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The Prevalence of Violence against Healthcare Workers in Turkey and Employee Job Satisfaction

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ABSTRACT

Aim: To reveal the different dimensions of workplace violence that healthcare workers are exposed to, and to evaluate the impact of exposure to violence on the job satisfaction of healthcare workers.

Methods: The study sample comprises 169 people working in different positions in the hospital (doctor, nurse, secretary, assistant staff, etc.). The Workplace Violence Questionnaire and Job Satisfaction Scale were used to collect the study data. The questionnaire forms were distributed in closed envelopes according to the random sampling method, and were filled out by the volunteer participants themselves. Descriptive statistics and t-test were used to analyze the study data.

Results: The results of the study show that more than half of the hospital staff (57.5%) had been exposed to violence in the last year; 54.8% of participants were exposed to verbal violence, 26% were exposed to physical violence, and 5.4% were exposed to sexual harassment. In addition, it was found that the job satisfaction levels of those individuals who were exposed to violence (16.71) were lower than the job satisfaction level of those who were not exposed to violence (18.59) ($t = -2.793$, $p\text{-value} = 0.006$).

Conclusion: The study results show that healthcare workers are at serious risk of violence in the workplace. In addition, it is observed that exposure to violence negatively affects job satisfaction, which is important in regarding workplace attitude.

Keywords: Health Workers, Workplace Violence, Job Satisfaction.

INTRODUCTION

Today and in the past, the phenomenon of violence has been seen as one of the most important problems of social life. It is very difficult to define violence, due to the complexity violence as a problem. According to the World Health Organization (WHO), violence is defined "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation".

One of those areas in which violence is widely seen is working. Violence in the workplace covers any actions that threaten the health and safety of employees, such as employees being attacked, abused, threatened, or assaulted in circumstances related to their work². According to another definition, workplace violence is defined as any action or event intended to cause physical or psychological damage to the employee³. Violence in the workplace can present itself in many different levels of severity. Although physical violence may be the first to come to mind when it comes to workplace violence, the scale of violent behavior is very large. Accordingly, there are many aspects of violence in the workplace, including physical violence, threats, abuse, racial and sexual harassment, mobbing, and stalking⁴.

Comparatively, although all employees are at risk of being exposed to violence, studies show that healthcare workers have a higher risk of being exposed to violence in the workplace^{5,6}. Studies show that violence against healthcare professionals quite a common phenomenon, both globally is quite common, both globally^{7,8,9} and in Turkey^{10,11}.

Employees' exposure to violence can cause serious mental, emotional, and behavioral problems. Studies show that exposure to violence or aggression in the workplace increases the levels of stress, depression, and anxiety of employees¹², as well as increasing burnout¹³, family problems, low self-confidence, isolation in private life, alcohol problems, and inability to concentrate on work¹⁴. In addition, violence can decrease the work performance of employees¹⁵ and can increase their intention to leave their current organization¹⁶. One of the negative effects of workplace violence concerns employees' attitudes towards work. In this respect, workplace violence negatively affects the job satisfaction of employees^{17,18}.

The aim of this study is to identify the different dimensions of violence for health workers as well as to measure the impact of violence on job satisfaction among these workers. In addition, the results obtained are intended to inform future studies on the prevention of violence.

METHODS

Participants: The study sample comprised 169 people working in different positions in the hospital (doctor, nurse, secretary, assistant staff, etc.). The questionnaire forms were distributed in closed envelopes according to the random sampling method, the forms were filled out by the volunteer participants themselves. Participants were briefly informed about the aim and nature of the study before they informed before filling out the questionnaire, and those who volunteered to participate in the questionnaire were given sufficient time to answer the questions. A total of 69.2% of the participants were women, while 53.8% were married. Concerning the educational status of the participants, it is seen that 65.5% of the

participants were university graduates. In addition, the average age of the participants, and the number of years the participants had spent in their profession (working year) were found to be 31.39 ± 8.36 and 8.84 ± 7.70 years, respectively.

Data Collection Tools: The questionnaire technique was used as a data collection tool for collecting the study data. The first part of the prepared questionnaire comprises questions for measuring the demographic characteristics of the participants (gender, marital status, age, work experience, etc.). The second part of the questionnaire comprises questions for measuring workplace violence, and their responses according to the job satisfaction scale.

In order to measure workplace violence in the present study, the revised Turkish language versions of the World Health Organization and International Labor Organization prepared by Workplace Violence Survey were used. Survey was adapted to Turkish by Aytac et al (2011)¹². The survey measures whether employees have been subjected to three different violence dimensions—including physical violence, verbal violence, and harassment—in the last year. Participants gave their answers to questions such as: “Have you been subjected to a physical attack at your workplace in the past year?” Answers are given as “yes”, “no”, or “I don’t know”.

To measure job satisfaction, the Job Satisfaction Scale, developed by Brayfield and Rothe (1951) and adapted to Turkish by Bilgin (1995)¹⁹, was used. Responses to statements, such as “I am very satisfied with my current job”, are given according to a five-point Likert-type scale, with responses ranging from “1 = strongly disagree” to “5 = strongly agree”. The Cronbach’s alpha coefficient of the scale is 0.80.

This study was approved with number T-2007/41 by the Scientific Research Commission of Uludag University, Bursa, Turkey.

Data Analyses: The study data were analyzed using the SPSS 23 package program; data were analyzed using descriptive statistics and t-test. The level of statistical significance was taken as $p < 0.05$.

RESULTS

Table 1 shows the health workers’ exposure to violence and the types of violence to which they have been exposed.

According to Table 1, 54.8% of the participants were exposed to verbal violence, 26% were exposed to physical violence and 5.4% were exposed to sexual harassment. In addition, 57.5% of the participants were exposed to at least one type of violence, including physical, verbal, or sexual harassment.

Table 2 shows the frequency of the participants’ exposure to physical violence and the gender of the perpetrator. Overall, 64.4% of respondents reported “sometimes”, and 36.6% reported “once” in regard to their exposure to physical violence. According to the distribution of the perpetrators of physical violence by gender, male were found to be the most common perpetrators men came first at 65%. In addition, 22.5% of the participants stated that they had been subjected to physical violence by both men and women, while 12.5% of the participants stated

that they had been exposed to physical violence by women only.

Table 1: Types of Violence and Exposure to Violence

| Types of Violence | Exposed to Violence | Not Exposed to Violence |
|------------------------------|---------------------|-------------------------|
| Physical violence | 26 (26%) | 125 (74%) |
| Verbal violence | 92 (54.8%) | 76 (45.2%) |
| Sexual harassment | 9 (5.4%) | 158 (94.6%) |
| Any of the types of violence | 96 (57.5%) | 71 (43.5%) |

Table 2: Distribution of physical violence according to various characteristics (n=41)

| Exposed to Physical Violence | n | % |
|----------------------------------|----|------|
| Frequency of Violence | | |
| Always | - | - |
| Sometimes | 26 | 63.4 |
| One time | 15 | 36.6 |
| Gender of the Perpetrator | | |
| Male | 26 | 65 |
| Female | 5 | 12.5 |
| Male and Female | 9 | 22.5 |

Table 3: Distribution of Verbal Violence According to Various Characteristics (n=41)

| Exposed to Verbal Violence | n | % |
|----------------------------------|----|------|
| Frequency of Violence | | |
| Always | 6 | 6.6 |
| Sometimes | 71 | 78 |
| One time | 14 | 15.4 |
| Gender of the Perpetrator | | |
| Male | 27 | 29.7 |
| Female | 19 | 20.9 |
| Male and Female | 45 | 49.5 |

Table 4: Distribution of Sexual Harassment According to Various Characteristics (n=41)

| Exposed to Sexual Harassment | N | % |
|----------------------------------|---|------|
| Frequency of Violence | | |
| Always | 1 | 11,1 |
| Sometimes | 1 | 11,1 |
| One time | 7 | 77.8 |
| Gender of the Perpetrator | | |
| Male | 7 | 87.5 |
| Female | 1 | 12.5 |
| Male and Female | - | - |

Table 3 provides information on the frequency of verbal violence experienced by healthcare workers as well as the gender of the perpetrator.

According to Table 3, the frequency of verbal violence among participants was reported as being experienced by them is listed as 78% “sometimes”, 15.4% “once”, and 6.6% “always”. Among those who perpetrated verbal violence, those individuals who had been subjected to verbal violence by both men and women come first being reported as having perpetrated such violence with 48.5%.

Table 4 shows information about the victims of sexual harassment. According to Table 4, 77.8% of the participants stated that they were subjected to sexual harassment “once”, this is followed by “sometimes” with 11.1% and “always” with 11.1%. The perpetrators were reported as being mostly men (87.5%).

Table 5 shows the types of violence to which participants were exposed according to the participants' gender. When looking at the relationship between gender and the type of violence to which the participant was exposed (Table 5), it can be seen that 61.4% of those who had been subjected to physical violence, 72.8% of those subjected to verbal violence, and all (100%) of those subjected to sexual harassment were women. Of those participants who had been subjected to any or all types of violence, 72.9% were women.

Table 5: Gender and Type of Violence to which Participants were Exposed Violence

| Type of Violence | Male | | Female | | Total | |
|------------------------------|------|------|--------|------|-------|-----|
| | N | % | N | % | N | % |
| Physical violence | 17 | 38.6 | 27 | 61.4 | 44 | 100 |
| Verbal violence | 25 | 27.2 | 67 | 72.8 | 92 | 100 |
| Sexual harassment | - | - | 9 | 100 | 7 | 100 |
| Any of the types of violence | 26 | 27.1 | 70 | 72.9 | 96 | |

Table 6 shows the study analysis results that concern the effect of exposure to violence on job satisfaction. According to Table 6, it can be seen that the job satisfaction level of those who were exposed to violence (16.71) is lower than the job satisfaction level of those who were not exposed to violence (18.59). This difference between job satisfaction levels is statistically significant ($t = -2.793$, $p\text{-value} = 0.006$).

Table 6: Exposure to Violence and t-Test Results

| | Violence | | | | | | t | p |
|------------------|---------------------|-------|------|-------------------------|-------|------|--------|------|
| | Exposed to Violence | | | Not Exposed to Violence | | | | |
| | N | Mean | S.D | N | Mean | S.D | | |
| Job Satisfaction | 95 | 16.71 | 4.17 | 69 | 18.59 | 4.35 | -2.793 | .006 |

($p < 0.05$), S.D: standard deviation

DISCUSSION

Workplace violence is a global problem that negatively affects the physical and mental health of healthcare workers. Studies show that violence against healthcare workers is widespread, globally as well as in Turkey. The results of the present study show that more than half of the hospital staff (57.5%) have been exposed to violence in the last year. Other studies in the literature note that violence against healthcare workers is quite high^{5,6,7,8,9,10,20}.

In addition, the results of the present study show that women are more likely to experience violence than men. In terms of all types of violence, it is seen that 72.9% of those exposed to violence are women. In general, studies show that employees who are female are at higher risk of being exposed to violence²¹; Aytac et al. (2011) found that female employees were exposed to verbal violence and sexual harassment more often than men¹².

It is observed that exposure to violence has serious negative effects on employees. In this study, the relationship between workplace violence and job satisfaction was examined; the study results show the experience of violence decreases the job satisfaction levels of the employees. Other studies in the literature report similar noteworthy results^{17,18,22}.

CONCLUSION

Research results show that violence is a serious problem for healthcare workers. Considering that exposure to violence has a negative effect on physical and mental health, it seems that violence is a problem that needs to be solved urgently. In this context, it is clear that measures used to prevent violence should be implemented more effectively. Implementing appropriate reporting systems to prevent violence, putting in place appropriate policy tools to prevent violence, and establishing social support

mechanisms will all make significant contributions to the fight against violence.

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