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Workplace Violence Against Turkish Intensive Care Physicians

Türk Yoğun Bakım Hekimlerine Karşı İşyerinde Şiddet

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ABSTRACT Objective: It was aimed to get the experience and opinions of intensive care physicians, who are health professionals who experience violence with increasing frequency.

Materials and Methods: The questionnaire, consisting of 28 multiple choice and open-ended questions, was answered by intensivists across the country.

Results: In the online questionnaire study, which was answered by 198 physicians, 44% male and 56% female, it was found that 86% of the physicians experienced violence in the hospital where they worked, and 47% were exposed to violence during their work in the intensive care unit. It was observed that the most common violence was verbal threats with and physical violence. Victims of violence stated that they mostly prefer to call hospital security (56%). It was determined that 65% of the violent incidents experienced were resolved by talking. The common view of the victims of violence and of the vast majority of all physicians was that the measures were insufficient and the violence would recur.

Conclusion: Violence in health is increasing all over the world and in Turkey. The precautions to be taken should be aimed at the patients and their relatives, as well as the health workers and the health system itself.

Keywords: Intensive care, violence, physician, workplace violence, violence in healthcare

ÖZ Amaç: Yer, zaman, kişi fark etmeksizin herkese yönelebilen şiddeti, giderek artan sıklıkta yaşayan sağlık çalışanlarından olan yoğun bakım hekimlerinin tecrübe ve görüşlerinin alınması amaçlandı.

Gereç ve Yöntem: 28 çoktan seçmeli ve açık uçlu sorudan oluşan anketin ülke çapında yoğun bakım hekimlerinin yanıtlaması sağlandı.

Bulgular: %44'ü erkek, %56'sı kadın olan 198 hekimin yanıtladığı online anket çalışmasında, hekimlerin %86'sının çalıştığı hastanede şiddet olayı yaşandığı, %47'sinin ise yoğun bakımda çalıştıkları süre boyunca şiddete maruz kaldıkları tespit edildi. Gerçekleşen şiddetin %62 oranıyla en fazla sözel tehdit olduğu, %30 oranında ise fiziksel şiddet olduğu görüldü. Şiddete uğrayanlar en fazla hastane güvenliğini aramayı (%56) tercih ettiğini belirtti. Yaşanan şiddet olaylarının %65'inin konuşarak çözüldüğü tespit edildi. Şiddete maruz kalanların ve tüm hekimlerin çok büyük çoğunluğunun ortak görüşünün tedbirlerin yetersizliği ve şiddet olaylarının tekrarlayacağı şeklindeydi.

Sonuç: Tüm dünyada ve ülkemizde sağlıkta şiddet artış göstermektedir. Alınması gereken önlemler hastalara ve yakınlarına yönelik olduğu gibi sağlık çalışanlarına ve sağlık sisteminin kendisine yönelik de olmalıdır.

Anahtar Kelimeler: Yoğun bakım, şiddet, hekim, işyerinde şiddet, sağlıkta şiddet

Introduction

Workplace violence is a global problem. It was first defined in 1997 as “incidences in which individuals are abused, threatened or attacked in conditions related to their work, involving an explicit or implicit threat to their safety, well-being and health” [1].

Violence in the health sector in a year increases up to 62% [2]. The incidence of physical violence is 24%, and non-physical violence is 43% [2]. In Turkey, this rate reaches about half of all health workers [3].

Considering all sectors, the frequency of violence in the health sector is at the top of the list [4].

Although it is the first possible inference that violence will decrease as the development level of countries increases, the facts may be the opposite [5].

Violence in the workplace can take the form of physical and psychological attacks. It can take the form of assault, harassment, bullying, mobbing, abuse, sexual harassment, racial harassment, and threats. Since physical violence is a situation that can be defined by everyone, awareness on this issue is high. However, there are many different types of psychological violence, and since the awareness on this issue is gradually increasing, incidents of psychological violence are being noticed more and more.

Studies have found that among the risk factors defined for workplace violence, shift workers, younger workers and those with long working hours per week are more likely to be exposed to any type of violence [2]. In a large-scale systematic review, male workers, single workers, physicians, nurses, more experienced workers, and those of white ethnic origin constitute the groups with a higher risk of exposure to violence [2].

The aim of this study is to investigate the history of exposure to violence and their thoughts on the subject of physicians working in intensive care units.

Materials and Methods

The research, which was planned as a survey study, was carried out by answering the online questionnaire, which was created from 28 multiple choice and open-ended questions, by all intensive care physicians that can be reached across the country. The survey was prepared on Google Forms. The link of the survey was shared in Whatsapp groups and mail groups, including intensive care physicians from all over

Turkey. It was published on the home page of the Turkish Society of Intensive Care website for 1 week and for 1 month in the announcements section. The questionnaire was kept open for response for a period of 1 month and then closed for response.

The first 7 were questions inquiring about demographic data. The next 12 were about the physical conditions of the intensive care unit where the physician worked and the number of employees and patients. The last 8 consisted of questions about the characteristics and consequences of the violence.

Statistical Analysis

Chi-square analysis was used as a statistical method. Significance level was accepted as $p < 0.05$. Independent variables, including demographic variables, were shown in frequency tables with numbers and percentages.

Results

Of the 224 intensive care physicians reached, 198 answered the questionnaire. 44.4% (n:88) of the respondents were male and 55.6% (n:110) were female. Those who worked in the intensive care unit for 5 years or less were 37.4% (n: 74), and those with 6 years and more were 62.6% (n: 124). It was determined that the participants mainly worked in universities (41.9% n:83) and training and research hospitals (28% n:59) and mostly from Anesthesiology and Reanimation as their main branch (82.3% n:163).

It was determined that most of the physicians treated 6-10 patients (47% n:93), while the nurses cared for 3 patients (57.1% n:113). According to the results of the study, it is seen that the relatives of the patients do not participate in the treatment process, and the patient treatment information is mainly given by the intensive care physician every day of the week; It was determined that the nurses did not accompany the physicians while giving information.

85.9% (n: 170) of the participants reported that there was violence in the hospital where they worked. The rate of those who were exposed to violence during their work in the intensive care unit was found to be 47% (n:94).

It was determined that the violence encountered in the intensive care unit was mostly verbal threats (61.7% (n:58)). It was stated that 41.5% (n:39) experienced verbal attack, 29.8% (n:28) physical violence, and 6.4% (n:6) non-verbal

threat (Figure 1). It was observed that violence was mainly applied by the relatives of the patients (47%).

The reactions of the participants who faced violence are; 8.5% (n:8) call the police, 29.8% (n:28) give white code, 9.6% (n:9) respond to violence with violence, 56.4% (n:53) call the hospital security, 46.8% (n:44) trying to reach an agreement by talking and 4 participants stated that they did not give any reaction to violence (Figure 2).

It was reported that 65% of the violence cases were resolved by talking, 11.7% of them complained to the police, 14.9% of them were prosecuted, and 2.1% of them were sentenced to prison.

While 97% of those who were exposed to violence thought that the efforts to prevent violence in the field of health were insufficient, this rate was determined as 96% among all participants. Among those who were exposed to violence, the rate of those who thought that violence would be repeated was 84%.

Chi-square analysis in independent groups was used to determine whether there was a significant relationship between violence and the independent variables asked in the questionnaire. A significant correlation was found only between the type of hospital and the frequency of violence ($p:0.009$).

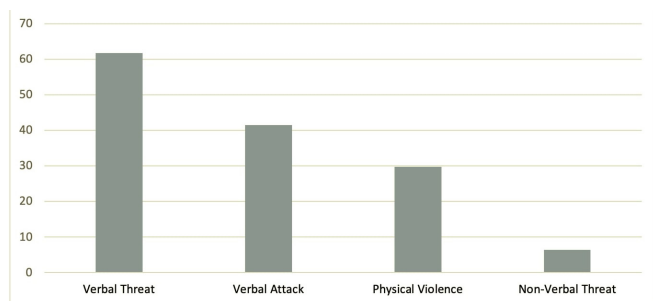


Figure 1. Types of violence exposure of intensive care physicians (%)

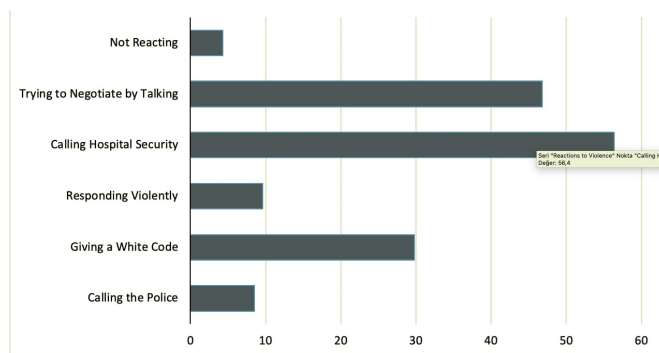


Figure 2. Reactions to violence (%)

Among the respondents, 47% of men and 48% of women were exposed to violence. While 37% of the men exposed to violence experienced physical violence, 25% of the women were found to have been subjected to physical violence (Figure 3).

Considering the number of intensive care patients, 59% of physicians who care for more than 10 patients were exposed to violence, while 44% of physicians who care for 10 or less patients experienced violence (Figure 4). While the rate of violence against physicians in intensive care units where a nurse cares for 3 or more patients was 48%, it was 47% for those under 3 (Figure 4).

At the top of the measures demanded to be taken to prevent violence was the enactment of laws specific to violence in the field of health (Table 1).

Discussion

It is understood from the data obtained in this study that most of the physicians working in the intensive care unit are exposed to any type of violence. Almost all of them think that the measures taken against violence are insufficient. The vast majority demand preventive laws, deterrent penalties and education programs.

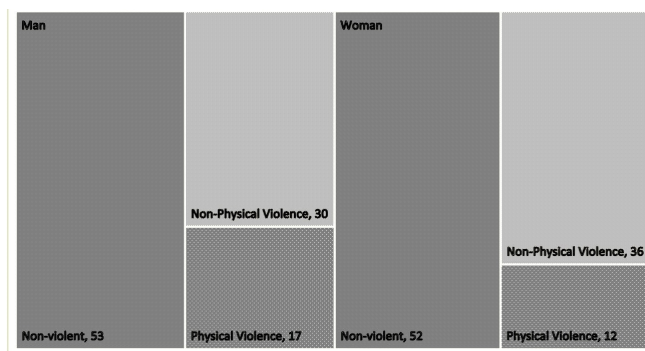


Figure 3. Frequency of physical violence by gender (%)

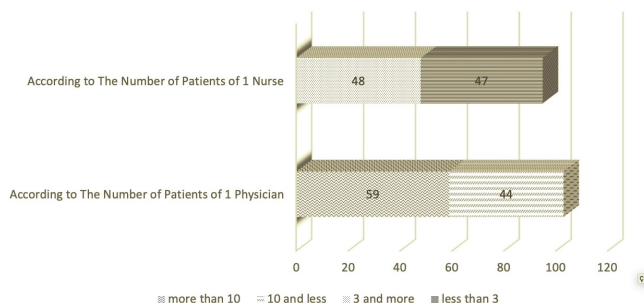


Figure 4. Frequency of violence by the number of patients cared for by physicians and nurses (%)

Table 1. What measures do you think should be taken to prevent violence in healthcare? [% (n)]

Enacting laws specific to violence in health	76% (151)
Increasing prison sentences	68% (134)
Subjecting attackers to compulsory education programs	57% (113)
Increasing fines	55% (108)
Prevention of receiving services from the health institution where the violence took place	52% (102)
Prohibition of benefiting from the Social Security Institution for a period of time	35% (69)
Prohibition of benefiting from the Social Security Institution indefinitely	30% (59)

Studies show that violence against healthcare professionals is experienced at varying rates but at high frequencies in all countries of the world. In a meta-analysis in which 65 studies of 61800 health workers from 30 countries were evaluated and physical violence was investigated, it was reported that the 1-year frequency of violence was 19% [5]. It has been concluded that this rate is 26% in Europe, 24% in America, 21% in Africa, and the frequency of violence increases as the income levels of the countries increase. The highest frequency was observed in nursing homes with 30%, followed by tertiary healthcare institutions. It was reported that 1-year violence events were 23% against nurses and 15% against physicians, and there was a statistically significant difference. It has been concluded that the frequency of violence is higher in urban areas (26%) than in rural areas (6%). What one would probably predict is that there will be less violence in health in countries with better socioeconomic status. This meta-analysis, on the other hand, says the opposite. If we assume that the level of development is an indicator of civilization, we can also assume that civilized countries should have less violent people, but unfortunately we cannot see this in real life.

After the violence, it is important what kind of attitude the country adopts in accordance with the policies developed against it. It is very necessary for the health workers to feel safe, that the state's attitude towards violence is clearly revealed by the administrators. In a cross-sectional study conducted in Bangladesh, it was reported that 43% of health workers were exposed to any form of violence, and 16% of them were physical violence [6]. 65% of the victims of violence reported that nothing was done against the violence they experienced, and 44% of the cases where something was done for violence were inconclusive. In a study conducted among doctors in Italy, the frequency of

verbal violence in the last 1 year was reported as 52% and the frequency of physical violence as 4% [7]. 61% of those who were exposed to verbal violence and 22% of those who were exposed to physical violence stated that they did not give any reaction. In our study, it was seen that the prevailing opinion was that the measures taken were very insufficient with 96% and that the perpetrator would use violence again with 84%. The high rates of demands by physicians such as new laws, high penalties, and compulsory education programs are due to how insecure they feel in the current situation.

Beyond the acute consequences of violence, there are also psychological consequences experienced by the victims. They can be affected in different ways, from depression to post-traumatic stress disorder. In a study conducted with family health center workers in Brazil, it was reported that 36% of the victims of violence showed signs of depression, and 16% probably had major depression [8]. It was stated that as the violence experienced by the victims increased, the depressive symptoms also increased. It would not be wrong to think that a similar situation exists in our country. The quality of life of health workers, who are forced enough by the working conditions, also decreases as a result of the psychological state they are exposed to violence. Job satisfaction decreases and the desire for job change becomes widespread. The satisfaction of the patients, who have to receive service from unhappy and restless health workers, from the health system, which can only be carried out with the devotion of the employees, is gradually decreasing. Because the doctor he/she went to did not pay as much attention to the patient as he/she wanted due to his/her workload and possible depression, he/she goes to another doctor, then to another doctor, and the health system is thus overwhelmed. It results in increased violence as a result of healthcare workers who are overwhelmed by the workload due to busier hospitals and patients who require more attention and time.

The most undesirable and traumatic result of violence is the killing of healthcare workers. In a study conducted in the United States, it was reported that 61 healthcare workers died due to workplace violence between 2003 and 2016, of which 52% were due to suicide and 34% to murder [9]. It has been reported that 28% of the victims were doctors, 21% were nurses, and the rest were other health and safety workers. Regardless of the circumstances, death can affect the survivors in a wide variety of dimensions. The death of a physician as a result of murder not only deeply hurts his/her relatives, but also deeply affects all physicians as a

professional group. Every physician experiences this trauma within him/herself, and his/her love and commitment to his/her profession is damaged. Physicians, who are the owners of a profession with high self-sacrifice, come to the point of questioning their own self-sacrifice, lives and professions as a result of every physician murder, and this even goes to the point of changing professions. Considering the effort and years spent in training a physician, it can be understood how big the loss is.

In a study conducted in China, it was determined that 459 files were opened due to violence against healthcare professionals as a result of the scanning of judicial system records between 2013 and 2016 [10]. It has been reported that the highest risk rate is in primary health care institutions (43%), the most risky department is emergency (51%), doctors are the most risky group with 55%, and the most common type of violence is physical with 77%. In 1.6% of the cases, the event resulted in death. In our research, the results of violent incidents were questioned and it was seen that only 15% of them were brought to the judiciary. Every crime that goes unpunished has a chance of being repeated. The reliability of law is one of the most important elements for a country. A healthcare worker who has been subjected to violence has no other choice but to apply to the judiciary. It is the state and the judicial system that will protect the physician.

Unfortunately, the situation in our country, where medicine is the most valued profession, is not different from the rest of the world. In a study conducted in Turkey, 447 healthcare workers were surveyed [11]. 37% of the respondents reported that they have experienced physical violence during their working life, and 89% have been verbally abused. It was reported that physical violence occurred as 41% among doctors, 34% among midwives, nurses and emergency medical technicians who answered the questionnaire, and verbal abuse rates were 95% and 85%. It was stated that 62% of physical violence and 86% of verbal abuse were not investigated as crimes. 71% of physical violence incidents and 83% of verbal abuse incidents stated that they did not report the incident because they did not believe that it would be beneficial. Similar results were obtained in our study, and it is understood that the belief of the employees in Turkey that the law will adequately protect them against violence is quite weak.

It has been reported in studies conducted all over the world that emergency services are the most risky hospital area for violence [2]. A survey was conducted with

emergency service workers in Turkey and their exposure to workplace violence in the last 5 years was questioned [12]. Of the 124 employees who answered the questionnaire, 87% reported that they had been exposed to aggressive behavior in the last 5 years. 97% of the responding doctors and 82% of the nurses and midwives stated that they were exposed to aggressive behavior. 16% of the participants stated that they have been subjected to physical violence, and 23% have witnessed physical violence. While 43% of those who were exposed to violence survived the event without trauma, 38% reported that they experienced psychological trauma, and 4% reported that they were life-threatening. Intensive care units are similar to emergency services in terms of the vital risk of patients. However, the risk of violence may be lower due to the fact that intensive care units are more closed than the emergency services, and the relatives of the patients have much more limited access. In addition, although the severity of the patients' condition is mostly accepted by their relatives, the possibility of reactive violence increases when the patient's relatives lose their patient before this period of acceptance.

Conclusion

As a result, Turkish intensive care physicians are exposed to high rates of violence and think that the measures taken are insufficient.

Ethics

Ethics Committee Approval: The Istanbul University-Cerrahpaşa, Cerrahpaşa Faculty of Medicine Clinical Research Ethics Committee approved the study (decision no: 72209, date: 09.10.2018).

Informed Consent: The research, which was planned as a survey study, was carried out by answering the online questionnaire, which was created from 28 multiple choice and open-ended questions, by all intensive care physicians that can be reached across the country.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Concept: O.K., O.D., Design: O.K., O.D., Data Collection and Process: O.K., O.D., Analysis or Interpretation: O.K., O.D., Literature Search: O.K., O.D., Writing: O.K., O.D.

Conflict of Interest: No conflict of interest was declared by the authors.

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