected with face to face interview method within working hours. Before the study, some instructions such as aim of the study, the time which has been given to fill the form, the fact that participating the study is based on voluntariness, that they can end their participation at anytime, that information which they give isn’t used except the study and writing names in the questionnaires isn’t necessary have been given to the participants. And if they have had any question, questions are answered and oral and written consents about participating the study have been taken. License and permission about a essay which contains the objective and scope of the study have been received from the institution and Ethics Committee of Noninvasive Clinic Studies of Adnan Menderes University.

### Data Analysis

In data coding and evaluating, programme of SPSS 20.0 has been used and in analysis, number, percent, frequency, chi-square tests have been used. Statistical significance value is admitted as  $p < 0.05$ .

### Results

When introductive characteristics of the patient’s relatives were examined in Table 1, it was stated that 63.5% of the participants were women, 43.4% of them were primary school graduate, 74.1% of them were married, 39.7% of them were housewife, 54.5% of them had a budget which had balance of income and expenses, 57.7% of them had no bad habit, 67.2% of them didn’t have any chronic disease and 46.6% of them had a health care worker relative and their average of age was  $40,24 \pm 13,63$ .

When views of patient’s relatives about the health care worker and health intitutions are examined in Table 2, 36.5% of the participants stated that health care worker work hard and 24.9% of them stated that health care worker don’t address themselves to patient and his relatives. 41.3% of the participants said that the most irritating and depressing situation was not

being taken into consideration and 21.2% of patient was the most irritating and depressing them said that not being informed about their thing

**Table 1. Range of patient relatives' sociodemographic characteristics (n = 189)**

<b>Sociodemographic characteristics</b>	<b>n</b>	<b>%</b>
<b>Gender</b>		
Female	120	63.5
Male	69	36.5
<b>Educational Background</b>		
Literate	17	9
Primary School	82	43.4
High School	50	26.5
University	38	20.1
Postgraduate	2	1.1
<b>Marital Status</b>		
Married	140	74.1
Single	49	25.9
<b>Occupation</b>		
Officer	26	13.8
Employee	27	14.3
Self employment	31	16.4
Housewife	75	39.7
Other	30	15.9
<b>Income statue</b>		
Income is less than expenditure	56	29.6
Income is equal to expenditure	103	54.5
Income is more than expenditure	30	15.9
<b>Habits</b>		
There is no habit	109	57.7
Cigarette	74	39.2
Alcohol	4	2.1
Gambling	1	0.5
Drug addiction	1	0.5
<b>Presence of Chronic illness</b>		
Present	62	32.8
Absent	127	67.2
<b>To have a health care worker relative</b>		
Yes	88	46.6
No	101	53.4
<b>Average of age</b>	X=40.24	SD=13.63

**Table 2. Range of patient relatives' views about health care staff and health institutions (n = 189)**

Views	n	%
<b>Opinions about health care worker</b>		
Their information is insufficient	10	5.3
They don't address themselves to patient and his relatives	47	24.9
They work little	3	1.6
They work hard	69	36.5
They earn so much Money.	21	11.1
I don't have any idea	38	20.6
<b>The most irritating and depressing reason in a health institution</b>		
Being neglected	78	41.3
Not being informed about my patient	40	21.2
Long treatments	12	6.3
Crowded hospital environment	32	16.9
Inadequacy of empty beds for my patient	7	3.7
Not recovering of my patient	6	3.2
Clamour of health care worker	5	2.6
Discomfort of the hospital	4	2.1
Complicated and tiring hospital procedure	5	2.6
<b>Situation of having any judicial punishment before</b>		
I have had	183	96.8
I haven't had	3	1.6
I have been sued	3	1.6
<b>Information about the punishment of using violence</b>		
Present	68	36
Absent	90	47.6
There is no need to know	31	16.4
<b>Way of claiming right mostly preferred when they are aggrieved</b>		
Complaining to the administration of the institution	143	75.7
Making an allegation to prosecution	9	4.8
Making an allegation to SABIM	26	13.8
Disputing and using violence	8	4.2
Ignoring	3	1.6

**Table 3. Range of patient relatives' views about health care staff and health institutions**

Views	n	%
<b>Regarding the violence as a method of claiming their rights</b>		
I agree definitely	7	3.7
I agree partially	38	20.1
I don't agree definitely	144	76.2
<b>The first reaction when they hear about about death of a health care worker</b>		
I rejoice	1	0.5
They deserve it	6	3.2
What a pity!	89	47.1
They understand expressions like these.	1	0.5
No personel deserve it	80	42.3
I wish you would be injured, too	1	0.5
It is not my business	11	5.8
<b>The method mostly used when they can't maintain the personal control</b>		
Insulting	70	37
Spitting his in face	3	1.6
Using everything they can find	7	3.7
Trying to calm yourself	107	56.6
Other	2	1.1
<b>The most important factor that suppress the desire to use violence towards any health care worker</b>		
Presence of police in the hospital	15	7.9
Presence of security worker	17	9
Presence of lots of hospital personnel	5	2.6
Presence of security cameras	8	4.2
None of them can't stop me	13	6.9
I haven't had desire of using violence	131	69.3
<b>Reasons of increasing violence towards health care worker</b>		
Ignorance	96	50.8
Being unjustly treated	23	12.2
Claiming right	6	3.2
Not doing the duty well	10	5.3
Waiting a long time	30	15.9
Heavy hospital works	8	4.2
Inadequacy of the beds	2	1.1
Impatience of patient relatives	7	3.7
News in the media	7	3.7
<b>To agree on the view of beating / killing health care worker when the patient is died</b>		
I don't agree definitely	157	83.1
I agree partially	14	7.4
I agree definitely	18	9.5
<b>Relieving factors in a health institution as a patient relative</b>		
Comfortable waiting rooms	24	12.7
Broad check up places	47	24.9
Adequate and clean toilets	23	12.2
Quick completion of the scrutinies	61	32.3
Meeting at the entrance of emergency service	25	13.2
Other	9	4.7

**Table 4. Range of patient relatives' behaviours about the violence in a health institution (n=189)**

<b>Behaviour</b>	<b>n</b>	<b>%</b>
<b>Situation of complaining a health care worker before</b>		
Yes	34	18
No	155	82
<b>Situation of using violence against a health care worker</b>		
Oral	23	12.2
Physical	2	1.1
Psychological	4	2.1
I haven't used	160	84.6
<b>The group of health care worker who are subjected to violence</b>		
Doctor	4	12.1
Nurse	19	57.6
Nurse's assistance	8	24.2
Technician and Student	2	6
<b>Situation of responding violence as a health care worker</b>		
Yes	17	51.5
No	16	48.5
<b>Situation of apologizing after the dispute/violence</b>		
Happened	14	42.4
Not happened	13	39.4
I didn't feel it necessary	6	18.2
<b>Hospital service which violence is experienced</b>		
Internal disease clinics	11	36.7
Surgical clinics	11	36.7
Children –Newborn clinic	5	16.7
Intensive care units	3	10

**Table 5. Comparison of patient relatives' views and behaviours about the violence according to their sociodemographic characteristics**

Characteristics	Views and behaviour about the violence													
	Using violence				Regarding the violence as a method of claiming right			The method which is used in the event of assault			Beating / Killing health care worker			
	Oral	Physical	Psychological	I didn't used	I agree	I agree partially	I don't agree	Insulting	Spitting in his/her face	Using everything they can find	Trying to calm yourself	I don't agree	I agree partially	I agree
%														
<b>Gender</b>														
Female	5.8	0.8	3.4	90.0	5.0	15.8	79.2	33.3	1.7	3.3	60.8	84.2	5.8	10.0
Male	23.2	1.4	0.0	75.4	1.4	27.5	69.6	43.5	1.4	4.3	49.3	81.2	10.1	8.7
<b>Test and Significance</b>	$\chi^2=14.409$ p= .002				$\chi^2=6.748$ p= .080			$\chi^2=2.543$ p= .637			$\chi^2=1.225$ p= .542			
<b>Educational Background</b>														
Literate	11.8	0.0	5.9	82.4	0.0	11.8	88.2	35.3	0.0	11.8	47.1	76.5	11.8	11.8
Primary School	9.8	2.4	1.2	86.6	4.9	20.7	74.4	35.4	2.4	4.9	57.3	85.4	7.3	7.3
High school	16.0	0.0	0.0	84.0	4.0	24.0	72.0	50.0	2.0	2.0	44.0	82.0	10.0	8.0
University and postgraduate	13.2	0.0	5.3	81.6	2.6	18.4	76.3	26.3	0.0	0.0	73.2	81.6	2.6	15.8
<b>Test and Significance</b>	$\chi^2=8.358$ p= .757				$\chi^2=7.170$ p= .846			$\chi^2=20.515$ p= .198			$\chi^2=4.824$ p= .776			
<b>Marital statue</b>														
Married	10.7	1.4	1.4	86.4	2.9	17.1	79.3	33.6	1.4	4.3	59.3	82.1	6.4	11.4
Single	16.3	0.0	4.1	79.6	6.1	28.6	65.3	46.9	2.0	2.0	49.0	85.7	10.2	4.1
<b>Test and Significance</b>	$\chi^2=3.047$ p= .384				$\chi^2=4.690$ p= .196			$\chi^2=3.712$ p= .446			$\chi^2=2.811$ p= .245			
<b>Income statue</b>														
Income is less than expenditure	17.9	0.0	1.8	80.4	1.8	23.2	75.0	35.7	1.8	5.4	57.1	89.3	5.4	5.4
Income is equal to expenditure	8.7	0.0	2.9	88.3	3.9	16.5	78.6	38.8	1.1	2.9	56.3	78.6	9.7	11.7
Income is more than expenditure	13.3	6.7	0.0	80.0	6.7	26.7	66.7	33.3	3.3	3.3	56.7	86.7	3.3	10.0
<b>Test and Significance</b>	$\chi^2=14.456$ p= .025				$\chi^2=4.132$ p= .659			$\chi^2=3.735$ p= .880			$\chi^2=3.794$ p= .435			
<b>Habits</b>														
There is no habit	3.7	0.9	2.8	92.7	5.5	13.8	80.7	25.7	1.8	4.6	67.0	81.7	6.4	11.9
Cigarette	23.0	0.0	1.4	75.7	1.4	27.0	70.3	54.1	1.4	1.4	41.9	87.8	6.8	5.4
Alcohol	25.0	25.0	0.0	50.0	0.0	50.0	50.0	25.0	0.0	25.0	50.0	75.0	25.0	0.0
Gambling	0.0	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0	0.0	0.0	100.0
Drug addiction	100.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	0.0
<b>Test and Significance</b>	$\chi^2=46.574$ p= .000				$\chi^2=14.773$ p= .254			$\chi^2=23.617$ p= .098			$\chi^2=26.476$ p= .001			

Participants stated that 96.8% of them had not any judicial punishment before, 47.6% of them had not any information about punishment of using violence and 16.4% of them thought that there was no need such information, 75.7% of them claimed their rights by complaining to administration of the institution when they were aggrieved in a health institution, 13.8% of them claimed their rights by making an allegation to Communication Center Ministry of Health.

When the views of patient's relatives about the health care worker and health institutions are examined in Table 3, it was found that 76.20% of the participants didn't regard the violence as a method of claiming their rights, 47.1% of them gave a response like "What a pity" when they heard about death of a health care worker, 37.0% of them insulted when they could not maintain the personal control and anger management, 56.6% of them tried to calm themselves. It was stated that having police and security worker (16.9%) in the hospital was the most important factor that suppressed the desire to use violence towards any health care worker. Patient relatives were demonstrated ignorance (50.8%), waiting a long time in health institutions (15.9%), being unjustly treated (12.2%) as the most important reasons of increasing violence towards health care worker. While 83.1% of the patient relatives had not agreed on the view of beating / killing health care worker when their patient were died, 9.5% of them agreed on this view. When the patient relatives were asked about the relieving factors in a health institution, 32.3% of them said that it is important to complete scrutinies quickly.

When the range of behaviours of patient relatives about the violence in a health institution is examined in Table 4, it was found that 18.0% of the participants complained a health care worker before, 15.4% of them used violence (oral, physical, psychological) against a health care worker, 57.6% of them used violence against nurses in the group of health care worker. It was confirmed that internal disease and surgical clinics were hospital departments which violence was mostly used.

When the views and behaviours of patient's relatives about the violence are compared according to their introductive characteristics in Table 5, while there was a statistically significant difference in views of the patient's relatives of beating/ killing health care worker in respect of

their gender, income state, habits and using violence and habits ( $p < 0.05$ ), it wasn't found any significant difference among other variables ( $p > 0.05$ ).

## Discussion

Power which person use against himself, someone else or community is known as violence. There has been an increase in using violence in time (Yıldız, Kaya and Bilir, 2011). Violence which tends to become prevalent in community effects health care sector, too (Adas, Elbek and Bakır, 2008). In researches which were done, it was stated that rates of violence towards health care worker are high (Atik, 2013; Ayrancı et al., 2002; Gokce and Dundar, 2008) and violence was used by patient, patient relatives and both of them (Akca, Yılmaz and Isık, 2014; Winstanley and Whittington, 2004). In the research, it was stated that most of the patient relatives were women whose their educational level was primary school and they had a budget which has balance of income and expenditures, they had no bad habit and their average of age was 40,24. In a study which was conducted in Turkey, it was confirmed that most of the violence users were between the ages of 21-30 and their educational level was low (Erkol et al., 2007). And in another study, it was confirmed that men who were under 18 years old and patient relatives who had mental or behavioural disorder had more tendency to use violence (Hahn et al., 2012). The fact that research results differ from literature could be based on that women were mostly assigned in patient care for inpatient people in the clinics and people who were over 18 years old were mostly assigned with the propose of helping patient care in the clinics.

When the views of patient relatives about the health care worker and health institutions were examined, some of the participants stated that health care worker work hard. It was thought that when it was thought works continue uninterruptedly all day in inpatient treatment institutions and continuity of some services such as check up and treatments of emergency, urgent operations and maintenance of inpatients, patient relatives couldn't empathize sufficiently. Besides, health care worker spend more energy than other professions if it is taken into consideration that they offer service in duration of sleeping and rest (night) which is basic physiological necessity for people.

While participants stated that health care worker didn't address themselves to patient and his relatives, they stated that the most irritating and depressing situations were not being taken into consideration and not being informed about their patient in a health institution. In the study of İlhan et al. (2013) participants stated that violence towards health care worker was necessary in some occasions and they deserved the violence and the most important reason of it was not looking after a patients sufficiently. It is a significant problem that people have a lot of expectations of health care worker, they perceive violence and aggression as a right when expectations aren't met and procrastinated. Negative expressions about health care worker in community could have caused this situation. According to data of OECD Health Statistics 2014, while there is 1.7 doctor for 1000 people, there is 1.8 nurses for them. However, average of OECD is 3.2 for doctors and 8.8 for nurses (the lowest number per person among the OECD countries), these numbers are below the average (<http://www.tkhk.gov.tr>). When inadequacy of quantity of health care worker is taken into account in Turkey, it can be seen how it is hard to meet expectations of lots of patients and their relatives at the same time. In the research, patient relatives stated that they hadn't any judicial punishment before, they didn't have any information about the punishment of using violence. In the study of İlhan et al. (2013), participants thought that there was no penal sanction for users of violence towards health care worker. These results show the necessity of having widespread media coverage so that punishments of violence incidences towards health care worker are learned by the society. Besides, most of the participants stated that when they aggrieved in a health institution, they claimed their rights by complaining to administration of the institution and some of them claimed their rights by making an allegation to Communication Center of Ministry of Health.

Patient relatives stated that the most significant factor that suppress the desire to use violence towards health care worker was having police and security worker in the hospital. In a study which as conducted, health care worker who subjected to the violence stated that they had been working alone when the violence incident realized (Akca et al., 2014). With this result, necessity of security measures and security worker in health institutions occurred.

In our study, patient relatives stated that the most important reasons of increasing violence towards health care worker were ignorance, waiting a long time in health institutions, being unjustly treated. It was stated that primary source of violence between the health care worker and patient-patient relatives was poor communication and misunderstanding (Yıldırım et al., 2011). Besides, long waiting periods, excessive expectations of patient and his relatives, low educational level, limited time of health care worker (especially nurses), adverse news in the media, insufficient police and security are some of the important violence reasons (Ayrancı et al., 2006; Uzun, Bağ and Ozer, 2001; Tas and Cevik, 2006; Beech and Leather, 2006). In the violence research about doctors which was conducted by Adas et al. (2008), doctors demonstrated economic problems, reasons based on educational and cultural level and effect of the media as the reasons which increased the violence in the society. In the study of İlhan et al. (2013), it was found that waiting long during the check-up was an important reason which trigger the violence towards health care worker and in the study which was conducted in Israel, it was found that long waiting period could cause the violence (Carmilluz et al., 2005). Economic problems, low educational level and communication problems which are the most important problems of our age not only increase social violence but also increase violence in health sector. In our study, most of the patient relatives haven't agreed on the view of beating/killing health care worker when their patient is died. While this rate means that individuals can think clearly in the periods they live calm, violence incidents about health which is reflected in the media make it think that people can't control their anger under acute crisis and they think the problem stems from health care worker. Some of the participants have stated that quick completion of the scrutinies is the most important factor relieving in health institution. This result shows the necessity of development and serial usage of technology.

Some of the patient relatives stated that they complained a health care worker and they used violence (oral, physical or psychological) towards a health care worker before in health institutions. In the study of Akca et al. (2014), 24.2% of the health care worker were exposed to violence and all worker who were exposed to violence explained sort of violence as oral threat

or aggression. Violence can be either in using physical force or psychological way (Yıldız et al., 2011). It was confirmed in our study that sort of violence which was mostly used towards health care worker was oral violence. In the study of Camcı and Kutlu in 2011, rate of the oral violence found 84.7%. And in the study of İlhan et al. (2013), it was reported that health care worker were mostly exposed to oral violence. In a study which was conducted by Winstanley and Whittington (2004), in state hospitals in England, it was found that health care worker were mostly exposed to oral violence. Results obtained from the studies have shown parallelism with our research's results. The fact that frequency of oral violence are high in the literature and it has fewer penal sanction than physical violence can be stemmed from people think they don't deserve punishment because of their instant expressions.

Besides, more than half of the participants stated that they mostly used violence towards nurses. In conducted studies there are differences between the rates of health care worker who were exposed to violence. It was reported that nurses among the health care worker who were reported to were exposed to violence more than guardian, police, driver and bank employees are three times under the risk of the violence than other personnels (Kingma, 2001; Wells and Bowers, 2002). In the study of Camcı and Kutlu (2011), it was found that nurses among the health care worker were mostly exposed to violence (82.1%), also in the study of Ayrancı et al. (2002), it was found that practitioners (67.6%) and nurses (58.4%) were mostly exposed to violence. In another study, it was confirmed that doctors (84.1%), nurses (84.8%), medical officers (81.0%) and other group (75.0%) were exposed to violence and there were statistically significant difference between the groups (Atik, 2013). However in a different study, it was stated that medical secretary/patient counsellor (47.4%) and doctors (36.8%) were exposed to violence more than other health care worker (Akca et al., 2014). If it is thought that nurses have important roles from hospitalization to discharge in every step of health service, the fact that health care worker who work overtime for his patient and communicate with him have been more exposed to violence is a different dimension which needs scrutinizing.

In our study, more than half of the patient relatives stated health care worker response violence. In a study, it was confirmed that health

care worker response by defending themselves in fewer rates (27.3%) in violence incidents (Akca et al., 2014). In the study of Camcı and Kutlu (2011), it was stated that 78.1% of the health care worker response when they were subjected to violence, but nothing was done to aggressor (77.0%), verbal warning was given (15.8%) and he was reported to the police (4.6%). And another result which was obtained from our study was that patient relatives apologized by finding themselves to be in the wrong after discussion and violence with health care worker.

It was confirmed in our study that violence incidents were more realized in internal disease (36.7%) and surgical clinics (36.7%) than other clinics (pediatric, intensive care units). In different studies, it was found that violence towards health care worker were mostly seen in emergency and psychiatry clinics (Ayrancı et al., 2002; Gulalp et al., 2009; Annagur, 2010; İlhan et al., 2013). However in the study of Atan and Donmez (2011), while verbal harassment were mostly seen in surgical clinics (78.8%), verbal threatening (59.0%), verbal sexual harassment (13.6%) and physical attack (22.7%) were mostly seen in polyclinics. In the study of Atik (2013), 83.6% of personnels in emergency, 85.4% of them in internal disease clinics, 83.7% of them in surgical clinics were exposed to violence in the last five years. In different studies, both emphasizing that rate of violence is high in emergency and it was stated that violence was more experienced in internal disease services, anesthesiology clinics and intensive care units (Hahn et al., 2012). The reason that violence is very prevalent in emergency services can be stemmed from people think that the situation of them and their patient is important, they behave aggressively when their requests aren't realized quickly because of that they consult for a acute health problem. Along with health areas, waiting rooms, parking places, cafeterias are risky places for violence in hospitals. This situation shows that there is no safety place for health care worker. The fact that the results of the conducted studies are different from our results can be attributed to that our study includes just patient relatives who have inpatient relatives in the hospital.

When the views and behaviours of patient's relatives about the violence were compared according to their introductive characteristics, it was confirmed that women who had a budget which had balance of income and

expenditures and didn't have any habit like alcohol and cigarette have more tendency to use violence and there was a statistically significant difference and there was a statistically significant difference in addicted patient's relatives' views of beating/ killing health care worker. This result indicates that gender, income state and habits effect behaviour of using violence. In a research conducted, it was found that gender, educational background, total monthly income of the family and usage of regular drug which was given by doctor effect violence towards health care worker (İlhan et al., 2013).

### Limitations

Because the patients' relatives who are defined as the target population of the study haven't accepted to participate in the study due to questions that inquire the violence and for this reason the number of participants are low and people who participate in the study have answered the questions inadequately, the study has important limitations. Besides, the fact that data have been collected within working hours and the patients' relatives who have been in the hospital out of the working hours aren't included in the study has caused the number of the participants to be low.

### Conclusion

It was confirmed that nurses among the health care worker were mostly exposed to violence, men who were undereducated and middle aged had tendency to use violence, the most important factor which triggers the violence was being neglected as a patient's relative by health care worker and security worker in the hospital had an impact on preventing violence. Contrary to what is believed, violence towards health care worker is pretty much in our country, but their statements are very few because of the fact that most of them are oral violence and they aren't perceived as a serious problem. Providing safety environment for health care worker to work in safety condition, educating personnels for violence, making legislative regulations and implementing in time are important attempts. Besides, making informative broadcasts for community with a low level of education and culture, keeping away from the broadcasts which increase the violence, relaying correct information about health system and health care worker in the media, making legal transactions for the adverse broadcasts about the health care

worker, reflecting that rights of health care worker are protected as patient rights in health institutions can be recommended.

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