Workplace Violence Against Healthcare Workers in Türkiye: Experiences, Opinions, and Suggestions

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ABSTRACT

Workplace violence against healthcare workers is a complex issue with significant implications for the safety and wellbeing of professionals in the healthcare sector. Drawing on data from 136 participants across Türkiye, this study explores the prevalence, forms, impacts, and management strategies of workplace violence in different healthcare settings. The demographic characteristics of the participants reveal a diverse composition of healthcare workers affected by workplace violence, highlighting the universal nature of the issue. Verbal abuse emerges as a predominant form of violence, ranging from insults and threats to humiliation, while instances of physical violence pose grave risks to healthcare professionals. The study shows the inadequacy of support systems within healthcare institutions and the legal system, exacerbating the distress experienced by healthcare workers. Strategies for managing workplace violence include internal coping mechanisms, peer support, and institutional intervention, emphasizing the need for comprehensive training programs and enhanced institutional protocols. Recommendations for prevention encompass a multifaceted approach involving enhanced security measures, support systems, and policy reforms at various levels. The study concludes with a call to action for concerted efforts to address workplace violence against healthcare workers in Türkiye, emphasizing the importance of targeted interventions to ensure the safety and wellbeing of professionals in their workplace. These findings also provide valuable insights into the complexities of workplace violence in healthcare settings and highlight the urgent need for action to address this pressing issue.

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1.INTRODUCTION

On October 4, 2023, a 15-year-old high school student, BC (initials only hereafter), visited the primary care unit in Kars, Türkiye, seeking a sick note. The attending physician, EŞ, declined the request, prompting the patient to share the incident with his brother, SC. Subsequently, the patient and his brother, BC and SC, confronted the physician at the primary care unit and physically attacked him. The assaulted physician suffered a heart attack while receiving treatment at the state hospital. Later, both siblings were arrested, and the elder brother SC received a prison sentence (Oktay, 2023).

The alarming escalation of workplace violence against healthcare providers, exemplified by several tragic incidents such as the assault described above, highlights a pressing concern within the Turkish healthcare landscape. To provide answers and solutions for this concern, mumerous studies have shed light on the extent of workplace violence against healthcare workers in Türkiye. A good illustration of this is the study by Pınar et al. (2017). The study revealed that nearly half of the healthcare workers in their sample had experienced violence at work in 2012, with over half encountering at least one form of violence in their careers. The other critical pieces of evidence supporting this issue comes from the official reports published by the Turkish Ministry of Health. These reports reveal a sharp increase in incidents of violence in healthcare settings, particularly through the documented use of *Beyaz Kod* —a specialized hospital emergency code designed to notify security personnel about violent situations. In 2021 alone, there were 101,984 *Beyaz Kod* cases reported, which marks a dramatic rise compared to the 46,274 cases recorded in 2019 (Bianet, 2022). Similar to this, the report by the Ministry's annual report for 2021 shows that there were 27,560 instances of workplace violence, which included threats, physical assaults, and other forms of aggression (see Bianet, 2022 for a detailed discussion of workplace violence against Turkish healthcare workers). Finding its interest in providing another perspective for the prevalence of workplace violence, this paper aims to explore the intricate dynamics of this issue by examining the perspectives of healthcare workers across various healthcare settings in Türkiye.

Workplace violence is a complex phenomenon characterized by violent acts directed towards individuals at work or on duty. International Labor Office defines workplace violence as "incidents where staff are abused, threatened, or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being, or health" (International Labor Office, 2002, p.3). Such acts can range from verbal abuse and intimidation to physical assault and even homicide (Arbury et al., 2017, p. 266). Healthcare settings, including hospitals and primary care units, are particularly vulnerable to workplace violence, with nearly half of non-fatal workplace violence cases occurring within these environments (Caruso et al., 2022, p. 912). In the United States alone, approximately 75% of workplace assaults between 2011 and 2013 took place in healthcare settings (Phillips, 2016, p. 1661). In addition, healthcare workers face a significantly elevated risk of violence compared to those in other fields, with reported incidents occurring at a rate sixteen times higher than in other industries (International Labor Office, 2002, p.3). However, the true prevalence of workplace violence in healthcare remains elusive due to underreporting, data inconsistencies, and a lack of consensus on definitions. As a result, it is estimated that reported cases may be as much as three times lower than actual figures, with only a fraction of violent incidents being formally reported (Pompeii et al., 2013; Rosenman et al., 2006, p. 361).

The Turkish healthcare system, like many others globally, confronts the escalating issue of workplace violence against healthcare providers. Ayrancı et al. (2006), for instance, found that nearly half of healthcare professionals in western Türkiye encountered either verbal or physical violence at some point in their careers. Similarly, Bıçkıcı (2013) reported that 55% of healthcare providers in a state hospital in Ankara experienced incidents of verbal or physical violence in 2002. Building on this, Er et al. (2020) argued that a significant majority, approximately 61.1%, of healthcare workers in Zonguldak were exposed to workplace violence at least once throughout their professional lives. Furthermore, Demiroğlu et al. (2015) conducted a study involving 252 healthcare providers in Kilis, indicating that around three-quarters of healthcare workers in Türkiye could expect to encounter some form of violence during their careers.

Smaller-scale studies conducted across various regions of Türkiye consistently demonstrate the pervasive nature of workplace violence against healthcare providers. These studies highlight the prevalence of verbal and physical violence experienced by healthcare workers and shed light on the specific forms of violence encountered in healthcare settings. The research conducted by Çevik et al. (2020), for example, revealed that verbal abuse was the predominant form of workplace violence, constituting 77.2% of reported incidents, followed by physical violence at 11.7%. Similarly, Demiroğlu et al. (2015) documented various forms of workplace violence, with verbal incidents comprising 41%, verbal abuse at 39%, physical threats at 17%, and sexual abuse at 3%. Exploring the specific departments, Esen and Uysal (2020), through their analysis of 199 *Beyaz Kod* records from January 2019 to October 2020, identified emergency departments

(44%) and outpatient clinics (49.1%) as the primary settings for workplace violence.

In a comprehensive study involving 433 physicians in Edirne, Erten et al. (2019) highlighted that violence at work was predominantly initiated by patient relatives (50%), with patients and their relatives jointly contributing in 41% of cases. Despite the prevalence of workplace violence, the study by Er et al. (2020) reported that a substantial 83.5% of healthcare providers who experienced such incidents refrained from taking legal actions. This hesitancy was attributed to the widespread belief (74.6%) among these providers that pursuing legal measures would yield no practical consequences. This multifaceted exploration of workplace violence underscores the urgent need for targeted interventions, emphasizing the role of patient-family dynamics and the prevailing perception among healthcare providers regarding legal remedies and their efficacy in addressing such incidents.

Tragic incidents, such as the assault described at the beginning of this paper, emphasize the urgent need for comprehensive exploration and intervention to address workplace violence in the Turkish healthcare system. A pivotal turning point that spurred comprehensive initiatives to address workplace violence was the tragic murder of cardiac surgeon, EA, in Gaziantep (Zeren, 2023). This incident, marked by its profound impact, is not an isolated occurrence. Rather, it is emblematic of a broader pattern of violence against healthcare professionals. Another distressing incident unfolded on May 29, 2015, when surgeon, KF, was subjected to a targeted attack, being shot three times by a patient within the hospital corridor in Samsun ("Görevi başında öldürülen", 2023). This alarming trend continued on March 29, 2017, when a retired policeman held physician, HA, accountable for his wife's discharge, resorting to violence by shooting him in the abdomen within the confines of his office at a state clinic in Aksaray ("Doktoru öldürüp intihar eden", 2017). Tragically, on July 6, 2022, another incident unfolded, highlighting the vulnerability of healthcare professionals. In this case, a patient's relative shot EK, a dedicated cardiologist working in a state hospital in Konya ("Doktor Ekrem Karakaya'nın", 2022). This distressing list, documented by Diken (2023), presents a comprehensive overview of the disturbing frequency of murders occurring in healthcare settings in Türkiye. It highlights the urgent need for a systematic and thorough exploration of the root causes and dynamics contributing to such incidents, with a view to formulating effective preventive measures and interventions. These incidents serve as sobering reminders of the risks faced by healthcare providers in the line of duty and underscore the importance of implementing effective strategies to mitigate these risks and ensure the safety and well-being of healthcare workers.

Given the serious challenges and the increasing prevalence of workplace violence in healthcare settings, this study seeks to provide a deeper understanding of the issue by exploring the perspectives and lived experiences of healthcare workers in Türkiye. By examining the problem through the lens of those who are most directly impacted—doctors, nurses, and other healthcare professionals—this research will offer valuable insights into the root causes, triggers, and patterns of violence that occur within medical environments. Furthermore, the study aims to shed light on the psychological, emotional, and professional toll that such violence takes on healthcare workers, affecting not only their wellbeing but also the quality of care they can provide to patients. By capturing these complex dynamics, the research seeks to contribute to the broader discourse on workplace safety in healthcare and to underscore the urgent need for effective solutions.

Ultimately, the goal of this study is to inform the development of evidence-based interventions and policies that are specifically designed to prevent workplace violence, protect healthcare workers, and create safer, more supportive work environments (see Icbay, 2024). This includes identifying key areas for policy reform, proposing strategies for conflict de-escalation, and emphasizing the importance of institutional support for those affected by workplace violence. In doing so, the research aims to serve as a foundation for actionable change, benefiting both healthcare providers and the healthcare system as a whole.

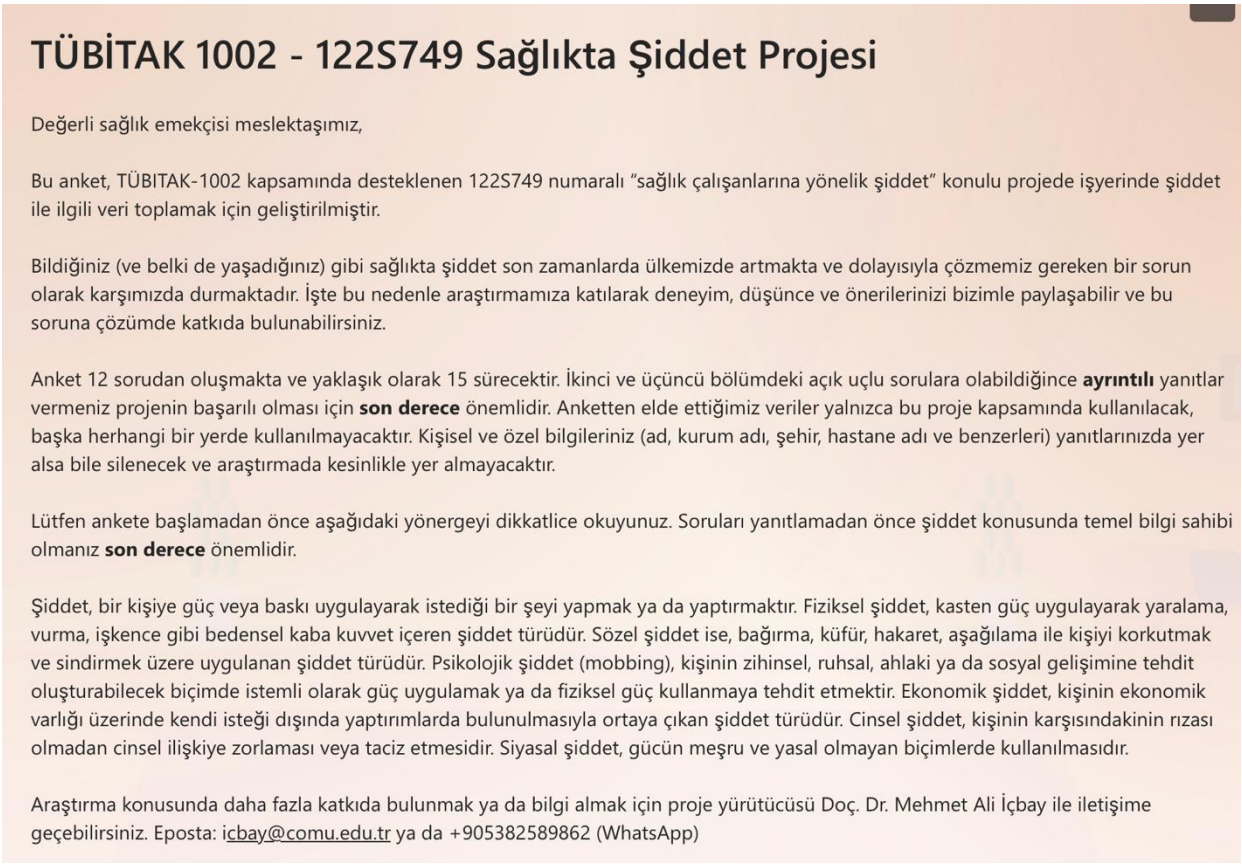
2. MATERIALS AND METHOD

This study employs both quantitative and qualitative approaches to explore the prevalence, forms, impacts, and management strategies of workplace violence experienced by healthcare workers in Türkiye. The study was conducted through an online survey distributed across various healthcare settings, including teaching hospitals, state hospitals, and private facilities, ensuring a diverse representation of healthcare professionals.

The survey was designed with structured and open-ended questions, allowing for both statistical analysis and the extraction of rich, descriptive data from the participants' experiences. The questions in the survey aimed to explore the participants' experiences with workplace violence, including the prevalence, forms, impacts, and management strategies employed in response to violent incidents. The survey consisted of 7 structured and 5 open-ended questions, allowing participants to provide detailed responses about their experiences (see Table 1 for the 5 open-ended questions and Figure 1 for the screenshot of the online survey).

Table 1. Open-ended questions used in the survey (Turkish originals in the first column and then English translated versions in the second column).

1. Mesleğinizde sizi en çok etkileyen şiddet vakası hangisiydi? Bu soruyu yanıtlarken başınıza gelmiş şiddet olayını anlatabilir ya da şahit olduğunuz bir olayı yazabilirsiniz.	1. What was the violence incident that affected you the most in your profession? While answering this question, you can describe an incident of violence you experienced or write about one you witnessed.
2. Yukarıda anlattığınız şiddet olayı sırasında durumla başa çıkmak için neler yaptınız? Yardım aldınız mı? Yardım için kime başvurdunuz? Şiddet sırasında size yardıma gelen oldu mu? Kimler?	2. What did you do to cope with the situation during the violence incident you described above? Did you receive help? Whom did you turn to for help? Did anyone come to assist you during the incident? If so, who?
3. Bir önceki soruda anlattığınız şiddet olayı sonrasındaki tecrübenizi, yaşadığınız durumları anlatır mısınız? Şiddet sonrasında neler yaptınız? Adli bir süreç yaşandı mı? Destek aldınız mı?	3. Can you describe your experiences and the situations you faced after the violence incident mentioned in the previous question? What did you do after the violence? Was there a legal process? Did you receive any support?
4. Sizce sağlıkta şiddeti engellemek (ya da azaltmak ve gidermek) için neler yapılmalı? Sağlık çalışanlarını için neler yapılabilir? Sağlıkta şiddet madurlarını korumaya dönük neler yapılabilir?	4. In your opinion, what should be done to prevent (or reduce and eliminate) violence in healthcare? What can be done for healthcare workers? What measures can be taken to protect the victims of violence in healthcare?
5. Sizce sağlıkta şiddeti önleme programında neler olmalı? Hastane çalışanlarına yönelik oluşturulması planlanan programda siz olsaydınız hangi başlıkların yer almasını isterdiniz?	5. What do you think should be included in a violence prevention program in healthcare? If you were involved in developing a program for hospital employees, what topics would you like to see included?



TÜBİTAK 1002 - 122S749 Sağlıkta Şiddet Projesi

Değerli sağlık emekçisi meslektaşımız,

Bu anket, TÜBITAK-1002 kapsamında desteklenen 122S749 numaralı "sağlık çalışanlarına yönelik şiddet" konulu projede işyerinde şiddet ile ilgili veri toplamak için geliştirilmiştir.

Bildiğiniz (ve belki de yaşadığınız) gibi sağlıkta şiddet son zamanlarda ülkemizde artmakta ve dolayısıyla çözmemiz gereken bir sorun olarak karşımızda durmaktadır. İşte bu nedenle araştırmamıza katılarak deneyim, düşünce ve önerilerinizi bizimle paylaşabilir ve bu soruna çözümde katkıda bulunabilirsiniz.

Anket 12 sorudan oluşmakta ve yaklaşık olarak 15 sürecektir. İkinci ve üçüncü bölümdeki açık uçlu sorulara olabildiğince **ayrıntılı** yanıtlar vermeniz projenin başarılı olması için **son derece** önemlidir. Anketten elde ettiğimiz veriler yalnızca bu proje kapsamında kullanılacak, başka herhangi bir yerde kullanılmayacaktır. Kişisel ve özel bilgileriniz (ad, kurum adı, şehir, hastane adı ve benzerleri) yanıtlarınızda yer alsa bile silenecek ve araştırmada kesinlikle yer almayacaktır.

Lütfen ankete başlamadan önce aşağıdaki yönergeyi dikkatlice okuyunuz. Soruları yanıtlamadan önce şiddet konusunda temel bilgi sahibi olmanız **son derece** önemlidir.

Şiddet, bir kişiye güç veya baskı uygulayarak istediği bir şeyi yapmak ya da yaptırmaktır. Fiziksel şiddet, kasten güç uygulayarak yaralama, vurma, işkence gibi bedensel kaba kuvvet içeren şiddet türüdür. Sözel şiddet ise, bağırma, küfür, hakaret, aşağılama ile kişiyi korkutmak ve sindirmek üzere uygulanan şiddet türüdür. Psikolojik şiddet (mobbing), kişinin zihinsel, ruhsal, ahlaki ya da sosyal gelişimine tehdit oluşturabilecek biçimde istemli olarak güç uygulamak ya da fiziksel güç kullanmaya tehdit etmektir. Ekonomik şiddet, kişinin ekonomik varlığı üzerinde kendi isteği dışında yaptırımlarda bulunulmasıyla ortaya çıkan şiddet türüdür. Cinsel şiddet, kişinin karşısındakinin rızası olmadan cinsel ilişkiye zorlaması veya taciz etmesidir. Siyasal şiddet, gücün meşru ve yasal olmayan biçimlerde kullanılmasıdır.

Araştırma konusunda daha fazla katkıda bulunmak ya da bilgi almak için proje yürütücüsü Doç. Dr. Mehmet Ali İçbay ile iletişime geçebilirsiniz. Eposta: icbay@comu.edu.tr ya da +905382589862 (WhatsApp)

Figure 1. The screenshot of the online survey (in Turkish).

Data collection spanned from October to December 2023, with online informed consent obtained from all participants prior to their involvement. To safeguard confidentiality, all responses were anonymized, and participants were assured of the privacy of their contributions. The survey was distributed using online survey platforms, professional networking sites, and email listservs targeting healthcare professionals. At the end of the data collection, a total of 136 healthcare workers participated, including physicians, nurses, medical students, residents, and support staff, providing insights from a broad range of perspectives.

The data were analyzed using both quantitative methods, such as descriptive statistics for the demographic and structured responses, and qualitative methods, specifically thematic analysis, for the open-ended responses. This dual approach enabled a comprehensive understanding of workplace violence in healthcare, capturing both its prevalence and the nuanced personal experiences of the participants.

The data obtained from the open-ended questions were rigorously analyzed using Colaizzi's (1978) methodological framework to ensure a thorough understanding of workplace violence in healthcare. The process began with the researcher compiling and organizing all participant responses for each open-ended question. This initial stage involved a careful review of the data, during which the researcher corrected any inconsistencies or incomplete answers to maintain the integrity and accuracy of the information. Following this preparatory phase, the researcher fully engaged with the participants' responses, immersing themselves in the detailed narratives to develop a deep, holistic understanding of workplace violence from the perspective of those directly affected. This immersion allowed the researcher to become attuned to the emotional and contextual nuances embedded in the data.

The next step in the analysis was to identify and extract key statements and phrases that explicitly related to the experience of workplace violence. These significant statements were not just isolated fragments but were treated as building blocks for constructing meaningful interpretations. Each statement was then carefully examined to derive critical meanings that reflected the complexity and depth of the participants' lived experiences. Once the meanings were formulated, they were systematically organized into thematic clusters, each representing distinct aspects of workplace violence. These clusters helped structure the analysis, allowing for a more focused exploration of recurring patterns and key issues that emerged from the data. The researcher then synthesized these evolving insights into a comprehensive description that captured the multifaceted nature of workplace violence. This synthesis presented a rich, layered portrayal of the phenomenon, incorporating the emotional, psychological, and professional impacts on healthcare workers.

The participants' responses to the open-ended questions are presented in this manuscript as direct quotations, as faithfully as possible. However, to enhance both readability and ensure an accurate translation from Turkish to English, certain adjustments have been made to the original wording. In some instances, minor edits were applied to the participants' quotes, including changes in phrasing and sentence structure, while preserving the core meaning and intent of their responses. These modifications were made with the goal of maintaining the integrity of the participants' experiences while making the text clearer and more accessible to an international audience.

To ensure the reliability and completeness of the findings, the researcher employed member checking, a vital step in the qualitative research process. In this phase, a subset of participants was invited to review the preliminary descriptions of their experiences. Their feedback was crucial for validating the accuracy of the interpretations and for providing additional insights that might have been overlooked initially. These contributions were thoughtfully integrated into the final narrative, thereby enriching the overall understanding of workplace violence and providing a more authentic representation of the participants' lived experiences (Beck, 1992, p. 167).

3. RESULTS

The findings section of this study explores the multifaceted nature of workplace violence against healthcare workers, drawing insights from the experiences recounted by 136 participants across Türkiye. The section begins by demonstrating the demographic characteristics of the respondents, providing a comprehensive overview of their ages, professional roles, work experience, and gender distribution. These insights underscore the diverse composition of healthcare workers involved in the survey, ranging from medical students and residents to attending physicians, nurses, and support staff. Additionally, the workplace settings where these individuals operate, including teaching hospitals, state hospitals, private hospitals, and general practitioner practices, are outlined, offering context for understanding the varying dynamics of workplace violence across different healthcare environments.

The subsequent exploration focuses on the fundamental characteristics of workplace violence experienced by healthcare workers, illuminating the prevalence and forms of aggression encountered within healthcare settings. To start with, verbal abuse emerges as a predominant form of violence, encompassing insults, threats, and humiliation, while physical violence poses significant risks to the safety of healthcare professionals. Instances of violence extend beyond patient-physician interactions to encompass coworker

confrontations, highlighting the pervasive nature of the issue within healthcare institutions. Furthermore, the inadequate support from hospital administrators and the legal system exacerbates the distress experienced by healthcare workers, underscoring the need for systemic interventions to address workplace violence effectively. Through an in-depth analysis of respondents' experiences and perceptions, this section provides valuable insights into the complexities of workplace violence in healthcare settings, laying the groundwork for targeted interventions and policy reforms to mitigate its prevalence and impact.

3. 1. Preliminaries

The participants, with an average age of 32, spanned a broad age range from 20 to 60. Notably, the survey encompassed a diverse spectrum of healthcare professionals, with younger contributors represented by medical students (total 46) and residents (14), and more senior individuals, predominantly comprising attending physicians (23), nurses (13), secretaries (5), and other essential roles such as security personnel, janitors, and technicians, totaling 34 participants. The collective work experience of the participants averaged at 10 years, varying from a few years to a substantial 42 years.

Gender distribution within the survey revealed a representation of 84 female and 47 male healthcare workers. The workplace demographics exhibited a predominant presence in teaching hospitals (80), followed by state hospitals (31), with a smaller number in private hospitals (5) and a minority working as general practitioners (2). These insights into the diverse demographic composition of healthcare workers provide a foundation for understanding the varied perspectives and experiences captured in the survey responses.

3. 2. Exploring the basic characteristics of workplace violence

To start with, the predominant form of violence against physicians, as frequently cited by the respondents in the project, manifests verbally within healthcare settings. Such verbal abuse encompasses a spectrum of behaviors including insults, threats, blasphemy, and humiliation. An emergency resident, for example, recounted an incident detailing the occurrence of verbal violence in the emergency department:

"During my residency in the emergency ward, a gunshot victim arrived in their private vehicle during my night shift. Accompanied by an unruly group of relatives, they unleashed a torrent of curses, insults, and threats upon us, threatening to harm us should the patient not survive. The brunt of this verbal assault fell upon the residents that night, forcing us to seek refuge elsewhere in the hospital."

Another resident reported a violence encounter where physicians faced direct threats:

"While attending to a patient during my residency, I was confronted by a relative of another patient who threatened me, shouting: I'll kill you."

The nature of humiliation permeates various interactions within healthcare settings, from undermining physicians and their works to using offensive terms to psychologically harm them at work. One observer recounted a disturbing incident:

"While waiting in line at the hospital, I overheard a woman assert, "Healthcare workers sometimes deserve a beating," simply because the doctor was ten minutes late for an appointment. Whether the doctor overheard remains uncertain, but he proceeded to attend to patients without delay."

The physicians are also subjected to physical violence, exposing them not only to bodily harm but also to perilous encounters. A nurse shared her harrowing experience:

"In the midst of administering care to a patient, whom I had just managed to calm, the patient's relative lunged at me in a fit of rage."

Similarly, a resident recalled a violent episode witnessed in the emergency surgery room:

"Approximately 17 to 20 years ago, at the [name] teaching hospital, relatives of a patient violently assaulted a resident surgeon. One assailant struck the resident in the eye, shattering his glasses and causing a piece of glass to lodge in his eye, endangering his sight."

Even within the confines of an ambulance, healthcare personnel are not immune to aggression. An emergency medical technician recounted an alarming encounter:

"While transporting a female patient complaining of a headache, she demanded water. Upon refusal, she asked the driver to stop to buy water from a store. When the driver turned her down, she launched an attack on the healthcare team in the ambulance."

The occurrence of violence within healthcare settings extends beyond patient-physician interactions to encompass incidents involving coworkers. This includes various forms of violence such as verbal, physical, and even sexual abuse. A medical student recounted an altercation between two physicians:

"A disturbing incident unfolded during clinic duty when two physicians engaged in a physical fight. They kicked and punched each other in broad daylight."

Similarly, a radiotherapy student shared a harrowing experience from her internship:

"While interning in the radiotherapy department of a state hospital, I endured emotional, physical, and psychological abuse at the hands of a technician responsible for a radiology gadget. Threatened with termination and jeopardizing my training, I was coerced into an emotionally manipulative relationship. Throughout my internship, I endured relentless psychological torment."

Instances of coworker violence extend beyond direct confrontations to encompass abusive interactions with administrators and managers, as recounted by a medical student:

"Regrettably, some of our teachers, who are also colleagues, subject residents and students to verbal and psychological abuse. I have personally experienced similar mistreatment and have heard numerous complaints echoing throughout the school."

Moreover, healthcare workers lament the lack of support from administrators and managers, which they perceive as a form of psychological violence. A physician from a state hospital expressed the detrimental impact on their wellbeing:

"Hospital administrators hastily condemn us based on unfounded patient complaints, solely to bolster their hospital's ratings, without conducting any investigations."

Sexual abuse further compounds the challenges faced by healthcare workers, leaving lasting scars on their wellbeing. A nurse shared her distressing ordeal:

"I had to endure relentless verbal abuse at work. It took a toll on my motivation, leaving me devoid of enthusiasm for my duties."

Similarly, an incident involving both sexual abuse and threats underscored the vulnerability of healthcare workers:

"A patient brazenly violated our privacy by taking unauthorized photographs of residents and nurses, accompanied by chilling threats of violence, saying he would shoot all of us at 6:30 pm. Shockingly, neither physicians nor security personnel intervened to protect us from harm."

3. 3. Handling workplace violence

One of the primary inquiries in the project explores the strategies healthcare workers employ to manage instances of violence encountered in their workplace. The respondents are specifically asked about the nature of support they receive, and if they have any, the sources of such assistance. Their answers indicate that among the 134 participants, 34 refrain from seeking help when confronted with workplace violence, while 14 report no such experiences. The approaches adopted by healthcare workers who choose not to seek aid vary, ranging from remaining silent to evading the violent setting or waiting for intervention from others present.

"I cried for one hour during the appointments. My peers came to console me. As a result, the patients had to wait."

"I called the hospital security and requested the assistance of another doctor to see the patient. Due to concerns about the patient's psychological state and the potential for violence, I unfortunately chose not to get involved."

"I dialed the White Code. My friend and I hid in the room."

Some respondents opt not to seek external assistance, relying on their own resources to navigate the situation. For instance, in moments of crisis, they may resort to personal coping mechanisms, such as remaining composed or finding solace in isolation. A physician, for example, recounts a distressing incident where she did not actively seek assistance, but rather found refuge in the support extended by patient relatives and hospital staff, who collectively helped de-escalate the situation.

"I did not ask for any help. Instead, other patient relatives and hospital personnel helped to calm down the violent patient."

Peer support emerges as a predominant form of assistance for healthcare workers grappling with workplace violence. This camaraderie often involves fellow physicians, nurses, or administrative staff within the same hospital environment. The following examples highlight instances where peers intervened effectively, such as a department secretary stepping in to aid in removing a violent patient from an examination room, or a senior resident calmly addressing an agitated patient's relative, leading to resolution and de-escalation.

"The department secretary working next to the examination room came to help me. Together, we were able to remove the patient who was causing violence from the room."

"Upon hearing the mother's screams, I immediately called the female resident who is older than me. The resident calmly spoke with them and provided a detailed explanation of the patient's rights to the

accompanying relative. Subsequently, the relative left the hospital shouting at us."

"By chance, my friend, who was a resident in the same hospital, was present in the room. He intervened in the situation and successfully calmed down the patient's relative."

Many healthcare workers opt for direct engagement with the involved parties, employing communication and conflict resolution techniques to diffuse tension and mitigate further escalation. Instances are cited where workers effectively communicate with patients and their relatives, emphasizing non-violent approaches and seeking mutually agreeable solutions to underlying issues.

"I explained to the patient that violence was not the solution and reassured them that if they were seeking someone to blame, it was not the doctor. After receiving confirmation that another doctor in the hospital would attend to them, the patient's relative calmed down."

"My friends and I calmly and patiently spoke with the patient's relative, successfully calming them down."

"I calmly managed the situation and found a mutually agreeable solution."

"I made a conscious effort to remain calm and composed during the situation."

In more severe cases, healthcare workers resort to summoning institutional support, such as hospital security, police intervention, or managerial involvement, to address imminent threats and ensure the safety of all parties involved. Instances underscore the critical role of swift institutional response, as exemplified by the timely arrival of security personnel in potentially life-threatening situations, averting potential harm to healthcare workers.

"The hospital security was not present in the area. They were subsequently called. Had the patient been carrying a knife or something similar, my friend could have been in grave danger. Fortunately, he did not possess any such weapon. Otherwise, by the time security arrived, he might have already been seriously harmed or killed."

"I initiated a White Code call, and the security promptly arrived."

"I sought assistance by asking for help. The hospital security and police promptly intervened, with the police also requesting backup forces."

As part of the follow-up inquiry, the respondents were questioned about their course of action following incidents of violence in the workplace. The focus was on delineating the legal recourse pursued against the perpetrators of violence, as well as assessing the support received during the legal proceedings. Of the participants, 16 reported that legal action had been initiated against the individuals responsible for the violent behavior. Upon encountering violence, the respondents often resorted to activating emergency protocols such as *Beyaz Kod*. Subsequently, legal procedures were set in motion to address the misconduct. For instance, in one case, after contacting *Beyaz Kod*, the judicial process ensued, leading to the imposition of fines on the individual responsible for the violent behavior.

"I activated Beyaz Kod, initiating a subsequent judicial process. The individual responsible for the violence incurred a fine."

Although most did not seek for help, a few respondents recounted receiving psychological support from their peers or professionals. Despite this assistance, some individuals ultimately made the difficult decision to resign from their positions due to the traumatic nature of the incident.

"For the cases in which I activated *Beyaz Kod*, a judicial process unfolded. I received psychological and procedural support from emergency doctors. Ultimately, I made the difficult decision to resign from my job."
"Following the trauma induced by the incident, I sought brief professional assistance from a psychologist through an online counseling service. The trauma had a significant impact on my life."

"I quit my resident position."

The others, however, expressed a lack of awareness regarding whether legal actions were undertaken or did not actively engage in the legal process. For example, one respondent, following a particularly distressing incident during a night shift, did not know what happened after the incident, but left the hospital feeling disheartened and disillusioned about pursuing a career as a general practitioner.

"We rarely had a quiet night. Leaving the hospital with a sense of worry, I found myself reevaluating my thoughts about the profession. That night, my aspirations of becoming a General Practitioner vanished entirely. I am uncertain whether any legal proceedings ensued, but I do recall the presence of the police that night."

A prevailing theme among respondents was a sense of disillusionment with the legal system's efficacy in addressing workplace violence within healthcare

settings. Many recounted instances where legal processes yielded minimal consequences for the perpetrators, if any. Despite efforts to involve law enforcement and managerial figures in the legal proceedings, outcomes often fell short of delivering justice, with aggressors escaping punitive measures.

“The hospital's chief manager actively participated in the judicial process alongside a lawyer. I also contacted the police station. However, the aggressor was released that night.”

“The court proceedings unfolded, but due to the absence of visible harm, the court did not find him guilty, resulting in no punishment."

3. 4. Preventing workplace violence

The final section of the survey focused on soliciting the respondents' suggestions for preventing workplace violence in healthcare settings. Their answers were explored in three main themes. The first theme centers on recommendations directed towards hospital administration. The first group of suggestion in this theme targets enhancing security measures in the hospitals. A prevalent suggestion among respondents was the implementation of more effective security measures within hospitals. For instance, one respondent proposed the installation of x-ray machines at hospital entrances, akin to those found in malls, as a highly effective preventive measure.

“The hospital entrance holds paramount significance. X-ray machines, akin to those found in malls, should be installed at hospital entrances as a critical preventive measure, ensuring the safety of healthcare workers.”

Another recommendation emphasized the need to ensure proper utilization of x-ray machines at hospital gates, coupled with motivating security personnel to be more vigilant in their duties.

“The utilization of the x-ray machines at hospital gates is essential, and they should be operated with precision. Security personnel must be motivated to diligently perform their duties and maintain a heightened level of vigilance.”

In line with bolstering security, some respondents advocated for thorough body searches to prevent firearms or similar weapons from entering hospitals, while others proposed the deployment of formal security forces, such as police or gendarmerie.

“Ensuring security for healthcare workers is imperative. Entrance to hospitals with firearms, knives, or similar gadgets should be strictly prohibited. Additionally, formal security forces should be available to support hospital security when required. Presently, hospital security personnel are equipped with batons only, which, unfortunately, diminishes the seriousness with which people perceive hospital security.”

The second group of suggestion focus on utilizing surveillance technology. In addition to ramping up security, the suggestions were made to install CCTV cameras in examination rooms. The rationale behind this proposal was to deter potential assailants from targeting healthcare workers in clinical settings. Further, respondents proposed equipping doctor's rooms with recording devices specifically for documenting incidents of violence.

“Each doctor's room should be equipped with a dedicated recording device, specifically intended for documenting incidents of violence.”

The third group emphasize creating safe spaces and support systems in the healthcare settings. The respondents recommended the establishment of "panic rooms" within hospitals where healthcare workers can seek refuge and support during instances of workplace violence. Also, a novel suggestion involved designing examination rooms with two doors, providing healthcare workers with an emergency exit option in violent situations.

“Doctor offices or examination rooms should include an additional door that healthcare professionals can use when they feel threatened. For instance, patients typically utilize the primary door situated in front of the doctor's table. However, in moments of heightened tension, the doctor may find themselves confined between the table and the patient, unable to exit using the door accessible to the patient.”

Some respondents advocated for the establishment of a "healthcare worker rights office" alongside existing patient rights units, providing healthcare workers with a platform to address complaints and grievances.

“Similar to the existing 'Patient Rights Unit' in hospitals, there should be 'Worker Rights Unit.' In instances where patients file complaints, we [healthcare workers] are mandated to formulate their own defenses. However, in comparable scenarios, we currently lack an alternative recourse aside from resorting to legal action. This will provide a platform for us to address and discuss their grievances. This unit would enable healthcare workers to present their formal defenses, while also requiring the alleged aggressor to submit their oral or written defenses within a specified timeframe.”

Furthermore, the recommendations were made to develop a notification feature in patient appointment systems, enabling healthcare workers to be alerted about previous offenders (or potential aggressors). This

proactive measure would empower healthcare workers to take necessary precautions before interacting with such patients.

“When patients [who have previously exhibited violent behavior] revisit the hospital, the system should notify us. Additionally, these patients should also be made aware of these warnings.”

The second theme revolves around the actions that government entities should take to prevent workplace violence in healthcare settings. One prevailing suggestion is the need to alleviate patient overcrowding, which many respondents believe is pivotal in reducing violence against healthcare workers. The respondents in the project highlighted the correlation between patient overcrowding and instances of violence, emphasizing that high patient volumes contribute to heightened stress and fatigue among healthcare workers. This, in turn, exacerbates tensions and aggression from patients and their relatives.

“As long as there are too many patients, I think it is not possible to prevent violence in the hospitals. Healthcare workers operate under heightened stress and fatigue due to the sheer volume of patients, leading to increased tension and aggression from both patients and their relatives. When healthcare workers are overwhelmed, the likelihood of encountering violent incidents escalates, resulting in undesirable outcomes.”

The recommendations were made for implementing a more effective referral system, where patients are encouraged or mandated to first seek care from their General Practitioners (GPs) before visiting hospitals or emergency departments. Establishing clear referral chains between different levels of healthcare institutions was also advocated to streamline patient flow and reduce congestion in hospitals.

“There is a need to establish a robust referral chain. Patients should not have direct access to doctors within hospitals.”

“Clarity should be provided regarding the boundaries between first-, second-, and third-degree healthcare institutions. There should be an immediate implementation of a comprehensive referral chain."

Another set of suggestions pertains to the role of government or health ministries in providing support systems for both healthcare workers and patients. For healthcare workers, the authorities can implement various support measures to address workplace violence, such as the right to be reassigned to a different workplace, provision of paid leave, access to counseling services, legal assistance for judicial proceedings, and training in anger management and communication skills.

“Healthcare workers who experience violence are often compelled to continue working immediately after the incident. This practice requires improvement; at the very least, they should be granted time off until they feel mentally and physically prepared to return to work."

“Consideration should be given to providing victims with paid vacation for a period of 6 months to 1 year. Alternatively, they should be afforded the opportunity to transfer to another hospital without encountering bureaucratic obstacles."
“There is a need for comprehensive training programs to educate doctors on empathy and effective communication skills."

The respondents stressed the need for healthcare workers who have experienced violence to be given time off to recuperate, suggesting paid vacation periods ranging from six months to a year, or facilitating seamless transfers to alternative hospitals. Additionally, training programs focusing on empathy, communication, and basic self-defense techniques, including martial arts and firearm training, were recommended for doctors.

“Doctors should be granted firearms licenses.”

“Doctors should receive training in close combat skills.”

The suggestions targeting patients and their relatives involve proactive measures to deter repeat incidents of violence. The most common proposal is the imposition of fines on perpetrators of violence, potentially accompanied by bans on hospital visits for a specified period. Some respondents advocated for stricter penalties, including exclusion from universal healthcare and imprisonment.

“Aggressors should face severe punishment, including compensation for damages, exclusion from the free universal healthcare system, and imprisonment for a substantial duration.”

“Individuals who have committed acts of violence should be held accountable for their healthcare expenses, even for minor complaints.”

There was a consensus among respondents that existing legislation on workplace violence against healthcare workers is insufficient and requires revision to impose harsher penalties as deterrents.

"Deterrent actions must be implemented. There should be a review of existing legislation."

"Laws should impose stricter fines on individuals who perpetrate violence against healthcare workers."

Lastly, the third theme underscores the perceived ineffectiveness of medical unions and associations in addressing workplace violence issues. Respondents expressed a desire for stronger professional organizations and more advocacy efforts, including organized protests, to amplify their voices and advocate for their rights within the healthcare sector. As a follow-up question, the respondents are asked about their opinions regarding the training program on preventing violence for healthcare workers. They articulated their suggestions for the content of this hypothetical training, shedding light on critical areas for improvement.

Many respondents highlighted the imperative need for a comprehensive training program addressing anger and violence management. The consensus among healthcare professionals underscores the importance of equipping workers with the tools to navigate challenging situations involving anger and potential violence effectively. One nurse, for example, emphasized the necessity for an awareness training that goes beyond online modules or sporadic assistance.

Another crucial aspect identified by a respondent is the incorporation of crisis management skills. This encompasses training healthcare workers in empathy and communication, essential components for diffusing tense situations and providing effective care. For many, crisis management skills are pivotal in handling unexpected events and ensuring that healthcare professionals can respond calmly and effectively under pressure.

A resident provided a critical perspective, emphasizing the need to separate personal emotions, such as sadness, anger, or embarrassment, from professional duties. This highlights the importance of maintaining a level of professional seriousness, especially in emotionally charged situations like delivering difficult news. The respondent stressed the significance of strategic communication, suggesting precautions such as avoiding being alone when delivering challenging information to mitigate the risk of encountering aggressive behavior from patient relatives."We should not intertwine our personal emotions, such as sadness, anger, or embarrassment, with our professional responsibilities. I think maintaining a consistent level of professional seriousness at work is essential. For instance, when delivering distressing news, it is advisable not to be alone, as patient relatives often exhibit heightened aggression when confronted with unexpected or undesired information."

In essence, the respondents collectively emphasizes the importance of a multifaceted training program that addresses emotional management, crisis intervention, and the preservation of professionalism in emotionally charged scenarios. Such a comprehensive approach aims to enhance the overall resilience and effectiveness of healthcare workers in navigating the complexities of their roles.

4. DISCUSSION

The findings of this study shed light on the multifaceted nature of workplace violence against healthcare workers, providing a comprehensive understanding of its prevalence, forms, and impacts within healthcare settings. The demographic characteristics of the participants, as listed in the preliminary findings, underscore the diverse composition of healthcare workers affected by workplace violence across various professional roles and settings. This diversity highlights the universal nature of the issue and the need for targeted interventions that address the unique challenges faced by different groups of healthcare professionals.

The exploration of the basic characteristics of workplace violence reveals the pervasive nature of verbal and physical aggression encountered by healthcare workers in their daily practice (see Cevik et al. 2020). The prevalence of verbal abuse, ranging from insults and threats to humiliation, emphasizes the profound impact of hostile interactions on the well-being and safety of healthcare professionals (Icbay, 2024). Additionally, the instances of physical violence recounted in the study highlight the grave risks faced by healthcare workers in the line of duty, underscoring the urgent need for effective measures to ensure their protection (Pinar et al. 2017).

The findings also highlight the inadequacy of support systems within healthcare institutions and the legal system, exacerbating the distress experienced by healthcare workers in the aftermath of violent incidents (see Er et al. 2020). The lack of support from hospital administrators and managers, as well as the perceived ineffectiveness of legal recourse, further compounds the challenges faced by healthcare workers in addressing workplace violence. This underscores the importance of systemic interventions and policy reforms that prioritize the safety and well-being of healthcare professionals and hold perpetrators of violence accountable for their actions (Abu AlRub & Al Khawaldeh, 2014; Zafar et al., 2013).

In terms of handling workplace violence, the study reveals a range of strategies employed by healthcare workers to manage violent incidents in their workplace. While some respondents opt for internal coping mechanisms or peer support, others resort to institutional support, such as hospital security or legal intervention, to address imminent threats and ensure the safety of all parties involved. However, the findings

also point to gaps in existing support systems, highlighting the need for comprehensive training programs and enhanced institutional protocols to equip healthcare workers with the skills and resources necessary to effectively manage and prevent workplace violence tensions (Hamdan & Abu Hamra, 2015; Tucker et al., 2015).

The recommendations provided by the respondents for preventing workplace violence offer valuable insights into potential interventions at the organizational, governmental, and professional levels. From enhancing security measures and utilizing surveillance technology to implementing support systems and advocacy efforts, these recommendations focus on the importance of a complex approach to addressing workplace violence in healthcare settings. Furthermore, the suggestions for the content of training programs on preventing violence for healthcare workers highlight the need for comprehensive training that addresses emotional management, crisis intervention, and the preservation of professionalism in emotionally charged scenarios.

5. CONCLUSIONS

This study provides a comprehensive examination of workplace violence against healthcare workers, drawing insights from the experiences recounted by 136 participants across Türkiye. The findings reveal the multifaceted nature of workplace violence, highlighting its prevalence, forms, impacts, and management strategies within healthcare settings. By elucidating the demographic characteristics of the participants, the study demonstrates the diverse composition of healthcare workers affected by workplace violence, emphasizing the universal nature of the issue and the need for targeted interventions that address the unique challenges faced by different groups of healthcare professionals. The exploration of the basic characteristics of workplace violence underscores the pervasive nature of verbal and physical aggression encountered by healthcare workers in their daily practice. The prevalence of verbal abuse, ranging from insults and threats to humiliation, highlights the profound impact of hostile interactions on the well-being and safety of healthcare professionals. Additionally, the instances of physical violence underscore the grave risks faced by healthcare workers in the line of duty, emphasizing the urgent need for effective measures to ensure their protection.

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The recommendations provided by the respondents for preventing workplace violence offer valuable insights into potential interventions at the organizational, governmental, and professional levels. From enhancing security measures and utilizing surveillance technology to implementing support systems and advocacy efforts, these recommendations underscore the importance of a multifaceted approach to addressing workplace violence in healthcare settings. Furthermore, the suggestions for the content of training programs on preventing violence for healthcare workers highlight the need for comprehensive training that addresses emotional management, crisis intervention, and the preservation of professionalism in emotionally charged scenarios.

Several limitations should be noted when interpreting the findings of this study. Firstly, the use of online survey methods may have introduced selection bias, as participants who chose to respond to the survey may have different characteristics or experiences compared to those who did not participate. Additionally, the reliance on self-reported data may have been subject to recall bias or social desirability bias, potentially influencing the accuracy and reliability of the responses provided by the participants. Furthermore, the cross-sectional nature of the survey precludes the ability to establish causal relationships between variables or to capture longitudinal changes in workplace violence over time. Future research employing longitudinal designs or mixed-methods approaches may help address these limitations and provide a more comprehensive understanding of the factors contributing to workplace violence in healthcare settings.

In conclusion, the findings of this study underscore the urgent need for concerted efforts to address workplace violence against healthcare workers. By elucidating the prevalence, forms, impacts, and management strategies of workplace violence, this study provides valuable insights that can inform the development of targeted interventions, policy reforms, and training programs

aimed at ensuring the safety and well-being of healthcare professionals in their workplace.

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NA

Conflict of Interest:
The authors declare that they have no conflict of interest.

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