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112 (911) violence against healthcare workers and its results in Turkey

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Abstract

In this study, it was aimed to determine the situation of violence against 112 healthcare workers and the consequences of violence.This research was conducted in a descriptive type. The sample of the study consists of 286 healthcare workers.A participant information form and a questionnaire on violence were used to collect data. While 61 of the participants experienced violence once in the workplace, 115 of them stated that they experienced it many times. The majority of those who were subjected to violence stated that they were subjected to verbal violence and that verbal violence was mostly in the form of swearing, insults and threats. Most of the participants state that violence will be prevented by training, increasing the sentences and pre-trial detention. In the research, it is seen that there is violence against healthcare workers and especially verbal violence is more common. It is recommended to organize trainings to prevent violence, to increase public awareness and to increase sanctions against individuals who use violence.

Keywords: Ambulance, health worker, violence, 112(911), healtcare

Introduction

Although the phenomenon of violence, which emerged with the history of humanity, has become a complex structure with many individual and social elements, it is an unacceptable fact that one living thing harms another living thing for whatever reason [1]. Violence in health institutions emerges as a global problem all over the world. For this reason, it has become increasingly the center of attention recently, many studies have been conducted on the subject and various policies have been developed. According to the definition made by the World Health Organization (WHO), violence; Physical force or influence, whether voluntarily, through threats, or in a manner that is likely to result in or is likely to end in injury, death, psychological harm, developmental disturbance or regression towards the person himself, another person, a group or society [2].

The concept of violence in the healthcare institution can be defined in many different ways. It can be defined as behaviors that occur between one or more healthcare professionals, patients / relatives or other persons and other healthcare professionals and that create negative physical or mental consequences [3]. It is known that violence, which has been increasing in all segments of society, has started to be seen prominently especially in workplaces, and violence that affects all occupational groups and is seen in health institutions has become a serious public health problem. Workplace violence can be defined as “the events in which the employee is physically and psychologically harassed and attacked by the person or persons related to his / her duty” [4]. Intensive work pace, economic problems, overwork and uninterrupted work, lack of personnel, prolonged queues, delayed appointments, working environments due to bad management, work stress, and work stress predispose to violence. Work efficiency and mental status are negatively affected by the fact that the healthcare personnel are more exposed to violence than those working in other professions [5]. It is not possible to completely prevent violence in health institutions. However, minimizing, delaying, and reducing its effects when it occurs is a complex process for both the society and the health institutions and personnel [6].

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Increasing violence in health has become a social problem. Violence incidents, disruptions in health services, quitting their jobs, physical or psychological effects of healthcare workers, increased costs allocated to the health sector in the society, negative consequences on the work efficiency of employees, as well as a remarkable increase in violence that has resulted in death in recent times shows the seriousness of the situation [7]. Despite the increasing violence against the world and health care workers in Turkey, ashamed of the reported violence, for reasons such as lack or again be fear in the reporting process there are deficiencies in the reporting of violence [8,9]. While healthcare professionals mostly perceive serious events such as injuries as violence, the true extent of violence cannot be predicted because they do not report non-physical violence as a normal situation [10].

Although there are many studies in the literature on the subject, the extent of violence against healthcare workers is not known exactly.

Therefore, our study was designed to find the responses to the following questions:

1. Are health professionals exposed to violence?

2. If violence is practiced, what kind of violence is most common?

3. What is the attitude of health workers as a result of violence?

Materials and Methods

Design of the Study

This study is a descriptive and cross-sectional study.

Population and Sample of the Study

The universe of the research is composed of health workers working in Emergency Health Services. 286 (87%) health workers were reached without any sampling method because the entire universe (327) was aimed to be reached. 2020 September-October of the research was completed. But those who were on annual leave, birth or milk leave at the time of the study and did not agree to participate in the study were excluded from the study.

Data Collection

The data were collected with the Question form on violence and personal information form prepared by the researcher to determine the socio-demographic characteristics and research activities of the health workers.

Data Collection Tools

Personal Information Form: This form prepared by the researcher is composed of a total of 8 questions. The form consists of 8 questions such as age, gender, educational status, marital status and occupation of the personel.

Question form on violence: the form consists of 16 questions. It consists of questions such as whether participants were subjected to violence, whether they were subjected to such violence, by whom they were subjected to violence.

Data Analysis

The data were analyzed on the IBM SPSS Statistics, version 21.0, (SPSS) software. In the study, the Kolmogorov Smirnov test was applied for compliance with normal distribution. Due to the normal distribution of the data, parametric testing techniques were used in the study. In the evaluation of paremetric (continuous) variables, arithmetic mean, standard deviation, minimum and maximum values, frequency and percentile were used in the evaluation of nonparametric (discontinuous) variables.

Ethical Considerations

This study was conducted in compliance with the principles of the Helsinki Declaration. Ethical approval for this study was obtained from Fırat University Non-Interventional Research Ethics Committee (Date: 27.08.2020, Issue: 97132852/302.14.01). Institutional permission was obtained for this study. The researchers explained the purpose of the research, roles of participants, benefits and potential risks of the study, and their right to withdraw at any time.

Results

In Table 1, the descriptive characteristics of the participants were given. 116 (40.6%) of the participants were women and 170 (59.4%) were men. The vast majority of participants are between the ages of 26 and 30, and the majority are married. According to the educational status, 140 (49%) people graduate from an associate degree, and 9 (3.1%) people graduate from a master's degree.

Most of the participants work as emergency medical technicians, while a large part works for 0-5 years. 264 (92.3%) of the participants work on duty and 267 (93.4%) work at an emergency medical station. Table 2 presented participants ' answers to questions about violence. 61 of the participants experienced workplace violence 1 time, while 115 said they experienced it many times. Most of those who suffered violence stated that they suffered verbal violence and that their verbal violence was mostly in the form of swearing, insults, threats. The vast majority of the health professionals involved in the study stated that they had not received any training on this issue and that their institutions had no practice for violence.

The vast majority of those attacked experienced burnout syndrome. After the violence, 73 people said nothing was done, while 77 people never applied to the institution. Most participants said that violence would be prevented by training, increased sentences, and detention. 103 people would choose the same profession again if they had the chance to choose, while 91 people answered that I would not choose this profession.

Table 1. Socio-Demographic Characteristics of the Participants (N=286)

Socio-demographic characteristics		Number n	Percentage %
Age Groups	18-25	77	26.9
	26-30	100	35.0
	31-35	28	9.8
	36-40	31	10.8
	41 +	50	17.5
Gender	Female	116	40.6
	Male	170	59.4
Marital status	Single	104	36.4
	Married	182	63.6
Educational Level	Vocational School of Health	26	9.1
	High school	49	17.1
	Associate Degree	140	49.0
	Bachelor's degree and Higher	71	24.8
Occupation	Doctor	7	2.4
	Emergency Medical Technician	197	68.9
	Medical Officer	22	7.7
	Midwife-Nurse	5	1.7
	Driver	55	19.2
Working period in the profession	0-5 years	116	40.6
	6-10 years	91	31.8
	11-15 years	31	10.8
	16-20 years	16	5.6
	21 +	32	11.2
Mode of study	Work	18	6.3
	Seizure (24 hours)	264	92.3
	Shift	4	1.4
Unit Studied	Command And Control Center	16	5.6
	Emergency Medical Station	267	93.4
	Administrative unit	3	1.0

Table 2. Participants' Findings on Violence

		n	%
Have you been victimized or threatened with violence in the workplace?	No	110	38.5
	Yes, I lived once	61	21.3
	Yes, I've been through so many times	115	40.2
Have you been subjected to violence by the patient or their relatives before?	Yes	157	54.9
	No	129	45.1
Have you been subjected to violence by the patient or their relatives before?	Verbal Violence / Threat	123	69.8
	Physical Violence / Threat	40	22.7
	Psychological Violence	12	6.8
	Sexual Violence	1	0.7
Where are you exposed to violence?	Emergency	20	12.7
	Crime scene	115	73.2
	Inside the hospital	9	5.7
	Inside the 112 station	11	7.0
	At rest	2	1.4
If you have experienced or witnessed physical violence, what is the type?	Object throw	32	36.3
	Hitting / Slapping	15	17.1
	Using a gun	9	10.2
	Spit	10	12.5
	Scratching / Pinching	22	23.9
What types of verbal violence have you been subjected to?	Insult	61	30.1
	Don't swear	65	32.1
	Threatening	50	24.6
	Humiliation	27	13.2

Does the institution you work for have practices aimed at preventing violence?	Yes	93	32.5
	No	193	67.5
Have you received training on violence against healthcare personnel at your institution?	No, I am not trained	173	60.5
	Yeah I got it once	67	23.4
	Yeah I bought it many times	23	8.0
	No institutional training on violence	23	8.0
Who is more likely to inflict violence on you?	Woman	18	9.9
	Male	164	90.1
What is your reaction to the violence you suffered?	I did not react.	51	25.6
	I walked away from the scene.	45	22.6
	I responded verbally.	40	20.1
	I physically responded.	4	2.1
	I called the security teams.	21	10.5
	I have reported to the judicial authorities.	15	7.5
	I informed the administration where I work.	14	7.3
	I accept the violence.	9	4.3
How did your institution take precautions when you were exposed to violence?	Administrative action started	14	7.9
	I am warned	5	2.9
	Disciplinary action given	3	1.8
	I have been reported to the judicial authorities	4	2.3
	Nothing was done.	73	41.4
	I did not apply to the institution	77	43.7
Have you filed a complaint with the judicial authorities after being exposed to violence?	Yes	48	25.2
	No	142	74.8
If Your Answer Is No Reason	I took violence as usual	30	22.9
	Long trial period	52	39.6
	Corporate or family environmental pressures	9	6.8
	Anxiety of being harmed	29	22.1
	Other	11	8.6
How do you think Violence can be prevented? (More than one answer can be given)	Education	124	43.4
	Increasing the number of health personnel	84	29.4
	Increasing security measures	101	35.3
	With the punishment being a deterrent	95	33.2
	Public spot	48	16.8
	With the publication of the fines imposed	107	37.4
	With detention on trial	164	57.3
What do you think are the most important causes of violence? (More than one answer can be given)	Damage to the sense of justice in society	102	35.7
	Misinformation in the concept of emergency patient	148	51.7
	Negative judgments of patients and their relatives	131	45.8
	Media attitude	89	31.1
	Insufficient education level	115	40.2
		118	41.2
	Violence takes its place in society as a "problem solving method"	64	22.3
	Economic income level	42	14.7
	I buy thought	74	25.9
	Incomplete and incorrect information about healthcare		
	Health personnel do not have self-defense facilities	118	41.2
	Lack of adequate and effective security system	101	35.3
	Less penal sanction	205	71.7
	Panic / anxiety of patients and their relatives	94	32.9
If you had a choice, would you still want to be a healthcare staff at 112?	Yes	133	46.5
	I am indecisive	62	21.6
	No	91	31.9

Discussion

BIn this study, 176 out of 286 participants were found to have experienced violence once or many times. The most common type of violence was verbal violence. Ilhan et al. (2013) in a study conducted by people aged 18 and older who applied to some health institutions in Ankara province center to assess the perception of violence against health workers, 19.5% reported that they witnessed/faced physical violence against health workers and 32.7% reported verbal violence [11].

56.3% of respondents said that health workers were most often subjected to violence in emergency departments, 22.9% said that they thought violence against the health worker was necessary in some cases, and 20.2% said that they thought the health worker deserved violence. 87.5% of participants agreed with the proposal 'necessary legal arrangements should be prepared for violence against the health worker' [11].

A study investigating workplace violence suffered by nurses and physicians in southern Cyprus in the last year in 2015 shows that doctors and nurses were subjected to verbal violence by 88.8% [12]. In their 2017 study with emergency department employees in the United States, Copeland and Henry determined that verbal violence was the most common type of violence in the type of violence applied to employees, followed by physical and sexual violence [13]. The findings of the study coincide with the literature. In particular, more appearance of verbal violence can be caused by the fact that people do not consider situations such as insults, Swearing, Threats as violence with words, because they think of something physical when they say violence.

The most important reasons for violence against participants were that when participants had problems caused by the system, it was stated that because there were not enough criminal sanctions and that they were caused by relatives of patients. Yucens and Oguzhanoglu (2020) in their study with 965 medical personnel, they noted that long waits and system failures are the most likely cause of violence[14]. A study evaluating violence against health workers from the point of view of patients and relatives of patients found that among the possible causes of violence is a long wait, and women consider violence more often than men [15]. Another study showed that attackers were relatives of patients rather than patients, and that male attackers were more likely than females [16].

Since the situation of violence is increasing, especially in the field of Health, the number of those who think it has something to do with the health system is quite high [17]. Baykan et al. study, 46.9% of respondents stated that among the likely causes of increased violence, 77.2% of errors in the health system were politician and executive attitudes. In this study, it was found that the patient's relatives were subjected to violence associated with negative judgments and anxiety [18].

It is possible to reduce the risk of violence by educating medical personnel on violence, such as identifying and recognizing, reporting and dealing with risky situations in research related to violence prevention [19].But in this study, it was found that a significant part of the participants did not receive training, and security measures were not sufficient. Violence must be prevented by creating health policies, making institutional arrangements and increasing deterrence.

In the study, participants were most likely subjected to violence by men and responded by walking away from the scene or not reacting. In a study conducted by Sahin and Yildirim (2020) with 60 health professionals working at the University Hospital, 83.3% of participants stated that they had been subjected to violence, and the most had been verbally abused[17]. It was noted that those who committed violence were mostly men and relatives of patients. Most of the health workers who suffered the violence did not report the situation anywhere. Baykan et al. among doctors who did not report violence to their institutions, 76.3% said they did not do so because they thought it would not matter [18]. A study conducted by Demirci and Ozugurlu with 347 medical staff working in a public hospital found that participants were subjected to the most verbal violence, but the majority did nothing when they were subjected to violence[20]. The reason why the majority did not report may be for reasons such as inconclusive, the duration of the case will be extended, medical staff fear for their own lives.

Limitations

Those who did not want to participate in the study and did not work actively during the research period were excluded from the study.

Conclusion

In this study and literature review, it is seen that violence against the health worker continues without decreasing. Incidents of violence that become permanent or remain inconclusive lead to burnout in employees. Action plans should be created to ensure that people do not feel fear in their workplace and work in confidence. Especially when factors such as improving the working conditions of the Emergency Response Team, eliminating systemic errors, and not ignoring the violence of the institution are provided, it is envisaged that there will be a decrease in the rate of violence for the health worker.

Conflict of interests
The authors declare that they have no competing interests.

Financial Disclosure
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Ethical approval
Ethical approval for this study was obtained from Fırat University Non-Interventional Research Ethics Committee (Date: 27.08.2020, Issue: 97132852/302.14.01).

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