



Research Article

THE EFFECT OF VIOLENCE AGAINST 112 EMERGENCY HEALTHCARE PERSONNEL ON JOB SATISFACTION

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Abstract: *In this study, the types of violence faced by the healthcare personnel working in the 112 Emergency Health Services and the effect of this situation on the job satisfaction of the healthcare personnel were examined. A questionnaire was applied to 165 emergency healthcare personnel working in Istanbul, between August and October 2021. Demographic information and the Hackman and Oldham job satisfaction scale were used in the questionnaire. 80.6% of the participants stated that they were exposed to physical, verbal, psychological, or sexual violence. It was determined that 48.7% of the perpetrators were the relatives of the patient and 30.2% were the patients themselves. In addition, it was determined that 78.9% of the attackers were male. Significant differences were found between the duration and age of healthcare workers in the institution and their job satisfaction. It has been determined that the job satisfaction of healthcare personnel who are exposed to violence is lower than those who are not exposed to violence. In the state of exposure to violence, the motivation and psychological state of the personnel working in the emergency health services are highly affected, and this has a negative effect on job satisfaction. It is recommended that health managers take measures to protect the health and safety of healthcare personnel and take initiatives to increase job satisfaction.*

Keywords: *Emergency health services, violence, job satisfaction*

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1. Introduction

There have been cases of violence in the world since the existence of humanity. Although demographic information such as language, age, religion, gender, and education level changes, violence that affects every part of society is encountered in every aspect of our daily life. In order to prevent violence, it is very important to determine the cause. The leading causes that push individuals to violence are self-expression, genetic predisposition, anger, anger control, love, respect, helplessness, and experiences. When compared with other professions, it is seen that the occupational group most exposed to violence is healthcare personnel. Studies have found that the most frequently reported type of violence by health professionals in health institutions is physical assault, while other types of violence are reported relatively less [1,2]. The World Health Organization defines violence as: "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or have a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." Also, job satisfaction is one of the most important reasons that enable healthcare professionals to be more productive and successful in their jobs. For this reason, the

satisfaction of healthcare personnel from their profession will enable them to be happy, efficient, innovative, practical, and productive, and thus to provide qualified and effective service [3]. Low job satisfaction negatively affects interpersonal communication. It can cause tension in communication, and nervous and aggressive behavior [4]. When the job satisfaction of healthcare personnel who provide 24-hour uninterrupted service in emergency health services decreases, headaches, feeling tired, and physical discomfort will increase and anxiety levels will rise. This will disrupt the service provided by health workers and therefore reduce productivity [5].

It is known that healthcare personnel work with heavy work conditions such as insomnia, fatigue, insufficiently defined authorities and responsibilities of their duties, low salaries, and irregular working hours. Even though violence against physicians has global significance, there is yet no consensus on the evaluation, and classification of workplace violence in healthcare settings [4]. In India, 40.8% of resident physicians were reported to have experienced violence, while the incidence rate was found to be 83.4% in China, and 50.6% in Norway [6,7]. According to the studies in Türkiye, the rate of violence against healthcare workers varies from 49% to 87% [8].

In this study, the types of violence faced by the healthcare personnel working in the 112 Emergency Health Services and the effect of this situation on the job satisfaction of the healthcare personnel were examined. Although there are studies on violence against healthcare workers in Türkiye, its effect on job satisfaction has not been studied sufficiently. It is thought that this study will contribute to the literature.

2. Materials and Methods

2.1. Participants and sample size

The sample of this study consists of 165 healthcare personnel working in 112 Emergency Health Services in Istanbul and determined by easily accessible situation sampling [9]. This sampling method is generally preferred when it is not possible to use other sampling methods [10, 11]. This method was chosen because of circumstances such as high workload, shift work, status of leave, or rest of healthcare personnel working in 112 Emergency Health Services. The application was carried out by face-to-face interviews by the researcher between August and October 2021. Before the scale was applied to the participants, necessary information was given about the questions.

2.2. Data Collection Tool

Personal information form, questionnaire form, and Hackman-Oldham scale were used as data collection tools in the research. In the personal information form prepared by the researcher, there are demographic questions that aim to determine the unit, working style, profession, gender, age, education level, marital status, duration of employment, and duration of work in the institution of healthcare personnel working in 112 Emergency Health Services. The questionnaire form used in the research was prepared by using the relevant literature [12, 13]. To collect information about the violence experienced by the healthcare personnel working in the 112 Emergency Health Services and these incidents of violence.

The Job Satisfaction Scale developed by Hackman and Oldham (1975) was used in the study [14]. The scale was adapted to Turkish by Gödelek (1988) [15]. The 14-item scale has a 5-point Likert-type rating system (1: very inadequate, 5: very adequate). The highest score that can be obtained from the scale is 70, and the lowest score is 14. A high score indicates a high level of job satisfaction. Scoring criteria are 14-32 low, 33-52 medium, 53-70 high. The validity and reliability study of the scale was conducted with the test-retest method, and the average score of the first application was 34.27, the average score of the second application was 34.71, and the standard deviation was 7.69. The fact that

the average score of the two applications was very close to each other was accepted as an indicator of reliability. The test-retest correlation was also found to be .80. In the analyzes conducted within the scope of this research, the Cronbach alpha internal consistency reliability coefficient of the scale was calculated as .90.

2.3. Evaluation of Data

The data obtained in this research were analyzed using the SPSS 25.0 statistical package program. Before the data were evaluated, the Kolmogorov-Smirnov Test was used to examine whether the variables showed normal distribution or not. Descriptive statistics for the variables were calculated. For this purpose, number, percentage, mean and standard deviation values were used. Independent group t-test was used to compare quantitative continuous data between two independent groups, and One-way ANOVA was used to compare quantitative continuous data between more than two independent groups. After the Anova test, the Gabriel test, one of the post-hoc tests, was used to determine which group caused the difference. The level of significance was determined as .05 in this research.

Ethical procedures

This study was approved by the Ethics Committee of Nişantaşı University (Number: 2020/7, date: 01.04.2020) and necessary permissions were obtained from the Ministry of Health Scientific Research

3. Results and Discussion

When the demographic characteristics of the participants were examined, it was determined that 63% of them were women, and 72.1% of their marital status was single. Participants were 32.90 ± 9.8 years old on average. Healthcare personnel participating in the research; 40% are paramedics, 38.2% nurses, 13.9% emergency medical technicians, 6.7% ambulance drivers, and 1.2% doctors. Educational status of the participants; 45.5% are at associate degree, 35.8% are at undergraduate level. 64.2% of the employees have been working in the profession for 5 years or less. In working styles; 39.4% of them are on duty for 24 hours, 34.5% of them work in day and night shifts, 14.5% of them work only during the day and 11.5% of them work only by night shifts.

When the rates of being exposed to assault in their working life are examined, 80.6% of them state that they have been exposed to physical or verbal violence. Of the healthcare personnel who were exposed to violence, 80 (60.2%) were female and 53 (39.8%) were male.

In the distribution of people who perpetrate violence against healthcare workers, the relatives of the patients are the most common, followed by the patients. The majority of the perpetrators (78.9%) are men and they are between the ages of 31-50 (61.7%). When the types of violence are examined, it is seen that verbal violence is the most and sexual violence is the least. The distribution of types of violence to which healthcare workers are exposed is shown in Table 1.

Healthcare personnel working in 112 emergency health services stated that most of the violence cases were experienced between the hours of 16:00-24:00, and they have stated that 30.1% of cases have occurred in the area where they first reached the case by ambulance while 50.4% of them were examining the patient/providing treatment/physical care. It has been stated that the reason for this situation is that violence has a place in society as a "problem-solving method", bad and negative communication stemming from the patient/their relatives, and insufficient education level.

Table 1. Distribution of types of violence that healthcare personnel are exposed to (N=165)

Violence types*	n	%
Physical violence type		
Walk up to	53	42,6
Pushing	27	21,7
Throwing objects/using weapons	14	11,2
Kicking/biting..etc	71	24,5
Verbal violence type		
Bandy words	84	23,5
Insulting	82	23
Threatening	66	18,5
Humiliation	65	18,2
Spear	59	16,5
Psychological violence type		
Mistreating	71	29,7
Negative criticism	66	27,6
Blame	52	21,8
Mobbing	50	20,9
Sexual violence type		
Physical contact	75	55,6
Sexually explicit talk	59	44,4

*More than one option is marked.

It has been determined that 67.9% of healthcare professionals are given white code training by the institution they work for, and 66.2% of them have an application to identify and report violent incidents in the institution. Despite this, the rate of giving white code in the face of an attack is 24.8%. When asked about the precautions taken in the institution after the violence, 37.6% of the healthcare personnel stated that "I did not apply to the institution" and 34.6% stated that "nothing was done". After the violence, the healthcare personnel stated that she/he was angry, disappointed, and nervous, her/his motivation decreased and they took individual measures. After the violence was experienced, 31.6% of the healthcare personnel stated that they thought of changing the unit they worked in and that the punishment given to prevent violence should be a deterrent.

The Hackman and Oldham Job Satisfaction Scale was used to measure the job satisfaction of the healthcare personnel working in the 112 emergency health services exposed to violence. The descriptive values of the scale are shown in Table 2. According to the scoring measures of the scale, it was evaluated as 14-32 points (Low), 33-52 points (Medium), and 53-70 points (High). It is seen that the employees in 112 emergency health services have medium job satisfaction. The scores of the working healthcare personnel from the job satisfaction scale; it was determined that they did not differ significantly according to their gender, marital status, education level, duration of time they were in the profession, and the way they worked in shifts ($p>.05$).

Table 2. Hackman and Oldham job satisfaction scale descriptive values

	Participants' scores					Percentages		
	N	\bar{X}	SD	Min.	Max	25%	50%	75%
Job Satisfaction Score	133	35.74	9.93	14	60	29	36	43

ANOVA analysis of the scale scores of the participants according to age and working time of the participants was conducted and the results were given in Table 3.

Table 3. ANOVA analysis of the scale scores of the participants according to age and working time in the institution

	Source of Variance	Sum of Squares	S	Mean Squares	F	P
Age	Intergroup	699.114	2	349.557	3.686	0.028*
	Ingroups	12.328.194	130	94.832		
	Total	13.027.308	132			
Working Time in the Institution	Intergroup	724.996	2	362.498		
	Ingroups	12.302.312	130	94.633	3.831	0.024*
	Total	13.027.308	132			

*p<0.05

When Table 3 is examined, it is seen that the mean scores of healthcare personnel from the job satisfaction scale show a significant difference according to age ($F=3.686$, $p<.05$). Job satisfaction scale mean scores of healthcare personnel aged between 40-50 ($\bar{X}=45.28$) are higher than those between the ages of 18-28 ($\bar{X}=35.45$) and those aged 29-39 ($\bar{X}=34.35$).

It is seen that the mean scores of the healthcare personnel from the job satisfaction scale show a significant difference according to the working time in the institution ($F= 3.831$, $p<.05$). The job satisfaction scale mean scores of healthcare personnel who have worked in the institution for 11-20 years ($\bar{X}=43.25$) are higher than those who have worked at the institution for 6-10 years ($\bar{X}=32.87$).

Cases of violence appear in a wide range of areas, from working life to family relations. While it is thought that violence is more common in business areas related to security services, in recent years, health services have surpassed other sectors. Especially healthcare personnel working in emergency health services are exposed to violence very often. When the studies conducted in Türkiye are examined, the violence that healthcare personnels from many cities and different hospitals in Türkiye are exposed to has been taken as the subject. The job satisfaction of healthcare personnel working in different branches was also examined. It has been determined that the most frequently exposed services to violence in health institutions are emergency services. However, the effect of the violence experienced by the employees in the 112 emergency health services located in the emergency services or case areas where violence is experienced the most, on job satisfaction has not been examined [2,7,8].

In a study conducted with healthcare personnel about job satisfaction in Türkiye, it was found that job satisfaction changed significantly according to occupation. When the data were compared, among the doctors, nurses, dentists, administrators, pharmacists, and health technicians participating in the study, the profession with the lowest job satisfaction was the nurse [16]. In studies examining the job satisfaction of nurses, knowledge and experience increase in direct proportion with age, which increases job satisfaction [17]. When the job satisfaction of the doctors is examined, it has been determined that the job satisfaction of the professor doctors is higher than that of the assistant doctors. It was found that while job satisfaction was higher in doctors aged 36 and above, job satisfaction was higher in nurses aged 31 and above [18]. In our study, the rates of exposure to violence by education level are as follows: 15% of them are high school graduates; 41.3% of them are associate degree graduates; 39.9% of them have a bachelor's degree, and 3.8% have a master's degree. It has been observed that associate and undergraduate healthcare personnel are exposed to violence more than high school and graduate healthcare personnel. It has been determined that there is an inverse relationship between educational status and exposure to violence, and these results are consistent with the literature. The educational status of healthcare personnel did not affect job satisfaction. However, it has been determined that the job satisfaction of those in the 40-50 age group and with a working period of 11-20 years is high.

It has been determined that nurses are exposed to more violence than other healthcare personnel because they are in closer contact with patients and their relatives [19, 20]. In terms of gender, it has been stated that women are exposed to violence the most, violence occurs mostly in state and training and research hospitals, and healthcare workers are most exposed to verbal violence, but verbal violence does not change according to the gender of the healthcare personnel [19, 21-23]. 80.6% of the healthcare personnel working in 112 emergency health services participating in the research have been exposed to physical or verbal violence at least once during their working life. When the genders of those who were exposed to violence were examined, it was seen that women (60.2%) were exposed to violence more.

Healthcare personnel stated that they were exposed to violence by 30.2% by the patient, 48.7% by the patient's relatives, 13.3% by the doctor, and 7.6% by the nurse at the same time or at different times. It is seen that 21.1% of the attackers are women and 78.9% are men. In addition, it was stated that 25.6% of the attackers were between the ages of 19-30; 61.7% of them were between the ages of 31-50; 12% were between the ages of 51-65 and 8% were over the age of 65.

In a study conducted in 2011, it was stated that 70-80% of healthcare personnel who were subjected to verbal and physical violence felt anger, fear, and occupational disappointment [24]. In our study, it was found that although 67.9% of the healthcare personnel working in the emergency health services received white code training, only 24.8% of them gave white code in the case of violence. After the violence experienced, the employees stated that they were angry, disappointed, and nervous, their motivation decreased, they were more careful in the workplace and they tried to protect themselves. This is one of the main reasons for the decrease in job satisfaction. As people's job satisfaction decreases, their commitment to the workplace also decreases.

In a study conducted with the emergency room workers of a hospital in Ankara in 2015, it was stated that the healthcare personnel were exposed to verbal violence mostly during the night shift by the patients and their relatives, and the reason for this was the insufficient number of working personnel and communication problems with the patients. In addition, healthcare personnel stated that they do not report to any place because they think that they will not get results when they are exposed to violence and that the institution they work for does not take adequate security measures. It was determined that the job satisfaction of the nurses who worked after violence decreased and their job satisfaction was medium [25]. In the research we have done, it has been determined that the healthcare personnel working in the emergency health services use similar expressions.

4. Conclusion

When the job satisfaction of the healthcare personnel participating in the research is examined, it is seen that the 112 healthcare personnel have medium job satisfaction. Healthcare personnel stated that the most satisfaction was their relationship with their colleagues. It has been stated that the main factors that reduce job satisfaction are the unfair wages they receive for the job, insufficient wages, and low institutional support. Insufficient level of security in health institutions and the fact that they do not find their workplaces safe in terms of their future plans were also considered factors reducing job satisfaction.

It should be ensured that the number of healthcare personnel is sufficient to prevent the violence that occurs in cases of making the patient wait due to the lack of the number of healthcare personnel. Determining the number of employees in hospitals according to the location of the hospital and the number of patients admitted to the hospital, rather than the number of beds of the hospital, will reduce violence. Healthcare professionals should be given regular in-service training on communication techniques, and opportunities to improve their communication skills should be provided. As a result, it is thought that some of the violence will be prevented and job satisfaction will increase.

It is necessary to provide training for healthcare personnel to ensure their safety, and to inform all healthcare personnel by organizing in-service training every year on how to proceed in the face of

violence. Healthcare personnel should be encouraged not to remain silent against violence and the necessary support should be provided by the institution.

As a result of violence, it is necessary to take legal measures to protect the healthcare personnel (such as punishments should be deterrent and good behavior discounts should not be given). It is necessary to increase the measures to prevent violence after violence and to increase the number of security personnel in units where violence is intense and during times of intense violence. It is recommended that health managers take measures to protect the health and safety of healthcare personnel and take initiatives to increase job satisfaction. Expectations of employees should be taken into account, and improvements should be made in terms of wages, rewards, and promotions. In this study, the sample group is limited to 112 Emergency Health Services employees working in Istanbul. It is recommended that such studies be carried out in other provinces as well.

Ethical statement

This study was approved by the Ethics Committee of Nişantaşı University (Number: 2020/7, date: 01.04.2020) and necessary permissions were obtained from the Ministry of Health Scientific Research Platform and the institution where the research was conducted.

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Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Authors' contributions:

S.D: Concept, Data Collection and/or Processing, Literature Search, Design, Writing Manuscript.

N.H: Design, Writing Manuscript.

E.H.Y: Design, Writing Manuscript.

I.E: Concept, Data Collection and/or Processing, Literature Search, Design, Writing Manuscript.

All authors read and approved the final manuscript.

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